

By: Representatives McGee, Steverson,  
Touchstone, Aguirre, Bain, Barnett, Bounds,  
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To: Insurance

HOUSE BILL NO. 1198

1 AN ACT TO REQUIRE HEALTH INSURANCE POLICIES THAT 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 that provides pregnancy related benefits must provide  
9 coverage to the same extent for which pregnancy-related procedures  
10 are covered, coverage for medically necessary expenses of  
11 diagnosis and treatment of infertility including the following:  
12 artificial insemination, in vitro fertilization, gamete  
13 intrafallopian transfer, sperm, egg and/or inseminated egg  
14 procurement and processing and banking of sperm or inseminated  
15 eggs, to the extent such costs are not covered by the patient's  
16 insurer, if any, intra-cytoplasmic sperm injection, zygote  
17 intrafallopian transfer, assisted hatching and cryopreservation of  
18 eggs.



19           (2) Coverage under this section shall be included in health  
20 insurance policies that are delivered, executed, issued, amended,  
21 adjusted, or renewed in this state, or outside this state if  
22 insuring residents of this state, on or after July 1, 2018. No  
23 insurer can terminate coverage, or refuse to deliver, execute,  
24 issue, amend, adjust or renew coverage to an individual solely  
25 because the individual is diagnosed with or has received treatment  
26 for infertility.

27           (3) Coverage of assisted reproductive technology procedures  
28 under this section may not exceed a lifetime benefit of Twenty  
29 Thousand Dollars (\$20,000.00).

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  
34 males.

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

- 37                   (a) Hysterosalpingogram;
- 38                   (b) Hysteroscopy;
- 39                   (c) Endometrial biopsy;
- 40                   (d) Laparoscopy;
- 41                   (e) Sono-hysterogram;
- 42                   (f) Postcoital tests;
- 43                   (g) Testis biopsy;



- 44 (h) Semen analysis;
- 45 (i) Blood tests; and
- 46 (j) Ultrasounds.

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

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

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

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



69 radiation, chemotherapy or other medical treatment affecting  
70 reproductive organs or processes.

71 (10) As used in this section, "infertility" means a disease,  
72 defined by the failure to achieve a successful pregnancy after  
73 twelve (12) months or more appropriate, timed unprotected  
74 intercourse or therapeutic donor insemination. Earlier evaluation  
75 and treatment may be justified based on medical history and  
76 physical findings and is warranted after six (6) months for women  
77 over thirty-five (35) years of age.

78 (11) As used in this section, "health insurance policy"  
79 includes all individual and group health insurance policies  
80 providing coverage on an expense-incurred basis, individual and  
81 group service or indemnity type contracts issued by a nonprofit  
82 corporation, and individual and group service contracts issued by  
83 a health maintenance organization or preferred provider  
84 organization.

85 (12) This section does not apply to self-insured group  
86 arrangements, including the State Health Insurance Plan for  
87 employees of the State of Mississippi.

88 (13) Coverage required under this section must be for the  
89 policyholder and the spouse of the policyholder if the spouse is a  
90 covered person under the policy.

91 (14) Fertilization covered under this section shall only  
92 include fertilization of the covered person's eggs with the  
93 spouse's sperm.



94           **SECTION 2.** Procedures under Section 1 of this act must be  
95 performed at a facility licensed or certified by the State of  
96 Mississippi and must conform with the American College of  
97 Obstetricians and Gynecologists and the American Society of  
98 Reproductive Medicine guidelines.

99           **SECTION 3.** This act shall take effect and be in force from  
100 and after July 1, 2018.

