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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

AN ACT

RELATING TO INSURANCE

Introduced By: Senators Calkin, Goldin, Quezada, Coyne, and Sosnowski

Date Introduced: March 02, 2017

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-30 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-30. Health insurance contracts -- Infertility.

- (a) Any health insurance contract, plan, or policy delivered or issued for delivery or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits, shall provide coverage for medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years. To the extent that a health insurance contract provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, the tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years; provided, that a subscriber co-payment not to exceed twenty percent (20%) may be required for those programs and/or procedures the sole purpose of which is the treatment of infertility.
- (b) For the purpose of this section, "infertility" means the condition of an otherwise presumably healthy married individual who is unable to conceive or produce conception or sustain a pregnancy during a period of two (2) years one year.
- (c) Notwithstanding the provisions of section 27-18-19 or any other provision to the contrary, this section shall apply to blanket or group policies of insurance.

- (d) The health insurance contract may limit coverage to a lifetime cap of one hundred 2 thousand dollars (\$100,000).
- 3 SECTION 2. Section 27-19-23 of the General Laws in Chapter 27-19 entitled "Nonprofit 4 Hospital Service Corporations" is hereby amended to read as follows:

27-19-23. Coverage for infertility.

- (a) Any nonprofit hospital service contract, plan, or insurance policies delivered, issued for delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits shall provide coverage for medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years. To the extent that a nonprofit hospital service corporation provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, those tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years; provided, that a subscriber copayment, not to exceed twenty percent (20%), may be required for those programs and/or procedures the sole purpose of which is the treatment of infertility.
 - (b) For the purposes of this section, "infertility" means the condition of an otherwise presumably healthy married individual who is unable to conceive or produce conception or sustain a pregnancy during a period of two (2) years one year.
- (c) The health insurance contract may limit coverage to a lifetime cap of one hundred 21 thousand dollars (\$100,000).
- SECTION 3. Section 27-20-20 of the General Laws in Chapter 27-20 entitled "Nonprofit Medical Service Corporations" is hereby amended to read as follows:

27-20-20. Coverage for infertility.

(a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits shall provide coverage for the medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years. To the extent that a nonprofit medical service corporation provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, those tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years. Provided, that subscriber copayment, not to exceed twenty percent (20%), may be required for

- 1 those programs and/or procedures the sole purpose of which is the treatment of infertility.
- 2 (b) For the purposes of this section, "infertility" means the condition of an otherwise
- 3 presumably healthy married individual who is unable to conceive or produce conception or
- 4 <u>sustain a pregnancy</u> during a period of two (2) years one year.
- 5 (c) The health insurance contract may limit coverage to a lifetime cap of one hundred 6
- 6 thousand dollars (\$100,000).

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- 7 SECTION 4. Section 27-41-33 of the General Laws in Chapter 27-41 entitled "Health
- 8 Maintenance Organizations" is hereby amended to read as follows:

27-41-33. Coverage for infertility.

- (a) Any health maintenance organization service contract plan or policy delivered, issued for delivery, or renewed in this state, except a contract providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits, shall provide coverage for medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years. To the extent that a health maintenance organization provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, those tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty (40) forty-two (42) years; provided, that subscriber copayment, not to exceed twenty percent (20%), may be required for those programs and/or procedures the sole purpose of which is the treatment of infertility.
- (b) For the purpose of this section, "infertility" means the condition of an otherwise healthy married individual who is unable to conceive or produce conception or sustain a pregnancy during a period of two (2) years one year.
- 24 (c) The health insurance contract may limit coverage to a lifetime cap of one hundred 25 thousand dollars (\$100,000).
- 26 SECTION 5. This act shall take effect upon passage.

LC001382

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE

1 This act would provide insurance for infertility regardless of marital status and would 2 also increase the maximum treatment age from forty (40) years to forty-two (42) years. This act 3 would also redefine the term "infertility" to mean a woman who is unable to sustain a pregnancy 4 during a period of one year. 5 This act would take effect upon passage. LC001382