

2022 Regular Session

HOUSE BILL NO. 537

BY REPRESENTATIVES DAVIS, FREIBERG, AND LANDRY

INSURANCE/HEALTH: Requires health insurance coverage for infertility treatments

1 AN ACT

2 To enact R.S. 22:1036.1, relative to health insurance issuers; to require health coverage
3 plans to cover services and benefits related to intrauterine insemination, in vitro
4 fertilization procedures, and standard fertility preservation services; to require
5 patients to meet certain conditions; to provide for definitions; to provide for
6 exemptions; and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1036.1 is hereby enacted to read as follows:

9 §1036.1. Required coverage for infertility treatments; intrauterine insemination; in
10 vitro fertilization procedures; standard fertility preservation services;
11 conditions applicable to coverage; exemptions

12 A. A health insurance issuer offering health coverage plans in this state that
13 provide pregnancy-related benefits for individuals covered under a respective plan
14 shall offer and make available coverage for services and benefits on a cost incurred,
15 service, or prepaid basis for expenses related to intrauterine insemination, in vitro
16 fertilization procedures, or standard fertility preservation services. A health
17 coverage plan shall provide the coverage described in this Section if the patient is an
18 individual entitled to benefits under the health coverage plan.

19 B. Benefits for in vitro fertilization procedures required pursuant to this
20 Section shall be provided to the same extent as benefits provided for other
21 pregnancy-related procedures under the plan.

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

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

11 (a) The fertilization or attempted fertilization of the patient's oocytes is made
12 only with the sperm of the patient's spouse.

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

15 (i) Endometriosis

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

17 (iii) Oligospermia.

18 (iv) Polycystic ovary syndrome.

19 (v) Male factor infertility.

20 (2) In addition to the conditions prescribed in Paragraph (1) of this
21 Subsection, both of the following conditions shall apply:

22 (a) The patient has been unable to attain a successful pregnancy through any
23 less costly applicable infertility treatments for which coverage is available under the
24 health coverage plan, including but not limited to intrauterine insemination. The
25 patient shall have experienced at least three unsuccessful intrauterine inseminations
26 prior to coverage eligibility for in vitro fertilization procedures pursuant to this
27 Section.

28 (b) The in vitro fertilization procedures are performed at a medical facility
29 that conforms to the minimal standards for programs of in vitro fertilization adopted
30 by the American Society for Reproductive Medicine.

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

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

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

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

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

13 (1) Opposes providing coverage for some or all of the services described in
14 this Section on account of religious objections.

15 (2) Operates and is organized as a nonprofit entity pursuant to state law.

16 (3) Holds itself out as a religious organization.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 537 Engrossed

2022 Regular Session

Davis

Abstract: Requires health coverage plans to provide benefits for intrauterine insemination, in vitro fertilization (IVF) procedures, and standard fertility preservation services under certain conditions.

Proposed law requires a health coverage plan in this state that provides pregnancy-related benefits for covered individuals to offer and make available coverage for services and benefits on a cost incurred, service, or prepaid basis for expenses related to intrauterine insemination, IVF procedures, and standard fertility preservation services. Requires coverage benefits to be provided to the same extent as benefits provided for other pregnancy-related procedures under the plan. Further requires a health coverage plan to provide coverage if the patient is an individual entitled to benefits under the plan.

Proposed law defines "health coverage plan" and makes certain exclusions.

Proposed law requires the patient to meet certain conditions for coverage eligibility for IVF procedures. Requires the patient and the patient's spouse to have a history of infertility of at least 1 year or infertility associated with at least 1 of the following:

- (1) Endometriosis.
- (2) Blockage of or surgical removal of one or both fallopian tubes.
- (3) Oligospermia.
- (4) Polycystic ovary syndrome.
- (5) Male factor infertility.

Proposed law requires the patient to have been unable to attain a successful pregnancy through any less costly infertility treatments, including but not limited to intrauterine insemination. Further requires the patient to have experienced as least 3 unsuccessful intrauterine inseminations prior to coverage eligibility for IVF procedures.

Proposed law requires IVF procedures to be performed at a medical facility that conforms to the minimal standards for programs of IVF adopted by the American Society for Reproductive Medicine.

Proposed law requires the patient to meet certain conditions for coverage eligibility for standard fertility preservation services. Requires the patient to have a medical condition that may cause infertility or an expectation of undergoing a medical treatment, including but not limited to chemotherapy and radiation, that is recognized by medical professionals to cause a risk of impairment to fertility. Further provides that standard fertility preservation services are "standard" as recognized by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.

Proposed law exempts an organization that opposes providing coverage on account of religious objections, operates and is organized as a nonprofit entity, and holds itself out as a religious organization.

(Adds R.S. 22:1036.1)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Add intrauterine insemination, IVF procedures, and standard fertility preservation services for insurance coverage pursuant to proposed law.
2. Define "health coverage plan".
3. Decrease the required history of infertility from 5 years to 1 year.
4. Remove exposure in utero to diethylstilbestrol (DES) as a condition for which a patient may present as a reason for infertility.
5. Add polycystic ovary syndrome and male factor infertility as conditions for which a patient may present as reasons for infertility.
6. Require a patient to have experienced as least 3 unsuccessful intrauterine inseminations prior to coverage eligibility for IVF procedures.
7. Add conditions for patient coverage eligibility for standard fertility preservation services. Require a patient to have a medical condition that may cause infertility or an expectation of undergoing a medical treatment, including but not limited to chemotherapy and radiation, that is recognized by medical professionals to cause a risk of impairment to fertility. Further add that standard fertility

preservation services are "standard" as recognized by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.

8. Exempt an organization that opposes providing coverage on account of religious objections, operates and is organized as a nonprofit entity, and holds itself out as a religious organization.