

---

**HOUSE COMMITTEE AMENDMENTS**

2022 Regular Session

Amendments proposed by House Committee on Insurance to Original House Bill No. 537  
by Representative DavisAMENDMENT NO. 1

On page 1, line 2, delete "and 1036.2"

AMENDMENT NO. 2

On page 1, delete lines 3 and 4 in their entirety and insert the following:

"coverage plans to cover services and benefits related to intrauterine insemination, in vitro fertilization procedures, and standard fertility preservation services; to require patients to meet certain conditions; to provide for definitions; to provide for exemptions; and to provide for"

AMENDMENT NO. 3

On page 1, line 7, delete "and 1036.2 are" and insert "is"

AMENDMENT NO. 4

On page 1, line 8, after "treatments;" delete the remainder of the line and insert "intrauterine insemination; in vitro fertilization procedures; standard fertility preservation services; conditions applicable to coverage; exemptions"

AMENDMENT NO. 5

On page 1, delete lines 12 and 13 in their entirety and insert the following:

"service, or prepaid basis for expenses related to intrauterine insemination, in vitro fertilization procedures, or standard fertility preservation services. A health coverage plan shall provide the coverage described in this Section if the patient is an individual entitled to benefits under the health coverage plan."

AMENDMENT NO. 6On page 1, line 14, delete "for in vitro fertilization procedures"AMENDMENT NO. 7

On page 1, delete lines 17 through 21 in their entirety and insert the following:

"C. For purposes of this Section, "health coverage plan" means any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type. "Health coverage plan" does not include a plan providing coverage for excepted benefits as defined in R.S. 22:1061, limited benefit health insurance plans, and short-term policies that have a term of less than twelve months.

D.(1) Requirements for in vitro fertilization procedures. A patient is entitled to coverage benefits if both of the following conditions are met:"

1 AMENDMENT NO. 8

2 On page 2, line 1, change "(2)" to "(a)"

3 AMENDMENT NO. 9

4 On page 2, delete lines 3 through 9 in their entirety and insert the following:

5 "(b) The patient and the patient's spouse have a history of infertility of at  
6 least one year or infertility associated with at least one of the following:

7 (i) Endometriosis

8 (ii) Blockage of or surgical removal of one or both fallopian tubes.

9 (iii) Oligospermia.

10 (iv) Polycystic ovary syndrome.

11 (v) Male factor infertility.

12 (2) In addition to the conditions prescribed in Paragraph (1) of this  
13 Subsection,"

14 AMENDMENT NO. 10

15 On page 2, line 11, change "(1)" to "(a)"

16 AMENDMENT NO. 11

17 On page 2, line 13, delete "plan." and insert "plan, including but not limited to intrauterine  
18 insemination. The patient shall have experienced at least three unsuccessful intrauterine  
19 inseminations prior to coverage eligibility for in vitro fertilization procedures pursuant to  
20 this Section."

21 AMENDMENT NO. 12

22 On page 2, line 14, change "(2)" to "(b)"

23 AMENDMENT NO. 13

24 On page 2, after line 16, add the following:

25 "E.(1) Requirements for standard fertility preservation services. A patient  
26 is entitled to coverage benefits if either of the following conditions is met:

27 (a) The patient has a medical condition that may cause infertility.

28 (b) The patient is expected to undergo medication therapy, surgery, radiation,  
29 chemotherapy, or other medical treatment that is recognized by medical  
30 professionals to cause a risk of impairment to fertility.

31 (2) For purposes of this Section, services are "standard" as recognized by the  
32 American Society of Clinical Oncology or the American Society for Reproductive  
33 Medicine.

34 F. Notwithstanding any provision of this Section, the coverage requirements  
35 of this Section do not apply to any health coverage plan offered by an entity that does  
36 all of the following:

- 1                   (1) Opposes providing coverage for some or all of the services described in  
2                   this Section on account of religious objections.
- 3                   (2) Operates and is organized as a nonprofit entity pursuant to state law.
- 4                   (3) Holds itself out as a religious organization."