

# Senate File 2081 - Introduced

SENATE FILE \_\_\_\_\_  
BY DANIELSON

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act relating to third=party payment of health care coverage  
2 costs for the diagnosis and treatment of infertility.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
4 TLSB 5886SS 82  
5 av/rj/5

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1 1 Section 1. NEW SECTION. 514C.23 INFERTILITY COVERAGE.  
1 2 1. Notwithstanding the uniformity of treatment  
1 3 requirements of section 514C.6, a group policy, contract, or  
1 4 plan providing for third=party payment or prepayment of  
1 5 health, medical, and surgical coverage benefits issued by a  
1 6 carrier, as defined in section 513B.2, or by an organized  
1 7 delivery system authorized under 1993 Iowa Acts, ch. 158,  
1 8 shall provide coverage benefits for the diagnosis and  
1 9 treatment of infertility, if both of the following are  
1 10 satisfied:  
1 11 a. The policy, contract, or plan is issued to an employer  
1 12 who on at least fifty percent of the employer's working days  
1 13 during the preceding calendar year employed more than twenty=  
1 14 five full=time equivalent employees. In determining the  
1 15 number of full=time equivalent employees of an employer,  
1 16 employers who are affiliated or who are able to file a  
1 17 consolidated tax return for purposes of state taxation shall  
1 18 be considered one employer.  
1 19 b. The policy, contract, or plan provides coverage  
1 20 benefits related to pregnancy.  
1 21 2. Notwithstanding the uniformity of treatment  
1 22 requirements of section 514C.6, a plan established pursuant to  
1 23 chapter 509A for public employees shall provide coverage  
1 24 benefits for the diagnosis and treatment of infertility.  
1 25 3. For purposes of this section, "infertility" means the  
1 26 inability to conceive after one year of unprotected sexual  
1 27 intercourse or the inability to sustain a successful  
1 28 pregnancy.  
1 29 4. For purposes of this section, the diagnosis and  
1 30 treatment of infertility includes, but is not limited to, all  
1 31 of the following:  
1 32 a. In vitro fertilization.  
1 33 b. Uterine embryo lavage.  
1 34 c. Embryo transfer.  
1 35 d. Artificial insemination.  
2 1 e. Gamete intrafallopian tube transfer.  
2 2 f. Zygote intrafallopian tube transfer.  
2 3 g. Low tubal ovum transfer.  
2 4 5. Coverage benefits required under this section for in  
2 5 vitro fertilization, gamete intrafallopian tube transfer, or  
2 6 zygote intrafallopian tube transfer shall be required only if  
2 7 all of the following conditions are satisfied:  
2 8 a. The covered individual has been unable to attain or  
2 9 sustain a successful pregnancy through reasonable, less  
2 10 costly, medically appropriate infertility treatments for which  
2 11 coverage is available under the policy, contract, or plan.  
2 12 b. The covered individual has not undergone more than  
2 13 three completed oocyte retrievals, except that if a live birth  
2 14 follows a completed oocyte retrieval, then two more completed  
2 15 oocyte retrievals shall be covered.  
2 16 c. The procedures are performed at a medical facility that  
2 17 conforms to the American college of obstetrics and gynecology  
2 18 guidelines for in vitro fertilization clinics or to the  
2 19 American society for reproductive medicine's minimum standards  
2 20 for in vitro fertilization programs.

2 21 6. This section does not apply to a group policy,  
2 22 contract, or plan issued to or by a religious institution or  
2 23 organization or to or by an entity sponsored by a religious  
2 24 institution or organization if the religious and moral  
2 25 teachings or beliefs of the religious institution or  
2 26 organization would be violated by providing the coverage  
2 27 benefits otherwise required under this section.  
2 28 7. This section shall not apply to accident-only,  
2 29 specified disease, short-term hospital or medical, hospital  
2 30 confinement indemnity, credit, dental, vision, Medicare  
2 31 supplement, long-term care, basic hospital and medical=  
2 32 surgical expense coverage as defined by the commissioner,  
2 33 disability income insurance coverage, coverage issued as a  
2 34 supplement to liability insurance, workers' compensation or  
2 35 similar insurance, or automobile medical payment insurance, or  
3 1 individual accident and sickness policies issued to  
3 2 individuals or to individual members of a member association.  
3 3 8. This section applies to third-party payment provider  
3 4 policies or contracts and to plans established pursuant to  
3 5 chapter 509A that are delivered, issued for delivery,  
3 6 continued, or renewed in this state on or after January 1,  
3 7 2009.

#### 3 8 EXPLANATION

3 9 This bill mandates payment of health care costs for the  
3 10 diagnosis and treatment of infertility in certain health  
3 11 insurance policies, contracts, or plans issued to employers of  
3 12 more than 25 full-time employees who provide coverage benefits  
3 13 related to pregnancy, and in plans established pursuant to  
3 14 Code chapter 509A for public employees.

3 15 The bill defines "infertility" as the inability to conceive  
3 16 after one year of unprotected sexual intercourse or the  
3 17 inability to sustain a successful pregnancy.

3 18 The bill provides that coverage for the diagnosis and  
3 19 treatment of infertility includes, but is not limited to, in  
3 20 vitro fertilization, uterine embryo transfer, artificial  
3 21 insemination, gamete intrafallopian tube transfer, zygote  
3 22 intrafallopian tube transfer, and low tubal ovum transfer.

3 23 The bill limits the requirement for coverage for in vitro  
3 24 fertilization, gamete intrafallopian tube transfer, or a  
3 25 zygote intrafallopian tube transfer to those cases where the  
3 26 covered individual has been unable to attain or sustain a  
3 27 successful pregnancy through reasonable, less costly,  
3 28 medically appropriate infertility treatments for which  
3 29 coverage is available under the policy, contract, or plan, and  
3 30 the individual has not undergone more than three complete  
3 31 oocyte retrievals, except that if a live birth follows a  
3 32 completed oocyte retrieval, two more completed oocyte  
3 33 retrievals are covered, and the procedures are performed at a  
3 34 medical facility that meets guidelines of the American college  
3 35 of obstetrics and gynecology or minimum standards of the  
4 1 American society for reproductive medicine for in vitro  
4 2 fertilization programs.

4 3 Infertility coverage is not required in a group policy,  
4 4 contract, or plan issued to or by a religious institution or  
4 5 organization or an entity sponsored by such an institution or  
4 6 organization if the religious and moral teachings or beliefs  
4 7 of the religious institution or organization would be violated  
4 8 by such a requirement.

4 9 The bill does not apply to certain specified types of  
4 10 insurance policies.

4 11 The bill applies to third-party payment provider policies  
4 12 or contracts and to plans established pursuant to Code chapter  
4 13 509A that are delivered, issued for delivery, continued, or  
4 14 renewed in this state on or after January 1, 2009.

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