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I N S E N A T E

April 7, 2016

Introduced by Sen. SAVINO -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to insurance coverage of in vitro fertilization and other fertility preservation treatments

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. The insurance law is amended by adding a new section 3242
2 to read as follows:

3 S 3242. IN VITRO FERTILIZATION AND FERTILITY-RELATED PROVISIONS IN
4 POLICIES. (A) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, NO
5 POLICY OF GROUP OR BLANKET ACCIDENT AND HEALTH INSURANCE SHALL BE DELIV-
6 ERED OR ISSUED FOR DELIVERY IN THIS STATE TO A GROUP UNLESS IT CONTAINS
7 IN SUBSTANCE THE FOLLOWING PROVISIONS OR PROVISIONS WHICH IN THE OPINION
8 OF THE SUPERINTENDENT ARE MORE FAVORABLE TO THE HOLDERS OF SUCH CERTIF-
9 ICATES OR NOT LESS FAVORABLE TO THE HOLDERS OF SUCH CERTIFICATES AND
10 MORE FAVORABLE TO POLICYHOLDERS:

11 (1) COVERAGE OF DIAGNOSTIC AND TREATMENT PROCEDURES, INCLUDING
12 PRESCRIPTION DRUGS AND IN VITRO FERTILIZATION, USED IN THE DIAGNOSIS AND
13 TREATMENT OF INFERTILITY. AS USED IN THIS SECTION, "INFERTILITY" MEANS A
14 DISEASE CHARACTERIZED BY THE INCAPACITY TO IMPREGNATE ANOTHER PERSON OR
15 TO CONCEIVE, AS DIAGNOSED (A) BY A PHYSICIAN LICENSED TO PRACTICE MEDI-
16 CINE IN THE STATE, OR (B) BY THE FAILURE TO ESTABLISH A CLINICAL PREG-
17 NANCY AFTER TWELVE MONTHS OF REGULAR, UNPROTECTED SEXUAL INTERCOURSE.

18 (2) COVERAGE OF MEDICALLY NECESSARY EXPENSES FOR STANDARD FERTILITY
19 PRESERVATION SERVICES WHEN A NECESSARY MEDICAL TREATMENT MAY DIRECTLY OR
20 INDIRECTLY CAUSE IATROGENIC INFERTILITY TO A COVERED PERSON. AS USED IN
21 THIS SECTION, "IATROGENIC INFERTILITY" MEANS AN IMPAIRMENT OF FERTILITY
22 BY SURGERY, RADIATION, CHEMOTHERAPY OR OTHER MEDICAL TREATMENT AFFECTING
23 REPRODUCTIVE ORGANS OR PROCESSES.

24 POLICIES WHICH COVER HOSPITAL SERVICES ONLY, MEDICAL OR SURGICAL
25 SERVICES ONLY, OR PRESCRIPTION DRUGS ONLY, SHALL PROVIDE FERTILITY-RE-
26 LATED COVERAGE TO THE EXTENT THEY FALL WITHIN THE CATEGORIES OF SERVICES
27 OTHERWISE COVERED.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 (B) IN DETERMINING COVERAGE PURSUANT TO THIS SECTION, AN INSURER SHALL
2 NOT DISCRIMINATE BASED ON AN INDIVIDUAL'S EXPECTED LENGTH OF LIFE, PRES-
3 ENT OR PREDICTED DISABILITY, DEGREE OF MEDICAL DEPENDENCY, QUALITY OF
4 LIFE, OR OTHER HEALTH CONDITIONS, NOR BASED ON PERSONAL CHARACTERISTICS,
5 INCLUDING AGE, SEX, SEXUAL ORIENTATION OR MARITAL STATUS.

6 (C) THE REQUIREMENTS OF THIS SECTION SHALL NOT APPLY TO GROUP OR BLAN-
7 KET ACCIDENT AND HEALTH INSURANCE POLICIES ISSUED IN THE SMALL GROUP
8 MARKET.

9 S 2. Subparagraph (C) of paragraph 6 of subsection (k) of section
10 3221 of the insurance law, as amended by section 1 of part K of chapter
11 82 of the laws of 2002, is amended to read as follows:

12 (C) Coverage of diagnostic and treatment procedures, including
13 prescription drugs, used in the diagnosis and treatment of infertility
14 as required by subparagraphs (A) and (B) of this paragraph shall be
15 provided in accordance with the provisions of this subparagraph.

16 (i) [Coverage shall be provided for persons whose ages range from
17 twenty-one through forty-four years, provided that nothing herein shall
18 preclude the provision of coverage to persons whose age is below or
19 above such range.

20 (ii)] Diagnosis and treatment of infertility shall be prescribed as
21 part of a physician's overall plan of care and consistent with the
22 guidelines for coverage as referenced in this subparagraph.

23 [(iii)] (II) Coverage may be subject to co-payments, coinsurance and
24 deductibles as may be deemed appropriate by the superintendent and as
25 are consistent with those established for other benefits within a given
26 policy.

27 [(iv)] (III) Coverage shall be limited to those individuals who have
28 been previously covered under the policy for a period of not less than
29 twelve months, provided that for the purposes of this subparagraph
30 "period of not less than twelve months" shall be determined by calculat-
31 ing such time from either the date the insured was first covered under
32 the existing policy or from the date the insured was first covered by a
33 previously in-force converted policy, whichever is earlier.

34 [(v)] (IV) Coverage shall not be required to include the diagnosis and
35 treatment of infertility in connection with: (I) [in vitro fertiliza-
36 tion, gamete intrafallopian tube transfers or zygote intrafallopian tube
37 transfers; (II)] the reversal of elective sterilizations; [(III)] (II)
38 sex change procedures; [(IV)] (III) cloning; or [(V)] (IV) medical or
39 surgical services or procedures that are deemed to be experimental in
40 accordance with clinical guidelines referenced in clause [(vi)] (V) of
41 this subparagraph.

42 [(vi)] (V) The superintendent, in consultation with the commissioner
43 of health, shall promulgate regulations which shall stipulate the guide-
44 lines and standards which shall be used in carrying out the provisions
45 of this subparagraph, which shall include:

46 (I) The determination of "infertility" in accordance with the [stand-
47 ards and guidelines established and adopted by the American College of
48 Obstetricians and Gynecologists and the American Society for Reproduc-
49 tive Medicine] DEFINITIONS OF INFERTILITY AND IATROGENIC INFERTILITY IN
50 PARAGRAPHS ONE AND TWO OF SUBSECTION (A) OF SECTION THREE THOUSAND TWO
51 HUNDRED FORTY-TWO OF THIS CHAPTER;

52 (II) The identification of experimental procedures and treatments not
53 covered for the diagnosis and treatment of infertility determined in
54 accordance with the standards and guidelines established and adopted by
55 the American College of Obstetricians and Gynecologists and the American
56 Society for Reproductive Medicine;

1 (III) The identification of the required training, experience and
2 other standards for health care providers for the provision of proce-
3 dures and treatments for the diagnosis and treatment of infertility
4 determined in accordance with the standards and guidelines established
5 and adopted by the American College of Obstetricians and Gynecologists
6 and the American Society for Reproductive Medicine; and

7 (IV) The determination of appropriate medical candidates by the treat-
8 ing physician in accordance with the standards and guidelines estab-
9 lished and adopted by the American College of Obstetricians and Gynecol-
10 ogists and/or the American Society for Reproductive Medicine.

11 S 3. Paragraph 3 of subsection (s) of section 4303 of the insurance
12 law, as amended by section 2 of part K of chapter 82 of the laws of
13 2002, is amended to read as follows:

14 (3) Coverage of diagnostic and treatment procedures, including
15 prescription drugs used in the diagnosis and treatment of infertility as
16 required by paragraphs one and two of this subsection shall be provided
17 in accordance with this paragraph.

18 (A) [Coverage shall be provided for persons whose ages range from
19 twenty-one through forty-four years, provided that nothing herein shall
20 preclude the provision of coverage to persons whose age is below or
21 above such range.

22 (B)] Diagnosis and treatment of infertility shall be prescribed as
23 part of a physician's overall plan of care and consistent with the
24 guidelines for coverage as referenced in this paragraph.

25 [(C)] (B) Coverage may be subject to co-payments, coinsurance and
26 deductibles as may be deemed appropriate by the superintendent and as
27 are consistent with those established for other benefits within a given
28 policy.

29 [(D)] (C) Coverage shall be limited to those individuals who have been
30 previously covered under the policy for a period of not less than twelve
31 months, provided that for the purposes of this paragraph "period of not
32 less than twelve months" shall be determined by calculating such time
33 from either the date the insured was first covered under the existing
34 policy or from the date the insured was first covered by a previously
35 in-force converted policy, whichever is earlier.

36 [(E)] (D) Coverage shall not be required to include the diagnosis and
37 treatment of infertility in connection with: (i) [in vitro fertiliza-
38 tion, gamete intrafallopian tube transfers or zygote intrafallopian tube
39 transfers; (ii)] the reversal of elective sterilizations; [(iii)] (II)
40 sex change procedures; [(iv)] (III) cloning; or [(v)] (IV) medical or
41 surgical services or procedures that are deemed to be experimental in
42 accordance with clinical guidelines referenced in subparagraph [(F)] (E)
43 of this paragraph.

44 [(F)] (E) The superintendent, in consultation with the commissioner of
45 health, shall promulgate regulations which shall stipulate the guide-
46 lines and standards which shall be used in carrying out the provisions
47 of this paragraph, which shall include:

48 (i) The determination of "infertility" in accordance with the [stand-
49 ards and guidelines established and adopted by the American College of
50 Obstetricians and Gynecologists and the American Society for Reproduc-
51 tive Medicine] DEFINITIONS OF INFERTILITY AND IATROGENIC INFERTILITY IN
52 PARAGRAPHS ONE AND TWO OF SUBSECTION (A) OF SECTION THREE THOUSAND TWO
53 HUNDRED FORTY-TWO OF THIS CHAPTER;

54 (ii) The identification of experimental procedures and treatments not
55 covered for the diagnosis and treatment of infertility determined in
56 accordance with the standards and guidelines established and adopted by

1 the American College of Obstetricians and Gynecologists and the American
2 Society for Reproductive Medicine;

3 (iii) The identification of the required training, experience and
4 other standards for health care providers for the provision of proce-
5 dures and treatments for the diagnosis and treatment of infertility
6 determined in accordance with the standards and guidelines established
7 and adopted by the American College of Obstetricians and Gynecologists
8 and the American Society for Reproductive Medicine; and

9 (iv) The determination of appropriate medical candidates by the treat-
10 ing physician in accordance with the standards and guidelines estab-
11 lished and adopted by the American College of Obstetricians and Gynecol-
12 ogists and/or the American Society for Reproductive Medicine.

13 S 4. This act shall take effect immediately.