



General Assembly

January Session, 2019

***Raised Bill No. 975***

LCO No. 4705



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT CONCERNING REQUIRED HEALTH INSURANCE  
COVERAGE FOR INFERTILITY TREATMENT AND REQUIRING THE  
INSURANCE COMMISSIONER TO STUDY COVERAGE BARRIERS  
POSED TO INDIVIDUALS WITH IATROGENIC INFERTILITY.***

Be it enacted by the Senate and House of Representatives in General  
Assembly convened:

1       Section 1. Subsection (b) of section 38a-509 of the general statutes is  
2       repealed and the following is substituted in lieu thereof (*Effective*  
3       *January 1, 2020, and applicable to policies delivered, issued for delivery,*  
4       *amended, renewed or continued on or after said date*):

5       (b) Such policy may:

6       [(1) Limit such coverage to an individual until the date of such  
7       individual's fortieth birthday;]

8       [(2)] (1) Limit such coverage for ovulation induction to a lifetime  
9       maximum benefit of four cycles;

10       [(3)] (2) Limit such coverage for intrauterine insemination to a  
11       lifetime maximum benefit of three cycles;

12     [(4)] (3) Limit lifetime benefits to a maximum of two cycles, with not  
13 more than two embryo implantations per cycle, for in-vitro  
14 fertilization, gamete intra-fallopian transfer, zygote intra-fallopian  
15 transfer or low tubal ovum transfer, provided each such fertilization or  
16 transfer shall be credited toward such maximum as one cycle;

17     [(5)] (4) Limit coverage for in-vitro fertilization, gamete intra-  
18 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum  
19 transfer to those individuals who have been unable to conceive or  
20 produce conception or sustain a successful pregnancy through less  
21 expensive and medically viable infertility treatment or procedures  
22 covered under such policy. Nothing in this subdivision shall be  
23 construed to deny the coverage required by this section to any  
24 individual who foregoes a particular infertility treatment or procedure  
25 if the individual's physician determines that such treatment or  
26 procedure is likely to be unsuccessful;

27     [(6)] (5) Require that covered infertility treatment or procedures be  
28 performed at facilities that conform to the standards and guidelines  
29 developed by the American Society of Reproductive Medicine or the  
30 Society of Reproductive Endocrinology and Infertility;

31     [(7)] (6) Limit coverage to individuals who have maintained  
32 coverage under such policy for at least twelve months; and

33     [(8)] (7) Require disclosure by the individual seeking such coverage  
34 to such individual's existing health insurance carrier of any previous  
35 infertility treatment or procedures for which such individual received  
36 coverage under a different health insurance policy. Such disclosure  
37 shall be made on a form and in the manner prescribed by the  
38 Insurance Commissioner.

39     Sec. 2. Subsection (b) of section 38a-536 of the general statutes is  
40 repealed and the following is substituted in lieu thereof (*Effective*  
41 *January 1, 2020, and applicable to policies delivered, issued for delivery,*  
42 *amended, renewed or continued on or after said date*):

43 (b) Such policy may:

44 [(1) Limit such coverage to an individual until the date of such  
45 individual's fortieth birthday;]

46 [(2)] (1) Limit such coverage for ovulation induction to a lifetime  
47 maximum benefit of four cycles;

48 [(3)] (2) Limit such coverage for intrauterine insemination to a  
49 lifetime maximum benefit of three cycles;

50 [(4)] (3) Limit lifetime benefits to a maximum of two cycles, with not  
51 more than two embryo implantations per cycle, for in-vitro  
52 fertilization, gamete intra-fallopian transfer, zygote intra-fallopian  
53 transfer or low tubal ovum transfer, provided each such fertilization or  
54 transfer shall be credited toward such maximum as one cycle;

55 [(5)] (4) Limit coverage for in-vitro fertilization, gamete intra-  
56 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum  
57 transfer to those individuals who have been unable to conceive or  
58 produce conception or sustain a successful pregnancy through less  
59 expensive and medically viable infertility treatment or procedures  
60 covered under such policy. Nothing in this subdivision shall be  
61 construed to deny the coverage required by this section to any  
62 individual who foregoes a particular infertility treatment or procedure  
63 if the individual's physician determines that such treatment or  
64 procedure is likely to be unsuccessful;

65 [(6)] (5) Require that covered infertility treatment or procedures be  
66 performed at facilities that conform to the standards and guidelines  
67 developed by the American Society of Reproductive Medicine or the  
68 Society of Reproductive Endocrinology and Infertility;

69 [(7)] (6) Limit coverage to individuals who have maintained  
70 coverage under such policy for at least twelve months; and

71 [(8)] (7) Require disclosure by the individual seeking such coverage  
72 to such individual's existing health insurance carrier of any previous

73 infertility treatment or procedures for which such individual received  
 74 coverage under a different health insurance policy. Such disclosure  
 75 shall be made on a form and in the manner prescribed by the  
 76 Insurance Commissioner.

77 Sec. 3. (NEW) (*Effective from passage*) (a) The Insurance  
 78 Commissioner shall conduct a study concerning the barriers posed to  
 79 individuals diagnosed with iatrogenic infertility for health insurance  
 80 coverage for fertility preservation and infertility treatments.

81 (b) Not later than January 1, 2020, the commissioner shall report the  
 82 results of the study, in accordance with section 11-4a of the general  
 83 statutes, to the joint standing committee of the General Assembly  
 84 having cognizance of matters relating to insurance.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2020, and applicable to policies delivered, issued for delivery, amended, renewed or continued on or after said date</i>	38a-509(b)
Sec. 2	<i>January 1, 2020, and applicable to policies delivered, issued for delivery, amended, renewed or continued on or after said date</i>	38a-536(b)
Sec. 3	<i>from passage</i>	New section

**Statement of Purpose:**

To: (1) Eliminate an age restriction concerning required health insurance coverage for infertility treatment; and (2) require the

Insurance Commissioner to conduct a study concerning coverage barriers posed to individuals diagnosed with iatrogenic infertility.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*