HLS 22RS-648 ORIGINAL

2022 Regular Session

HOUSE BILL NO. 537

BY REPRESENTATIVE DAVIS

INSURANCE/HEALTH: Requires health insurance coverage for infertility treatments

1	AN ACT
2	To enact R.S. 22:1036.1 and 1036.2, relative to health insurance issuers; to require health
3	coverage plans to cover services and benefits arising from in vitro fertilization
4	outpatient expenses; to require patients to meet certain conditions; and to provide for
5	related matters.
6	Be it enacted by the Legislature of Louisiana:
7	Section 1. R.S. 22:1036.1 and 1036.2 are hereby enacted to read as follows:
8	§1036.1. Required coverage for infertility treatments; outpatient expenses
9	A. A health insurance issuer offering health coverage plans in this state that
10	provide pregnancy-related benefits for individuals covered under a respective plan
11	shall offer and make available coverage for services and benefits on a cost incurred,
12	service, or prepaid basis for outpatient expenses that arise from in vitro fertilization
13	procedures.
14	B. Benefits for in vitro fertilization procedures required pursuant to this
15	Section shall be provided to the same extent as benefits provided for other
16	pregnancy-related procedures under the plan.
17	§1036.2. Conditions applicable to coverage
18	A. The coverage described in R.S. 22:1036.1 is required if all of the
19	following conditions are met:
20	(1) The patient for the in vitro fertilization procedure is an individual entitled
21	to benefits under the health coverage plan.
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CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

1	(2) The fertilization or attempted fertilization of the patient's oocytes is made
2	only with the sperm of the patient's spouse.
3	(3) The patient and the patient's spouse have a history of infertility of at least
4	five continuous years or the infertility is associated with at least one of the following:
5	(a) Endometriosis.
6	(b) Exposure in utero to diethylstilbestrol (DES).
7	(c) Blockage of or surgical removal of one or both fallopian tubes.
8	(d) Oligospermia.
9	B. In addition to the conditions prescribed in Subsection A of this Section,
10	both of the following conditions shall apply:
1	(1) The patient has been unable to attain a successful pregnancy through any
12	less costly applicable infertility treatments for which coverage is available under the
13	health coverage plan.
14	(2) The in vitro fertilization procedures are performed at a medical facility
15	that conforms to the minimal standards for programs of in vitro fertilization adopted
16	by the American Society for Reproductive Medicine.
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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 Original

2022 Regular Session

Davis

Abstract: Requires health coverage plans to provide benefits for in vitro fertilization outpatient expenses under certain conditions.

<u>Proposed law</u> 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 outpatient expenses arising from in vitro fertilization procedures. Requires benefits for in vitro fertilization procedures to be provided to the same extent as benefits provided for other pregnancy-related procedures under the plan.

<u>Proposed law</u> requires the patient receiving outpatient benefits for an in vitro fertilization procedure to be entitled to benefits under the health coverage plan and meet certain conditions of infertility. Further requires in vitro fertilization procedures to be performed at a medical facility that conforms to the minimal standards for programs of in vitro fertilization adopted by the American Society for Reproductive Medicine.

(Adds R.S. 22:1036.1 and 1036.2)

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