SECOND REGULAR SESSION

HOUSE BILL NO. 1683

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE APPELBAUM.

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for fertility treatments.

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 2 known as section 376.1211, to read as follows:

376.1211. 1. As used in this section, the following terms shall mean:

2 (1) "Health benefit plan", the same meaning given to the term in section 3 376.1350;

4 (2) "Infertility", the inability to conceive after one year of unprotected sexual 5 intercourse or the inability to sustain a successful pregnancy.

2. No health benefit plan providing coverage for more than twenty-five
employees that provides pregnancy-related benefits shall be issued, amended, delivered,
or renewed in this state on or after August 28, 2024, unless the plan 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 or zygote intrafallopian tube transfer, and low tubal ovum
transfer.
3. The coverage required under subsection 2 of this section for in vitro

14 fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer
15 shall be required only if:

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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(1) 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 health benefit plan;

(2) The covered individual has not undergone four completed oocyte retrievals;
 except that, if a live birth follows a completed oocyte retrieval, two more completed
 oocyte retrievals shall be covered; and

(3) The procedures are performed at medical facilities that conform to the
guidelines for in vitro fertilization clinics issued by the American College of
Obstetricians and Gynecologists or to the minimal standards for programs of in vitro
fertilization issued by the American Society for Reproductive Medicine.

4. The procedures required to be covered under this section are not 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.

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