

ASSEMBLY, No. 3540

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED FEBRUARY 25, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman ANGELA V. MCKNIGHT

District 31 (Hudson)

SYNOPSIS

Mandates health benefits coverage for preimplantation genetic screening under certain health insurance plans.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/5/2021)

1 AN ACT concerning coverage for preimplantation genetic screening
2 under certain health insurance plans and amending P.L.2001,
3 c.236 and P.L.2017, c.48.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. Section 1 of P.L.2001, c.236 (C.17:48-6x) is amended to
9 read as follows:

10 1. a. A hospital service corporation contract which provides
11 hospital or medical expense benefits for groups with more than 50
12 persons, which includes pregnancy-related benefits, shall not be
13 delivered, issued, executed or renewed in this State, or approved for
14 issuance or renewal in this State by the Commissioner of Banking
15 and Insurance on or after the effective date of this act unless the
16 contract provides coverage for persons covered under the contract
17 for medically necessary expenses incurred in the diagnosis and
18 treatment of infertility as provided pursuant to this section. The
19 hospital service corporation contract shall provide coverage which
20 includes, but is not limited to, the following services related to
21 infertility: diagnosis and diagnostic tests; medications; surgery;
22 preimplantation genetic screening; in vitro fertilization; embryo
23 transfer; artificial insemination; gamete intra fallopian transfer;
24 zygote intra fallopian transfer; intracytoplasmic sperm injection;
25 and four completed egg retrievals per lifetime of the covered
26 person. The hospital service corporation may provide that coverage
27 for in vitro fertilization, gamete intra fallopian transfer and zygote
28 intra fallopian transfer shall be limited to a covered person who: a.
29 has used all reasonable, less expensive and medically appropriate
30 treatments and is still unable to become pregnant or carry a
31 pregnancy; b. has not reached the limit of four completed egg
32 retrievals; and c. is 45 years of age or younger.

33 For purposes of this section~~],~~]:

34 **["infertility"]** "Infertility" means a disease or condition that
35 results in the abnormal function of the reproductive system, as
36 determined pursuant to American Society for Reproductive
37 Medicine practice guidelines by a physician who is Board Certified
38 or Board Eligible in Reproductive Endocrinology and Infertility or
39 in Obstetrics and Gynecology or that the patient has met one of the
40 following conditions:

41 (1) A male is unable to impregnate a female;

42 (2) A female with a male partner and under 35 years of age is
43 unable to conceive after 12 months of unprotected sexual
44 intercourse;

EXPLANATION – Matter enclosed in bold-faced brackets **[thus] in the above bill is not enacted and is intended to be omitted in the law.**

Matter underlined thus is new matter.

1 (3) A female with a male partner and 35 years of age and over is
2 unable to conceive after six months of unprotected sexual
3 intercourse;

4 (4) A female without a male partner and under 35 years of age
5 who is unable to conceive after 12 failed attempts of intrauterine
6 insemination under medical supervision;

7 (5) A female without a male partner and over 35 years of age
8 who is unable to conceive after six failed attempts of intrauterine
9 insemination under medical supervision;

10 (6) Partners are unable to conceive as a result of involuntary
11 medical sterility;

12 (7) A person is unable to carry a pregnancy to live birth; or

13 (8) A previous determination of infertility pursuant to this
14 section.

15 “Preimplantation genetic screening” means a laboratory
16 procedure that is used in conjunction with in vitro fertilization to
17 test an embryo for abnormal chromosomes before it is transferred to
18 the uterus.

19 The benefits shall be provided to the same extent as for other
20 pregnancy-related procedures under the contract, except that the
21 services provided for in this section shall be performed at facilities
22 that conform to standards established by the American Society for
23 Reproductive Medicine or the American College of Obstetricians
24 and Gynecologists. The same copayments, deductibles and benefit
25 limits shall apply to the diagnosis and treatment of infertility
26 pursuant to this section as those applied to other medical or surgical
27 benefits under the contract. Infertility resulting from voluntary
28 sterilization procedures shall be excluded under the contract for the
29 coverage required by this section.

30 b. A religious employer may request, and a hospital service
31 corporation shall grant, an exclusion under the contract for the
32 coverage required by this section for in vitro fertilization, embryo
33 transfer, artificial insemination, zygote intra fallopian transfer and
34 intracytoplasmic sperm injection, if the required coverage is
35 contrary to the religious employer's bona fide religious tenets. The
36 hospital service corporation that issues a contract containing such
37 an exclusion shall provide written notice thereof to each prospective
38 subscriber or subscriber, which shall appear in not less than 10
39 point type, in the contract, application and sales brochure. For the
40 purposes of this subsection, "religious employer" means an
41 employer that is a church, convention or association of churches or
42 any group or entity that is operated, supervised or controlled by or
43 in connection with a church or a convention or association of
44 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
45 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

46 c. This section shall apply to those hospital service corporation
47 contracts in which the hospital service corporation has reserved the
48 right to change the premium.

d. The provisions of this section shall not apply to a hospital service corporation contract which, pursuant to a contract between the hospital service corporation and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.
(cf: P.L.2017, c.48, s.1).

2. Section 2 of P.L.2001, c.236 (C.17:48A-7w) is amended to read as follows:

2. a. A medical service corporation contract which provides hospital or medical expense benefits for groups with more than 50 persons, which includes pregnancy-related benefits, shall not be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act unless the contract provides coverage for persons covered under the contract for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided pursuant to this section. The medical service corporation contract shall provide coverage which includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; preimplantation genetic screening; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. The medical service corporation may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

For purposes of this section~~],~~**],**:

["infertility"] "Infertility" means a disease or condition that results in the abnormal function of the reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology or that the patient has met one of the following conditions:

(1) A male is unable to impregnate a female;

(2) A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse;

1 (3) A female with a male partner and 35 years of age and over is
2 unable to conceive after six months of unprotected sexual
3 intercourse;

4 (4) A female without a male partner and under 35 years of age
5 who is unable to conceive after 12 failed attempts of intrauterine
6 insemination under medical supervision;

7 (5) A female without a male partner and over 35 years of age
8 who is unable to conceive after six failed attempts of intrauterine
9 insemination under medical supervision;

10 (6) Partners are unable to conceive as a result of involuntary
11 medical sterility;

12 (7) A person is unable to carry a pregnancy to live birth; or

13 (8) A previous determination of infertility pursuant to this
14 section.

15 “Preimplantation genetic screening” means a laboratory
16 procedure that is used in conjunction with in vitro fertilization to
17 test an embryo for abnormal chromosomes before it is transferred to
18 the uterus.

19 The benefits shall be provided to the same extent as for other
20 pregnancy-related procedures under the contract, except that the
21 services provided for in this section shall be performed at facilities
22 that conform to standards established by the American Society for
23 Reproductive Medicine or the American College of Obstetricians
24 and Gynecologists. The same copayments, deductibles and benefit
25 limits shall apply to the diagnosis and treatment of infertility
26 pursuant to this section as those applied to other medical or surgical
27 benefits under the contract. Infertility resulting from voluntary
28 sterilization procedures shall be excluded under the contract for the
29 coverage required by this section.

30 b. A religious employer may request, and a medical service
31 corporation shall grant, an exclusion under the contract for the
32 coverage required by this section for in vitro fertilization, embryo
33 transfer, artificial insemination, zygote intra fallopian transfer and
34 intracytoplasmic sperm injection, if the required coverage is
35 contrary to the religious employer's bona fide religious tenets. The
36 medical service corporation that issues a contract containing such
37 an exclusion shall provide written notice thereof to each prospective
38 subscriber or subscriber, which shall appear in not less than ten
39 point type, in the contract, application and sales brochure. For the
40 purposes of this subsection, "religious employer" means an
41 employer that is a church, convention or association of churches or
42 any group or entity that is operated, supervised or controlled by or
43 in connection with a church or a convention or association of
44 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
45 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

46 c. This section shall apply to those medical service corporation
47 contracts in which the medical service corporation has reserved the
48 right to change the premium.

d. The provisions of this section shall not apply to a medical service corporation contract which, pursuant to a contract between the medical service corporation and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.

(cf: P.L.2017, c.48, s.2)

3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended to read as follows:

3. a. A health service corporation contract which provides hospital or medical expense benefits for groups with more than 50 persons, which includes pregnancy-related benefits, shall not be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act unless the contract provides coverage for persons covered under the contract for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided pursuant to this section. The health service corporation contract shall provide coverage which includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; preimplantation genetic screening; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. The health service corporation may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

For purposes of this section**[,]**:

["infertility"] "Infertility" means a disease or condition that results in the abnormal function of the reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology or that the patient has met one of the following conditions:

(1) A male is unable to impregnate a female;

(2) A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse;

1 (3) A female with a male partner and 35 years of age and over is
2 unable to conceive after six months of unprotected sexual
3 intercourse;

4 (4) A female without a male partner and under 35 years of age
5 who is unable to conceive after 12 failed attempts of intrauterine
6 insemination under medical supervision;

7 (5) A female without a male partner and over 35 years of age
8 who is unable to conceive after six failed attempts of intrauterine
9 insemination under medical supervision;

10 (6) Partners are unable to conceive as a result of involuntary
11 medical sterility;

12 (7) A person is unable to carry a pregnancy to live birth; or

13 (8) A previous determination of infertility pursuant to this
14 section.

15 “Preimplantation genetic screening” means a laboratory
16 procedure that is used in conjunction with in vitro fertilization to
17 test an embryo for abnormal chromosomes before it is transferred to
18 the uterus.

19 The benefits shall be provided to the same extent as for other
20 pregnancy-related procedures under the contract, except that the
21 services provided for in this section shall be performed at facilities
22 that conform to standards established by the American Society for
23 Reproductive Medicine or the American College of Obstetricians
24 and Gynecologists. The same copayments, deductibles and benefit
25 limits shall apply to the diagnosis and treatment of infertility
26 pursuant to this section as those applied to other medical or surgical
27 benefits under the contract. Infertility resulting from voluntary
28 sterilization procedures shall be excluded under the contract for the
29 coverage required by this section.

30 b. A religious employer may request, and a health service
31 corporation shall grant, an exclusion under the contract for the
32 coverage required by this section for in vitro fertilization, embryo
33 transfer, artificial insemination, zygote intra fallopian transfer and
34 intracytoplasmic sperm injection, if the required coverage is
35 contrary to the religious employer's bona fide religious tenets. The
36 health service corporation that issues a contract containing such an
37 exclusion shall provide written notice thereof to each prospective
38 subscriber or subscriber, which shall appear in not less than ten
39 point type, in the contract, application and sales brochure. For the
40 purposes of this subsection, "religious employer" means an
41 employer that is a church, convention or association of churches or
42 any group or entity that is operated, supervised or controlled by or
43 in connection with a church or a convention or association of
44 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
45 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

46 c. This section shall apply to those health service corporation
47 contracts in which the health service corporation has reserved the
48 right to change the premium.

1 d. The provisions of this section shall not apply to a health
2 service corporation contract which, pursuant to a contract between
3 the health service corporation and the Department of Human
4 Services, provides benefits to persons who are eligible for medical
5 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ
6 FamilyCare Program established pursuant to P.L.2005, c.156
7 (C.30:4J-8 et al.), or any other program administered by the
8 Division of Medical Assistance and Health Services in the
9 Department of Human Services.
10 (cf: P.L.2017, c.48, s.3)
11

12 4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended
13 to read as follows:

14 4. a. A group health insurance policy which provides hospital
15 or medical expense benefits for groups with more than 50 persons,
16 which includes pregnancy-related benefits, shall not be delivered,
17 issued, executed or renewed in this State, or approved for issuance
18 or renewal in this State by the Commissioner of Banking and
19 Insurance on or after the effective date of this act unless the policy
20 provides coverage for persons covered under the policy for
21 medically necessary expenses incurred in the diagnosis and
22 treatment of infertility as provided pursuant to this section. The
23 policy shall provide coverage which includes, but is not limited to,
24 the following services related to infertility: diagnosis and diagnostic
25 tests; medications; surgery; preimplantation genetic screening; in
26 vitro fertilization; embryo transfer; artificial insemination; gamete
27 intra fallopian transfer; zygote intra fallopian transfer;
28 intracytoplasmic sperm injection; and four completed egg retrievals
29 per lifetime of the covered person. The insurer may provide that
30 coverage for in vitro fertilization, gamete intra fallopian transfer
31 and zygote intra fallopian transfer shall be limited to a covered
32 person who: a. has used all reasonable, less expensive and
33 medically appropriate treatments and is still unable to become
34 pregnant or carry a pregnancy; b. has not reached the limit of four
35 completed egg retrievals; and c. is 45 years of age or younger.

36 For purposes of this section~~[""]~~:

37 **["infertility"]** "Infertility" means a disease or condition that
38 results in the abnormal function of the reproductive system, as
39 determined pursuant to American Society for Reproductive
40 Medicine practice guidelines by a physician who is Board Certified
41 or Board Eligible in Reproductive Endocrinology and Infertility or
42 in Obstetrics and Gynecology or that the patient has met one of the
43 following conditions:

44 (1) A male is unable to impregnate a female;

45 (2) A female with a male partner and under 35 years of age is
46 unable to conceive after 12 months of unprotected sexual
47 intercourse;

1 (3) A female with a male partner and 35 years of age and over is
2 unable to conceive after six months of unprotected sexual
3 intercourse;

4 (4) A female without a male partner and under 35 years of age
5 who is unable to conceive after 12 failed attempts of intrauterine
6 insemination under medical supervision;

7 (5) A female without a male partner and over 35 years of age
8 who is unable to conceive after six failed attempts of intrauterine
9 insemination under medical supervision;

10 (6) Partners are unable to conceive as a result of involuntary
11 medical sterility;

12 (7) A person is unable to carry a pregnancy to live birth; or

13 (8) A previous determination of infertility pursuant to this
14 section.

15 “Preimplantation genetic screening” means a laboratory
16 procedure that is used in conjunction with in vitro fertilization to
17 test an embryo for abnormal chromosomes before it is transferred to
18 the uterus.

19 The benefits shall be provided to the same extent as for other
20 pregnancy-related procedures under the policy, except that the
21 services provided for in this section shall be performed at facilities
22 that conform to standards established by the American Society for
23 Reproductive Medicine or the American College of Obstetricians
24 and Gynecologists. The same copayments, deductibles and benefit
25 limits shall apply to the diagnosis and treatment of infertility
26 pursuant to this section as those applied to other medical or surgical
27 benefits under the policy. Infertility resulting from voluntary
28 sterilization procedures shall be excluded under the policy for the
29 coverage required by this section.

30 b. A religious employer may request, and an insurer shall grant,
31 an exclusion under the policy for the coverage required by this
32 section for in vitro fertilization, embryo transfer, artificial
33 insemination, zygote intra fallopian transfer and intracytoplasmic
34 sperm injection, if the required coverage is contrary to the religious
35 employer's bona fide religious tenets. The insurer that issues a
36 policy containing such an exclusion shall provide written notice
37 thereof to each prospective insured or insured, which shall appear in
38 not less than ten point type, in the policy, application and sales
39 brochure. For the purposes of this subsection, "religious employer"
40 means an employer that is a church, convention or association of
41 churches or any group or entity that is operated, supervised or
42 controlled by or in connection with a church or a convention or
43 association of churches as defined in 26 U.S.C. s.3121(w)(3)(A),
44 and that qualifies as a tax-exempt organization under 26 U.S.C.
45 s.501(c)(3).

46 c. This section shall apply to those insurance policies in which
47 the insurer has reserved the right to change the premium.

1 d. The provisions of this section shall not apply to a group
2 health insurance policy which, pursuant to a contract between the
3 insurer and the Department of Human Services, provides benefits to
4 persons who are eligible for medical assistance under
5 P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program
6 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any
7 other program administered by the Division of Medical Assistance
8 and Health Services in the Department of Human Services.

9 (cf: P.L. 2017, c.48, s.4)

10
11 5. Section 5 of P.L.2001, c.236 (C.26:2J-4.23) is amended to
12 read as follows:

13 5 a. No certificate of authority to establish and operate a
14 health maintenance organization in this State shall be issued or
15 continued on or after the effective date of this act unless the health
16 maintenance organization provides health care services, to groups
17 of more than 50 enrollees, for medically necessary expenses
18 incurred in the diagnosis and treatment of infertility as provided
19 pursuant to this section. A health maintenance organization shall
20 provide enrollee coverage which includes, but is not limited to, the
21 following services related to infertility: diagnosis and diagnostic
22 tests; medications; surgery; preimplantation genetic screening; in
23 vitro fertilization; embryo transfer; artificial insemination; gamete
24 intra fallopian transfer; zygote intra fallopian transfer;
25 intracytoplasmic sperm injection; and four completed egg retrievals
26 per lifetime of the enrollee. The health maintenance organization
27 may provide that health care services for in vitro fertilization,
28 gamete intra fallopian transfer and zygote intra fallopian transfer
29 shall be limited to a covered person who: a. has used all reasonable,
30 less expensive and medically appropriate treatments and is still
31 unable to become pregnant or carry a pregnancy; b. has not reached
32 the limit of four completed egg retrievals; and c. is 45 years of age
33 or younger.

34 For purposes of this section**[,]**:

35 **["infertility"]** "Infertility" means a disease or condition that
36 results in the abnormal function of the reproductive system, as
37 determined pursuant to American Society for Reproductive
38 Medicine practice guidelines by a physician who is Board Certified
39 or Board Eligible in Reproductive Endocrinology and Infertility or
40 in Obstetrics and Gynecology or that the patient has met one of the
41 following conditions:

42 (1) A male is unable to impregnate a female;

43 (2) A female with a male partner and under 35 years of age is
44 unable to conceive after 12 months of unprotected sexual
45 intercourse;

46 (3) A female with a male partner and 35 years of age and over is
47 unable to conceive after six months of unprotected sexual
48 intercourse;

1 (4) A female without a male partner and under 35 years of age
2 who is unable to conceive after 12 failed attempts of intrauterine
3 insemination under medical supervision;

4 (5) A female without a male partner and over 35 years of age
5 who is unable to conceive after six failed attempts of intrauterine
6 insemination under medical supervision;

7 (6) Partners are unable to conceive as a result of involuntary
8 medical sterility;

9 (7) A person is unable to carry a pregnancy to live birth; or

10 (8) A previous determination of infertility pursuant to this
11 section.

12 “Preimplantation genetic screening” means a laboratory
13 procedure that is used in conjunction with in vitro fertilization to
14 test an embryo for abnormal chromosomes before it is transferred to
15 the uterus.

16 The health care services shall be provided to the same extent as
17 for other pregnancy-related procedures under the contract, except
18 that the services provided for in this section shall be performed at
19 facilities that conform to standards established by the American
20 Society for Reproductive Medicine or the American College of
21 Obstetricians and Gynecologists. The same copayments,
22 deductibles and benefit limits shall apply to the diagnosis and
23 treatment of infertility pursuant to this section as those applied to
24 other medical or surgical health care services under the contract.
25 Infertility resulting from voluntary sterilization procedures shall be
26 excluded under the contract for the coverage required by this
27 section.

28 b. A religious employer may request, and a health maintenance
29 organization shall grant, an exclusion under the contract for the
30 health care services required by this section for in vitro fertilization,
31 embryo transfer, artificial insemination, zygote intra fallopian
32 transfer and intracytoplasmic sperm injection, if the required health
33 care services are contrary to the religious employer's bona fide
34 religious tenets. The health maintenance organization that issues a
35 contract containing such an exclusion shall provide written notice
36 thereof to each prospective enrollee or enrollee, which shall appear
37 in not less than ten point type, in the contract, application and sales
38 brochure. For the purposes of this subsection, "religious employer"
39 means an employer that is a church, convention or association of
40 churches or any group or entity that is operated, supervised or
41 controlled by or in connection with a church or a convention or
42 association of churches as defined in 26 U.S.C. s.3121(w)(3)(A),
43 and that qualifies as a tax-exempt organization under 26 U.S.C.
44 s.501(c)(3).

45 c. The provisions of this section shall apply to those contracts
46 for health care services by health maintenance organizations under
47 which the right to change the schedule of charges for enrollee
48 coverage is reserved.

1 d. The provisions of this section shall not apply to a contract
2 for health care services by a health maintenance organization
3 which, pursuant to a contract between the health maintenance
4 organization and the Department of Human Services, provides
5 benefits to persons who are eligible for medical assistance under
6 P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program
7 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any
8 other program administered by the Division of Medical Assistance
9 and Health Services in the Department of Human Services.
10 (cf: P.L. 2017, c.48, s.5)

11
12 6. Section 6 of P.L.2017, c.48 (C.52:14-17.29v) is amended to
13 read as follows:

14 6. The State Health Benefits Commission shall ensure that
15 every contract under the State Health Benefits Program shall
16 provide coverage for medically necessary expenses incurred in the
17 diagnosis and treatment of infertility as provided pursuant to this
18 section. The State Health Benefits Program contract shall provide
19 coverage which includes, but is not limited to, the following
20 services related to infertility: diagnosis and diagnostic tests;
21 medications; surgery; preimplantation genetic screening; in vitro
22 fertilization; embryo transfer; artificial insemination; gamete intra
23 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
24 sperm injection; and four completed egg retrievals per lifetime of
25 the covered person. The State Health Benefits Commission may
26 provide that coverage for in vitro fertilization, gamete intra
27 fallopian transfer and zygote intra fallopian transfer shall be limited
28 to a covered person who: a. has used all reasonable, less expensive
29 and medically appropriate treatments and is still unable to become
30 pregnant or carry a pregnancy; b. has not reached the limit of four
31 completed egg retrievals; and c. is 45 years of age or younger.

32 For purposes of this section~~],~~:

33 **["infertility"]** **"Infertility"** means a disease or condition that
34 results in the abnormal function of the reproductive system, as
35 determined pursuant to American Society for Reproductive
36 Medicine practice guidelines by a physician who is Board Certified
37 or Board Eligible in Reproductive Endocrinology and Infertility or
38 in Obstetrics and Gynecology or any one of the following
39 conditions:

40 (1) A male is unable to impregnate a female;

41 (2) A female with a male partner and under 35 years of age is
42 unable to conceive after 12 months of unprotected sexual
43 intercourse;

44 (3) A female with a male partner and 35 years of age and over is
45 unable to conceive after six months of unprotected sexual
46 intercourse;

1 (4) A female without a male partner and under 35 years of age
2 who is unable to conceive after 12 failed attempts of intrauterine
3 insemination under medical supervision;

4 (5) A female without a male partner and over 35 years of age
5 who is unable to conceive after six failed attempts of intrauterine
6 insemination under medical supervision;

7 (6) Partners are unable to conceive as a result of involuntary
8 medical sterility;

9 (7) A person is unable to carry a pregnancy to live birth; or

10 (8) A previous determination of infertility pursuant to this
11 section.

12 “Preimplantation genetic screening” means a laboratory
13 procedure that is used in conjunction with in vitro fertilization to
14 test an embryo for abnormal chromosomes before it is transferred to
15 the uterus.

16 The benefits shall be provided to the same extent as for other
17 pregnancy-related procedures under the contract, except that the
18 services provided for in this section shall be performed at facilities
19 that conform to standards established by the American Society for
20 Reproductive Medicine or the American College of Obstetricians
21 and Gynecologists. The same copayments, deductibles and benefit
22 limits shall apply to the diagnosis and treatment of infertility
23 pursuant to this section as those applied to other medical or surgical
24 benefits under the contract. Infertility resulting from voluntary
25 sterilization procedures shall be excluded under the contract for the
26 coverage required by this section.

27 (cf: P.L.2017, c.48, s.6)

28

29 7. Section 7 of P.L.2017, c.48 (C.52:14-17.46.6g) is amended
30 to read as follows:

31 7. The School **【Employees】** Employees’ Health Benefits
32 Commission shall ensure that every contract under the School
33 **【Employees】** Employees’ Health Benefits Program shall provide
34 coverage for medically necessary expenses incurred in the diagnosis
35 and treatment of infertility as provided pursuant to this section. The
36 School **【Employees】** Employees’ Health Benefits Program contract
37 shall provide coverage which includes, but is not limited to, the
38 following services related to infertility: diagnosis and diagnostic
39 tests; medications; surgery; preimplantation genetic screening; in
40 vitro fertilization; embryo transfer; artificial insemination; gamete
41 intra fallopian transfer; zygote intra fallopian transfer;
42 intracytoplasmic sperm injection; and four completed egg retrievals
43 per lifetime of the covered person. The School **【Employees】**
44 Employees’ Health Benefits Commission may provide that
45 coverage for in vitro fertilization, gamete intra fallopian transfer
46 and zygote intra fallopian transfer shall be limited to a covered
47 person who: a. has used all reasonable, less expensive and
48 medically appropriate treatments and is still unable to become

1 pregnant or carry a pregnancy; b. has not reached the limit of four
2 completed egg retrievals; and c. is 45 years of age or younger.

3 For purposes of this section~~],~~]:

4 **["infertility"]** “Infertility” means a disease or condition that
5 results in the abnormal function of the reproductive system, as
6 determined pursuant to American Society for Reproductive
7 Medicine practice guidelines by a physician who is Board Certified
8 or Board Eligible in Reproductive Endocrinology and Infertility or
9 in Obstetrics and Gynecology or any one of the following
10 conditions:

11 (1) A male is unable to impregnate a female;

12 (2) A female with a male partner and under 35 years of age is
13 unable to conceive after 12 months of unprotected sexual
14 intercourse;

15 (3) A female with a male partner and 35 years of age and over is
16 unable to conceive after six months of unprotected sexual
17 intercourse;

18 (4) A female without a male partner and under 35 years of age
19 who is unable to conceive after 12 failed attempts of intrauterine
20 insemination under medical supervision;

21 (5) A female without a male partner and over 35 years of age
22 who is unable to conceive after six failed attempts of intrauterine
23 insemination under medical supervision;

24 (6) Partners are unable to conceive as a result of involuntary
25 medical sterility;

26 (7) A person is unable to carry a pregnancy to live birth; or

27 (8) A previous determination of infertility pursuant to this
28 section.

29 “Preimplantation genetic screening” means a laboratory
30 procedure that is used in conjunction with in vitro fertilization to
31 test an embryo for abnormal chromosomes before it is transferred to
32 the uterus.

33 The benefits shall be provided to the same extent as for other
34 pregnancy-related procedures under the contract, except that the
35 services provided for in this section shall be performed at facilities
36 that conform to standards established by the American Society for
37 Reproductive Medicine or the American College of Obstetricians
38 and Gynecologists. The same copayments, deductibles and benefit
39 limits shall apply to the diagnosis and treatment of infertility
40 pursuant to this section as those applied to other medical or surgical
41 benefits under the contract. Infertility resulting from voluntary
42 sterilization procedures shall be excluded under the contract for the
43 coverage required by this section.

44 (cf: P.L.2017, c.48, s.7)

45
46 8. This act shall take effect 90 days after enactment.

STATEMENT

This bill amends the current law concerning insurance coverage for infertility treatment and services. It requires certain health insurers to provide health benefits coverage for preimplantation genetic screening when it is considered a medically necessary expense incurred in the diagnosis and treatment of infertility, as defined under that law. Under the bill, “preimplantation genetic screening” means a laboratory procedure that is used in conjunction with in vitro fertilization (IVF) to test an embryo for abnormal chromosomes before it is transferred to the uterus. Compared to transferring multiple embryos without preimplantation genetic screening, research indicates that transferring a single embryo with no chromosomal abnormalities during an IVF cycle has a decreased probability of resulting in a medically expensive and risky multiple gestation pregnancy without affecting the potential success of the cycle. Furthermore, transferring embryos without chromosomal abnormalities also significantly decreases the probability of a miscarriage.

The infertility coverage law currently includes health benefits for IVF; however, health insurers are permitted under that law to limit IVF benefits to a covered person who: has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; has not reached the limit of four completed egg retrievals; and is 45 years of age or younger. Under this bill, the same limitations may apply to preimplantation genetic screening at the discretion of the health insurer.

The provisions of this bill apply to hospital, medical and health service corporations, commercial group insurers and health maintenance organizations that provide benefits to groups of 50 or more persons. The bill also applies to health benefits plans issued pursuant to the State Health Benefits Program and the School Employees’ Health Benefits Program.