STATE OF NEW YORK

2646--A

2017-2018 Regular Sessions

IN ASSEMBLY

January 20, 2017

Introduced by M. of A. SIMOTAS, QUART, BRONSON, SOLAGES, BRAUNSTEIN, BICHOTTE, STECK, SEAWRIGHT, SIMON, BRINDISI, PAULIN, BARRETT, HEVESI, McDONALD, MOYA, LAVINE, CYMBROWITZ, MOSLEY, BUCHWALD, MORELLE, DINOWITZ -- Multi-Sponsored by -- M. of A. ENGLEBRIGHT, LENTOL -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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:

- Section 1. Paragraph 13 of subsection (i) of section 3216 of the insurance law is amended by adding three new subparagraphs (C), (D) and (E) to read as follows:
- 4 (C) Every policy delivered or issued for delivery in this state that
 5 provides coverage for hospital, surgical or medical care shall provide
 6 coverage for:
 - (i) in vitro fertilization used in the treatment of infertility; and
- 8 (ii) standard fertility preservation services when a necessary medical
 9 treatment may directly or indirectly cause introgenic infertility to a
 10 covered person.
- 11 (D) (i) For the purposes of subparagraph (C) of this paragraph,
 12 "infertility" means a disease or condition characterized by the incapac-
- 13 ity to impregnate another person or to conceive, as diagnosed or deter-
- 14 mined (I) by a physician licensed to practice medicine in this state, or
- 15 (II) by the failure to establish a clinical pregnancy after twelve
- 16 months of regular, unprotected sexual intercourse, or after six months
- 17 of regular, unprotected sexual intercourse in the case of a female thir-
- 18 ty-five years of age or older.

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- 19 (ii) For the purposes of subparagraph (C) of this paragraph, "iatro-
- 20 genic infertility" means an impairment of fertility by surgery, radi-

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

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1 <u>ation, chemotherapy or other medical treatment affecting reproductive</u> 2 organs or processes.

- (E) No insurer providing coverage under this paragraph shall discriminate based on a covered individual's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, nor based on personal characteristics, including age, sex, sexual orientation, marital status or gender identity.
- 9 § 2. Paragraph 6 of subsection (k) of section 3221 of the insurance 10 law is amended by adding three new subparagraphs (E), (F) and (G) to 11 read as follows:
- 12 <u>(E) Every group policy delivered or issued for delivery in this state</u> 13 <u>that provides hospital, surgical or medical coverage shall provide</u> 14 <u>coverage for:</u>
 - (i) in vitro fertilization used in the treatment of infertility; and
 (ii) standard fertility preservation services when a necessary medical
 treatment may directly or indirectly cause introgenic infertility to a

17 <u>treatment may of</u> 18 <u>covered person.</u>

- (F) (i) For the purposes of subparagraph (E) of this paragraph, "infertility" means a disease or condition characterized by the incapacity to impregnate another person or to conceive, as diagnosed or determined (I) by a physician licensed to practice medicine in this state, or (II) by the failure to establish a clinical pregnancy after twelve months of regular, unprotected sexual intercourse, or after six months of regular, unprotected sexual intercourse in the case of a female thirty-five years of age or older.
- (ii) For the purposes of subparagraph (E) of this paragraph, "iatrogenic infertility" means an impairment of fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.
- (G) No insurer providing coverage under this paragraph shall discriminate based on a covered individual's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, nor based on personal characteristics, including age, sex, sexual orientation, marital status or gender identity.
- § 3. Subsection (s) of section 4303 of the insurance law, as amended by section 2 of part F of chapter 82 of the laws of 2002, is amended by adding three new paragraphs (5), (6) and (7) to read as follows:
- (5) Every contract issued by a medical expense indemnity corporation, hospital service corporation or health service corporation for delivery in this state that provides hospital, surgical or medical coverage shall provide coverage for:
 - (A) in vitro fertilization used in the treatment of infertility; and
- (B) standard fertility preservation services when a necessary medical treatment may directly or indirectly cause introgenic infertility to a covered person.
- (6) (A) For the purposes of paragraph five of this subsection, "infertility" means a disease or condition characterized by the incapacity to impregnate another person or to conceive, as diagnosed or determined (i) by a physician licensed to practice medicine in this state, or (ii) by the failure to establish a clinical pregnancy after twelve months of regular, unprotected sexual intercourse, or after six months of regular, unprotected sexual intercourse in the case of a female thirty-five years of age or older.

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(B) For the purposes of paragraph five of this subsection, "iatrogenic infertility" means an impairment of fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.

- (7) No medical expense indemnity corporation, hospital service corporation or health service corporation providing coverage under this subsection shall discriminate based on a covered individual's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, nor based on personal characteristics, including age, sex, sexual orientation, marital status or gender identity.
- § 4. Subparagraph (C) of paragraph 6 of subsection (k) of section 3221 of the insurance law, as amended by section 1 of part K of chapter 82 of the laws of 2002, is amended to read as follows:
- Coverage of diagnostic and treatment procedures, including prescription drugs, used in the diagnosis and treatment of infertility as required by subparagraphs (A) and (B) of this paragraph shall be provided in accordance with the provisions of this subparagraph.
- (i) [Coverage shall be provided for persons whose ages range from twenty-one through forty-four years, provided that nothing herein shall preclude the provision of coverage to persons whose age is below or above such range.
- (ii) Diagnosis and treatment of infertility shall be prescribed as part of a physician's overall plan of care and consistent with the guidelines for coverage as referenced in this subparagraph.
- [(iii)] (ii) Coverage may be subject to co-payments, coinsurance and deductibles as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy.
- [(iv) Coverage shall be limited to those individuals who have been previously covered under the policy for a period of not less than twelve months, provided that for the purposes of this subparagraph "period of not less than twelve months" shall be determined by calculating such 34 time from either the date the insured was first govered under the exist-35 ing policy or from the date the insured was first covered by a previously in-force converted policy, whichever is earlier.
 - (v) (iii) Coverage shall not be required to include the diagnosis and treatment of infertility in connection with: (I) [in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers; (II) the reversal of elective sterilizations; [(III)] sex change procedures; [(IV)] (III) cloning; or [(V)] (IV) medical or surgical services or procedures that are deemed to be experimental in accordance with clinical guidelines referenced in clause [(vi) of this subparagraph.
 - [(vi)] <u>(iv)</u> The superintendent, in consultation with the commissioner of health, shall promulgate regulations which shall stipulate the guidelines and standards which shall be used in carrying out the provisions of this subparagraph, which shall include:
 - (I) [The determination of "infertility" in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine;
- (II) The identification of experimental procedures and treatments not 54 covered for the diagnosis and treatment of infertility determined in 55 accordance with the standards and guidelines established and adopted by

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

 $[\frac{\text{(III)}}{\text{(II)}}]$ The identification of the required training, experience and other standards for health care providers for the provision of procedures and treatments for the diagnosis and treatment of infertility determined in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine; and

[(IV)] (III) The determination of appropriate medical candidates by the treating physician in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and/or the American Society for Reproductive Medicine.

- § 5. Paragraph 3 of subsection (s) of section 4303 of the insurance law, as amended by section 2 of part K of chapter 82 of the laws of 2002, is amended to read as follows:
- (3) Coverage of diagnostic and treatment procedures, prescription drugs used in the diagnosis and treatment of infertility as required by paragraphs one and two of this subsection shall be provided in accordance with this paragraph.
- (A) [Coverage shall be provided for persons whose ages range from twenty-one through forty-four years, provided that nothing herein shall preclude the provision of coverage to persons whose age is below or above such range.
- (B) Diagnosis and treatment of infertility shall be prescribed as part of a physician's overall plan of care and consistent with the guidelines for coverage as referenced in this paragraph.
- [(C)] <u>(B)</u> Coverage may be subject to co-payments, coinsurance and deductibles as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy.
- [(D) Coverage shall be limited to those individuals who have been previously covered under the policy for a period of not less than twelve months, provided that for the purposes of this paragraph "period of not 34 less than twelve months" shall be determined by calculating such time 35 from either the date the insured was first covered under the existing 36 policy or from the date the insured was first covered by a previously in-force converted policy, whichever is earlier.
- (E) (C) Coverage shall not be required to include the diagnosis and treatment of infertility in connection with: (i) [in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube 41 transfers; (ii) the reversal of elective sterilizations; [(iii)] sex change procedures; [(iv)] (iii) cloning; or [(v)] medical or surgical services or procedures that are deemed to be experimental in accordance with clinical guidelines referenced in subparagraph [(F)] (D) of this paragraph.
 - [(F)] (D) The superintendent, in consultation with the commissioner of health, shall promulgate regulations which shall stipulate the guidelines and standards which shall be used in carrying out the provisions of this paragraph, which shall include:
 - (i) [The determination of "infertility" in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine;
- (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

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

[(iii)] (ii) The identification of the required training, experience 4 and other standards for health care providers for the provision of procedures and treatments for the diagnosis and treatment of infertility determined in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine; and

[(iv)] (iii) The determination of appropriate medical candidates by the treating physician in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and/or the American Society for Reproductive Medicine.

§ 6. This act shall take effect on the first day of January next 14 succeeding the date on which it shall have become a law and shall apply 15 to all policies issued, renewed, altered or modified on or after such 16 date.