

STATE OF OKLAHOMA

2nd Session of the 46th Legislature (1998)

HOUSE BILL NO. 2803

By: Davis

AS INTRODUCED

An Act relating to health care; requiring health benefit plans to provide coverage for diagnosis and treatment of infertility; providing list of certain types of covered treatments; providing certain conditions for coverage; providing an exemption from the requirements for coverage for certain religion-affiliated entities; providing for application of deductibles, copayments or coinsurance; defining term; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.6 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Every health benefit plan contract issued, amended, renewed or delivered on or after January 1, 1999, that provides pregnancy-related benefits shall provide coverage for the diagnosis and treatment of infertility performed on the insured or the dependent spouse of the insured, including but not limited to in vitro

fertilization, embryo transfer, artificial insemination and gamete intrafallopian tube transfer.

B. Coverage provided for under subsection A of this section shall be subject to the following conditions:

1. The benefits for diagnosis and treatment of infertility shall be provided to the same extent as the benefits provided for other pregnancy-related treatments;

2. The patient is the insured or covered dependent of the insured;

3. The patient or the patient's spouse has a history of infertility of at least one (1) year duration or has had three (3) or more involuntary miscarriages;

4. The patient or patient's spouse has not undergone four completed oocyte retrievals, except that if a live birth follows a completed oocyte retrieval, then two more complete oocyte retrievals shall be covered;

5. The patient has been unable to attain a successful pregnancy through other applicable infertility treatments for which coverage is available under the health benefit plan contract, unless the patient's physician determines that the treatments are inappropriate; and

6. The in vitro fertilization procedures are performed at a medical facility which is approved by the Society of Assisted Reproductive Technology, a special interest group of the American Society for Reproductive Medicine.

C. The procedures required to be covered under this section shall not be required to be contained in any health benefit plan issued to or by a religious institution or organization or to or by an entity sponsored by a religious institution or organization that finds the procedures required to be covered under this section to violate its religious and moral teachings and beliefs.

D. Coverage provided for in subsection A of this section shall be subject to the same annual deductibles, copayments or coinsurance limits as established for all other covered benefits within the health benefit plan.

E. As used in this section, "health benefit plan" means individual or group hospital or medical insurance coverage, a not-for-profit hospital or medical service or indemnity plan, a prepaid health plan, a health maintenance organization plan, a preferred provider organization plan, the State and Education Employees Group Health Insurance Plan and, to the extent permitted by the Employee Retirement Income Security Act of 1979, coverage provided by a Multiple Employer Welfare Arrangement (MEWA) or employee self-insured plan.

SECTION 2. This act shall become effective November 1, 1998.

46-2-9265

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