MISSISSIPPI LEGISLATURE REGULAR SESSION 2017

By: Senator(s) Parks

To: Appropriations; Insurance

SENATE BILL NO. 2655

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; sperm, egg and/or
13 inseminated egg procurement and processing and banking of sperm or
14 eggs, to the extent such costs are not covered by the patient's
15 insurer, if any; intra-cytoplasmic sperm injection; assisted
16 hatching and cryopreservation of eggs, sperm or embryo; and fresh
17 and/or subsequent frozen embryo transfers.

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 include coverage of three (3) cycles of
28 intrauterine insemination and three (3) cycles of in vitro
29 fertilization.

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

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

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

36 (a) Hysterosalpingogram;

37 (b) Hysteroscopy;

38 (c) Endometrial biopsy;

39 (d) Laparoscopy;

40 (e) Laparotomy;

41 (f) Sono-hysterogram;

42 (g) Surgical sperm retrieval including testis biopsy;

43 (h) Semen analysis;

44 (i) Blood tests/hormonal analysis laboratory tests; and

45 (j) Ultrasounds.
46 Diagnostic and exploratory procedures shall be covered, including
47 surgical procedures to correct the medically diagnosed disease or
48 condition of the reproductive organs, including but not limited
49 to: endometriosis, disorders affecting the function of the
50 fallopian tubes, testicular failure, uterine anomalies and pelvic
51 adhesive disease.
52 (7) Every policy that provides for prescription drug
53 coverage shall also include drugs (approved by the FDA in the
54 treatment of infertility) for use in the diagnosis and treatment
55 of fertility. Insurers shall not impose any exclusions,
56 limitations or other restrictions on coverage of infertility drugs
57 that are different from those imposed on any other prescription
58 drugs, nor shall they impose deductibles, copayment, coinsurance,
59 benefit maximums, waiting periods or any other limitations on
60 coverage for required infertility benefits which are different
61 from those imposed upon benefits for services not related to
62 infertility.
63 (8) Coverage shall include medically necessary expenses for
64 standard fertility preservation services when a necessary medical
65 treatment may directly or indirectly cause iatrogenic infertility
66 to a covered person. As used in this section, "iatrogenic
67 infertility" means an impairment of fertility by surgery,
68 radiation, chemotherapy or other medical treatment affecting
69 reproductive organs or processes.

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

95 Pathologists and/or American Association of Bioanalysis and must
96 conform with the American College of Obstetricians and
97 Gynecologists and the American Society of Reproductive Medicine
98 guidelines.

99 **SECTION 3.** This act shall take effect and be in force from
100 and after July 1, 2017.