PLEASE NOTE: Legislative Information ***cannot*** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Mandate Insurance Coverage for Infertility Treatment

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24 MRSA §2320-H is enacted to read:

§ 2320-H. Infertility

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

(2) Uterine embryo lavage;

(3) Embryo transfer;

(4) Artificial insemination;

(5) Gamete intrafallopian transfer;

(6) Zygote intrafallopian transfer;

(7) Intracytoplasmic sperm injection;

(8) Four completed egg retrievals per lifetime; and

(9) Low tubal ovum transfer.

2. Required coverage. All individual and group nonprofit hospital and medical services plan policies, contracts and certificates and all nonprofit health care plan policies, contracts and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

3. Limits. The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in standards adopted by the American Society for Reproductive Medicine or successor organization as outlined by the Society of Assisted Reproductive Technology or successor organization; and

D. The contract, policy or certificate may not include coverage for procedures defined by the American Society for Reproductive Medicine or successor organization as experimental or investigational.

Sec. 2. 24-A MRSA §2745-H is enacted to read:

§ 2745-H. Infertility

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

(2) Uterine embryo lavage;

(3) Embryo transfer;

(4) Artificial insemination;

(5) Gamete intrafallopian transfer;

(6) Zygote intrafallopian transfer;

(7) Intracytoplasmic sperm injection;

(8) Four completed egg retrievals per lifetime; and

(9) Low tubal ovum transfer.

2. Required coverage. All individual insurance policies, contracts and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

3. Limits. The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in standards adopted by the American Society for Reproductive Medicine or successor organization as outlined by the Society of Assisted Reproductive Technology or successor organization; and

D. The contract, policy or certificate may not include coverage for procedures defined by the American Society for Reproductive Medicine or successor organization as experimental or investigational.

Sec. 3. 24-A MRSA §2837-I is enacted to read:

§ 2837-I. Infertility

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

(2) Uterine embryo lavage;

(3) Embryo transfer;

(4) Artificial insemination;

(5) Gamete intrafallopian transfer;

(6) Zygote intrafallopian transfer;

(7) Intracytoplasmic sperm injection;

(8) Four completed egg retrievals per lifetime; and

(9) Low tubal ovum transfer.

2. Required coverage. All group insurance policies, contracts and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

3. Limits. The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in standards adopted by the American Society for Reproductive Medicine or successor organization as outlined by the Society of Assisted Reproductive Technology or successor organization; and

D. The contract, policy or certificate may not include coverage for procedures defined by the American Society for Reproductive Medicine or successor organization as experimental or investigational.

Sec. 4. 24-A MRSA §4234-F is enacted to read:

§ 4234-F. Infertility

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

(2) Uterine embryo lavage;

(3) Embryo transfer;

(4) Artificial insemination;

(5) Gamete intrafallopian transfer;

(6) Zygote intrafallopian transfer;

(7) Intracytoplasmic sperm injection;

(8) Four completed egg retrievals per lifetime; and

(9) Low tubal ovum transfer.

2. Required coverage. All individual and group health maintenance organization contracts, policies and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

3. Limits. The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in standards adopted by the American Society for Reproductive Medicine or successor organization as outlined by the Society of Assisted Reproductive Technology or successor organization; and

D. The contract, policy or certificate may not include coverage for procedures defined by the American Society for Reproductive Medicine or successor organization as experimental or investigational.

Sec. 5. Application. This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2012. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

SUMMARY

This bill requires that health insurance policies include coverage for the treatment of infertility if:

1. The covered individual is married;

2. The covered individual's infertility is not the result of a sexually transmitted disease; and

3. The number of embryos implanted does not exceed the number set forth in standards adopted by the American Society of Reproductive Medicine or a successor organization.

Under this bill, a policy that provides such coverage may require a 50% or lower copayment by the insured.

This bill applies to all policies in effect on or after January 1, 2012.