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To: Insurance

COMMITTEE SUBSTITUTE
FOR
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 as for pregnancy-related procedures
10 are covered, coverage for medically necessary expenses of
11 diagnosis and treatment of infertility, including, but not limited
12 to, the following: artificial insemination; in vitro
13 fertilization; gamete intrafallopian transfer; sperm, egg and/or
14 inseminated egg procurement and processing; banking of sperm or
15 inseminated eggs, to the extent such costs are not covered by the
16 patient's insurer, if any; intra-cytoplasmic sperm injection;
17 zygote intrafallopian transfer; assisted hatching; and
18 cryopreservation of 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 because
25 the individual is diagnosed with or has received treatment for
26 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 coverage for diagnostic tests and
36 procedures 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. Subsection (5) of this section
71 shall not apply to fertility preservation to avoid iatrogenic
72 infertility.

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

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

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

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



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

96 (15) Nothing in this section shall apply to nongrandfathered
97 plans in the individual and small group markets that are required
98 to include essential health benefits under the Patient Protection
99 and Affordable Care Act or to Medicare supplement, accident-only,
100 specified disease, hospital indemnity, disability income, long
101 term care, or other limited benefit hospital insurance policies.

102 **SECTION 2.** Procedures under Section 1 of this act must
103 conform with the American College of Obstetricians and
104 Gynecologists and the American Society for Reproductive Medicine
105 guidelines.

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

