

17:48-6x

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2001 **CHAPTER:** 236
NJSA: 17:48-6x (Insurance coverage for fertility treatment)
BILL NO: S1076 (Substituted for A1862)

SPONSOR(S): Martin and Allen

DATE INTRODUCED: February 28, 2000

COMMITTEE: **ASSEMBLY:** ----
SENATE: Health

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** June 28, 2001
SENATE: June 28, 2001

DATE OF APPROVAL: August 31, 2001

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (3rd Reprint enacted)

(Amendments during passage denoted by superscript numbers)

S1076

SPONSORS STATEMENT: (Begins on page 6 of original bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** No

SENATE: Yes

FLOOR AMENDMENT STATEMENTS: Yes 5-24-2001

6-14-2001

LEGISLATIVE FISCAL ESTIMATE: No

A1862

SPONSORS STATEMENT: (Begins on page 6 of original bill) Yes

Bill and Sponsors Statement identical to S1076

2000(Health) **COMMITTEE STATEMENT:** **ASSEMBLY:** Yes 12-7-
1-18-2001(B. & Ins.)

SENATE: No

FLOOR AMENDMENT STATEMENTS: Yes 5-10-2001

1-29-2001

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

Insurance coverage mandated for infertility," 9-1-2001 The Record, p A17

"Insurance has to help fertility treatments," 9-1-2001 Home News and Tribune, pA3

SENATE, No. 1076

STATE OF NEW JERSEY 209th LEGISLATURE

INTRODUCED FEBRUARY 28, 2000

Sponsored by:

Senator ROBERT J. MARTIN

District 26 (Essex, Morris and Passaic)

Senator DIANE ALLEN

District 7 (Burlington and Camden)

Co-Sponsored by:

Senators Lesniak, Bennett, Singer, Inverso and McNamara

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/5/2000)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing Title 17 of the Revised Statutes, Title
4 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-1 et
5 seq.).

6
7 **BE IT ENACTED** *by the Senate and General Assembly of the State*
8 *of New Jersey:*

9
10 1. A hospital service corporation contract which provides hospital
11 or medical expense benefits for groups with more than 50 persons,
12 which includes pregnancy-related benefits, shall not be delivered,
13 issued, executed or renewed in this State, or approved for issuance or
14 renewal in this State by the Commissioner of Banking and Insurance
15 on or after the effective date of this act unless the contract provides
16 coverage for persons covered under the contract for medically
17 necessary expenses incurred in the diagnosis and treatment of
18 infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth. The benefits shall be provided to the same extent as for
40 other pregnancy-related procedures under the contract, except that the
41 services provided for in this section shall be performed at facilities that
42 conform to standards established by the American Society for
43 Reproductive Medicine or the American College of Obstetricians and
44 Gynecologists.

45 This section shall apply to those hospital service corporation

1 contracts in which the hospital service corporation has reserved the
2 right to change the premium.

3

4 2. A medical service corporation contract which provides hospital
5 or medical expense benefits for groups with more than 50 persons,
6 which includes pregnancy-related benefits, shall not be delivered,
7 issued, executed or renewed in this State, or approved for issuance or
8 renewal in this State by the Commissioner of Banking and Insurance
9 on or after the effective date of this act unless the contract provides
10 coverage for persons covered under the contract for medically
11 necessary expenses incurred in the diagnosis and treatment of
12 infertility as provided pursuant to this section. The medical service
13 corporation contract shall provide coverage which includes, but is not
14 limited to, the following services related to infertility: diagnosis and
15 diagnostic tests; medications; surgery; in vitro fertilization; embryo
16 transfer; artificial insemination; gamete intra fallopian transfer; zygote
17 intra fallopian transfer; intracytoplasmic sperm injection; and four
18 completed egg retrievals per lifetime of the covered person. The
19 medical service corporation may provide that coverage for in vitro
20 fertilization, gamete intra fallopian transfer and zygote intra fallopian
21 transfer shall be limited to a covered person who: a. has used all
22 reasonable, less expensive and medically appropriate treatments and
23 is still unable to become pregnant or carry a pregnancy; b. has not
24 reached the limit of four completed egg retrievals; and c. is 45 years
25 of age or younger.

26 For purposes of this section, "infertility" means the disease or
27 condition that results in the abnormal function of the reproductive
28 system such that a person is not able to: impregnate another person;
29 conceive after two years of unprotected intercourse if the female
30 partner is under 35 years of age, or one year of unprotected
31 intercourse if the female partner is 35 years of age or older or one of
32 the partners is considered medically sterile; or carry a pregnancy to
33 live birth. The benefits shall be provided to the same extent as for
34 other pregnancy-related procedures under the contract, except that the
35 services provided for in this section shall be performed at facilities that
36 conform to standards established by the American Society for
37 Reproductive Medicine or the American College of Obstetricians and
38 Gynecologists.

39 This section shall apply to those medical service corporation
40 contracts in which the medical service corporation has reserved the
41 right to change the premium.

42

43 3. A health service corporation contract which provides hospital or
44 medical expense benefits for groups with more than 50 persons, which
45 includes pregnancy-related benefits, shall not be delivered, issued,
46 executed or renewed in this State, or approved for issuance or renewal

1 in this State by the Commissioner of Banking and Insurance on or after
2 the effective date of this act unless the contract provides coverage for
3 persons covered under the contract for medically necessary expenses
4 incurred in the diagnosis and treatment of infertility as provided
5 pursuant to this section. The health service corporation contract shall
6 provide coverage which includes, but is not limited to, the following
7 services related to infertility: diagnosis and diagnostic tests;
8 medications; surgery; in vitro fertilization; embryo transfer; artificial
9 insemination; gamete intra fallopian transfer; zygote intra fallopian
10 transfer; intracytoplasmic sperm injection; and four completed egg
11 retrievals per lifetime of the covered person. The health service
12 corporation may provide that coverage for in vitro fertilization, gamete
13 intra fallopian transfer and zygote intra fallopian transfer shall be
14 limited to a covered person who: a. has used all reasonable, less
15 expensive and medically appropriate treatments and is still unable to
16 become pregnant or carry a pregnancy; b. has not reached the limit of
17 four completed egg retrievals; and c. is 45 years of age or younger.

18 For purposes of this section, "infertility" means the disease or
19 condition that results in the abnormal function of the reproductive
20 system such that a person is not able to: impregnate another person;
21 conceive after two years of unprotected intercourse if the female
22 partner is under 35 years of age, or one year of unprotected
23 intercourse if the female partner is 35 years of age or older or one of
24 the partners is considered medically sterile; or carry a pregnancy to
25 live birth. The benefits shall be provided to the same extent as for
26 other pregnancy-related procedures under the contract, except that the
27 services provided for in this section shall be performed at facilities that
28 conform to standards established by the American Society for
29 Reproductive Medicine or the American College of Obstetricians and
30 Gynecologists.

31 This section shall apply to those health service corporation
32 contracts in which the health service corporation has reserved the right
33 to change the premium.

34

35 4. A group health insurance policy which provides hospital or
36 medical expense benefits for groups with more than 50 persons, which
37 includes pregnancy-related benefits, shall not be delivered, issued,
38 executed or renewed in this State, or approved for issuance or renewal
39 in this State by the Commissioner of Banking and Insurance on or after
40 the effective date of this act unless the policy provides coverage for
41 persons covered under the policy for medically necessary expenses
42 incurred in the diagnosis and treatment of infertility as provided
43 pursuant to this section. The policy shall provide coverage which
44 includes, but is not limited to, the following services related to
45 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
46 fertilization; embryo transfer; artificial insemination; gamete intra

1 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
2 sperm injection; and four completed egg retrievals per lifetime of the
3 covered person. The insurer may provide that coverage for in vitro
4 fertilization, gamete intra fallopian transfer and zygote intra fallopian
5 transfer shall be limited to a covered person who: a. has used all
6 reasonable, less expensive and medically appropriate treatments and
7 is still unable to become pregnant or carry a pregnancy; b. has not
8 reached the limit of four completed egg retrievals; and c. is 45 years
9 of age or younger.

10 For purposes of this section, "infertility" means the disease or
11 condition that results in the abnormal function of the reproductive
12 system such that a person is not able to: impregnate another person;
13 conceive after two years of unprotected intercourse if the female
14 partner is under 35 years of age, or one year of unprotected
15 intercourse if the female partner is 35 years of age or older or one of
16 the partners is considered medically sterile; or carry a pregnancy to
17 live birth. The benefits shall be provided to the same extent as for
18 other pregnancy-related procedures under the policy, except that the
19 services provided for in this section shall be performed at facilities that
20 conform to standards established by the American Society for
21 Reproductive Medicine or the American College of Obstetricians and
22 Gynecologists.

23 This section shall apply to those insurance policies in which the
24 insurer has reserved the right to change the premium.

25

26 5. No certificate of authority to establish and operate a health
27 maintenance organization in this State shall be issued or continued on
28 or after the effective date of this act unless the health maintenance
29 organization provides health care services, to groups of more than 50
30 enrollees, for medically necessary expenses incurred in the diagnosis
31 and treatment of infertility as provided pursuant to this section. A
32 health maintenance organization shall provide enrollee coverage which
33 includes, but is not limited to, the following services related to
34 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
35 fertilization; embryo transfer; artificial insemination; gamete intra
36 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
37 sperm injection; and four completed egg retrievals per lifetime of the
38 enrollee. The health maintenance organization may provide that
39 health care services for in vitro fertilization, gamete intra fallopian
40 transfer and zygote intra fallopian transfer shall be limited to a covered
41 person who: a. has used all reasonable, less expensive and medically
42 appropriate treatments and is still unable to become pregnant or carry
43 a pregnancy; b. has not reached the limit of four completed egg
44 retrievals; and c. is 45 years of age or younger.

45 For the purposes of this section, "infertility" means the disease or
46 condition that results in the abnormal function of the reproductive

1 system such that a person is not able to: impregnate another person;
2 conceive after two years of unprotected intercourse if the female
3 partner is under 35 years of age, or one year of unprotected
4 intercourse if the female partner is 35 years of age or older or one of
5 the partners is considered medically sterile; or carry a pregnancy to
6 live birth. The health care services shall be provided to the same
7 extent as for other pregnancy-related procedures under the contract,
8 except that the services provided for in this section shall be performed
9 at facilities that conform to standards established by the American
10 Society for Reproductive Medicine or the American College of
11 Obstetricians and Gynecologists.

12 The provisions of this section shall apply to those contracts for
13 health care services by health maintenance organizations under which
14 the right to change the schedule of charges for enrollee coverage is
15 reserved.

16

17 6. This act shall take effect on the 30th day after enactment.

18

19

20

STATEMENT

21

22 This bill requires hospital, medical and health service corporations,
23 commercial group insurers and health maintenance organizations that
24 provide pregnancy-related benefits to groups of more than 50 persons
25 to provide coverage under all group policies for medically necessary
26 expenses incurred in the diagnosis and treatment of infertility. The
27 coverage shall include, but is not limited to, the following services
28 related to infertility: diagnosis and diagnostic tests; medications;
29 surgery; in vitro fertilization; embryo transfer; artificial insemination;
30 gamete intra fallopian transfer; zygote intra fallopian transfer;
31 intracytoplasmic sperm injection; and four completed egg retrievals per
32 lifetime of the covered person.

33 The insurer may provide that coverage for in vitro fertilization,
34 gamete intra fallopian transfer and zygote intra fallopian transfer shall
35 be limited to a covered person who: a. has used all reasonable, less
36 expensive and medically appropriate treatments and is still unable to
37 become pregnant or carry a pregnancy; b. has not reached the limit of
38 four completed egg retrievals; and c. is 45 years of age or younger.

39 The bill defines "infertility" as the disease or condition that results
40 in the abnormal function of the reproductive system such that a person
41 is not able to: impregnate another person; conceive after two years of
42 unprotected intercourse if the female partner is under 35 years of age,
43 or one year of unprotected intercourse if the female partner is 35 years
44 of age or older or one of the partners is considered medically sterile;
45 or carry a pregnancy to live birth. The benefits shall be provided to
46 the same extent as for other pregnancy-related procedures under the

S1076 MARTIN, ALLEN

7

1 contract or policy, except that the services provided for in this bill
2 shall be performed at facilities that conform to standards established
3 by the American Society for Reproductive Medicine or the American
4 College of Obstetricians and Gynecologists.

5 This bill applies to those contracts or policies in which the insurer
6 has reserved the right to change the premium.

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 1076

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 22, 2001

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 1076.

As amended by committee, this bill requires hospital, medical and health service corporations, commercial group insurers and health maintenance organizations that provide pregnancy-related benefits to groups of more than 50 persons to provide coverage under all group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility. The coverage shall include, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person.

The insurer may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; has not reached the limit of four completed egg retrievals; and is 45 years of age or younger.

The bill defines "infertility" as the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: impregnate another person; conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age or older or one of the partners is considered medically sterile; or carry a pregnancy to live birth. The benefits shall be provided to the same extent as for other pregnancy-related procedures under the contract or policy, except that the services provided for in this bill shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists.

This bill applies to those contracts or policies in which the insurer has reserved the right to change the premium.

The committee amended the bill to change the effective date from immediately to 90 days after the date of enactment and to make

technical changes to the title of the bill.

This bill is identical to Assembly Bill No. 1862 (1R) (Cohen/Bagger), which is pending before the General Assembly.

[First Reprint]

SENATE, No. 1076

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED FEBRUARY 28, 2000

Sponsored by:

Senator ROBERT J. MARTIN

District 26 (Essex, Morris and Passaic)

Senator DIANE ALLEN

District 7 (Burlington and Camden)

Co-Sponsored by:

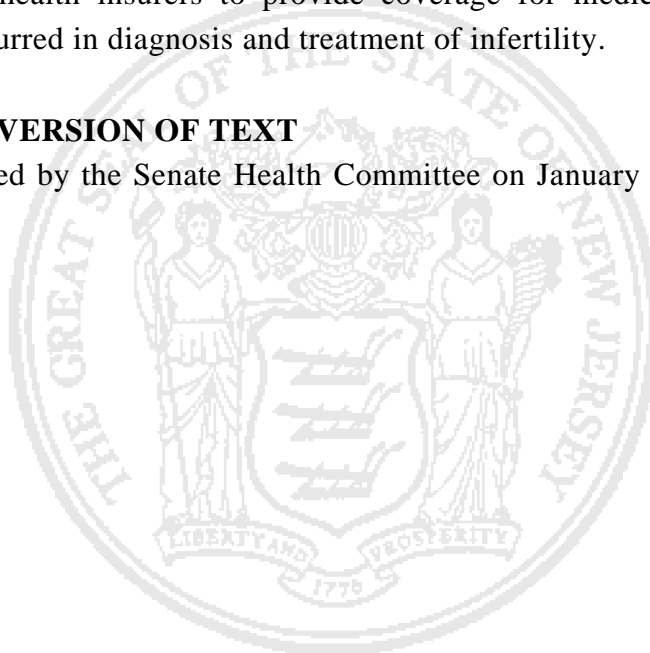
**Senators Lesniak, Bennett, Singer, Inverso, McNamara, Ciesla, Cafiero,
Palaia, Zane, Kosco and Sinagra**

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As reported by the Senate Health Committee on January 22, 2001, with amendments.



(Sponsorship Updated As Of: 3/27/2001)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing ¹[Title 17 of the Revised Statutes,
4 Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-
5 1 et seq.)] various parts of the statutory law¹.

6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:

9

10 1. A hospital service corporation contract which provides hospital
11 or medical expense benefits for groups with more than 50 persons,
12 which includes pregnancy-related benefits, shall not be delivered,
13 issued, executed or renewed in this State, or approved for issuance or
14 renewal in this State by the Commissioner of Banking and Insurance
15 on or after the effective date of this act unless the contract provides
16 coverage for persons covered under the contract for medically
17 necessary expenses incurred in the diagnosis and treatment of
18 infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth. The benefits shall be provided to the same extent as for
40 other pregnancy-related procedures under the contract, except that the
41 services provided for in this section shall be performed at facilities that

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SHH committee amendments adopted January 22, 2001.

1 conform to standards established by the American Society for
2 Reproductive Medicine or the American College of Obstetricians and
3 Gynecologists.

4 This section shall apply to those hospital service corporation
5 contracts in which the hospital service corporation has reserved the
6 right to change the premium.

7
8 2. A medical service corporation contract which provides hospital
9 or medical expense benefits for groups with more than 50 persons,
10 which includes pregnancy-related benefits, shall not be delivered,
11 issued, executed or renewed in this State, or approved for issuance or
12 renewal in this State by the Commissioner of Banking and Insurance
13 on or after the effective date of this act unless the contract provides
14 coverage for persons covered under the contract for medically
15 necessary expenses incurred in the diagnosis and treatment of
16 infertility as provided pursuant to this section. The medical service
17 corporation contract shall provide coverage which includes, but is not
18 limited to, the following services related to infertility: diagnosis and
19 diagnostic tests; medications; surgery; in vitro fertilization; embryo
20 transfer; artificial insemination; gamete intra fallopian transfer; zygote
21 intra fallopian transfer; intracytoplasmic sperm injection; and four
22 completed egg retrievals per lifetime of the covered person. The
23 medical service corporation may provide that coverage for in vitro
24 fertilization, gamete intra fallopian transfer and zygote intra fallopian
25 transfer shall be limited to a covered person who: a. has used all
26 reasonable, less expensive and medically appropriate treatments and
27 is still unable to become pregnant or carry a pregnancy; b. has not
28 reached the limit of four completed egg retrievals; and c. is 45 years
29 of age or younger.

30 For purposes of this section, "infertility" means the disease or
31 condition that results in the abnormal function of the reproductive
32 system such that a person is not able to: impregnate another person;
33 conceive after two years of unprotected intercourse if the female
34 partner is under 35 years of age, or one year of unprotected
35 intercourse if the female partner is 35 years of age or older or one of
36 the partners is considered medically sterile; or carry a pregnancy to
37 live birth. The benefits shall be provided to the same extent as for
38 other pregnancy-related procedures under the contract, except that the
39 services provided for in this section shall be performed at facilities that
40 conform to standards established by the American Society for
41 Reproductive Medicine or the American College of Obstetricians and
42 Gynecologists.

43 This section shall apply to those medical service corporation
44 contracts in which the medical service corporation has reserved the
45 right to change the premium.

1 3. A health service corporation contract which provides hospital or
2 medical expense benefits for groups with more than 50 persons, which
3 includes pregnancy-related benefits, shall not be delivered, issued,
4 executed or renewed in this State, or approved for issuance or renewal
5 in this State by the Commissioner of Banking and Insurance on or after
6 the effective date of this act unless the contract provides coverage for
7 persons covered under the contract for medically necessary expenses
8 incurred in the diagnosis and treatment of infertility as provided
9 pursuant to this section. The health service corporation contract shall
10 provide coverage which includes, but is not limited to, the following
11 services related to infertility: diagnosis and diagnostic tests;
12 medications; surgery; in vitro fertilization; embryo transfer; artificial
13 insemination; gamete intra fallopian transfer; zygote intra fallopian
14 transfer; intracytoplasmic sperm injection; and four completed egg
15 retrievals per lifetime of the covered person. The health service
16 corporation may provide that coverage for in vitro fertilization, gamete
17 intra fallopian transfer and zygote intra fallopian transfer shall be
18 limited to a covered person who: a. has used all reasonable, less
19 expensive and medically appropriate treatments and is still unable to
20 become pregnant or carry a pregnancy; b. has not reached the limit of
21 four completed egg retrievals; and c. is 45 years of age or younger.

22 For purposes of this section, "infertility" means the disease or
23 condition that results in the abnormal function of the reproductive
24 system such that a person is not able to: impregnate another person;
25 conceive after two years of unprotected intercourse if the female
26 partner is under 35 years of age, or one year of unprotected
27 intercourse if the female partner is 35 years of age or older or one of
28 the partners is considered medically sterile; or carry a pregnancy to
29 live birth. The benefits shall be provided to the same extent as for
30 other pregnancy-related procedures under the contract, except that the
31 services provided for in this section shall be performed at facilities that
32 conform to standards established by the American Society for
33 Reproductive Medicine or the American College of Obstetricians and
34 Gynecologists.

35 This section shall apply to those health service corporation
36 contracts in which the health service corporation has reserved the right
37 to change the premium.

38

39 4. A group health insurance policy which provides hospital or
40 medical expense benefits for groups with more than 50 persons, which
41 includes pregnancy-related benefits, shall not be delivered, issued,
42 executed or renewed in this State, or approved for issuance or renewal
43 in this State by the Commissioner of Banking and Insurance on or after
44 the effective date of this act unless the policy provides coverage for
45 persons covered under the policy for medically necessary expenses
46 incurred in the diagnosis and treatment of infertility as provided

1 pursuant to this section. The policy shall provide coverage which
2 includes, but is not limited to, the following services related to
3 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
4 fertilization; embryo transfer; artificial insemination; gamete intra
5 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
6 sperm injection; and four completed egg retrievals per lifetime of the
7 covered person. The insurer may provide that coverage for in vitro
8 fertilization, gamete intra fallopian transfer and zygote intra fallopian
9 transfer shall be limited to a covered person who: a. has used all
10 reasonable, less expensive and medically appropriate treatments and
11 is still unable to become pregnant or carry a pregnancy; b. has not
12 reached the limit of four completed egg retrievals; and c. is 45 years
13 of age or younger.

14 For purposes of this section, "infertility" means the disease or
15 condition that results in the abnormal function of the reproductive
16 system such that a person is not able to: impregnate another person;
17 conceive after two years of unprotected intercourse if the female
18 partner is under 35 years of age, or one year of unprotected
19 intercourse if the female partner is 35 years of age or older or one of
20 the partners is considered medically sterile; or carry a pregnancy to
21 live birth. The benefits shall be provided to the same extent as for
22 other pregnancy-related procedures under the policy, except that the
23 services provided for in this section shall be performed at facilities that
24 conform to standards established by the American Society for
25 Reproductive Medicine or the American College of Obstetricians and
26 Gynecologists.

27 This section shall apply to those insurance policies in which the
28 insurer has reserved the right to change the premium.

29

30 5. No certificate of authority to establish and operate a health
31 maintenance organization in this State shall be issued or continued on
32 or after the effective date of this act unless the health maintenance
33 organization provides health care services, to groups of more than 50
34 enrollees, for medically necessary expenses incurred in the diagnosis
35 and treatment of infertility as provided pursuant to this section. A
36 health maintenance organization shall provide enrollee coverage which
37 includes, but is not limited to, the following services related to
38 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
39 fertilization; embryo transfer; artificial insemination; gamete intra
40 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
41 sperm injection; and four completed egg retrievals per lifetime of the
42 enrollee. The health maintenance organization may provide that
43 health care services for in vitro fertilization, gamete intra fallopian
44 transfer and zygote intra fallopian transfer shall be limited to a covered
45 person who: a. has used all reasonable, less expensive and medically
46 appropriate treatments and is still unable to become pregnant or carry

1 a pregnancy; b. has not reached the limit of four completed egg
2 retrievals; and c. is 45 years of age or younger.

3 For the purposes of this section, "infertility" means the disease or
4 condition that results in the abnormal function of the reproductive
5 system such that a person is not able to: impregnate another person;
6 conceive after two years of unprotected intercourse if the female
7 partner is under 35 years of age, or one year of unprotected
8 intercourse if the female partner is 35 years of age or older or one of
9 the partners is considered medically sterile; or carry a pregnancy to
10 live birth. The health care services shall be provided to the same
11 extent as for other pregnancy-related procedures under the contract,
12 except that the services provided for in this section shall be performed
13 at facilities that conform to standards established by the American
14 Society for Reproductive Medicine or the American College of
15 Obstetricians and Gynecologists.

16 The provisions of this section shall apply to those contracts for
17 health care services by health maintenance organizations under which
18 the right to change the schedule of charges for enrollee coverage is
19 reserved.

20

21 6. This act shall take effect ¹[on the 30th day] 90 days¹ after
22 enactment ¹and shall apply to policies or contracts issued or renewed
23 on or after the effective date¹.

STATEMENT TO
[First Reprint]
SENATE, No. 1076

with Assembly Floor Amendments
(Proposed By Assemblyman COHEN)

ADOPTED: MAY 24, 2001

These amendments provide that a religious employer may request, and a health insurer shall grant, an exclusion under the contract or policy for the coverage required by this bill for in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required coverage is contrary to the religious employer's bona fide religious tenets. The exclusion would not apply to other medically necessary expenses incurred in the diagnosis and treatment of infertility for which coverage is required by this bill.

The amendments require a health insurer that issues a contract or policy containing this exclusion to provide written notice of the exclusion to each prospective covered person or covered person, which shall appear in not less than ten point type, in the contract or policy, application and sales brochure.

The amendments define a "religious employer" as an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

Finally, the amendments also clarify that the same copayments, deductibles and benefit limits shall apply to the diagnosis and treatment of infertility pursuant to the provisions of the bill as those applied to other medical or surgical benefits or health care services under the applicable health insurance or health maintenance organization policy or contract.

[Second Reprint]

SENATE, No. 1076

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED FEBRUARY 28, 2000

Sponsored by:

Senator ROBERT J. MARTIN

District 26 (Essex, Morris and Passaic)

Senator DIANE ALLEN

District 7 (Burlington and Camden)

Co-Sponsored by:

Senators Lesniak, Bennett, Singer, Inverso, McNamara, Ciesla, Cafiero, Palaia, Zane, Kosco, Sinagra, Assemblymen Cohen, Bagger, Lance, Augustine, Assemblywomen Previte, Quigley, Assemblyman Barnes, Assemblywoman Buono, Assemblymen LeFevre, Assemblywoman Weinberg, Assemblymen Blee, Felice, Garcia, Assemblywoman Greenstein, Assemblymen Holzapfel, Wolfe, Gusciora, Conaway, Asselta, Wisniewski and Geist

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As amended by the Assembly on May 24, 2001.

(Sponsorship Updated As Of: 6/15/2001)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing ¹[Title 17 of the Revised Statutes,
4 Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-
5 1 et seq.)] various parts of the statutory law¹.

6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:

9

10 1. ²a.² A hospital service corporation contract which provides
11 hospital or medical expense benefits for groups with more than 50
12 persons, which includes pregnancy-related benefits, shall not
13 be delivered, issued, executed or renewed in this State, or approved
14 for issuance or renewal in this State by the Commissioner of Banking
15 and Insurance on or after the effective date of this act unless the
16 contract provides coverage for persons covered under the contract for
17 medically necessary expenses incurred in the diagnosis and treatment
18 of infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth.

40 The benefits shall be provided to the same extent as for other
41 pregnancy-related procedures under the contract, except that the

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SHH committee amendments adopted January 22, 2001.

² Assembly floor amendments adopted May 24, 2001.

1 services provided for in this section shall be performed at facilities that
2 conform to standards established by the American Society for
3 Reproductive Medicine or the American College of Obstetricians and
4 Gynecologists. ²The same copayments, deductibles and benefit limits
5 shall apply to the diagnosis and treatment of infertility pursuant to this
6 section as those applied to other medical or surgical benefits under the
7 contract.

8 b. A religious employer may request, and a hospital service
9 corporation shall grant, an exclusion under the contract for the
10 coverage required by this section for in vitro fertilization, embryo
11 transfer, artificial insemination, zygote intra fallopian transfer and
12 intracytoplasmic sperm injection, if the required coverage is contrary
13 to the religious employer's bona fide religious tenets. The hospital
14 service corporation that issues a contract containing such an exclusion
15 shall provide written notice thereof to each prospective subscriber or
16 subscriber, which shall appear in not less than 10 point type, in the
17 contract, application and sales brochure. For the purposes of this
18 subsection, "religious employer" means an employer that is a church,
19 convention or association of churches or any group or entity that is
20 operated, supervised or controlled by or in connection with a church
21 or a convention or association of churches as defined in 26 U.S.C.
22 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
23 26 U.S.C. s.501(c)(3).

24 c.² This section shall apply to those hospital service corporation
25 contracts in which the hospital service corporation has reserved the
26 right to change the premium.

27
28 2. ²a.² A medical service corporation contract which provides
29 hospital or medical expense benefits for groups with more than 50
30 persons, which includes pregnancy-related benefits, shall not
31 be delivered, issued, executed or renewed in this State, or approved
32 for issuance or renewal in this State by the Commissioner of Banking
33 and Insurance on or after the effective date of this act unless the
34 contract provides coverage for persons covered under the contract for
35 medically necessary expenses incurred in the diagnosis and treatment
36 of infertility as provided pursuant to this section. The medical service
37 corporation contract shall provide coverage which includes, but is not
38 limited to, the following services related to infertility: diagnosis and
39 diagnostic tests; medications; surgery; in vitro fertilization; embryo
40 transfer; artificial insemination; gamete intra fallopian transfer; zygote
41 intra fallopian transfer; intracytoplasmic sperm injection; and four
42 completed egg retrievals per lifetime of the covered person. The
43 medical service corporation may provide that coverage for in vitro
44 fertilization, gamete intra fallopian transfer and zygote intra fallopian
45 transfer shall be limited to a covered person who: a. has used all
46 reasonable, less expensive and medically appropriate treatments and

1 is still unable to become pregnant or carry a pregnancy; b. has not
2 reached the limit of four completed egg retrievals; and c. is 45 years
3 of age or younger.

4 For purposes of this section, "infertility" means the disease or
5 condition that results in the abnormal function of the reproductive
6 system such that a person is not able to: impregnate another person;
7 conceive after two years of unprotected intercourse if the female
8 partner is under 35 years of age, or one year of unprotected
9 intercourse if the female partner is 35 years of age or older or one of
10 the partners is considered medically sterile; or carry a pregnancy to
11 live birth.

12 The benefits shall be provided to the same extent as for other
13 pregnancy-related procedures under the contract, except that the
14 services provided for in this section shall be performed at facilities that
15 conform to standards established by the American Society for
16 Reproductive Medicine or the American College of Obstetricians and
17 Gynecologists. ²The same copayments, deductibles and benefit limits
18 shall apply to the diagnosis and treatment of infertility pursuant to this
19 section as those applied to other medical or surgical benefits under the
20 contract.

21 b. A religious employer may request, and a medical service
22 corporation shall grant, an exclusion under the contract for the
23 coverage required by this section for in vitro fertilization, embryo
24 transfer, artificial insemination, zygote intra fallopian transfer and
25 intracytoplasmic sperm injection, if the required coverage is contrary
26 to the religious employer's bona fide religious tenets. The medical
27 service corporation that issues a contract containing such an exclusion
28 shall provide written notice thereof to each prospective subscriber or
29 subscriber, which shall appear in not less than ten point type, in the
30 contract, application and sales brochure. For the purposes of this
31 subsection, "religious employer" means an employer that is a church,
32 convention or association of churches or any group or entity that is
33 operated, supervised or controlled by or in connection with a church
34 or a convention or association of churches as defined in 26 U.S.C.
35 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
36 26 U.S.C. s.501(c)(3).

37 c.² This section shall apply to those medical service corporation
38 contracts in which the medical service corporation has reserved the
39 right to change the premium.

40

41 3. ²a.² A health service corporation contract which provides
42 hospital or medical expense benefits for groups with more than 50
43 persons, which includes pregnancy-related benefits, shall not
44 be delivered, issued, executed or renewed in this State, or approved
45 for issuance or renewal in this State by the Commissioner of Banking
46 and Insurance on or after the effective date of this act unless the

1 contract provides coverage for persons covered under the contract for
2 medically necessary expenses incurred in the diagnosis and treatment
3 of infertility as provided pursuant to this section. The health service
4 corporation contract shall provide coverage which includes, but is not
5 limited to, the following services related to infertility: diagnosis and
6 diagnostic tests; medications; surgery; in vitro fertilization; embryo
7 transfer; artificial insemination; gamete intra fallopian transfer; zygote
8 intra fallopian transfer; intracytoplasmic sperm injection; and four
9 completed egg retrievals per lifetime of the covered person. The
10 health service corporation may provide that coverage for in vitro
11 fertilization, gamete intra fallopian transfer and zygote intra fallopian
12 transfer shall be limited to a covered person who: a. has used all
13 reasonable, less expensive and medically appropriate treatments and
14 is still unable to become pregnant or carry a pregnancy; b. has not
15 reached the limit of four completed egg retrievals; and c. is 45 years
16 of age or younger.

17 For purposes of this section, "infertility" means the disease or
18 condition that results in the abnormal function of the reproductive
19 system such that a person is not able to: impregnate another person;
20 conceive after two years of unprotected intercourse if the female
21 partner is under 35 years of age, or one year of unprotected
22 intercourse if the female partner is 35 years of age or older or one of
23 the partners is considered medically sterile; or carry a pregnancy to
24 live birth.

25 The benefits shall be provided to the same extent as for other
26 pregnancy-related procedures under the contract, except that the
27 services provided for in this section shall be performed at facilities that
28 conform to standards established by the American Society for
29 Reproductive Medicine or the American College of Obstetricians and
30 Gynecologists. ²The same copayments, deductibles and benefit limits
31 shall apply to the diagnosis and treatment of infertility pursuant to this
32 section as those applied to other medical or surgical benefits under the
33 contract.

34 b. A religious employer may request, and a health service
35 corporation shall grant, an exclusion under the contract for the
36 coverage required by this section for in vitro fertilization, embryo
37 transfer, artificial insemination, zygote intra fallopian transfer and
38 intracytoplasmic sperm injection, if the required coverage is contrary
39 to the religious employer's bona fide religious tenets. The health
40 service corporation that issues a contract containing such an exclusion
41 shall provide written notice thereof to each prospective subscriber or
42 subscriber, which shall appear in not less than ten point type, in the
43 contract, application and sales brochure. For the purposes of this
44 subsection, "religious employer" means an employer that is a church,
45 convention or association of churches or any group or entity that is
46 operated, supervised or controlled by or in connection with a church

1 or a convention or association of churches as defined in 26 U.S.C.
2 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
3 26 U.S.C. s.501(c)(3).

4 c.² This section shall apply to those health service corporation
5 contracts in which the health service corporation has reserved the right
6 to change the premium.

7
8 4. a.² A group health insurance policy which provides hospital or
9 medical expense benefits for groups with more than 50 persons, which
10 includes pregnancy-related benefits, shall not be delivered, issued,
11 executed or renewed in this State, or approved for issuance or renewal
12 in this State by the Commissioner of Banking and Insurance on or after
13 the effective date of this act unless the policy provides coverage for
14 persons covered under the policy for medically necessary expenses
15 incurred in the diagnosis and treatment of infertility as provided
16 pursuant to this section. The policy shall provide coverage which
17 includes, but is not limited to, the following services related to
18 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
19 fertilization; embryo transfer; artificial insemination; gamete intra
20 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
21 sperm injection; and four completed egg retrievals per lifetime of the
22 covered person. The insurer may provide that coverage for in vitro
23 fertilization, gamete intra fallopian transfer and zygote intra fallopian
24 transfer shall be limited to a covered person who: a. has used all
25 reasonable, less expensive and medically appropriate treatments and
26 is still unable to become pregnant or carry a pregnancy; b. has not
27 reached the limit of four completed egg retrievals; and c. is 45 years
28 of age or younger.

29 For purposes of this section, "infertility" means the disease or
30 condition that results in the abnormal function of the reproductive
31 system such that a person is not able to: impregnate another person;
32 conceive after two years of unprotected intercourse if the female
33 partner is under 35 years of age, or one year of unprotected
34 intercourse if the female partner is 35 years of age or older or one of
35 the partners is considered medically sterile; or carry a pregnancy to
36 live birth.

37 The benefits shall be provided to the same extent as for other
38 pregnancy-related procedures under the policy, except that the
39 services provided for in this section shall be performed at facilities that
40 conform to standards established by the American Society for
41 Reproductive Medicine or the American College of Obstetricians and
42 Gynecologists. ²The same copayments, deductibles and benefit limits
43 shall apply to the diagnosis and treatment of infertility pursuant to this
44 section as those applied to other medical or surgical benefits under the
45 policy.

1 b. A religious employer may request, and an insurer shall grant, an
2 exclusion under the policy for the coverage required by this section for
3 in vitro fertilization, embryo transfer, artificial insemination, zygote
4 intra fallopian transfer and intracytoplasmic sperm injection, if the
5 required coverage is contrary to the religious employer's bona fide
6 religious tenets. The insurer that issues a policy containing such an
7 exclusion shall provide written notice thereof to each prospective
8 insured or insured, which shall appear in not less than ten point type,
9 in the policy, application and sales brochure. For the purposes of this
10 subsection, "religious employer" means an employer that is a church,
11 convention or association of churches or any group or entity that is
12 operated, supervised or controlled by or in connection with a church
13 or a convention or association of churches as defined in 26 U.S.C.
14 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
15 26 U.S.C. s.501(c)(3).

16 c.² This section shall apply to those insurance policies in which the
17 insurer has reserved the right to change the premium.

18

19 5. a.² No certificate of authority to establish and operate a health
20 maintenance organization in this State shall be issued or continued on
21 or after the effective date of this act unless the health maintenance
22 organization provides health care services, to groups of more than 50
23 enrollees, for medically necessary expenses incurred in the diagnosis
24 and treatment of infertility as provided pursuant to this section. A
25 health maintenance organization shall provide enrollee coverage which
26 includes, but is not limited to, the following services related to
27 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
28 fertilization; embryo transfer; artificial insemination; gamete intra
29 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
30 sperm injection; and four completed egg retrievals per lifetime of the
31 enrollee. The health maintenance organization may provide that
32 health care services for in vitro fertilization, gamete intra fallopian
33 transfer and zygote intra fallopian transfer shall be limited to a covered
34 person who: a. has used all reasonable, less expensive and medically
35 appropriate treatments and is still unable to become pregnant or carry
36 a pregnancy; b. has not reached the limit of four completed egg
37 retrievals; and c. is 45 years of age or younger.

38 For the purposes of this section, "infertility" means the disease or
39 condition that results in the abnormal function of the reproductive
40 system such that a person is not able to: impregnate another person;
41 conceive after two years of unprotected intercourse if the female
42 partner is under 35 years of age, or one year of unprotected
43 intercourse if the female partner is 35 years of age or older or one of
44 the partners is considered medically sterile; or carry a pregnancy to
45 live birth.

1 The health care services shall be provided to the same extent as for
2 other pregnancy-related procedures under the contract, except that the
3 services provided for in this section shall be performed at facilities that
4 conform to standards established by the American Society for
5 Reproductive Medicine or the American College of Obstetricians and
6 Gynecologists. ²The same copayments, deductibles and benefit limits
7 shall apply to the diagnosis and treatment of infertility pursuant to this
8 section as those applied to other medical or surgical health care
9 services under the contract.

10 b. A religious employer may request, and a health maintenance
11 organization corporation shall grant, an exclusion under the contract
12 for the health care services required by this section for in vitro
13 fertilization, embryo transfer, artificial insemination, zygote intra
14 fallopian transfer and intracytoplasmic sperm injection, if the required
15 health care services are contrary to the religious employer's bona fide
16 religious tenets. The health maintenance organization that issues a
17 contract containing such an exclusion shall provide written notice
18 thereof to each prospective enrollee or enrollee, which shall appear in
19 not less than ten point type, in the contract, application and sales
20 brochure. For the purposes of this subsection, "religious employer"
21 means an employer that is a church, convention or association of
22 churches or any group or entity that is operated, supervised or
23 controlled by or in connection with a church or a convention or
24 association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and
25 that qualifies as a tax-exempt organization under 26 U.S.C.
26 s.501(c)(3).

27 c.² The provisions of this section shall apply to those contracts for
28 health care services by health maintenance organizations under which
29 the right to change the schedule of charges for enrollee coverage is
30 reserved.

31
32 6. This act shall take effect ¹[on the 30th day] 90 days¹ after
33 enactment ¹and shall apply to policies or contracts issued or renewed
34 on or after the effective date¹.

STATEMENT TO
[Second Reprint]
SENATE, No. 1076

with Assembly Floor Amendments
(Proposed by Assemblyman BAGGER)

ADOPTED: JUNE 14, 2001

These amendments exclude from the provisions of this bill a health benefits plan which, pursuant to a contract with the Department of Human Services (DHS), provides benefits to persons who are eligible for Medicaid coverage under N.J.S.A.30:4D-1 et seq., the Children's Health Care Coverage Program under N.J.S.A.30:4I-1 et seq., the FamilyCare Health Coverage Program under N.J.S.A.30:4J-1 et seq., or any other program administered by the Division of Medical Assistance and Health Services in DHS.

[Third Reprint]

SENATE, No. 1076

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED FEBRUARY 28, 2000

Sponsored by:

Senator ROBERT J. MARTIN

District 26 (Essex, Morris and Passaic)

Senator DIANE ALLEN

District 7 (Burlington and Camden)

Co-Sponsored by:

Senators Lesniak, Bennett, Singer, Inverso, McNamara, Ciesla, Cafiero, Palaia, Zane, Kosco, Sinagra, Assemblymen Cohen, Bagger, Lance, Augustine, Assemblywomen Previte, Quigley, Assemblyman Barnes, Assemblywoman Buono, Assemblymen LeFevre, Assemblywoman Weinberg, Assemblymen Blee, Felice, Garcia, Assemblywoman Greenstein, Assemblymen Holzapfel, Wolfe, Gusciora, Conaway, Asselta, Wisniewski and Geist

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As amended by the General Assembly on June 14, 2001.

(Sponsorship Updated As Of: 6/15/2001)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing ¹[Title 17 of the Revised Statutes,
4 Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-
5 1 et seq.)] various parts of the statutory law¹.

6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:

9

10 1. ²a.² A hospital service corporation contract which provides
11 hospital or medical expense benefits for groups with more than 50
12 persons, which includes pregnancy-related benefits, shall not
13 be delivered, issued, executed or renewed in this State, or approved
14 for issuance or renewal in this State by the Commissioner of Banking
15 and Insurance on or after the effective date of this act unless the
16 contract provides coverage for persons covered under the contract for
17 medically necessary expenses incurred in the diagnosis and treatment
18 of infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth.

40 The benefits shall be provided to the same extent as for other

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SHH committee amendments adopted January 22, 2001.

² Assembly floor amendments adopted May 24, 2001.

³ Assembly floor amendments adopted June 14, 2001.

1 pregnancy-related procedures under the contract, except that the
2 services provided for in this section shall be performed at facilities that
3 conform to standards established by the American Society for
4 Reproductive Medicine or the American College of Obstetricians and
5 Gynecologists. ²The same copayments, deductibles and benefit limits
6 shall apply to the diagnosis and treatment of infertility pursuant to this
7 section as those applied to other medical or surgical benefits under the
8 contract.

9 b. A religious employer may request, and a hospital service
10 corporation shall grant, an exclusion under the contract for the
11 coverage required by this section for in vitro fertilization, embryo
12 transfer, artificial insemination, zygote intra fallopian transfer and
13 intracytoplasmic sperm injection, if the required coverage is contrary
14 to the religious employer's bona fide religious tenets. The hospital
15 service corporation that issues a contract containing such an exclusion
16 shall provide written notice thereof to each prospective subscriber or
17 subscriber, which shall appear in not less than 10 point type, in the
18 contract, application and sales brochure. For the purposes of this
19 subsection, "religious employer" means an employer that is a church,
20 convention or association of churches or any group or entity that is
21 operated, supervised or controlled by or in connection with a church
22 or a convention or association of churches as defined in 26 U.S.C.
23 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
24 26 U.S.C. s.501(c)(3).

25 c.² This section shall apply to those hospital service corporation
26 contracts in which the hospital service corporation has reserved the
27 right to change the premium.

28 ³d. The provisions of this section shall not apply to a hospital
29 service corporation contract which, pursuant to a contract between the
30 hospital service corporation and the Department of Human Services,
31 provides benefits to persons who are eligible for medical assistance
32 under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care
33 Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the
34 FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-
35 1 et seq.), or any other program administered by the Division of
36 Medical Assistance and Health Services in the Department of Human
37 Services.³

38
39 2. ²a.² A medical service corporation contract which provides
40 hospital or medical expense benefits for groups with more than 50
41 persons, which includes pregnancy-related benefits, shall not
42 be delivered, issued, executed or renewed in this State, or approved
43 for issuance or renewal in this State by the Commissioner of Banking
44 and Insurance on or after the effective date of this act unless the
45 contract provides coverage for persons covered under the contract for
46 medically necessary expenses incurred in the diagnosis and treatment

1 of infertility as provided pursuant to this section. The medical service
2 corporation contract shall provide coverage which includes, but is not
3 limited to, the following services related to infertility: diagnosis and
4 diagnostic tests; medications; surgery; in vitro fertilization; embryo
5 transfer; artificial insemination; gamete intra fallopian transfer; zygote
6 intra fallopian transfer; intracytoplasmic sperm injection; and four
7 completed egg retrievals per lifetime of the covered person. The
8 medical service corporation may provide that coverage for in vitro
9 fertilization, gamete intra fallopian transfer and zygote intra fallopian
10 transfer shall be limited to a covered person who: a. has used all
11 reasonable, less expensive and medically appropriate treatments and
12 is still unable to become pregnant or carry a pregnancy; b. has not
13 reached the limit of four completed egg retrievals; and c. is 45 years
14 of age or younger.

15 For purposes of this section, "infertility" means the disease or
16 condition that results in the abnormal function of the reproductive
17 system such that a person is not able to: impregnate another person;
18 conceive after two years of unprotected intercourse if the female
19 partner is under 35 years of age, or one year of unprotected
20 intercourse if the female partner is 35 years of age or older or one of
21 the partners is considered medically sterile; or carry a pregnancy to
22 live birth.

23 The benefits shall be provided to the same extent as for other
24 pregnancy-related procedures under the contract, except that the
25 services provided for in this section shall be performed at facilities that
26 conform to standards established by the American Society for
27 Reproductive Medicine or the American College of Obstetricians and
28 Gynecologists. ²The same copayments, deductibles and benefit limits
29 shall apply to the diagnosis and treatment of infertility pursuant to this
30 section as those applied to other medical or surgical benefits under the
31 contract.

32 b. A religious employer may request, and a medical service
33 corporation shall grant, an exclusion under the contract for the
34 coverage required by this section for in vitro fertilization, embryo
35 transfer, artificial insemination, zygote intra fallopian transfer and
36 intracytoplasmic sperm injection, if the required coverage is contrary
37 to the religious employer's bona fide religious tenets. The medical
38 service corporation that issues a contract containing such an exclusion
39 shall provide written notice thereof to each prospective subscriber or
40 subscriber, which shall appear in not less than ten point type, in the
41 contract, application and sales brochure. For the purposes of this
42 subsection, "religious employer" means an employer that is a church,
43 convention or association of churches or any group or entity that is
44 operated, supervised or controlled by or in connection with a church
45 or a convention or association of churches as defined in 26 U.S.C.
46 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under

1 26 U.S.C. s.501(c)(3).

2 c.² This section shall apply to those medical service corporation
3 contracts in which the medical service corporation has reserved the
4 right to change the premium.

5 ³d. The provisions of this section shall not apply to a medical
6 service corporation contract which, pursuant to a contract between the
7 medical service corporation and the Department of Human Services,
8 provides benefits to persons who are eligible for medical assistance
9 under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care
10 Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the
11 FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-
12 1 et seq.), or any other program administered by the Division of
13 Medical Assistance and Health Services in the Department of Human
14 Services.³

15
16 3. ²a.² A health service corporation contract which provides
17 hospital or medical expense benefits for groups with more than
18 50 persons, which includes pregnancy-related benefits, shall not
19 be delivered, issued, executed or renewed in this State, or approved
20 for issuance or renewal in this State by the Commissioner of Banking
21 and Insurance on or after the effective date of this act unless the
22 contract provides coverage for persons covered under the contract for
23 medically necessary expenses incurred in the diagnosis and treatment
24 of infertility as provided pursuant to this section. The health service
25 corporation contract shall provide coverage which includes, but is not
26 limited to, the following services related to infertility: diagnosis and
27 diagnostic tests; medications; surgery; in vitro fertilization; embryo
28 transfer; artificial insemination; gamete intra fallopian transfer; zygote
29 intra fallopian transfer; intracytoplasmic sperm injection; and four
30 completed egg retrievals per lifetime of the covered person. The
31 health service corporation may provide that coverage for in vitro
32 fertilization, gamete intra fallopian transfer and zygote intra fallopian
33 transfer shall be limited to a covered person who: a. has used all
34 reasonable, less expensive and medically appropriate treatments and
35 is still unable to become pregnant or carry a pregnancy; b. has not
36 reached the limit of four completed egg retrievals; and c. is 45 years
37 of age or younger.

38 For purposes of this section, "infertility" means the disease or
39 condition that results in the abnormal function of the reproductive
40 system such that a person is not able to: impregnate another person;
41 conceive after two years of unprotected intercourse if the female
42 partner is under 35 years of age, or one year of unprotected
43 intercourse if the female partner is 35 years of age or older or one of
44 the partners is considered medically sterile; or carry a pregnancy to
45 live birth.

46 The benefits shall be provided to the same extent as for other

1 pregnancy-related procedures under the contract, except that the
2 services provided for in this section shall be performed at facilities that
3 conform to standards established by the American Society for
4 Reproductive Medicine or the American College of Obstetricians and
5 Gynecologists. ²The same copayments, deductibles and benefit limits
6 shall apply to the diagnosis and treatment of infertility pursuant to this
7 section as those applied to other medical or surgical benefits under the
8 contract.

9 b. A religious employer may request, and a health service
10 corporation shall grant, an exclusion under the contract for the
11 coverage required by this section for in vitro fertilization, embryo
12 transfer, artificial insemination, zygote intra fallopian transfer and
13 intracytoplasmic sperm injection, if the required coverage is contrary
14 to the religious employer's bona fide religious tenets. The health
15 service corporation that issues a contract containing such an exclusion
16 shall provide written notice thereof to each prospective subscriber or
17 subscriber, which shall appear in not less than ten point type, in the
18 contract, application and sales brochure. For the purposes of this
19 subsection, "religious employer" means an employer that is a church,
20 convention or association of churches or any group or entity that is
21 operated, supervised or controlled by or in connection with a church
22 or a convention or association of churches as defined in 26 U.S.C.
23 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
24 26 U.S.C. s.501(c)(3).

25 c.² This section shall apply to those health service corporation
26 contracts in which the health service corporation has reserved the right
27 to change the premium.

28 ³d. The provisions of this section shall not apply to a health service
29 corporation contract which, pursuant to a contract between the health
30 service corporation and the Department of Human Services, provides
31 benefits to persons who are eligible for medical assistance under
32 P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care
33 Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the
34 FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-
35 1 et seq.), or any other program administered by the Division of
36 Medical Assistance and Health Services in the Department of Human
37 Services.³

38
39 4. ²a.² A group health insurance policy which provides hospital or
40 medical expense benefits for groups with more than 50 persons, which
41 includes pregnancy-related benefits, shall not be delivered, issued,
42 executed or renewed in this State, or approved for issuance or renewal
43 in this State by the Commissioner of Banking and Insurance on or after
44 the effective date of this act unless the policy provides coverage for
45 persons covered under the policy for medically necessary expenses
46 incurred in the diagnosis and treatment of infertility as provided

1 pursuant to this section. The policy shall provide coverage which
2 includes, but is not limited to, the following services related to
3 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
4 fertilization; embryo transfer; artificial insemination; gamete intra
5 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
6 sperm injection; and four completed egg retrievals per lifetime of the
7 covered person. The insurer may provide that coverage for in vitro
8 fertilization, gamete intra fallopian transfer and zygote intra fallopian
9 transfer shall be limited to a covered person who: a. has used all
10 reasonable, less expensive and medically appropriate treatments and
11 is still unable to become pregnant or carry a pregnancy; b. has not
12 reached the limit of four completed egg retrievals; and c. is 45 years
13 of age or younger.

14 For purposes of this section, "infertility" means the disease or
15 condition that results in the abnormal function of the reproductive
16 system such that a person is not able to: impregnate another person;
17 conceive after two years of unprotected intercourse if the female
18 partner is under 35 years of age, or one year of unprotected
19 intercourse if the female partner is 35 years of age or older or one of
20 the partners is considered medically sterile; or carry a pregnancy to
21 live birth.

22 The benefits shall be provided to the same extent as for other
23 pregnancy-related procedures under the policy, except that the
24 services provided for in this section shall be performed at facilities that
25 conform to standards established by the American Society for
26 Reproductive Medicine or the American College of Obstetricians and
27 Gynecologists. ²The same copayments, deductibles and benefit limits
28 shall apply to the diagnosis and treatment of infertility pursuant to this
29 section as those applied to other medical or surgical benefits under the
30 policy.

31 b. A religious employer may request, and an insurer shall grant, an
32 exclusion under the policy for the coverage required by this section for
33 in vitro fertilization, embryo transfer, artificial insemination, zygote
34 intra fallopian transfer and intracytoplasmic sperm injection, if the
35 required coverage is contrary to the religious employer's bona fide
36 religious tenets. The insurer that issues a policy containing such an
37 exclusion shall provide written notice thereof to each prospective
38 insured or insured, which shall appear in not less than ten point type,
39 in the policy, application and sales brochure. For the purposes of this
40 subsection, "religious employer" means an employer that is a church,
41 convention or association of churches or any group or entity that is
42 operated, supervised or controlled by or in connection with a church
43 or a convention or association of churches as defined in 26 U.S.C.
44 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
45 26 U.S.C. s.501(c)(3).

46 c.² This section shall apply to those insurance policies in which the

1 insurer has reserved the right to change the premium.

2 ³d. The provisions of this section shall not apply to a group health
3 insurance policy which, pursuant to a contract between the insurer and
4 the Department of Human Services, provides benefits to persons who
5 are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1
6 et seq.), the Children's Health Care Coverage Program under
7 P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health Coverage
8 Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any other
9 program administered by the Division of Medical Assistance and
10 Health Services in the Department of Human Services.³

11

12 5. ²a.² No certificate of authority to establish and operate a health
13 maintenance organization in this State shall be issued or continued on
14 or after the effective date of this act unless the health maintenance
15 organization provides health care services, to groups of more than 50
16 enrollees, for medically necessary expenses incurred in the diagnosis
17 and treatment of infertility as provided pursuant to this section. A
18 health maintenance organization shall provide enrollee coverage which
19 includes, but is not limited to, the following services related to
20 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
21 fertilization; embryo transfer; artificial insemination; gamete intra
22 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
23 sperm injection; and four completed egg retrievals per lifetime of the
24 enrollee. The health maintenance organization may provide that
25 health care services for in vitro fertilization, gamete intra fallopian
26 transfer and zygote intra fallopian transfer shall be limited to a covered
27 person who: a. has used all reasonable, less expensive and medically
28 appropriate treatments and is still unable to become pregnant or carry
29 a pregnancy; b. has not reached the limit of four completed egg
30 retrievals; and c. is 45 years of age or younger.

31 For the purposes of this section, "infertility" means the disease or
32 condition that results in the abnormal function of the reproductive
33 system such that a person is not able to: impregnate another person;
34 conceive after two years of unprotected intercourse if the female
35 partner is under 35 years of age, or one year of unprotected
36 intercourse if the female partner is 35 years of age or older or one of
37 the partners is considered medically sterile; or carry a pregnancy to
38 live birth.

39 The health care services shall be provided to the same extent as for
40 other pregnancy-related procedures under the contract, except that the
41 services provided for in this section shall be performed at facilities that
42 conform to standards established by the American Society for
43 Reproductive Medicine or the American College of Obstetricians and
44 Gynecologists. ²The same copayments, deductibles and benefit limits
45 shall apply to the diagnosis and treatment of infertility pursuant to this
46 section as those applied to other medical or surgical health care

1 services under the contract.

2 b. A religious employer may request, and a health maintenance
3 organization ³[corporation]³ shall grant, an exclusion under the
4 contract for the health care services required by this section for in
5 vitro fertilization, embryo transfer, artificial insemination, zygote intra
6 fallopian transfer and intracytoplasmic sperm injection, if the required
7 health care services are contrary to the religious employer's bona fide
8 religious tenets. The health maintenance organization that issues a
9 contract containing such an exclusion shall provide written notice
10 thereof to each prospective enrollee or enrollee, which shall appear in
11 not less than ten point type, in the contract, application and sales
12 brochure. For the purposes of this subsection, "religious employer"
13 means an employer that is a church, convention or association of
14 churches or any group or entity that is operated, supervised or
15 controlled by or in connection with a church or a convention or
16 association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and
17 that qualifies as a tax-exempt organization under 26 U.S.C.
18 s.501(c)(3).

19 c.² The provisions of this section shall apply to those contracts for
20 health care services by health maintenance organizations under which
21 the right to change the schedule of charges for enrollee coverage is
22 reserved.

23 ³d. The provisions of this section shall not apply to a contract for
24 health care services by a health maintenance organization which,
25 pursuant to a contract between the health maintenance organization
26 and the Department of Human Services, provides benefits to persons
27 who are eligible for medical assistance under P.L.1968, c.413
28 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program
29 under P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health
30 Coverage Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any
31 other program administered by the Division of Medical Assistance and
32 Health Services in the Department of Human Services.³

33

34 6. This act shall take effect ¹[on the 30th day] 90 days ¹after
35 enactment ¹and shall apply to policies or contracts issued or renewed
36 on or after the effective date¹.

ASSEMBLY, No. 1862

STATE OF NEW JERSEY 209th LEGISLATURE

INTRODUCED JANUARY 24, 2000

Sponsored by:

Assemblyman NEIL M. COHEN

District 20 (Union)

Assemblyman RICHARD H. BAGGER

District 22 (Middlesex, Morris, Somerset and Union)

Co-Sponsored by:

Assemblymen Lance, Augustine, Assemblywomen Previte, Quigley,

Assemblyman Barnes, Assemblywoman Buono, Assemblyman LeFevre

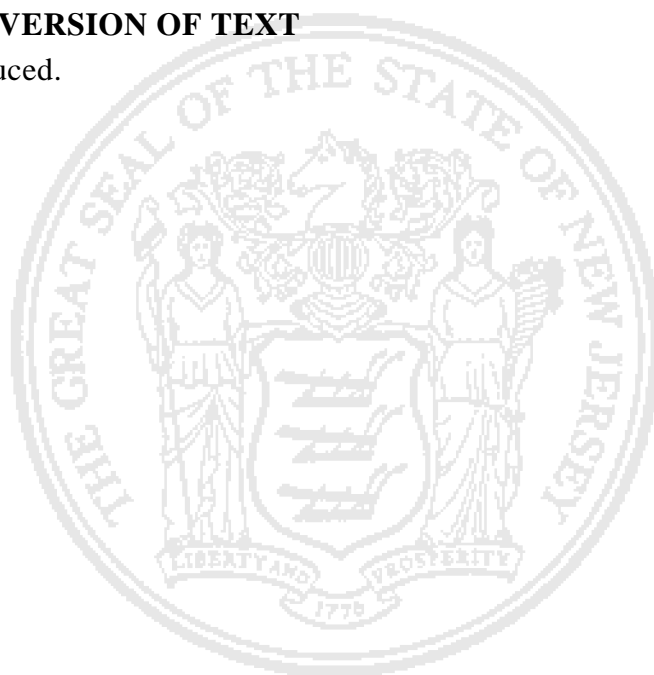
Assemblywoman Weinberg, Assemblymen Blee and Felice

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/21/2000)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing Title 17 of the Revised Statutes, Title
4 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-1 et
5 seq.).

6
7 **BE IT ENACTED** *by the Senate and General Assembly of the State*
8 *of New Jersey:*

9
10 1. A hospital service corporation contract which provides hospital
11 or medical expense benefits for groups with more than 50 persons,
12 which includes pregnancy-related benefits, shall not be delivered,
13 issued, executed or renewed in this State, or approved for issuance or
14 renewal in this State by the Commissioner of Banking and Insurance
15 on or after the effective date of this act unless the contract provides
16 coverage for persons covered under the contract for medically
17 necessary expenses incurred in the diagnosis and treatment of
18 infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth. The benefits shall be provided to the same extent as for
40 other pregnancy-related procedures under the contract, except that the
41 services provided for in this section shall be performed at facilities that
42 conform to standards established by the American Society for
43 Reproductive Medicine or the American College of Obstetricians and
44 Gynecologists.

45 This section shall apply to those hospital service corporation
46 contracts in which the hospital service corporation has reserved the

1 right to change the premium.

2

3 2. A medical service corporation contract which provides hospital
4 or medical expense benefits for groups with more than 50 persons,
5 which includes pregnancy-related benefits, shall not be delivered,
6 issued, executed or renewed in this State, or approved for issuance or
7 renewal in this State by the Commissioner of Banking and Insurance
8 on or after the effective date of this act unless the contract provides
9 coverage for persons covered under the contract for medically
10 necessary expenses incurred in the diagnosis and treatment of
11 infertility as provided pursuant to this section. The medical service
12 corporation contract shall provide coverage which includes, but is not
13 limited to, the following services related to infertility: diagnosis and
14 diagnostic tests; medications; surgery; in vitro fertilization; embryo
15 transfer; artificial insemination; gamete intra fallopian transfer; zygote
16 intra fallopian transfer; intracytoplasmic sperm injection; and four
17 completed egg retrievals per lifetime of the covered person. The
18 medical service corporation may provide that coverage for in vitro
19 fertilization, gamete intra fallopian transfer and zygote intra fallopian
20 transfer shall be limited to a covered person who: a. has used all
21 reasonable, less expensive and medically appropriate treatments and
22 is still unable to become pregnant or carry a pregnancy; b. has not
23 reached the limit of four completed egg retrievals; and c. is 45 years
24 of age or younger.

25 For purposes of this section, "infertility" means the disease or
26 condition that results in the abnormal function of the reproductive
27 system such that a person is not able to: impregnate another person;
28 conceive after two years of unprotected intercourse if the female
29 partner is under 35 years of age, or one year of unprotected
30 intercourse if the female partner is 35 years of age or older or one of
31 the partners is considered medically sterile; or carry a pregnancy to
32 live birth. The benefits shall be provided to the same extent as for
33 other pregnancy-related procedures under the contract, except that the
34 services provided for in this section shall be performed at facilities that
35 conform to standards established by the American Society for
36 Reproductive Medicine or the American College of Obstetricians and
37 Gynecologists.

38 This section shall apply to those medical service corporation
39 contracts in which the medical service corporation has reserved the
40 right to change the premium.

41

42 3. A health service corporation contract which provides hospital or
43 medical expense benefits for groups with more than 50 persons, which
44 includes pregnancy-related benefits, shall not be delivered, issued,
45 executed or renewed in this State, or approved for issuance or renewal
46 in this State by the Commissioner of Banking and Insurance on or after

1 the effective date of this act unless the contract provides coverage for
2 persons covered under the contract for medically necessary expenses
3 incurred in the diagnosis and treatment of infertility as provided
4 pursuant to this section. The health service corporation contract shall
5 provide coverage which includes, but is not limited to, the following
6 services related to infertility: diagnosis and diagnostic tests;
7 medications; surgery; in vitro fertilization; embryo transfer; artificial
8 insemination; gamete intra fallopian transfer; zygote intra fallopian
9 transfer; intracytoplasmic sperm injection; and four completed egg
10 retrievals per lifetime of the covered person. The health service
11 corporation may provide that coverage for in vitro fertilization, gamete
12 intra fallopian transfer and zygote intra fallopian transfer shall be
13 limited to a covered person who: a. has used all reasonable, less
14 expensive and medically appropriate treatments and is still unable to
15 become pregnant or carry a pregnancy; b. has not reached the limit of
16 four completed egg retrievals; and c. is 45 years of age or younger.

17 For purposes of this section, "infertility" means the disease or
18 condition that results in the abnormal function of the reproductive
19 system such that a person is not able to: impregnate another person;
20 conceive after two years of unprotected intercourse if the female
21 partner is under 35 years of age, or one year of unprotected
22 intercourse if the female partner is 35 years of age or older or one of
23 the partners is considered medically sterile; or carry a pregnancy to
24 live birth. The benefits shall be provided to the same extent as for
25 other pregnancy-related procedures under the contract, except that the
26 services provided for in this section shall be performed at facilities that
27 conform to standards established by the American Society for
28 Reproductive Medicine or the American College of Obstetricians and
29 Gynecologists.

30 This section shall apply to those health service corporation
31 contracts in which the health service corporation has reserved the right
32 to change the premium.

33

34 4. A group health insurance policy which provides hospital or
35 medical expense benefits for groups with more than 50 persons, which
36 includes pregnancy-related benefits, shall not be delivered, issued,
37 executed or renewed in this State, or approved for issuance or renewal
38 in this State by the Commissioner of Banking and Insurance on or after
39 the effective date of this act unless the policy provides coverage for
40 persons covered under the policy for medically necessary expenses
41 incurred in the diagnosis and treatment of infertility as provided
42 pursuant to this section. The policy shall provide coverage which
43 includes, but is not limited to, the following services related to
44 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
45 fertilization; embryo transfer; artificial insemination; gamete intra
46 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic

1 sperm injection; and four completed egg retrievals per lifetime of the
2 covered person. The insurer may provide that coverage for in vitro
3 fertilization, gamete intra fallopian transfer and zygote intra fallopian
4 transfer shall be limited to a covered person who: a. has used all
5 reasonable, less expensive and medically appropriate treatments and
6 is still unable to become pregnant or carry a pregnancy; b. has not
7 reached the limit of four completed egg retrievals; and c. is 45 years
8 of age or younger.

9 For purposes of this section, "infertility" means the disease or
10 condition that results in the abnormal function of the reproductive
11 system such that a person is not able to: impregnate another person;
12 conceive after two years of unprotected intercourse if the female
13 partner is under 35 years of age, or one year of unprotected
14 intercourse if the female partner is 35 years of age or older or one of
15 the partners is considered medically sterile; or carry a pregnancy to
16 live birth. The benefits shall be provided to the same extent as for
17 other pregnancy-related procedures under the policy, except that the
18 services provided for in this section shall be performed at facilities that
19 conform to standards established by the American Society for
20 Reproductive Medicine or the American College of Obstetricians and
21 Gynecologists.

22 This section shall apply to those insurance policies in which the
23 insurer has reserved the right to change the premium.

24

25 5. No certificate of authority to establish and operate a health
26 maintenance organization in this State shall be issued or continued on
27 or after the effective date of this act unless the health maintenance
28 organization provides health care services, to groups of more than 50
29 enrollees, for medically necessary expenses incurred in the diagnosis
30 and treatment of infertility as provided pursuant to this section. A
31 health maintenance organization shall provide enrollee coverage which
32 includes, but is not limited to, the following services related to
33 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
34 fertilization; embryo transfer; artificial insemination; gamete intra
35 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
36 sperm injection; and four completed egg retrievals per lifetime of the
37 enrollee. The health maintenance organization may provide that
38 health care services for in vitro fertilization, gamete intra fallopian
39 transfer and zygote intra fallopian transfer shall be limited to a covered
40 person who: a. has used all reasonable, less expensive and medically
41 appropriate treatments and is still unable to become pregnant or carry
42 a pregnancy; b. has not reached the limit of four completed egg
43 retrievals; and c. is 45 years of age or younger.

44 For the purposes of this section, "infertility" means the disease or
45 condition that results in the abnormal function of the reproductive
46 system such that a person is not able to: impregnate another person;

1 conceive after two years of unprotected intercourse if the female
2 partner is under 35 years of age, or one year of unprotected
3 intercourse if the female partner is 35 years of age or older or one of
4 the partners is considered medically sterile; or carry a pregnancy to
5 live birth. The health care services shall be provided to the same
6 extent as for other pregnancy-related procedures under the contract,
7 except that the services provided for in this section shall be performed
8 at facilities that conform to standards established by the American
9 Society for Reproductive Medicine or the American College of
10 Obstetricians and Gynecologists.

11 The provisions of this section shall apply to those contracts for
12 health care services by health maintenance organizations under which
13 the right to change the schedule of charges for enrollee coverage is
14 reserved.

15

16 6. This act shall take effect on the 30th day after enactment.

17

18

19

STATEMENT

20

21 This bill requires hospital, medical and health service corporations,
22 commercial group insurers and health maintenance organizations that
23 provide pregnancy-related benefits to groups of more than 50 persons
24 to provide coverage under all group policies for medically necessary
25 expenses incurred in the diagnosis and treatment of infertility. The
26 coverage shall include, but is not limited to, the following services
27 related to infertility: diagnosis and diagnostic tests; medications;
28 surgery; in vitro fertilization; embryo transfer; artificial insemination;
29 gamete intra fallopian transfer; zygote intra fallopian transfer;
30 intracytoplasmic sperm injection; and four completed egg retrievals per
31 lifetime of the covered person.

32 The insurer may provide that coverage for in vitro fertilization,
33 gamete intra fallopian transfer and zygote intra fallopian transfer shall
34 be limited to a covered person who: a. has used all reasonable, less
35 expensive and medically appropriate treatments and is still unable to
36 become pregnant or carry a pregnancy; b. has not reached the limit of
37 four completed egg retrievals; and c. is 45 years of age or younger.

38 The bill defines "infertility" as the disease or condition that results
39 in the abnormal function of the reproductive system such that a person
40 is not able to: impregnate another person; conceive after two years of
41 unprotected intercourse if the female partner is under 35 years of age,
42 or one year of unprotected intercourse if the female partner is 35 years
43 of age or older or one of the partners is considered medically sterile;
44 or carry a pregnancy to live birth. The benefits shall be provided to
45 the same extent as for other pregnancy-related procedures under the
46 contract or policy, except that the services provided for in this bill

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7

1 shall be performed at facilities that conform to standards established
2 by the American Society for Reproductive Medicine or the American
3 College of Obstetricians and Gynecologists.

4 This bill applies to those contracts or policies in which the insurer
5 has reserved the right to change the premium.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1862

STATE OF NEW JERSEY

DATED: DECEMBER 7, 2000

The Assembly Health Committee reports favorably Assembly Bill No. 1862.

This bill requires hospital, medical and health service corporations, commercial group insurers and health maintenance organizations that provide pregnancy-related benefits to groups of more than 50 persons to provide coverage under all group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

The coverage required under this bill shall include, but is not limited to, the following services related to infertility:

- diagnosis and diagnostic tests;
- medications;
- surgery;
- in vitro fertilization;
- embryo transfer;
- artificial insemination;
- gamete intra fallopian transfer;
- zygote intra fallopian transfer;
- intracytoplasmic sperm injection; and
- four completed egg retrievals per lifetime of the covered person.

The insurer may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who:

- has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy;
- has not reached the limit of four completed egg retrievals; and
- is 45 years of age or younger.

The bill defines "infertility" as the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to:

- impregnate another person;
- conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age or older or one of the partners is considered medically sterile; or
- carry a pregnancy to live birth.

The bill provides that these benefits shall be provided to the same extent as for other pregnancy-related procedures under the contract or

policy, except that the services provided for in the bill shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists.

The bill applies to those contracts or policies in which the insurer has reserved the right to change the premium.

This bill is identical to Senate Bill No. 1076 (Martin/Allen), which is currently pending in the Senate Health Committee.

[First Reprint]

ASSEMBLY, No. 1862

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED JANUARY 24, 2000

Sponsored by:

Assemblyman NEIL M. COHEN

District 20 (Union)

Assemblyman RICHARD H. BAGGER

District 22 (Middlesex, Morris, Somerset and Union)

Co-Sponsored by:

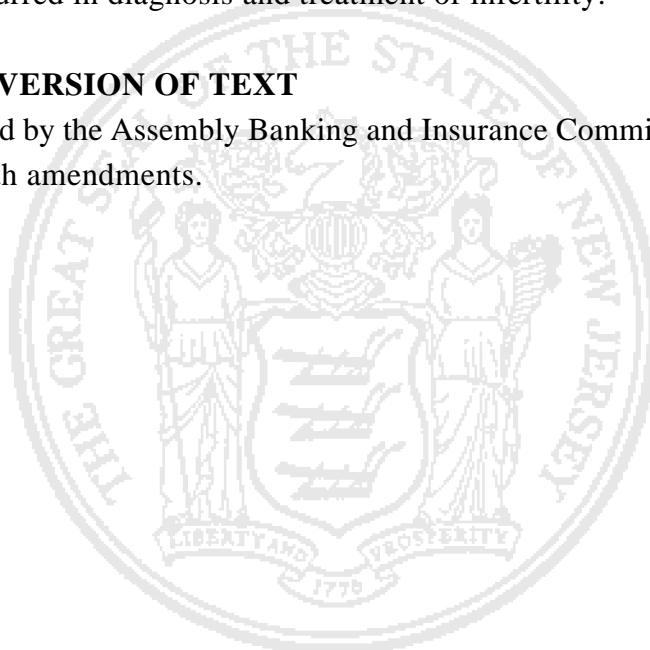
**Assemblymen Lance, Augustine, Assemblywomen Previte, Quigley,
Assemblyman Barnes, Assemblywoman Buono, Assemblyman LeFevre
Assemblywoman Weinberg, Assemblymen Blee, Felice and Garcia**

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As reported by the Assembly Banking and Insurance Committee on January 18, 2001, with amendments.



(Sponsorship Updated As Of: 1/30/2001)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing ¹[Title 17 of the Revised Statutes,
4 Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-
5 1 et seq.)] various parts of the statutory law¹.

6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:

9

10 1. A hospital service corporation contract which provides hospital
11 or medical expense benefits for groups with more than 50 persons,
12 which includes pregnancy-related benefits, shall not be delivered,
13 issued, executed or renewed in this State, or approved for issuance or
14 renewal in this State by the Commissioner of Banking and Insurance
15 on or after the effective date of this act unless the contract provides
16 coverage for persons covered under the contract for medically
17 necessary expenses incurred in the diagnosis and treatment of
18 infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth. The benefits shall be provided to the same extent as for
40 other pregnancy-related procedures under the contract, except that the
41 services provided for in this section shall be performed at facilities that

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly ABI committee amendments adopted January 18, 2001.

1 conform to standards established by the American Society for
2 Reproductive Medicine or the American College of Obstetricians and
3 Gynecologists.

4 This section shall apply to those hospital service corporation
5 contracts in which the hospital service corporation has reserved the
6 right to change the premium.

7
8 2. A medical service corporation contract which provides hospital
9 or medical expense benefits for groups with more than 50 persons,
10 which includes pregnancy-related benefits, shall not be delivered,
11 issued, executed or renewed in this State, or approved for issuance or
12 renewal in this State by the Commissioner of Banking and Insurance
13 on or after the effective date of this act unless the contract provides
14 coverage for persons covered under the contract for medically
15 necessary expenses incurred in the diagnosis and treatment of
16 infertility as provided pursuant to this section. The medical service
17 corporation contract shall provide coverage which includes, but is not
18 limited to, the following services related to infertility: diagnosis and
19 diagnostic tests; medications; surgery; in vitro fertilization; embryo
20 transfer; artificial insemination; gamete intra fallopian transfer; zygote
21 intra fallopian transfer; intracytoplasmic sperm injection; and four
22 completed egg retrievals per lifetime of the covered person. The
23 medical service corporation may provide that coverage for in vitro
24 fertilization, gamete intra fallopian transfer and zygote intra fallopian
25 transfer shall be limited to a covered person who: a. has used all
26 reasonable, less expensive and medically appropriate treatments and
27 is still unable to become pregnant or carry a pregnancy; b. has not
28 reached the limit of four completed egg retrievals; and c. is 45 years
29 of age or younger.

30 For purposes of this section, "infertility" means the disease or
31 condition that results in the abnormal function of the reproductive
32 system such that a person is not able to: impregnate another person;
33 conceive after two years of unprotected intercourse if the female
34 partner is under 35 years of age, or one year of unprotected
35 intercourse if the female partner is 35 years of age or older or one of
36 the partners is considered medically sterile; or carry a pregnancy to
37 live birth. The benefits shall be provided to the same extent as for
38 other pregnancy-related procedures under the contract, except that the
39 services provided for in this section shall be performed at facilities that
40 conform to standards established by the American Society for
41 Reproductive Medicine or the American College of Obstetricians and
42 Gynecologists.

43 This section shall apply to those medical service corporation
44 contracts in which the medical service corporation has reserved the
45 right to change the premium.

1 3. A health service corporation contract which provides hospital or
2 medical expense benefits for groups with more than 50 persons, which
3 includes pregnancy-related benefits, shall not be delivered, issued,
4 executed or renewed in this State, or approved for issuance or renewal
5 in this State by the Commissioner of Banking and Insurance on or after
6 the effective date of this act unless the contract provides coverage for
7 persons covered under the contract for medically necessary expenses
8 incurred in the diagnosis and treatment of infertility as provided
9 pursuant to this section. The health service corporation contract shall
10 provide coverage which includes, but is not limited to, the following
11 services related to infertility: diagnosis and diagnostic tests;
12 medications; surgery; in vitro fertilization; embryo transfer; artificial
13 insemination; gamete intra fallopian transfer; zygote intra fallopian
14 transfer; intracytoplasmic sperm injection; and four completed egg
15 retrievals per lifetime of the covered person. The health service
16 corporation may provide that coverage for in vitro fertilization, gamete
17 intra fallopian transfer and zygote intra fallopian transfer shall be
18 limited to a covered person who: a. has used all reasonable, less
19 expensive and medically appropriate treatments and is still unable to
20 become pregnant or carry a pregnancy; b. has not reached the limit of
21 four completed egg retrievals; and c. is 45 years of age or younger.

22 For purposes of this section, "infertility" means the disease or
23 condition that results in the abnormal function of the reproductive
24 system such that a person is not able to: impregnate another person;
25 conceive after two years of unprotected intercourse if the female
26 partner is under 35 years of age, or one year of unprotected
27 intercourse if the female partner is 35 years of age or older or one of
28 the partners is considered medically sterile; or carry a pregnancy to
29 live birth. The benefits shall be provided to the same extent as for
30 other pregnancy-related procedures under the contract, except that the
31 services provided for in this section shall be performed at facilities that
32 conform to standards established by the American Society for
33 Reproductive Medicine or the American College of Obstetricians and
34 Gynecologists.

35 This section shall apply to those health service corporation
36 contracts in which the health service corporation has reserved the right
37 to change the premium.

38

39 4. A group health insurance policy which provides hospital or
40 medical expense benefits for groups with more than 50 persons, which
41 includes pregnancy-related benefits, shall not be delivered, issued,
42 executed or renewed in this State, or approved for issuance or renewal
43 in this State by the Commissioner of Banking and Insurance on or after
44 the effective date of this act unless the policy provides coverage for
45 persons covered under the policy for medically necessary expenses
46 incurred in the diagnosis and treatment of infertility as provided

1 pursuant to this section. The policy shall provide coverage which
2 includes, but is not limited to, the following services related to
3 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
4 fertilization; embryo transfer; artificial insemination; gamete intra
5 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
6 sperm injection; and four completed egg retrievals per lifetime of the
7 covered person. The insurer may provide that coverage for in vitro
8 fertilization, gamete intra fallopian transfer and zygote intra fallopian
9 transfer shall be limited to a covered person who: a. has used all
10 reasonable, less expensive and medically appropriate treatments and
11 is still unable to become pregnant or carry a pregnancy; b. has not
12 reached the limit of four completed egg retrievals; and c. is 45 years
13 of age or younger.

14 For purposes of this section, "infertility" means the disease or
15 condition that results in the abnormal function of the reproductive
16 system such that a person is not able to: impregnate another person;
17 conceive after two years of unprotected intercourse if the female
18 partner is under 35 years of age, or one year of unprotected
19 intercourse if the female partner is 35 years of age or older or one of
20 the partners is considered medically sterile; or carry a pregnancy to
21 live birth. The benefits shall be provided to the same extent as for
22 other pregnancy-related procedures under the policy, except that the
23 services provided for in this section shall be performed at facilities that
24 conform to standards established by the American Society for
25 Reproductive Medicine or the American College of Obstetricians and
26 Gynecologists.

27 This section shall apply to those insurance policies in which the
28 insurer has reserved the right to change the premium.

29

30 5. No certificate of authority to establish and operate a health
31 maintenance organization in this State shall be issued or continued on
32 or after the effective date of this act unless the health maintenance
33 organization provides health care services, to groups of more than 50
34 enrollees, for medically necessary expenses incurred in the diagnosis
35 and treatment of infertility as provided pursuant to this section. A
36 health maintenance organization shall provide enrollee coverage which
37 includes, but is not limited to, the following services related to
38 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
39 fertilization; embryo transfer; artificial insemination; gamete intra
40 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
41 sperm injection; and four completed egg retrievals per lifetime of the
42 enrollee. The health maintenance organization may provide that
43 health care services for in vitro fertilization, gamete intra fallopian
44 transfer and zygote intra fallopian transfer shall be limited to a covered
45 person who: a. has used all reasonable, less expensive and medically
46 appropriate treatments and is still unable to become pregnant or carry

1 a pregnancy; b. has not reached the limit of four completed egg
2 retrievals; and c. is 45 years of age or younger.

3 For the purposes of this section, "infertility" means the disease or
4 condition that results in the abnormal function of the reproductive
5 system such that a person is not able to: impregnate another person;
6 conceive after two years of unprotected intercourse if the female
7 partner is under 35 years of age, or one year of unprotected
8 intercourse if the female partner is 35 years of age or older or one of
9 the partners is considered medically sterile; or carry a pregnancy to
10 live birth. The health care services shall be provided to the same
11 extent as for other pregnancy-related procedures under the contract,
12 except that the services provided for in this section shall be performed
13 at facilities that conform to standards established by the American
14 Society for Reproductive Medicine or the American College of
15 Obstetricians and Gynecologists.

16 The provisions of this section shall apply to those contracts for
17 health care services by health maintenance organizations under which
18 the right to change the schedule of charges for enrollee coverage is
19 reserved.

20

21 6. This act shall take effect ¹[on the 30th day] 90 days ¹ after
22 enactment ¹and shall apply to policies or contracts issued or renewed
23 on or after the effective date¹.

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 1862

with Assembly Floor Amendments
(Proposed By Assemblyman COHEN)

ADOPTED: JANUARY 29, 2001

These amendments clarify that the same copayments, deductibles and benefit limits shall apply to the diagnosis and treatment of infertility pursuant to the provisions of the bill as those applied to other medical or surgical benefits or health care services under the applicable health insurance or health maintenance organization policy or contract.

[Second Reprint]

ASSEMBLY, No. 1862

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED JANUARY 24, 2000

Sponsored by:

Assemblyman NEIL M. COHEN

District 20 (Union)

Assemblyman RICHARD H. BAGGER

District 22 (Middlesex, Morris, Somerset and Union)

Co-Sponsored by:

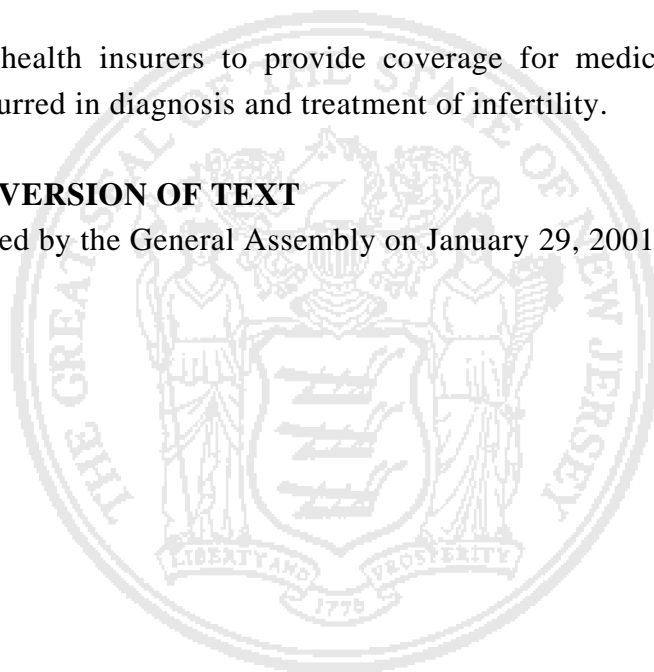
**Assemblymen Lance, Augustine, Assemblywomen Previte, Quigley,
Assemblyman Barnes, Assemblywoman Buono, Assemblyman LeFevre
Assemblywoman Weinberg, Assemblymen Blee, Felice, Garcia,
Assemblywoman Greenstein, Assemblymen Holzapfel, Wolfe, Gusciora,
Conaway and Asselta**

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As amended by the General Assembly on January 29, 2001.



(Sponsorship Updated As Of: 5/11/2001)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing ¹[Title 17 of the Revised Statutes,
4 Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-
5 1 et seq.)] various parts of the statutory law¹.

6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:

9

10 1. A hospital service corporation contract which provides hospital
11 or medical expense benefits for groups with more than 50 persons,
12 which includes pregnancy-related benefits, shall not be delivered,
13 issued, executed or renewed in this State, or approved for issuance or
14 renewal in this State by the Commissioner of Banking and Insurance
15 on or after the effective date of this act unless the contract provides
16 coverage for persons covered under the contract for medically
17 necessary expenses incurred in the diagnosis and treatment of
18 infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth.

40 The benefits shall be provided to the same extent as for other
41 pregnancy-related procedures under the contract, except that the

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly ABI committee amendments adopted January 18, 2001.

² Assembly floor amendments adopted January 29, 2001.

1 services provided for in this section shall be performed at facilities that
2 conform to standards established by the American Society for
3 Reproductive Medicine or the American College of Obstetricians and
4 Gynecologists. ²The same copayments, deductibles and benefit limits
5 shall apply to the diagnosis and treatment of infertility pursuant to this
6 section as those applied to other medical or surgical benefits under the
7 contract.²

8 This section shall apply to those hospital service corporation
9 contracts in which the hospital service corporation has reserved the
10 right to change the premium.

11

12 2. A medical service corporation contract which provides hospital
13 or medical expense benefits for groups with more than 50 persons,
14 which includes pregnancy-related benefits, shall not be delivered,
15 issued, executed or renewed in this State, or approved for issuance or
16 renewal in this State by the Commissioner of Banking and Insurance
17 on or after the effective date of this act unless the contract provides
18 coverage for persons covered under the contract for medically
19 necessary expenses incurred in the diagnosis and treatment of
20 infertility as provided pursuant to this section. The medical service
21 corporation contract shall provide coverage which includes, but is not
22 limited to, the following services related to infertility: diagnosis and
23 diagnostic tests; medications; surgery; in vitro fertilization; embryo
24 transfer; artificial insemination; gamete intra fallopian transfer; zygote
25 intra fallopian transfer; intracytoplasmic sperm injection; and four
26 completed egg retrievals per lifetime of the covered person. The
27 medical service corporation may provide that coverage for in vitro
28 fertilization, gamete intra fallopian transfer and zygote intra fallopian
29 transfer shall be limited to a covered person who: a. has used all
30 reasonable, less expensive and medically appropriate treatments and
31 is still unable to become pregnant or carry a pregnancy; b. has not
32 reached the limit of four completed egg retrievals; and c. is 45 years
33 of age or younger.

34 For purposes of this section, "infertility" means the disease or
35 condition that results in the abnormal function of the reproductive
36 system such that a person is not able to: impregnate another person;
37 conceive after two years of unprotected intercourse if the female
38 partner is under 35 years of age, or one year of unprotected
39 intercourse if the female partner is 35 years of age or older or one of
40 the partners is considered medically sterile; or carry a pregnancy to
41 live birth.

42 The benefits shall be provided to the same extent as for other
43 pregnancy-related procedures under the contract, except that the
44 services provided for in this section shall be performed at facilities that
45 conform to standards established by the American Society for
46 Reproductive Medicine or the American College of Obstetricians and

1 Gynecologists. ²The same copayments, deductibles and benefit limits
2 shall apply to the diagnosis and treatment of infertility pursuant to this
3 section as those applied to other medical or surgical benefits under the
4 contract.²

5 This section shall apply to those medical service corporation
6 contracts in which the medical service corporation has reserved the
7 right to change the premium.

8
9 3. A health service corporation contract which provides hospital or
10 medical expense benefits for groups with more than 50 persons, which
11 includes pregnancy-related benefits, shall not be delivered, issued,
12 executed or renewed in this State, or approved for issuance or renewal
13 in this State by the Commissioner of Banking and Insurance on or after
14 the effective date of this act unless the contract provides coverage for
15 persons covered under the contract for medically necessary expenses
16 incurred in the diagnosis and treatment of infertility as provided
17 pursuant to this section. The health service corporation contract shall
18 provide coverage which includes, but is not limited to, the following
19 services related to infertility: diagnosis and diagnostic tests;
20 medications; surgery; in vitro fertilization; embryo transfer; artificial
21 insemination; gamete intra fallopian transfer; zygote intra fallopian
22 transfer; intracytoplasmic sperm injection; and four completed egg
23 retrievals per lifetime of the covered person. The health service
24 corporation may provide that coverage for in vitro fertilization, gamete
25 intra fallopian transfer and zygote intra fallopian transfer shall be
26 limited to a covered person who: a. has used all reasonable, less
27 expensive and medically appropriate treatments and is still unable to
28 become pregnant or carry a pregnancy; b. has not reached the limit of
29 four completed egg retrievals; and c. is 45 years of age or younger.

30 For purposes of this section, "infertility" means the disease or
31 condition that results in the abnormal function of the reproductive
32 system such that a person is not able to: impregnate another person;
33 conceive after two years of unprotected intercourse if the female
34 partner is under 35 years of age, or one year of unprotected
35 intercourse if the female partner is 35 years of age or older or one of
36 the partners is considered medically sterile; or carry a pregnancy to
37 live birth.

38 The benefits shall be provided to the same extent as for other
39 pregnancy-related procedures under the contract, except that the
40 services provided for in this section shall be performed at facilities that
41 conform to standards established by the American Society for
42 Reproductive Medicine or the American College of Obstetricians and
43 Gynecologists. ²The same copayments, deductibles and benefit limits
44 shall apply to the diagnosis and treatment of infertility pursuant to this
45 section as those applied to other medical or surgical benefits under the
46 contract.²

1 This section shall apply to those health service corporation
2 contracts in which the health service corporation has reserved the right
3 to change the premium.

4
5 4. A group health insurance policy which provides hospital or
6 medical expense benefits for groups with more than 50 persons, which
7 includes pregnancy-related benefits, shall not be delivered, issued,
8 executed or renewed in this State, or approved for issuance or renewal
9 in this State by the Commissioner of Banking and Insurance on or after
10 the effective date of this act unless the policy provides coverage for
11 persons covered under the policy for medically necessary expenses
12 incurred in the diagnosis and treatment of infertility as provided
13 pursuant to this section. The policy shall provide coverage which
14 includes, but is not limited to, the following services related to
15 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
16 fertilization; embryo transfer; artificial insemination; gamete intra
17 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
18 sperm injection; and four completed egg retrievals per lifetime of the
19 covered person. The insurer may provide that coverage for in vitro
20 fertilization, gamete intra fallopian transfer and zygote intra fallopian
21 transfer shall be limited to a covered person who: a. has used all
22 reasonable, less expensive and medically appropriate treatments and
23 is still unable to become pregnant or carry a pregnancy; b. has not
24 reached the limit of four completed egg retrievals; and c. is 45 years
25 of age or younger.

26 For purposes of this section, "infertility" means the disease or
27 condition that results in the abnormal function of the reproductive
28 system such that a person is not able to: impregnate another person;
29 conceive after two years of unprotected intercourse if the female
30 partner is under 35 years of age, or one year of unprotected
31 intercourse if the female partner is 35 years of age or older or one of
32 the partners is considered medically sterile; or carry a pregnancy to
33 live birth.

34 The benefits shall be provided to the same extent as for other
35 pregnancy-related procedures under the policy, except that the
36 services provided for in this section shall be performed at facilities that
37 conform to standards established by the American Society for
38 Reproductive Medicine or the American College of Obstetricians and
39 Gynecologists. ²The same copayments, deductibles and benefit limits
40 shall apply to the diagnosis and treatment of infertility pursuant to this
41 section as those applied to other medical or surgical benefits under the
42 policy.²

43 This section shall apply to those insurance policies in which the
44 insurer has reserved the right to change the premium.

45
46 5. No certificate of authority to establish and operate a health

1 maintenance organization in this State shall be issued or continued on
2 or after the effective date of this act unless the health maintenance
3 organization provides health care services, to groups of more than 50
4 enrollees, for medically necessary expenses incurred in the diagnosis
5 and treatment of infertility as provided pursuant to this section. A
6 health maintenance organization shall provide enrollee coverage which
7 includes, but is not limited to, the following services related to
8 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
9 fertilization; embryo transfer; artificial insemination; gamete intra
10 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
11 sperm injection; and four completed egg retrievals per lifetime of the
12 enrollee. The health maintenance organization may provide that
13 health care services for in vitro fertilization, gamete intra fallopian
14 transfer and zygote intra fallopian transfer shall be limited to a covered
15 person who: a. has used all reasonable, less expensive and medically
16 appropriate treatments and is still unable to become pregnant or carry
17 a pregnancy; b. has not reached the limit of four completed egg
18 retrievals; and c. is 45 years of age or younger.

19 For the purposes of this section, "infertility" means the disease or
20 condition that results in the abnormal function of the reproductive
21 system such that a person is not able to: impregnate another person;
22 conceive after two years of unprotected intercourse if the female
23 partner is under 35 years of age, or one year of unprotected
24 intercourse if the female partner is 35 years of age or older or one of
25 the partners is considered medically sterile; or carry a pregnancy to
26 live birth.

27 The health care services shall be provided to the same extent as for
28 other pregnancy-related procedures under the contract, except that the
29 services provided for in this section shall be performed at facilities that
30 conform to standards established by the American Society for
31 Reproductive Medicine or the American College of Obstetricians and
32 Gynecologists. ²The same copayments, deductibles and benefit limits
33 shall apply to the diagnosis and treatment of infertility pursuant to this
34 section as those applied to other medical or surgical health care
35 services under the contract.²

36 The provisions of this section shall apply to those contracts for
37 health care services by health maintenance organizations under which
38 the right to change the schedule of charges for enrollee coverage is
39 reserved.

40

41 6. This act shall take effect ¹[on the 30th day] 90 days¹ after
42 enactment ¹and shall apply to policies or contracts issued or renewed
43 on or after the effective date¹.

STATEMENT TO
[Second Reprint]
ASSEMBLY, No. 1862

with Assembly Floor Amendments
(Proposed By Assemblyman COHEN)

ADOPTED: MAY 10, 2001

These amendments provide that a religious employer may request, and a health insurer shall grant, an exclusion under the contract or policy for the coverage required by this bill for in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required coverage is contrary to the religious employer's bona fide religious tenets. The exclusion would not apply to other medically necessary expenses incurred in the diagnosis and treatment of infertility for which coverage is required by this bill.

The amendments require a health insurer that issues a contract or policy containing this exclusion to provide written notice of the exclusion to each prospective covered person or covered person, which shall appear in not less than ten point type, in the contract or policy, application and sales brochure.

The amendments define a "religious employer" as an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

[Third Reprint]

ASSEMBLY, No. 1862

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED JANUARY 24, 2000

Sponsored by:

Assemblyman NEIL M. COHEN

District 20 (Union)

Assemblyman RICHARD H. BAGGER

District 22 (Middlesex, Morris, Somerset and Union)

Co-Sponsored by:

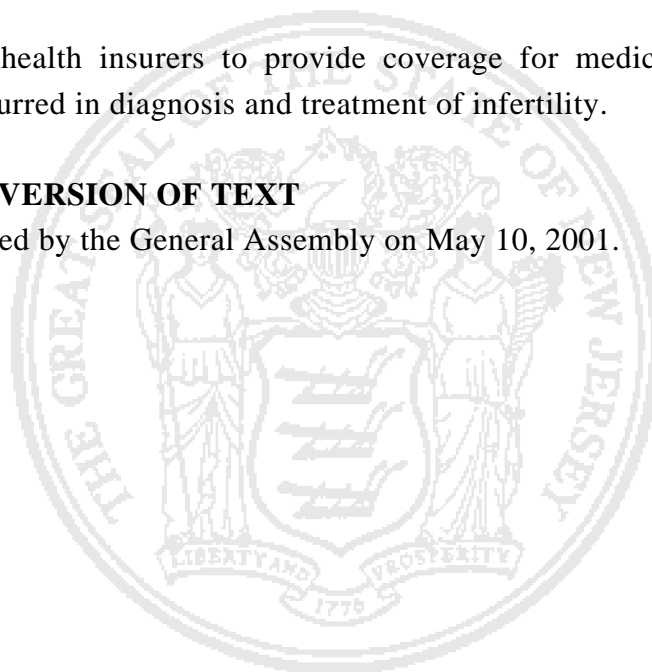
Assemblymen Lance, Augustine, Assemblywomen Previte, Quigley, Assemblyman Barnes, Assemblywoman Buono, Assemblyman LeFevre, Assemblywoman Weinberg, Assemblymen Blee, Felice, Garcia, Assemblywoman Greenstein, Assemblymen Holzapfel, Wolfe, Gusciora, Conaway, Asselta, Wisniewski and Geist

SYNOPSIS

Requires health insurers to provide coverage for medically necessary expenses incurred in diagnosis and treatment of infertility.

CURRENT VERSION OF TEXT

As amended by the General Assembly on May 10, 2001.



(Sponsorship Updated As Of: 6/8/2001)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing ¹[Title 17 of the Revised Statutes,
4 Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-
5 1 et seq.)] various parts of the statutory law¹.

6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:

9

10 1. ³a.³ A hospital service corporation contract which provides
11 hospital or medical expense benefits for groups with more than 50
12 persons, which includes pregnancy-related benefits, shall not
13 be delivered, issued, executed or renewed in this State, or approved
14 for issuance or renewal in this State by the Commissioner of Banking
15 and Insurance on or after the effective date of this act unless the
16 contract provides coverage for persons covered under the contract for
17 medically necessary expenses incurred in the diagnosis and treatment
18 of infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female
36 partner is under 35 years of age, or one year of unprotected
37 intercourse if the female partner is 35 years of age or older or one of
38 the partners is considered medically sterile; or carry a pregnancy to
39 live birth.

40 The benefits shall be provided to the same extent as for other

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly ABI committee amendments adopted January 18, 2001.

² Assembly floor amendments adopted January 29, 2001.

³ Assembly floor amendments adopted May 10, 2001.

1 pregnancy-related procedures under the contract, except that the
2 services provided for in this section shall be performed at facilities that
3 conform to standards established by the American Society for
4 Reproductive Medicine or the American College of Obstetricians and
5 Gynecologists. ²The same copayments, deductibles and benefit limits
6 shall apply to the diagnosis and treatment of infertility pursuant to this
7 section as those applied to other medical or surgical benefits under the
8 contract.²

9 ³b. A religious employer may request, and a hospital service
10 corporation shall grant, an exclusion under the contract for the
11 coverage required by this section for in vitro fertilization, embryo
12 transfer, artificial insemination, zygote intra fallopian transfer and
13 intracytoplasmic sperm injection, if the required coverage is contrary
14 to the religious employer's bona fide religious tenets. The hospital
15 service corporation that issues a contract containing such an exclusion
16 shall provide written notice thereof to each prospective subscriber or
17 subscriber, which shall appear in not less than 10 point type, in the
18 contract, application and sales brochure. For the purposes of this
19 subsection, "religious employer" means an employer that is a church,
20 convention or association of churches or any group or entity that is
21 operated, supervised or controlled by or in connection with a church
22 or a convention or association of churches as defined in 26 U.S.C.
23 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
24 26 U.S.C. s.501(c)(3).

25 c.³ This section shall apply to those hospital service corporation
26 contracts in which the hospital service corporation has reserved the
27 right to change the premium.

28

29 2. ³a.³ A medical service corporation contract which provides
30 hospital or medical expense benefits for groups with more than 50
31 persons, which includes pregnancy-related benefits, shall not
32 be delivered, issued, executed or renewed in this State, or approved
33 for issuance or renewal in this State by the Commissioner of Banking
34 and Insurance on or after the effective date of this act unless the
35 contract provides coverage for persons covered under the contract for
36 medically necessary expenses incurred in the diagnosis and treatment
37 of infertility as provided pursuant to this section. The medical service
38 corporation contract shall provide coverage which includes, but is not
39 limited to, the following services related to infertility: diagnosis and
40 diagnostic tests; medications; surgery; in vitro fertilization; embryo
41 transfer; artificial insemination; gamete intra fallopian transfer; zygote
42 intra fallopian transfer; intracytoplasmic sperm injection; and four
43 completed egg retrievals per lifetime of the covered person. The
44 medical service corporation may provide that coverage for in vitro
45 fertilization, gamete intra fallopian transfer and zygote intra fallopian
46 transfer shall be limited to a covered person who: a. has used all

1 reasonable, less expensive and medically appropriate treatments and
2 is still unable to become pregnant or carry a pregnancy; b. has not
3 reached the limit of four completed egg retrievals; and c. is 45 years
4 of age or younger.

5 For purposes of this section, "infertility" means the disease or
6 condition that results in the abnormal function of the reproductive
7 system such that a person is not able to: impregnate another person;
8 conceive after two years of unprotected intercourse if the female
9 partner is under 35 years of age, or one year of unprotected
10 intercourse if the female partner is 35 years of age or older or one of
11 the partners is considered medically sterile; or carry a pregnancy to
12 live birth.

13 The benefits shall be provided to the same extent as for other
14 pregnancy-related procedures under the contract, except that the
15 services provided for in this section shall be performed at facilities that
16 conform to standards established by the American Society for
17 Reproductive Medicine or the American College of Obstetricians and
18 Gynecologists. ²The same copayments, deductibles and benefit limits
19 shall apply to the diagnosis and treatment of infertility pursuant to this
20 section as those applied to other medical or surgical benefits under the
21 contract.²

22 ³b. A religious employer may request, and a medical service
23 corporation shall grant, an exclusion under the contract for the
24 coverage required by this section for in vitro fertilization, embryo
25 transfer, artificial insemination, zygote intra fallopian transfer and
26 intracytoplasmic sperm injection, if the required coverage is contrary
27 to the religious employer's bona fide religious tenets. The medical
28 service corporation that issues a contract containing such an exclusion
29 shall provide written notice thereof to each prospective subscriber or
30 subscriber, which shall appear in not less than ten point type, in the
31 contract, application and sales brochure. For the purposes of this
32 subsection, "religious employer" means an employer that is a church,
33 convention or association of churches or any group or entity that is
34 operated, supervised or controlled by or in connection with a church
35 or a convention or association of churches as defined in 26 U.S.C.
36 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
37 26 U.S.C. s.501(c)(3).

38 c.³ This section shall apply to those medical service corporation
39 contracts in which the medical service corporation has reserved the
40 right to change the premium.

41
42 3. ³a.³ A health service corporation contract which provides
43 hospital or medical expense benefits for groups with more than 50
44 persons, which includes pregnancy-related benefits, shall not
45 be delivered, issued, executed or renewed in this State, or approved
46 for issuance or renewal in this State by the Commissioner of Banking

1 and Insurance on or after the effective date of this act unless the
2 contract provides coverage for persons covered under the contract for
3 medically necessary expenses incurred in the diagnosis and treatment
4 of infertility as provided pursuant to this section. The health service
5 corporation contract shall provide coverage which includes, but is not
6 limited to, the following services related to infertility: diagnosis and
7 diagnostic tests; medications; surgery; in vitro fertilization; embryo
8 transfer; artificial insemination; gamete intra fallopian transfer; zygote
9 intra fallopian transfer; intracytoplasmic sperm injection; and four
10 completed egg retrievals per lifetime of the covered person. The
11 health service corporation may provide that coverage for in vitro
12 fertilization, gamete intra fallopian transfer and zygote intra fallopian
13 transfer shall be limited to a covered person who: a. has used all
14 reasonable, less expensive and medically appropriate treatments and
15 is still unable to become pregnant or carry a pregnancy; b. has not
16 reached the limit of four completed egg retrievals; and c. is 45 years
17 of age or younger.

18 For purposes of this section, "infertility" means the disease or
19 condition that results in the abnormal function of the reproductive
20 system such that a person is not able to: impregnate another person;
21 conceive after two years of unprotected intercourse if the female
22 partner is under 35 years of age, or one year of unprotected
23 intercourse if the female partner is 35 years of age or older or one of
24 the partners is considered medically sterile; or carry a pregnancy to
25 live birth.

26 The benefits shall be provided to the same extent as for other
27 pregnancy-related procedures under the contract, except that the
28 services provided for in this section shall be performed at facilities that
29 conform to standards established by the American Society for
30 Reproductive Medicine or the American College of Obstetricians and
31 Gynecologists. ²The same copayments, deductibles and benefit limits
32 shall apply to the diagnosis and treatment of infertility pursuant to this
33 section as those applied to other medical or surgical benefits under the
34 contract.²

35 ³b. A religious employer may request, and a health service
36 corporation shall grant, an exclusion under the contract for the
37 coverage required by this section for in vitro fertilization, embryo
38 transfer, artificial insemination, zygote intra fallopian transfer and
39 intracytoplasmic sperm injection, if the required coverage is contrary
40 to the religious employer's bona fide religious tenets. The health
41 service corporation that issues a contract containing such an exclusion
42 shall provide written notice thereof to each prospective subscriber or
43 subscriber, which shall appear in not less than ten point type, in the
44 contract, application and sales brochure. For the purposes of this
45 subsection, "religious employer" means an employer that is a church,
46 convention or association of churches or any group or entity that is

1 operated, supervised or controlled by or in connection with a church
2 or a convention or association of churches as defined in 26 U.S.C.
3 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
4 26 U.S.C. s.501(c)(3).

5 c.³ This section shall apply to those health service corporation
6 contracts in which the health service corporation has reserved the right
7 to change the premium.

8
9 4. a.³ A group health insurance policy which provides hospital or
10 medical expense benefits for groups with more than 50 persons, which
11 includes pregnancy-related benefits, shall not be delivered, issued,
12 executed or renewed in this State, or approved for issuance or renewal
13 in this State by the Commissioner of Banking and Insurance on or after
14 the effective date of this act unless the policy provides coverage for
15 persons covered under the policy for medically necessary expenses
16 incurred in the diagnosis and treatment of infertility as provided
17 pursuant to this section. The policy shall provide coverage which
18 includes, but is not limited to, the following services related to
19 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
20 fertilization; embryo transfer; artificial insemination; gamete intra
21 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
22 sperm injection; and four completed egg retrievals per lifetime of the
23 covered person. The insurer may provide that coverage for in vitro
24 fertilization, gamete intra fallopian transfer and zygote intra fallopian
25 transfer shall be limited to a covered person who: a. has used all
26 reasonable, less expensive and medically appropriate treatments and
27 is still unable to become pregnant or carry a pregnancy; b. has not
28 reached the limit of four completed egg retrievals; and c. is 45 years
29 of age or younger.

30 For purposes of this section, "infertility" means the disease or
31 condition that results in the abnormal function of the reproductive
32 system such that a person is not able to: impregnate another person;
33 conceive after two years of unprotected intercourse if the female
34 partner is under 35 years of age, or one year of unprotected
35 intercourse if the female partner is 35 years of age or older or one of
36 the partners is considered medically sterile; or carry a pregnancy to
37 live birth.

38 The benefits shall be provided to the same extent as for other
39 pregnancy-related procedures under the policy, except that the
40 services provided for in this section shall be performed at facilities that
41 conform to standards established by the American Society for
42 Reproductive Medicine or the American College of Obstetricians and
43 Gynecologists. ²The same copayments, deductibles and benefit limits
44 shall apply to the diagnosis and treatment of infertility pursuant to this
45 section as those applied to other medical or surgical benefits under the
46 policy.²

1 ³b. A religious employer may request, and an insurer shall grant, an
2 exclusion under the policy for the coverage required by this section for
3 in vitro fertilization, embryo transfer, artificial insemination, zygote
4 intra fallopian transfer and intracytoplasmic sperm injection, if the
5 required coverage is contrary to the religious employer's bona fide
6 religious tenets. The insurer that issues a policy containing such an
7 exclusion shall provide written notice thereof to each prospective
8 insured or insured, which shall appear in not less than ten point type,
9 in the policy, application and sales brochure. For the purposes of this
10 subsection, "religious employer" means an employer that is a church,
11 convention or association of churches or any group or entity that is
12 operated, supervised or controlled by or in connection with a church
13 or a convention or association of churches as defined in 26 U.S.C.
14 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
15 26 U.S.C. s.501(c)(3).

16 c.³ This section shall apply to those insurance policies in which the
17 insurer has reserved the right to change the premium.

18

19 5. ³a.³ No certificate of authority to establish and operate a health
20 maintenance organization in this State shall be issued or continued on
21 or after the effective date of this act unless the health maintenance
22 organization provides health care services, to groups of more than 50
23 enrollees, for medically necessary expenses incurred in the diagnosis
24 and treatment of infertility as provided pursuant to this section. A
25 health maintenance organization shall provide enrollee coverage which
26 includes, but is not limited to, the following services related to
27 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
28 fertilization; embryo transfer; artificial insemination; gamete intra
29 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
30 sperm injection; and four completed egg retrievals per lifetime of the
31 enrollee. The health maintenance organization may provide that
32 health care services for in vitro fertilization, gamete intra fallopian
33 transfer and zygote intra fallopian transfer shall be limited to a covered
34 person who: a. has used all reasonable, less expensive and medically
35 appropriate treatments and is still unable to become pregnant or carry
36 a pregnancy; b. has not reached the limit of four completed egg
37 retrievals; and c. is 45 years of age or younger.

38 For the purposes of this section, "infertility" means the disease or
39 condition that results in the abnormal function of the reproductive
40 system such that a person is not able to: impregnate another person;
41 conceive after two years of unprotected intercourse if the female
42 partner is under 35 years of age, or one year of unprotected
43 intercourse if the female partner is 35 years of age or older or one of
44 the partners is considered medically sterile; or carry a pregnancy to
45 live birth.

46 The health care services shall be provided to the same extent as for

1 other pregnancy-related procedures under the contract, except that the
2 services provided for in this section shall be performed at facilities that
3 conform to standards established by the American Society for
4 Reproductive Medicine or the American College of Obstetricians and
5 Gynecologists. ²The same copayments, deductibles and benefit limits
6 shall apply to the diagnosis and treatment of infertility pursuant to this
7 section as those applied to other medical or surgical health care
8 services under the contract.²

9 ³b. A religious employer may request, and a health maintenance
10 organization shall grant, an exclusion under the contract for the health
11 care services required by this section for in vitro fertilization, embryo
12 transfer, artificial insemination, zygote intra fallopian transfer and
13 intracytoplasmic sperm injection, if the required health care services
14 are contrary to the religious employer's bona fide religious tenets. The
15 health maintenance organization that issues a contract containing such
16 an exclusion shall provide written notice thereof to each prospective
17 enrollee or enrollee, which shall appear in not less than ten point type,
18 in the contract, application and sales brochure. For the purposes of
19 this subsection, "religious employer" means an employer that is a
20 church, convention or association of churches or any group or entity
21 that is operated, supervised or controlled by or in connection with a
22 church or a convention or association of churches as defined in 26
23 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt
24 organization under 26 U.S.C. s.501(c)(3).

25 c.³ The provisions of this section shall apply to those contracts for
26 health care services by health maintenance organizations under which
27 the right to change the schedule of charges for enrollee coverage is
28 reserved.

29

30 6. This act shall take effect ¹[on the 30th day] 90 days¹ after
31 enactment ¹and shall apply to policies or contracts issued or renewed
32 on or after the effective date¹.

§1 - C.17:48-6x
§2 - C.17:48A-7w
§3 - C.17:48E-35.22
§4 - C.17B:27-46.1x
§5 - C.26:2J-4.23
§6 - Note to §§1-5

P.L. 2001, CHAPTER 236, *approved August 31, 2001*
Senate, No. 1076 (*Third Reprint*)

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing ¹[Title 17 of the Revised Statutes,
4 Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-
5 1 et seq.)] various parts of the statutory law¹.

6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:

9

10 1. ²a.² A hospital service corporation contract which provides
11 hospital or medical expense benefits for groups with more than 50
12 persons, which includes pregnancy-related benefits, shall not
13 be delivered, issued, executed or renewed in this State, or approved
14 for issuance or renewal in this State by the Commissioner of Banking
15 and Insurance on or after the effective date of this act unless the
16 contract provides coverage for persons covered under the contract for
17 medically necessary expenses incurred in the diagnosis and treatment
18 of infertility as provided pursuant to this section. The hospital service
19 corporation contract shall provide coverage which includes, but is not
20 limited to, the following services related to infertility: diagnosis and
21 diagnostic tests; medications; surgery; in vitro fertilization; embryo
22 transfer; artificial insemination; gamete intra fallopian transfer; zygote
23 intra fallopian transfer; intracytoplasmic sperm injection; and four
24 completed egg retrievals per lifetime of the covered person. The
25 hospital service corporation may provide that coverage for in vitro
26 fertilization, gamete intra fallopian transfer and zygote intra fallopian
27 transfer shall be limited to a covered person who: a. has used all
28 reasonable, less expensive and medically appropriate treatments and
29 is still unable to become pregnant or carry a pregnancy; b. has not
30 reached the limit of four completed egg retrievals; and c. is 45 years
31 of age or younger.

32 For purposes of this section, "infertility" means the disease or
33 condition that results in the abnormal function of the reproductive
34 system such that a person is not able to: impregnate another person;
35 conceive after two years of unprotected intercourse if the female

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SHH committee amendments adopted January 22, 2001.

² Assembly floor amendments adopted May 24, 2001.

³ Assembly floor amendments adopted June 14, 2001.

1 partner is under 35 years of age, or one year of unprotected
2 intercourse if the female partner is 35 years of age or older or one of
3 the partners is considered medically sterile; or carry a pregnancy to
4 live birth.

5 The benefits shall be provided to the same extent as for other
6 pregnancy-related procedures under the contract, except that the
7 services provided for in this section shall be performed at facilities that
8 conform to standards established by the American Society for
9 Reproductive Medicine or the American College of Obstetricians and
10 Gynecologists. ²The same copayments, deductibles and benefit limits
11 shall apply to the diagnosis and treatment of infertility pursuant to this
12 section as those applied to other medical or surgical benefits under the
13 contract.

14 b. A religious employer may request, and a hospital service
15 corporation shall grant, an exclusion under the contract for the
16 coverage required by this section for in vitro fertilization, embryo
17 transfer, artificial insemination, zygote intra fallopian transfer and
18 intracytoplasmic sperm injection, if the required coverage is contrary
19 to the religious employer's bona fide religious tenets. The hospital
20 service corporation that issues a contract containing such an exclusion
21 shall provide written notice thereof to each prospective subscriber or
22 subscriber, which shall appear in not less than 10 point type, in the
23 contract, application and sales brochure. For the purposes of this
24 subsection, "religious employer" means an employer that is a church,
25 convention or association of churches or any group or entity that is
26 operated, supervised or controlled by or in connection with a church
27 or a convention or association of churches as defined in 26 U.S.C.
28 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
29 26 U.S.C. s.501(c)(3).

30 c.² This section shall apply to those hospital service corporation
31 contracts in which the hospital service corporation has reserved the
32 right to change the premium.

33 d.³ The provisions of this section shall not apply to a hospital
34 service corporation contract which, pursuant to a contract between the
35 hospital service corporation and the Department of Human Services,
36 provides benefits to persons who are eligible for medical assistance
37 under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care
38 Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the
39 FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-
40 1 et seq.), or any other program administered by the Division of
41 Medical Assistance and Health Services in the Department of Human
42 Services.³

43
44 2. a.² A medical service corporation contract which provides
45 hospital or medical expense benefits for groups with more than 50
46 persons, which includes pregnancy-related benefits, shall not

1 be delivered, issued, executed or renewed in this State, or approved
2 for issuance or renewal in this State by the Commissioner of Banking
3 and Insurance on or after the effective date of this act unless the
4 contract provides coverage for persons covered under the contract for
5 medically necessary expenses incurred in the diagnosis and treatment
6 of infertility as provided pursuant to this section. The medical service
7 corporation contract shall provide coverage which includes, but is not
8 limited to, the following services related to infertility: diagnosis and
9 diagnostic tests; medications; surgery; in vitro fertilization; embryo
10 transfer; artificial insemination; gamete intra fallopian transfer; zygote
11 intra fallopian transfer; intracytoplasmic sperm injection; and four
12 completed egg retrievals per lifetime of the covered person. The
13 medical service corporation may provide that coverage for in vitro
14 fertilization, gamete intra fallopian transfer and zygote intra fallopian
15 transfer shall be limited to a covered person who: a. has used all
16 reasonable, less expensive and medically appropriate treatments and
17 is still unable to become pregnant or carry a pregnancy; b. has not
18 reached the limit of four completed egg retrievals; and c. is 45 years
19 of age or younger.

20 For purposes of this section, "infertility" means the disease or
21 condition that results in the abnormal function of the reproductive
22 system such that a person is not able to: impregnate another person;
23 conceive after two years of unprotected intercourse if the female
24 partner is under 35 years of age, or one year of unprotected
25 intercourse if the female partner is 35 years of age or older or one of
26 the partners is considered medically sterile; or carry a pregnancy to
27 live birth.

28 The benefits shall be provided to the same extent as for other
29 pregnancy-related procedures under the contract, except that the
30 services provided for in this section shall be performed at facilities that
31 conform to standards established by the American Society for
32 Reproductive Medicine or the American College of Obstetricians and
33 Gynecologists. ²The same copayments, deductibles and benefit limits
34 shall apply to the diagnosis and treatment of infertility pursuant to this
35 section as those applied to other medical or surgical benefits under the
36 contract.

37 b. A religious employer may request, and a medical service
38 corporation shall grant, an exclusion under the contract for the
39 coverage required by this section for in vitro fertilization, embryo
40 transfer, artificial insemination, zygote intra fallopian transfer and
41 intracytoplasmic sperm injection, if the required coverage is contrary
42 to the religious employer's bona fide religious tenets. The medical
43 service corporation that issues a contract containing such an exclusion
44 shall provide written notice thereof to each prospective subscriber or
45 subscriber, which shall appear in not less than ten point type, in the
46 contract, application and sales brochure. For the purposes of this

1 subsection, "religious employer" means an employer that is a church,
2 convention or association of churches or any group or entity that is
3 operated, supervised or controlled by or in connection with a church
4 or a convention or association of churches as defined in 26 U.S.C.
5 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
6 26 U.S.C. s.501(c)(3).

7 c.² This section shall apply to those medical service corporation
8 contracts in which the medical service corporation has reserved the
9 right to change the premium.

10 ³d. The provisions of this section shall not apply to a medical
11 service corporation contract which, pursuant to a contract between the
12 medical service corporation and the Department of Human Services,
13 provides benefits to persons who are eligible for medical assistance
14 under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care
15 Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the
16 FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-
17 1 et seq.), or any other program administered by the Division of
18 Medical Assistance and Health Services in the Department of Human
19 Services.³

20
21 3. ²a.² A health service corporation contract which provides
22 hospital or medical expense benefits for groups with more than
23 50 persons, which includes pregnancy-related benefits, shall not
24 be delivered, issued, executed or renewed in this State, or approved
25 for issuance or renewal in this State by the Commissioner of Banking
26 and Insurance on or after the effective date of this act unless the
27 contract provides coverage for persons covered under the contract for
28 medically necessary expenses incurred in the diagnosis and treatment
29 of infertility as provided pursuant to this section. The health service
30 corporation contract shall provide coverage which includes, but is not
31 limited to, the following services related to infertility: diagnosis and
32 diagnostic tests; medications; surgery; in vitro fertilization; embryo
33 transfer; artificial insemination; gamete intra fallopian transfer; zygote
34 intra fallopian transfer; intracytoplasmic sperm injection; and four
35 completed egg retrievals per lifetime of the covered person. The
36 health service corporation may provide that coverage for in vitro
37 fertilization, gamete intra fallopian transfer and zygote intra fallopian
38 transfer shall be limited to a covered person who: a. has used all
39 reasonable, less expensive and medically appropriate treatments and
40 is still unable to become pregnant or carry a pregnancy; b. has not
41 reached the limit of four completed egg retrievals; and c. is 45 years
42 of age or younger.

43 For purposes of this section, "infertility" means the disease or
44 condition that results in the abnormal function of the reproductive
45 system such that a person is not able to: impregnate another person;
46 conceive after two years of unprotected intercourse if the female

1 partner is under 35 years of age, or one year of unprotected
2 intercourse if the female partner is 35 years of age or older or one of
3 the partners is considered medically sterile; or carry a pregnancy to
4 live birth.

5 The benefits shall be provided to the same extent as for other
6 pregnancy-related procedures under the contract, except that the
7 services provided for in this section shall be performed at facilities that
8 conform to standards established by the American Society for
9 Reproductive Medicine or the American College of Obstetricians and
10 Gynecologists. ²The same copayments, deductibles and benefit limits
11 shall apply to the diagnosis and treatment of infertility pursuant to this
12 section as those applied to other medical or surgical benefits under the
13 contract.

14 b. A religious employer may request, and a health service
15 corporation shall grant, an exclusion under the contract for the
16 coverage required by this section for in vitro fertilization, embryo
17 transfer, artificial insemination, zygote intra fallopian transfer and
18 intracytoplasmic sperm injection, if the required coverage is contrary
19 to the religious employer's bona fide religious tenets. The health
20 service corporation that issues a contract containing such an exclusion
21 shall provide written notice thereof to each prospective subscriber or
22 subscriber, which shall appear in not less than ten point type, in the
23 contract, application and sales brochure. For the purposes of this
24 subsection, "religious employer" means an employer that is a church,
25 convention or association of churches or any group or entity that is
26 operated, supervised or controlled by or in connection with a church
27 or a convention or association of churches as defined in 26 U.S.C.
28 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
29 26 U.S.C. s.501(c)(3).

30 c.² This section shall apply to those health service corporation
31 contracts in which the health service corporation has reserved the right
32 to change the premium.

33 d. The provisions of this section shall not apply to a health service
34 corporation contract which, pursuant to a contract between the health
35 service corporation and the Department of Human Services, provides
36 benefits to persons who are eligible for medical assistance under
37 P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care
38 Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the
39 FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-
40 1 et seq.), or any other program administered by the Division of
41 Medical Assistance and Health Services in the Department of Human
42 Services.³

43
44 4. a.² A group health insurance policy which provides hospital or
45 medical expense benefits for groups with more than 50 persons, which
46 includes pregnancy-related benefits, shall not be delivered, issued,

1 executed or renewed in this State, or approved for issuance or renewal
2 in this State by the Commissioner of Banking and Insurance on or after
3 the effective date of this act unless the policy provides coverage for
4 persons covered under the policy for medically necessary expenses
5 incurred in the diagnosis and treatment of infertility as provided
6 pursuant to this section. The policy shall provide coverage which
7 includes, but is not limited to, the following services related to
8 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
9 fertilization; embryo transfer; artificial insemination; gamete intra
10 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
11 sperm injection; and four completed egg retrievals per lifetime of the
12 covered person. The insurer may provide that coverage for in vitro
13 fertilization, gamete intra fallopian transfer and zygote intra fallopian
14 transfer shall be limited to a covered person who: a. has used all
15 reasonable, less expensive and medically appropriate treatments and
16 is still unable to become pregnant or carry a pregnancy; b. has not
17 reached the limit of four completed egg retrievals; and c. is 45 years
18 of age or younger.

19 For purposes of this section, "infertility" means the disease or
20 condition that results in the abnormal function of the reproductive
21 system such that a person is not able to: impregnate another person;
22 conceive after two years of unprotected intercourse if the female
23 partner is under 35 years of age, or one year of unprotected
24 intercourse if the female partner is 35 years of age or older or one of
25 the partners is considered medically sterile; or carry a pregnancy to
26 live birth.

27 The benefits shall be provided to the same extent as for other
28 pregnancy-related procedures under the policy, except that the
29 services provided for in this section shall be performed at facilities that
30 conform to standards established by the American Society for
31 Reproductive Medicine or the American College of Obstetricians and
32 Gynecologists. ²The same copayments, deductibles and benefit limits
33 shall apply to the diagnosis and treatment of infertility pursuant to this
34 section as those applied to other medical or surgical benefits under the
35 policy.

36 b. A religious employer may request, and an insurer shall grant, an
37 exclusion under the policy for the coverage required by this section for
38 in vitro fertilization, embryo transfer, artificial insemination, zygote
39 intra fallopian transfer and intracytoplasmic sperm injection, if the
40 required coverage is contrary to the religious employer's bona fide
41 religious tenets. The insurer that issues a policy containing such an
42 exclusion shall provide written notice thereof to each prospective
43 insured or insured, which shall appear in not less than ten point type,
44 in the policy, application and sales brochure. For the purposes of this
45 subsection, "religious employer" means an employer that is a church,
46 convention or association of churches or any group or entity that is

1 operated, supervised or controlled by or in connection with a church
2 or a convention or association of churches as defined in 26 U.S.C.
3 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under
4 26 U.S.C. s.501(c)(3).

5 c.² This section shall apply to those insurance policies in which the
6 insurer has reserved the right to change the premium.

7 ³d. The provisions of this section shall not apply to a group health
8 insurance policy which, pursuant to a contract between the insurer and
9 the Department of Human Services, provides benefits to persons who
10 are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1
11 et seq.), the Children's Health Care Coverage Program under
12 P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health Coverage
13 Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any other
14 program administered by the Division of Medical Assistance and
15 Health Services in the Department of Human Services.³

16
17 5. ²a.² No certificate of authority to establish and operate a health
18 maintenance organization in this State shall be issued or continued on
19 or after the effective date of this act unless the health maintenance
20 organization provides health care services, to groups of more than 50
21 enrollees, for medically necessary expenses incurred in the diagnosis
22 and treatment of infertility as provided pursuant to this section. A
23 health maintenance organization shall provide enrollee coverage which
24 includes, but is not limited to, the following services related to
25 infertility: diagnosis and diagnostic tests; medications; surgery; in vitro
26 fertilization; embryo transfer; artificial insemination; gamete intra
27 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic
28 sperm injection; and four completed egg retrievals per lifetime of the
29 enrollee. The health maintenance organization may provide that
30 health care services for in vitro fertilization, gamete intra fallopian
31 transfer and zygote intra fallopian transfer shall be limited to a covered
32 person who: a. has used all reasonable, less expensive and medically
33 appropriate treatments and is still unable to become pregnant or carry
34 a pregnancy; b. has not reached the limit of four completed egg
35 retrievals; and c. is 45 years of age or younger.

36 For the purposes of this section, "infertility" means the disease or
37 condition that results in the abnormal function of the reproductive
38 system such that a person is not able to: impregnate another person;
39 conceive after two years of unprotected intercourse if the female
40 partner is under 35 years of age, or one year of unprotected
41 intercourse if the female partner is 35 years of age or older or one of
42 the partners is considered medically sterile; or carry a pregnancy to
43 live birth.

44 The health care services shall be provided to the same extent as for
45 other pregnancy-related procedures under the contract, except that the
46 services provided for in this section shall be performed at facilities that

1 conform to standards established by the American Society for
 2 Reproductive Medicine or the American College of Obstetricians and
 3 Gynecologists. ²The same copayments, deductibles and benefit limits
 4 shall apply to the diagnosis and treatment of infertility pursuant to this
 5 section as those applied to other medical or surgical health care
 6 services under the contract.

7 b. A religious employer may request, and a health maintenance
 8 organization ³[corporation]³ shall grant, an exclusion under the
 9 contract for the health care services required by this section for in
 10 vitro fertilization, embryo transfer, artificial insemination, zygote intra
 11 fallopian transfer and intracytoplasmic sperm injection, if the required
 12 health care services are contrary to the religious employer's bona fide
 13 religious tenets. The health maintenance organization that issues a
 14 contract containing such an exclusion shall provide written notice
 15 thereof to each prospective enrollee or enrollee, which shall appear in
 16 not less than ten point type, in the contract, application and sales
 17 brochure. For the purposes of this subsection, "religious employer"
 18 means an employer that is a church, convention or association of
 19 churches or any group or entity that is operated, supervised or
 20 controlled by or in connection with a church or a convention or
 21 association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and
 22 that qualifies as a tax-exempt organization under 26 U.S.C.
 23 s.501(c)(3).

24 c.² The provisions of this section shall apply to those contracts for
 25 health care services by health maintenance organizations under which
 26 the right to change the schedule of charges for enrollee coverage is
 27 reserved.

28 d. ³The provisions of this section shall not apply to a contract for
 29 health care services by a health maintenance organization which,
 30 pursuant to a contract between the health maintenance organization
 31 and the Department of Human Services, provides benefits to persons
 32 who are eligible for medical assistance under P.L.1968, c.413
 33 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program
 34 under P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health
 35 Coverage Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any
 36 other program administered by the Division of Medical Assistance and
 37 Health Services in the Department of Human Services.³

38
 39 6. This act shall take effect ¹[on the 30th day] 90 days¹ after
 40 enactment ¹and shall apply to policies or contracts issued or renewed
 41 on or after the effective date¹.

42
 43 _____
 44
 45 Requires health insurers to provide coverage for medically necessary
 46 expenses incurred in diagnosis and treatment of infertility.

CHAPTER 236

AN ACT requiring health insurers to provide coverage for medically necessary expenses incurred in the diagnosis and treatment of infertility and supplementing various parts of the statutory law.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.17:48-6x Hospital service corporation to provide coverage for treatment of infertility.

1. a. A hospital service corporation contract which provides hospital or medical expense benefits for groups with more than 50 persons, which includes pregnancy-related benefits, shall not be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act unless the contract provides coverage for persons covered under the contract for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided pursuant to this section. The hospital service corporation contract shall provide coverage which includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. The hospital service corporation may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

For purposes of this section, "infertility" means the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: impregnate another person; conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age or older or one of the partners is considered medically sterile; or carry a pregnancy to live birth.

The benefits shall be provided to the same extent as for other pregnancy-related procedures under the contract, except that the services provided for in this section shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. The same copayments, deductibles and benefit limits shall apply to the diagnosis and treatment of infertility pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A religious employer may request, and a hospital service corporation shall grant, an exclusion under the contract for the coverage required by this section for in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required coverage is contrary to the religious employer's bona fide religious tenets. The hospital service corporation that issues a contract containing such an exclusion shall provide written notice thereof to each prospective subscriber or subscriber, which shall appear in not less than 10 point type, in the contract, application and sales brochure. For the purposes of this subsection, "religious employer" means an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

c. This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

d. The provisions of this section shall not apply to a hospital service corporation contract which, pursuant to a contract between the hospital service corporation and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.

C.17:48A-7w Medical service corporation to provide coverage for treatment of infertility.

2. a. A medical service corporation contract which provides hospital or medical expense

benefits for groups with more than 50 persons, which includes pregnancy-related benefits, shall not be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act unless the contract provides coverage for persons covered under the contract for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided pursuant to this section. The medical service corporation contract shall provide coverage which includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. The medical service corporation may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

For purposes of this section, "infertility" means the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: impregnate another person; conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age or older or one of the partners is considered medically sterile; or carry a pregnancy to live birth.

The benefits shall be provided to the same extent as for other pregnancy-related procedures under the contract, except that the services provided for in this section shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. The same copayments, deductibles and benefit limits shall apply to the diagnosis and treatment of infertility pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A religious employer may request, and a medical service corporation shall grant, an exclusion under the contract for the coverage required by this section for in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required coverage is contrary to the religious employer's bona fide religious tenets. The medical service corporation that issues a contract containing such an exclusion shall provide written notice thereof to each prospective subscriber or subscriber, which shall appear in not less than ten point type, in the contract, application and sales brochure. For the purposes of this subsection, "religious employer" means an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

c. This section shall apply to those medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

d. The provisions of this section shall not apply to a medical service corporation contract which, pursuant to a contract between the medical service corporation and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.

C.17:48E-35.22 Health service corporation to provide coverage for treatment of infertility.

3. a. A health service corporation contract which provides hospital or medical expense benefits for groups with more than 50 persons, which includes pregnancy-related benefits, shall not be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act unless the contract provides coverage for persons covered under the contract for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided pursuant to this section. The health service corporation contract shall provide coverage which includes, but

is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. The health service corporation may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

For purposes of this section, "infertility" means the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: impregnate another person; conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age or older or one of the partners is considered medically sterile; or carry a pregnancy to live birth.

The benefits shall be provided to the same extent as for other pregnancy-related procedures under the contract, except that the services provided for in this section shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. The same copayments, deductibles and benefit limits shall apply to the diagnosis and treatment of infertility pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A religious employer may request, and a health service corporation shall grant, an exclusion under the contract for the coverage required by this section for in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required coverage is contrary to the religious employer's bona fide religious tenets. The health service corporation that issues a contract containing such an exclusion shall provide written notice thereof to each prospective subscriber or subscriber, which shall appear in not less than ten point type, in the contract, application and sales brochure. For the purposes of this subsection, "religious employer" means an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

c. This section shall apply to those health service corporation contracts in which the health service corporation has reserved the right to change the premium.

d. The provisions of this section shall not apply to a health service corporation contract which, pursuant to a contract between the health service corporation and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.

C.17B:27-46.1x Group health insurance policy to provide coverage for treatment of infertility.

4. a. A group health insurance policy which provides hospital or medical expense benefits for groups with more than 50 persons, which includes pregnancy-related benefits, shall not be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act unless the policy provides coverage for persons covered under the policy for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided pursuant to this section. The policy shall provide coverage which includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. The insurer may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and

is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

For purposes of this section, "infertility" means the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: impregnate another person; conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age or older or one of the partners is considered medically sterile; or carry a pregnancy to live birth.

The benefits shall be provided to the same extent as for other pregnancy-related procedures under the policy, except that the services provided for in this section shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. The same copayments, deductibles and benefit limits shall apply to the diagnosis and treatment of infertility pursuant to this section as those applied to other medical or surgical benefits under the policy.

b. A religious employer may request, and an insurer shall grant, an exclusion under the policy for the coverage required by this section for in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required coverage is contrary to the religious employer's bona fide religious tenets. The insurer that issues a policy containing such an exclusion shall provide written notice thereof to each prospective insured or insured, which shall appear in not less than ten point type, in the policy, application and sales brochure. For the purposes of this subsection, "religious employer" means an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

c. This section shall apply to those insurance policies in which the insurer has reserved the right to change the premium.

d. The provisions of this section shall not apply to a group health insurance policy which, pursuant to a contract between the insurer and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.

C.26:2J-4.23 Health maintenance organization to provide coverage for treatment of infertility.

5. a. No certificate of authority to establish and operate a health maintenance organization in this State shall be issued or continued on or after the effective date of this act unless the health maintenance organization provides health care services, to groups of more than 50 enrollees, for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided pursuant to this section. A health maintenance organization shall provide enrollee coverage which includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the enrollee. The health maintenance organization may provide that health care services for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

For the purposes of this section, "infertility" means the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: impregnate another person; conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age or older or one of the partners is considered medically sterile; or carry a pregnancy to live birth.

The health care services shall be provided to the same extent as for other pregnancy-related

procedures under the contract, except that the services provided for in this section shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. The same copayments, deductibles and benefit limits shall apply to the diagnosis and treatment of infertility pursuant to this section as those applied to other medical or surgical health care services under the contract.

b. A religious employer may request, and a health maintenance organization shall grant, an exclusion under the contract for the health care services required by this section for in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required health care services are contrary to the religious employer's bona fide religious tenets. The health maintenance organization that issues a contract containing such an exclusion shall provide written notice thereof to each prospective enrollee or enrollee, which shall appear in not less than ten point type, in the contract, application and sales brochure. For the purposes of this subsection, "religious employer" means an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

c. The provisions of this section shall apply to those contracts for health care services by health maintenance organizations under which the right to change the schedule of charges for enrollee coverage is reserved.

d. The provisions of this section shall not apply to a contract for health care services by a health maintenance organization which, pursuant to a contract between the health maintenance organization and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.), the FamilyCare Health Coverage Program under P.L.2000, c.71 (C.30:4J-1 et seq.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.

6. This act shall take effect 90 days after enactment and shall apply to policies or contracts issued or renewed on or after the effective date

Approved August 31, 2001.

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Office of the Governor
NEWS RELEASE

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RELEASE: August 21, 2001

DIFRANCESCO SIGNS LAW TO KEEP GUNS OUT OF THE HANDS OF VIOLENT CRIMINALS, Establishes Mandatory Minimum Five-Year Prison Terms

Acting Governor Donald T. DiFrancesco signed legislation today banning violent criminals and drug traffickers from purchasing, owning or possessing a firearm. Those criminals who break this law will receive a five-year mandatory minimum sentence without the possibility of parole.

"This legislation will keep us moving forward in the fight against crime. Assembly Bill 11 puts violent criminals or those convicted of drug offenses on notice that they can't purchase, own, possess or control a firearm. And someone who has been convicted of homicide, aggravated assault, robbery, arson, drug trafficking or similar offenses isn't entitled to own or possess a firearm. Period. No exceptions. No excuses," said the acting Governor.

"We continue to see our overall crime rate drop. It's now at the lowest level in almost three decades. This means that we have fewer citizens falling victim to crime. It means our neighborhoods and streets are safer. It means that our quality of life continues to improve," said DiFrancesco.

Federal legislation known as "Project Exile" would provide \$100 million in firearms enforcement grants to states that require a mandatory minimum sentence of five years without parole. Under this new law, the State will qualify for any Project Exile funding that may become available under federal law.

"It's clear that the best way to reduce crime is to ensure that we keep guns out of the hands of those who shouldn't have a gun in the first place. This law puts us one step closer to achieving that goal," said DiFrancesco.

A-11 was sponsored by Assemblymembers Paul DiGaetano (R-Bergen/Essex/Passaic), Jim Holzapfel (R-Monmouth/Ocean), Rose Heck (R-Bergen), Ken LeFevre (R-Atlantic), Herb Conway (R-Burlington/Camden) and Senators Andrew Ciesla (R-Monmouth/Ocean), Lou Kosco (R-Bergen), Norm Robertson (R-Essex/Passaic), Tony Bucco (R-Morris) and Dianne Allen (R-Burlington/Camden).