By: Representatives Steverson, Sykes

To: Insurance

HOUSE BILL NO. 451

1 AN ACT TO REQUIRE HEALTH INSURANCE POLICIES WHICH PROVIDE
2 PREGNANCY RELATED BENEFITS TO PROVIDE COVERAGE FOR MEDICALLY
3 NECESSARY EXPENSES OF DIAGNOSIS AND TREATMENT OF INFERTILITY; AND
4 FOR RELATED PURPOSES.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

6 **SECTION 1.** (1) Except as otherwise provided in this
7 section, a health insurance policy covering persons residing in
8 Mississippi which provides pregnancy related benefits must provide
9 coverage to the same extent for which pregnancy-related
10 procedures, coverage for medically necessary expenses of diagnosis
11 and treatment of infertility including the following: artificial
12 insemination, in vitro fertilization, gamete intrafallopian
13 transfer, sperm, egg and/or inseminated egg procurement and
14 processing and banking of sperm or inseminated eggs, to the extent
15 such costs are not covered by the patient's insurer, if any,
16 intra-cytoplasmic sperm injection, zygote intrafallopian transfer,
17 assisted hatching and cryopreservation of eggs.

18 (2) Coverage under this section shall be included in health
19 insurance policies that are delivered, executed, issued, amended,

20 adjusted, or renewed in this state, or outside this state if
21 insuring residents of this state, on or after July 1, 2017. No
22 insurer can terminate coverage, or refuse to deliver, execute,
23 issue, amend, adjust or renew coverage to an individual solely
24 because the individual is diagnosed with or has received treatment
25 for infertility.

26 (3) Coverage of assisted reproductive technology procedures
27 under this section may not exceed a lifetime benefit of One
28 Hundred Thousand Dollars ($100,000.00).

29 (4) The benefits of coverage for infertility treatment shall
30 be subject to the same deductibles, coinsurance and out-of-pocket
31 limitations as under maternity benefit coverage.

32 (5) Coverage shall be provided to married females and males.

33 (6) Policies must provide diagnostic tests and procedures
34 that include, but are not limited to, the following:

35 (a) Hysterosalpingogram;

36 (b) Hysteroscopy;

37 (c) Endometrial biopsy;

38 (d) Laparoscopy;

39 (e) Sono-hysterogram;

40 (f) Post coital tests;

41 (g) Testis biopsy;

42 (h) Semen analysis;

43 (i) Blood tests; and

44 (j) Ultrasounds.

45 Diagnostic and exploratory procedures shall be covered, including
46 surgical procedures to correct the medically diagnosed disease or
47 condition of the reproductive organs, including but not limited
48 to: endometriosis, collapsed/clogged fallopian tubes and
49 testicular failure.

50 (7) Every policy that provides for prescription drug
51 coverage shall also include drugs (approved by the FDA) for use in
52 the diagnosis and treatment of fertility. Insurers shall not
53 impose any exclusions, limitations or other restrictions on
54 coverage of infertility drugs that are different from those
55 imposed on any other prescription drugs, nor shall they impose
56 deductibles, copayment, coinsurance, benefit maximums, waiting
57 periods or any other limitations on coverage for required
58 infertility benefits which are different from those imposed upon
59 benefits for services not related to infertility.

60 (8) Nothing in this section shall be construed to limit the
61 number of treatment cycles covered.

62 (9) Coverage shall include medically necessary expenses for
63 standard fertility preservation services when a necessary medical
64 treatment may directly or indirectly cause iatrogenic infertility
65 to a covered person. As used in this section, "iatrogenic
66 infertility" means an impairment of fertility by surgery,
67 radiation, chemotherapy or other medical treatment affecting
68 reproductive organs or processes.

69 (10) As used in this section, "infertility" means a disease,
70 defined by the failure to achieve a successful pregnancy after
71 twelve (12) months or more appropriate, timed unprotected
72 intercourse or therapeutic donor insemination. Earlier evaluation
73 and treatment may be justified based on medical history and
74 physical findings and is warranted after six (6) months for women
75 over thirty-five (35) years of age.
76 (11) As used in this section, "health insurance policy"
77 includes all individual and group health insurance policies
78 providing coverage on an expense-incurred basis, individual and
79 group service or indemnity type contracts issued by a nonprofit
80 corporation, and individual and group service contracts issued by
81 a health maintenance organization or preferred provider
82 organization.
83 (12) This section does not apply to self-insured group
84 arrangements, including the State Health Insurance Plan for
85 employees of the State of Mississippi.
86 (13) Coverage required under this section must be for the
87 policyholder and the spouse of the policyholder if the spouse is a
88 covered person under the policy.
89 (14) Fertilization covered under this section shall only
90 include fertilization of the covered person's eggs with the
91 spouse's sperm.
92 **SECTION 2.** Procedures under Section 1 of this act must be
93 performed at a facility licensed or certified by the State of

94 Mississippi and must conform with the American College of
95 Obstetricians and Gynecologists and the American Society of
96 Reproductive Medicine guidelines.
97 **SECTION 3.** This act shall take effect and be in force from
98 and after July 1, 2017.

ST: Health insurance policies; require certain policies to cover infertility treatment and diagnosis.