

STATE OF OKLAHOMA

1st Session of the 49th Legislature (2003)

HOUSE BILL HB1119:

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AS INTRODUCED

An Act relating to insurance; requiring certain policies, certificates and contracts provide coverage for in vitro fertilization procedures; stating certain conditions; making coverage subject to certain benefit levels; providing for lifetime maximum benefit; clarifying other infertility coverage may be offered; making coverage subject to in vitro fertilization benefit levels and maximums; 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 6060.14 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Any policy, certificate, or contract issued or renewed by an insurer or health benefit plan on or after the effective date of this act, which includes maternity benefits, shall provide coverage for in vitro fertilization procedures, subject to the following provisions:

1. The insured or enrollee has a history of unexplained infertility of at least five (5) years; and

2. The insured or enrollee has been unable to obtain successful pregnancy through any less costly applicable infertility treatment for which coverage is available under the policy, certificate, or contract.

B. The benefits for in vitro fertilization shall be the same as the benefits provided under maternity benefit provisions and may be subject to the same deductibles, co-payments, and co-insurance

limitations that apply to maternity benefits. The coverage may include a lifetime maximum benefit of not less than Thirty Thousand Dollars (\$30,000.00) for in vitro fertilization.

C. Nothing in this section shall prohibit an insurer or health benefit plan from covering other infertility procedures or treatments. Coverage of these procedures shall be subject to the same benefit levels set out in subsection B of this section. Any benefits paid for this coverage may be included in the lifetime maximum payable under the in vitro fertilization benefit.

D. As used in this section, "insurer or health benefit plan" means an individual or group hospital or medical insurer, not-for-profit hospital service or medical indemnity plan, prepaid health plan, health maintenance organization, preferred provider organization, Multiple Employer Welfare Arrangement (MEWA), other self-insured or employer arrangement to the extent permitted by the Employee Retirement Income Security Act (ERISA), and the State and Education Employees Group Health Insurance Plan. The term "insurer or health benefit plan" does not include a plan which provides only specified disease or limited benefit coverage.

SECTION 2. This act shall become effective November 1, 2003.

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