

# House File 333 - Introduced

HOUSE FILE 333

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## A BILL FOR

1 An Act relating to health care coverage benefits for the  
2 diagnosis and treatment of infertility, and for fertility  
3 preservation services, and including applicability  
4 provisions.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.36 Infertility.

2 1. As used in this section, unless the context otherwise  
3 requires:

4 a. "*Cost-sharing*" means any coverage limit, copayment,  
5 coinsurance, deductible, or other out-of-pocket expense  
6 obligation imposed on a covered person by a policy, contract,  
7 or plan providing for third-party payment or prepayment of  
8 health or medical expenses.

9 b. "*Covered person*" means a policyholder, subscriber, or  
10 other person participating in a policy, contract, or plan that  
11 provides for third-party payment or prepayment of health or  
12 medical expenses.

13 c. "*Diagnosis and treatment for infertility*" means health  
14 care services or prescription drugs recommended by an  
15 individual's health care professional and that are consistent  
16 with the established medical practices or published guidelines  
17 of the American college of obstetricians and gynecologists,  
18 or of the American society for reproductive medicine, for the  
19 diagnosis and treatment of infertility.

20 d. "*Fertility preservation services*" means health  
21 care services recommended by an individual's health care  
22 professional and that are consistent with the established  
23 medical practices or published guidelines of the American  
24 society for reproductive medicine, or of the American society  
25 of clinical oncology, for the treatment of an individual who  
26 has a medical condition or is expected to undergo medication  
27 therapy, surgery, radiation, chemotherapy, or other medical  
28 treatment that creates a risk of impairment of the individual's  
29 fertility.

30 e. "*Health care professional*" means the same as defined in  
31 section 514J.102.

32 f. "*Health care services*" means services for the diagnosis,  
33 prevention, treatment, cure, or relief of a health condition,  
34 illness, injury, or disease.

35 g. "*Infertility*" means a health condition, illness, injury,

1 or disease characterized by any of the following:

2 (1) The failure to establish a pregnancy or to carry a  
3 pregnancy to live birth after regular, unprotected sexual  
4 intercourse.

5 (2) The inability of an individual to reproduce without  
6 medical intervention either as a single individual or with a  
7 partner.

8 (3) A health care professional's diagnosis based on an  
9 individual's sex, age, medical history, sexual history, or  
10 reproductive history; or a physical examination or diagnostic  
11 testing.

12 2. Notwithstanding the uniformity of treatment requirements  
13 of section 514C.6, a policy, contract, or plan providing for  
14 third-party payment or prepayment of health or medical expenses  
15 shall provide coverage for the diagnosis and treatment of  
16 infertility, and for fertility preservation services.

17 3. Coverage shall not be subject to cost-sharing,  
18 waiting periods, or exclusions that are different than the  
19 cost-sharing, waiting periods, or exclusions that a policy,  
20 contract, or plan imposes for other health or medical expenses  
21 covered under the policy, contract, or plan.

22 4. a. This section shall apply to the following classes of  
23 third-party payment provider contracts, policies, or plans:

24 (1) Individual or group accident and sickness insurance  
25 providing coverage on an expense-incurred basis.

26 (2) An individual or group hospital or medical service  
27 contract issued pursuant to chapter 509, 514, or 514A.

28 (3) An individual or group health maintenance organization  
29 contract regulated under chapter 514B.

30 (4) A plan established for public employees pursuant to  
31 chapter 509A.

32 (5) The medical assistance program established pursuant  
33 to chapter 249A, including a managed care organization acting  
34 pursuant to a contract with the department of human services to  
35 provide coverage to medical assistance program members.



1 the diagnosis and treatment of infertility. "Health care  
2 professional" is defined in the bill.

3 "Fertility preservation services" is defined in the bill  
4 as health care services recommended by a individual's health  
5 care professional and that are consistent with the established  
6 medical practices or published guidelines of the American  
7 society for reproductive medicine, or of the American society  
8 of clinical oncology, for the treatment of an individual who  
9 has a medical condition or is expected to undergo medication  
10 therapy, surgery, radiation, chemotherapy, or other medical  
11 treatment that creates a risk of impairment of the individual's  
12 fertility.

13 The bill requires a health carrier that offers individual,  
14 group, or small group contracts, policies, or plans in this  
15 state that provide for third-party payment or prepayment  
16 of health or medical expenses to provide coverage for the  
17 diagnosis and treatment of infertility, and for fertility  
18 preservation services. The coverage cannot be subject to  
19 cost-sharing, waiting periods, or exclusions that are different  
20 than the cost-sharing, waiting periods, or exclusions that the  
21 policy, contract, or plan imposes for other covered health or  
22 medical expenses.

23 The bill applies to the third-party payment providers  
24 enumerated in the bill. The bill specifies the types of  
25 specialized health-related insurance which are not subject to  
26 the coverage requirements of the bill.

27 The commissioner of insurance must adopt rules to administer  
28 the requirements of the bill.

29 The bill applies to third-party payment provider contracts,  
30 policies, or plans delivered, issued for delivery, continued,  
31 or renewed in this state on or after January 1, 2022.