

1                   **INSURANCE COVERAGE FOR INFERTILITY TREATMENT**

2                                   2014 GENERAL SESSION

3                                   STATE OF UTAH

4                           **Chief Sponsor: LaVar Christensen**

5                           Senate Sponsor: \_\_\_\_\_

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7   **LONG TITLE**

8   **General Description:**

9           This bill permits an accident and health insurer to offer a limited benefit plan for  
10 infertility treatment coverage.

11 **Highlighted Provisions:**

12           This bill:

- 13           ▶ defines terms;
- 14           ▶ requires the commissioner to allow limited benefit accident and health insurance  
15 benefits for infertility treatment;
- 16           ▶ establishes some limitations and requirements for the infertility treatment coverage;
- 17 and
- 18           ▶ authorizes, at the discretion of the insurer and the enrollee, the use of the value of  
19 the adoption indemnity benefit for infertility treatment.

20 **Money Appropriated in this Bill:**

21           None

22 **Other Special Clauses:**

23           None

24 **Utah Code Sections Affected:**

25 AMENDS:

26           **31A-22-610.1**, as last amended by Laws of Utah 2006, Chapter 94

27 ENACTS:



28 [31A-22-642](#), Utah Code Annotated 1953

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30 *Be it enacted by the Legislature of the state of Utah:*

31 Section 1. Section **31A-22-610.1** is amended to read:

32 **31A-22-610.1. Adoption indemnity benefit.**

33 (1) (a) (i) If an insured has coverage for maternity benefits on the date of an adoptive  
34 placement, the insured's policy shall provide an adoption indemnity benefit payable to the  
35 insured, if a child is placed for adoption with the insured within 90 days of the child's birth. If  
36 more than one child from the same birth is placed for adoption with the insured, only one  
37 adoption indemnity benefit is required.

38 (ii) This section does not prevent an accident and health insurer from:

39 (A) adjusting the benefit payable under this section for cost sharing measures imposed  
40 under the policy or contract for maternity benefit coverage; or

41 (B) providing additional adoption indemnity benefits including:

42 (I) extending the period of time after birth in which a child must be placed with an  
43 insured; or

44 (II) providing a benefit in excess of the amount specified in Subsection (1)(c).

45 (b) An insurer that has paid the adoption indemnity benefit under Subsection (1)(a)  
46 may seek reimbursement of the benefit if:

47 (i) the postplacement evaluation disapproves the adoption placement; and

48 (ii) a court rules the adoption may not be finalized because of an act or omission of an  
49 adoptive parent or parents that affects the child's health or safety.

50 (c) (i) The amount of the adoption indemnity benefit provided under Subsection (1) is  
51 \$4,000 subject to the adjustments permitted by Subsection (1)(a)(ii).

52 (ii) An insurer may comply with the provisions of this section by providing the \$4,000  
53 adoption indemnity benefit to an enrollee to be used for the purpose of the enrollee obtaining  
54 infertility treatments rather than seeking reimbursement for an adoption in accordance with  
55 terms agreed to by the insurer and the enrollee.

56 (d) Each insurer shall pay its pro rata share of the adoption indemnity benefit if each  
57 adoptive parent:

58 (i) has coverage for maternity benefits with a different insurer; and

59 (ii) makes a claim for the adoption indemnity benefit provided in Subsection (1)(a).

60 (2) If a policy offers optional maternity benefits, it shall also offer coverage for

61 adoption indemnity benefits if:

62 (a) a child is placed for adoption with the insured within 90 days of the child's birth;

63 and

64 (b) the adoption is finalized within one year of the child's birth.

65 (3) If an insured qualifies for the adoption indemnity benefit under this section and  
66 receives services from a health care provider under contract with his insurer, the contracting  
67 health care provider may only collect from the insured the amount that the contracting health  
68 care provider is entitled to receive for such services under the contract, including any  
69 applicable copayment.

70 (4) For purposes of this section, "contracting health care provider" means:

71 (a) a "participating provider" as defined in Section 31A-8-101; or

72 (b) a "preferred health care provider" as described in Section 31A-22-617.

73 Section 2. Section 31A-22-642 is enacted to read:

74 **31A-22-642. Infertility treatment limited benefit plans.**

75 (1) As used in this section:

76 (a) "Infertility" is as defined by the American Society for Reproductive Medicine.

77 (b) (i) "Infertility treatment" includes:

78 (A) the diagnosis of infertility; and

79 (B) except as provided in Subsection (1)(b)(ii), treatment of infertility, including in  
80 vitro fertilization that is performed at a medical facility that conforms to American Society for  
81 Reproductive Medicine guidelines.

82 (ii) "Infertility treatment" may exclude in vitro fertilization if the insurer offers at least  
83 one limited benefit plan under this section that includes coverage for in vitro fertilization  
84 treatment in accordance with Subsection (4).

85 (c) "Patient" means a woman who:

86 (i) is married;

87 (ii) is the policyholder or the spouse of the policyholder;

88 (iii) is at least 21 years old but less than 44 years old; and

89 (iv) has been covered by the infertility treatment limited benefit plan for at least 12

90 continuous months prior to receiving infertility treatment under the policy.

91 (2) The commissioner shall permit an accident and health insurer to offer, and shall  
92 permit an individual or employer group to enroll in, a limited benefit plan for infertility  
93 treatment in accordance with this section.

94 (3) (a) An accident and health insurer may offer a limited benefit plan for infertility  
95 treatment to a patient if the accident and health insurer offers:

96 (i) a limited benefit plan that covers infertility treatment, including in vitro fertilization;  
97 or

98 (ii) two or more limited benefit plans:

99 (A) one of which covers infertility treatment, including in vitro fertilization; and

100 (B) one of which covers infertility treatment, but excludes coverage for in vitro  
101 fertilization.

102 (b) A health insurer may offer to provide the value of the adoption indemnity benefit to  
103 an enrollee to be used for infertility treatment in accordance with Subsection [31A-22-610.1\(1\)](#).

104 (4) Infertility treatment coverage under Subsection (3)(a) shall:

105 (a) have a minimum actuarial value of 75%;

106 (b) have a lifetime maximum benefit of not less than \$50,000; and

107 (c) if in vitro fertilization is covered:

108 (i) only offer in vitro fertilization to a patient who has not been able to obtain a viable  
109 pregnancy through a procedure less costly than in vitro fertilization; and

110 (ii) limit embryos transferred per in vitro cycle to:

111 (A) one embryo for a patient who is at least 21 years old but less than 34 years old; and

112 (B) two embryos per cycle for a patient who is at least 34 years old but less than 44  
113 years old.

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**Legislative Review Note**  
**as of 2-12-14 10:20 AM**

**Office of Legislative Research and General Counsel**