

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

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SENATE BILL 850

Short Title: Infertility Treatment Coverage.

(Public)

Sponsors: Senators Basnight, Sands, Daniel; and Taft.

Referred to: Insurance.

April 11, 1989

A BILL TO BE ENTITLED

AN ACT TO PROVIDE THAT HEALTH INSURANCE POLICIES OR PLANS, HOSPITAL SERVICE OR MEDICAL SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE PREGNANCY-RELATED BENEFITS SHALL ALSO PROVIDE COVERAGE FOR THE TREATMENT OF INFERTILITY.

The General Assembly of North Carolina enacts:

Section 1. Chapter 58 of the General Statutes is amended by adding a new section to read:

§ 58-251.9. Coverage for infertility treatment.

(a) Every policy or contract of accident or health insurance that is issued, renewed or amended on or after January 1, 1990, and that provides hospital expense or surgical expense insurance which includes pregnancy-related benefits shall provide coverage for the diagnosis and treatment of infertility using medically recognized, non-experimental procedures. This coverage shall include expenses associated with in vitro fertilization procedures performed on the insured or the insured's dependent spouse, subject to the conditions in subsection (b) of this section. The same deductibles, coinsurance, and other limitations that apply to pregnancy-related coverage may apply to coverage for infertility treatment. The provisions of this section shall apply to individual, family, group, blanket, franchise and industrial policies or contracts.

(b) The following conditions shall apply to coverage for in vitro fertilization:

(1) The patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments;

- 1 (2) The patient's oocytes are fertilized with sperm from the patient's
2 spouse, unless the spouse is diagnosed as having oligospermia in
3 which case donor sperm may be used;
- 4 (3) The patient and the patient's spouse have a history of infertility of at
5 least five years' duration or the infertility is associated with one or
6 more of the following medical conditions:
- 7 a. Endometriosis;
8 b. Exposure in utero to diethylstilbestrol (DES);
9 c. Blockage of or surgical removal of one or both fallopian tubes
10 resulting from disease or tubal pregnancy; or
11 d. Oligospermia.
- 12 When the patient is 30 or more years of age, the required history of
13 infertility shall be reduced to two years duration;
- 14 (4) The medical facility in which the procedures are performed has an
15 active membership in the Society of Assisted Reproductive
16 Technology of the American Fertility Society and conforms to the
17 guidelines for in vitro fertilization clinics of the American College of
18 Obstetrics and Gynecology or the minimum standards for programs of
19 in vitro fertilization of the American Fertility Society."

20 Sec. 2. Chapter 57 of the General Statutes is amended by adding a new
21 section to read:

22 **"§ 57-7.4. Coverage for infertility treatment.**

23 (a) Every group insurance certificate or group subscriber contract under any
24 hospital or medical plan governed by this Chapter that is issued, renewed or amended
25 on or after January 1, 1990, and that provides hospital expense or surgical expense
26 insurance which includes pregnancy-related benefits shall provide coverage for the
27 diagnosis and treatment of infertility using medically-recognized, nonexperimental
28 procedures. This coverage shall include expenses associated with in vitro fertilization
29 procedures performed on the subscriber or the subscriber's dependent spouse, subject to
30 the conditions in subsection (b) of this section. The same deductibles, coinsurance, and
31 other limitations that apply to pregnancy-related coverage may apply to coverage for
32 infertility treatment.

33 (b) The following conditions shall apply to coverage for in vitro fertilization:

- 34 (1) The patient has been unable to attain a successful pregnancy through
35 any less costly applicable infertility treatments;
- 36 (2) The patient's oocytes are fertilized with sperm from the patient's
37 spouse, unless the spouse is diagnosed as having oligospermia in
38 which case donor sperm may be used;
- 39 (3) The patient and the patient's spouse have a history of infertility of at
40 least five years' duration or the infertility is associated with one or
41 more of the following medical conditions:
- 42 a. Endometriosis;
43 b. Exposure in utero to diethylstilbestrol (DES);

1 c. Blockage of or surgical removal of one or both fallopian tubes
 2 resulting from disease or tubal pregnancy, or

3 d. Oligospermia.

4 When the patient is 30 or more years of age, the required history of
 5 infertility shall be reduced to two years' duration;

6 (4) The medical facility in which the procedures are performed has an
 7 active membership in the Society of Assisted Reproductive
 8 Technology of the American Fertility Society and conforms to the
 9 guidelines for in vitro fertilization clinics of the American College of
 10 Obstetrics and Gynecology or the minimum standards for programs of
 11 in vitro fertilization of the American Fertility Society."

12 Sec. 3. Chapter 57B of the General Statutes is amended by adding a new
 13 section to read:

14 "**§ 57B-12.2. Coverage for infertility treatment.**

15 (a) Every health maintenance organization that writes a health care plan on a
 16 group basis and that is subject to this Chapter shall provide benefits for the diagnosis
 17 and treatment of infertility, using medically recognized, nonexperimental procedures,
 18 that are not less favorable than pregnancy-related benefits under the health care plan.
 19 These benefits shall include in vitro fertilization procedures performed on the enrollee
 20 or the enrollee's dependent spouse, subject to the conditions in subsection (b) of this
 21 section. Benefits for infertility treatment shall be subject to the same durational limits,
 22 dollar limits, deductibles, and coinsurance factors as are benefits under the health care
 23 plan generally.

24 (b) The following conditions shall apply to coverage for in vitro fertilization:

25 (1) The patient has been unable to attain a successful pregnancy through
 26 any less costly applicable infertility treatments;

27 (2) The patient's oocytes are fertilized with sperm from the patient's
 28 spouse, unless the spouse is diagnosed as having oligospermia in
 29 which case donor sperm may be used;

30 (3) The patient and the patient's spouse have a history of infertility of at
 31 least five years' duration or the infertility is associated with one or
 32 more of the following medical conditions:

33 a. Endometriosis;

34 b. Exposure in utero to diethylstilbestrol (DES);

35 c. Blockage of or surgical removal of one or both fallopian tubes
 36 resulting from disease or tubal pregnancy; or

37 d. Oligospermia.

38 When the patient is 30 or more years of age, the required history of
 39 infertility shall be reduced to two years' duration;

40 (4) The medical facility in which the procedures are performed has an
 41 active membership in the Society of Assisted Reproductive
 42 Technology of the American Fertility Society and conforms to the
 43 guidelines for in vitro fertilization clinics of the American College of

1 Obstetrics and Gynecology or the minimum standards for programs of
2 in vitro fertilization of the American Fertility Society.

3 (c) Notwithstanding any other provision of this section or Chapter, any health
4 maintenance organization subject to this Chapter that becomes a qualified health
5 maintenance organization under title XIII of the United States Public Health Service Act
6 shall provide the benefits required under that federal act, which shall be deemed to
7 constitute compliance with the provisions of this section; and any health maintenance
8 organization may provide that the benefits provided under this section must be obtained
9 through providers affiliated with the health maintenance organization."

10 Sec. 4. This act is effective upon ratification.