GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1997

S 1 SENATE BILL 1461 Short Title: Insurance Coverage/Infertility. (Public) Sponsors: Senators Allran; Cochrane and Forrester. Referred to: Pensions & Retirement and Insurance. May 28, 1998 A BILL TO BE ENTITLED AN ACT TO REQUIRE THE NORTH CAROLINA TEACHERS' AND STATE EMPLOYEES' COMPREHENSIVE MAJOR MEDICAL PLAN, AND INSURANCE COMPANIES AND HEALTH MAINTENANCE ORGANIZATIONS DOING BUSINESS IN THIS STATE, TO PROVIDE COVERAGE FOR INFERTILITY TREATMENT. The General Assembly of North Carolina enacts: Section 1. (a) Effective January 1, 1999, G.S. 135-40.6(8) is amended by adding the following new sub-subdivision to read: Infertility: Infertility studies, in vitro fertilizations, ovum implant "u. placements or transfers, gamete and zygote intrafallopian transfers, intracytoplasmic sperm injections, variocele ligations, and vasovasostomies and sperm aspirations performed in medically supervised facilities when recommended by an attending physician and approved by the Executive Administrator and Board of Trustees. In vitro fertilizations, ovum implant placements or transfers, gamete and zygote intrafallopian transfers, intracytoplasmic sperm injections, variocele ligations,

same basis as for maternity benefits."

and vasovasostomies and sperm aspirations are covered on the

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- (b) Effective January 1, 1999, G.S. 135-40.6A(a) is amended by adding the following new subdivision to read:
 - '(9) <u>In vitro fertilizations, ovum implant placements or transfers, gamete and zygote intrafallopian transfers, intracytoplasmic sperm injections, variocele ligations, and vasovasostomies and sperm aspirations in accordance with G.S. 135-40.6(8)u."</u>
- Section 2. Article 51 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-51-63. Coverage for infertility treatment.

- (a) Every policy or contract of accident and health insurance, and every preferred provider benefit plan under G.S. 58-50-60 that is issued, renewed, or amended on or after January 1, 1999, that provides maternity benefits shall provide coverage for the diagnosis and treatment of infertility. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the policy, contract, or plan shall apply to coverage for infertility treatment.
- (b) As used in this section, 'infertility treatment' means infertility studies, in vitro fertilizations, ovum implant placements or transfers, gamete and zygote intrafallopian transfers, intracytoplasmic sperm injections, variocele ligations, and vasovasostomies and sperm aspirations performed in medically supervised facilities when recommended by an attending physician."
- Section 3. Article 65 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-65-97. Coverage for infertility treatment.

- (a) Every insurance certificate or subscriber contract under any hospital service plan or medical service plan governed by this Article and Article 66 of this Chapter, and every preferred provider benefit plan under G.S. 58-50-56 that is issued, renewed, or amended on or after January 1, 1999, that provides maternity benefits shall provide coverage for the diagnosis and treatment of infertility. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the certificate, contract, or plan shall apply to coverage for infertility treatment.
- (b) As used in this section, 'infertility treatment' means infertility studies, in vitro fertilizations, ovum implant placements or transfers, gamete and zygote intrafallopian transfers, intracytoplasmic sperm injections, variocele ligations, and vasovasostomies and sperm aspirations performed in medically supervised facilities when recommended by an attending physician."
- Section 4. Article 67 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-67-81. Coverage for infertility treatment.

(a) Every health care plan written by a health maintenance organization and in force, issued, renewed, or amended on or after January 1, 1999, that is subject to this Article and that provides maternity benefits shall provide coverage for the diagnosis and treatment of infertility. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the plan shall apply to coverage for infertility treatment.

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As used in this section, 'infertility treatment' means infertility studies, in vitro (b) fertilizations, ovum implant placements or transfers, gamete and zygote intrafallopian transfers, intracytoplasmic sperm injections, variocele ligations, and vasovasostomies and sperm aspirations performed in medically supervised facilities when recommended by an attending physician."

Section 5. Effective January 1, 1999, G.S. 58-50-155 reads as rewritten:

"§ 58-50-155. Standard and basic health care plan coverages.

- Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following:
 - (1) for mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57.
- Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for
 - (2) prostate-specific Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58.
- Notwithstanding G.S. 58-50-123(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for
 - reconstructive—Reconstructive breast surgery resulting from <u>(3)</u> mastectomy at least equal to the coverage required by G.S. 58-51-62.
 - (4) Infertility treatment at least equal to the coverage required by G.S. 58-
- Notwithstanding G.S. 58-50-125(c), in developing and approving the plans under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to cost-effective and life-saving health care services and to cost-effective health care providers. This section shall be effective after July 10, 1991."
- Section 6. Nothing in this act shall apply to specific accident, specified disease, hospital indemnity, or long-term care health insurance policies.
 - Section 7. This act is effective when it becomes law.