FIRST REGULAR SESSION

HOUSE BILL NO. 724

93RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES SMITH (14) (Sponsor), PAGE, SCHAAF AND MEINERS (Co-sponsors).

Read 1st time March 7, 2005 and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

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AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for treatment of infertility.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1198, to read as follows:

376.1198. 1. No group policy of health insurance providing coverage for more than twenty-five employees shall be delivered, issued for delivery, continued, or renewed in this state after January 1, 2006, unless the policy contains coverage for the diagnosis and treatment of infertility, including but not limited to in vitro fertilization, uterine embryo lavage, embryo transfer, artificial insemination, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer, and low tubal ovum transfer.

- 2. The coverage required in subsection 1 of this section is subject to the following conditions:
- (1) Coverage for procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if:
- (a) The covered individual has been unable to attain or sustain a successful pregnancy through reasonable less costly medically appropriate infertility treatments for which coverage is available under the policy, plan, or contract;
- 14 (b) The covered individual has not undergone four completed oocyte retrievals; 15 except that if a live birth follows a completed oocyte retrieval, two or more completed

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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16 oocyte retrievals shall be covered; and

- (c) The procedures are performed at medical facilities that conform to the American College of Obstetric and Gynecological guidelines for in vitro fertilization clinics or to the American Family Society minimal standards for programs of in vitro fertilization;
- (2) The procedures required to be covered under this section are not required to be contained in any policy or 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.
- 3. For purposes of this section, "infertility" means the inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy.
- 4. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months' or less duration, or any other supplemental policy.