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P.L.2017, CHAPTER 48, *approved May 1, 2017*
Senate, No. 1398 (*Second Reprint*)

1 AN ACT concerning infertility coverage under certain health
2 insurance plans ²**[and]**,² amending P.L.2001, c.236 ²and
3 supplementing Title 52 of the Revised Statutes².
4

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

8 1. Section 1 of P.L.2001, c.236 (C.17:48-6x) is amended to
9 read as follows:

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

32 For purposes of this section, "infertility" means¹ **[**:

33 **(1)** the] a¹ disease or condition that results in the abnormal
34 function of the reproductive system ¹**[**such that a person is not able
35 to **[**:] impregnate another person **[**;] or conceive **[**after two years

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SBA committee amendments adopted December 15, 2016.

²Assembly AWC committee amendments adopted February 13, 2017.

1 of unprotected intercourse if the female partner is under 35 years of
2 age, or one year of unprotected intercourse if the female partner is
3 35 years of age or older or one of the partners is considered
4 medically sterile; or carry a pregnancy to live birth¹; or

5 (2) a determination of infertility by a physician licensed to
6 practice medicine and surgery in this State pursuant to the
7 provisions of R.S.45:9-1 et seq¹, as determined pursuant to
8 American Society for Reproductive Medicine practice guidelines by
9 a physician who is Board Certified or Board Eligible in
10 Reproductive Endocrinology and Infertility or in Obstetrics and
11 Gynecology or that the patient has met one of the following
12 conditions:

13 (1) A male is unable to impregnate a female;

14 (2) A female with a male partner and under 35 years of age is
15 unable to conceive after 12 months of unprotected sexual
16 intercourse;

17 (3) A female with a male partner and 35 years of age and over is
18 unable to conceive after six months of unprotected sexual
19 intercourse;

20 (4) A female without a male partner and under 35 years of age
21 who is unable to conceive after 12 failed attempts of intrauterine
22 insemination under medical supervision;

23 (5) A female without a male partner and over 35 years of age
24 who is unable to conceive after six failed attempts of intrauterine
25 insemination under medical supervision;

26 (6) Partners are unable to conceive as a result of involuntary
27 medical sterility;

28 (7) A person is unable to carry a pregnancy to live birth; or

29 (8) A previous determination of infertility pursuant to this
30 section¹.

31 The benefits shall be provided to the same extent as for other
32 pregnancy-related procedures under the contract, except that the
33 services provided for in this section shall be performed at facilities
34 that conform to standards established by the American Society for
35 Reproductive Medicine or the American College of Obstetricians
36 and Gynecologists. The same copayments, deductibles and benefit
37 limits shall apply to the diagnosis and treatment of infertility
38 pursuant to this section as those applied to other medical or surgical
39 benefits under the contract. ¹Infertility resulting from voluntary
40 sterilization procedures shall be excluded under the contract for the
41 coverage required by this section.¹

42 b. A religious employer may request, and a hospital service
43 corporation shall grant, an exclusion under the contract for the
44 coverage required by this section for in vitro fertilization, embryo
45 transfer, artificial insemination, zygote intra fallopian transfer and
46 intracytoplasmic sperm injection, if the required coverage is
47 contrary to the religious employer's bona fide religious tenets. The
48 hospital service corporation that issues a contract containing such

1 an exclusion shall provide written notice thereof to each prospective
2 subscriber or subscriber, which shall appear in not less than 10
3 point type, in the contract, application and sales brochure. For the
4 purposes of this subsection, "religious employer" means an
5 employer that is a church, convention or association of churches or
6 any group or entity that is operated, supervised or controlled by or
7 in connection with a church or a convention or association of
8 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
9 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

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

13 d. The provisions of this section shall not apply to a hospital
14 service corporation contract which, pursuant to a contract between
15 the hospital service corporation and the Department of Human
16 Services, provides benefits to persons who are eligible for medical
17 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), [the
18 Children's Health Care Coverage Program under P.L.1997, c.272
19 (C.30:4I-1 et seq.),] the NJ FamilyCare [Health Coverage]
20 Program [under P.L.2000, c.71 (C.30:4J-1 et seq.)] established
21 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
22 administered by the Division of Medical Assistance and Health
23 Services in the Department of Human Services.

24 (cf: P.L.2001, c.236, s.1)

25

26 2. Section 2 of P.L.2001, c.236 (C.17:48A-7w) is amended to
27 read as follows:

28 2. a. 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 be
31 delivered, issued, executed or renewed in this State, or approved for
32 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
35 for medically necessary expenses incurred in the diagnosis and
36 treatment of infertility as provided pursuant to this section. The
37 medical service corporation contract shall provide coverage which
38 includes, but is not limited to, the following services related to
39 infertility: diagnosis and diagnostic tests; medications; surgery; in
40 vitro fertilization; embryo transfer; artificial insemination; gamete
41 intra fallopian transfer; zygote intra fallopian transfer;
42 intracytoplasmic sperm injection; and four completed egg retrievals
43 per lifetime of the covered person. The medical service corporation
44 may provide that coverage for in vitro fertilization, gamete intra
45 fallopian transfer and zygote intra fallopian transfer shall be limited
46 to a covered person who: a. has used all reasonable, less expensive
47 and medically appropriate treatments and is still unable to become

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

3 For purposes of this section, "infertility" means¹ [:

4 (1) the] a¹ the disease or condition that results in the abnormal
5 function of the reproductive system ¹[such that a person is not able
6 to [:] impregnate another person [;] or conceive [after two years
7 of unprotected intercourse if the female partner is under 35 years of
8 age, or one year of unprotected intercourse if the female partner is
9 35 years of age or older or one of the partners is considered
10 medically sterile; or carry a pregnancy to live birth] ; or

11 (2) a determination of infertility by a physician licensed to
12 practice medicine and surgery in this State pursuant to the
13 provisions of R.S.45:9-1 et seq] , as determined pursuant to
14 American Society for Reproductive Medicine practice guidelines by
15 a physician who is Board Certified or Board Eligible in
16 Reproductive Endocrinology and Infertility or in Obstetrics and
17 Gynecology or that the patient has met one of the following
18 conditions:

19 (1) A male is unable to impregnate a female;

20 (2) A female with a male partner and under 35 years of age is
21 unable to conceive after 12 months of unprotected sexual
22 intercourse;

23 (3) A female with a male partner and 35 years of age and over is
24 unable to conceive after six months of unprotected sexual
25 intercourse;

26 (4) A female without a male partner and under 35 years of age
27 who is unable to conceive after 12 failed attempts of intrauterine
28 insemination under medical supervision;

29 (5) A female without a male partner and over 35 years of age
30 who is unable to conceive after six failed attempts of intrauterine
31 insemination under medical supervision;

32 (6) Partners are unable to conceive as a result of involuntary
33 medical sterility;

34 (7) A person is unable to carry a pregnancy to live birth; or

35 (8) A previous determination of infertility pursuant to this
36 section¹.

37 The benefits shall be provided to the same extent as for other
38 pregnancy-related procedures under the contract, except that the
39 services provided for in this section shall be performed at facilities
40 that conform to standards established by the American Society for
41 Reproductive Medicine or the American College of Obstetricians
42 and Gynecologists. The same copayments, deductibles and benefit
43 limits shall apply to the diagnosis and treatment of infertility
44 pursuant to this section as those applied to other medical or surgical
45 benefits under the contract. ¹Infertility resulting from voluntary
46 sterilization procedures shall be excluded under the contract for the
47 coverage required by this section.¹

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

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

20 d. The provisions of this section shall not apply to a medical
21 service corporation contract which, pursuant to a contract between
22 the medical service corporation and the Department of Human
23 Services, provides benefits to persons who are eligible for medical
24 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), [the
25 Children's Health Care Coverage Program under P.L.1997, c.272
26 (C.30:4I-1 et seq.),] the NJ FamilyCare [Health Coverage]
27 Program [under P.L.2000, c.71 (C.30:4J-1 et seq.)] established
28 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
29 administered by the Division of Medical Assistance and Health
30 Services in the Department of Human Services.

31 (cf: P.L.2001, c.236, s.2)

32

33 3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended
34 to read as follows:

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

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

9 For purposes of this section, "infertility" means¹ [:

10 (1) the] a¹ disease or condition that results in the abnormal
 11 function of the reproductive system ¹[such that a person is not able
 12 to [:] impregnate another person [;] or conceive [after two years
 13 of unprotected intercourse if the female partner is under 35 years of
 14 age, or one year of unprotected intercourse if the female partner is
 15 35 years of age or older or one of the partners is considered
 16 medically sterile; or carry a pregnancy to live birth] ; or

17 (2) a determination of infertility by a physician licensed to
 18 practice medicine and surgery in this State pursuant to the
 19 provisions of R.S.45:9-1 et seq] , as determined pursuant to
 20 American Society for Reproductive Medicine practice guidelines by
 21 a physician who is Board Certified or Board Eligible in
 22 Reproductive Endocrinology and Infertility or in Obstetrics and
 23 Gynecology or that the patient has met one of the following
 24 conditions:

25 (1) A male is unable to impregnate a female;

26 (2) A female with a male partner and under 35 years of age is
 27 unable to conceive after 12 months of unprotected sexual
 28 intercourse;

29 (3) A female with a male partner and 35 years of age and over is
 30 unable to conceive after six months of unprotected sexual
 31 intercourse;

32 (4) A female without a male partner and under 35 years of age
 33 who is unable to conceive after 12 failed attempts of intrauterine
 34 insemination under medical supervision;

35 (5) A female without a male partner and over 35 years of age
 36 who is unable to conceive after six failed attempts of intrauterine
 37 insemination under medical supervision;

38 (6) Partners are unable to conceive as a result of involuntary
 39 medical sterility;

40 (7) A person is unable to carry a pregnancy to live birth; or

41 (8) A previous determination of infertility pursuant to this
 42 section ¹.

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

1 limits shall apply to the diagnosis and treatment of infertility
2 pursuant to this section as those applied to other medical or surgical
3 benefits under the contract. ¹Infertility resulting from voluntary
4 sterilization procedures shall be excluded under the contract for the
5 coverage required by this section.¹

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

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

25 d. The provisions of this section shall not apply to a health
26 service corporation contract which, pursuant to a contract between
27 the health service corporation and the Department of Human
28 Services, provides benefits to persons who are eligible for medical
29 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), [the
30 Children's Health Care Coverage Program under P.L.1997, c.272
31 (C.30:4I-1 et seq.),] the NJ FamilyCare [Health Coverage]
32 Program [under P.L.2000, c.71 (C.30:4J-1 et seq.)] established
33 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
34 administered by the Division of Medical Assistance and Health
35 Services in the Department of Human Services.

36 (cf: P.L.2001, c.236, s.3)

37

38 4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended
39 to read as follows:

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

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

14 For purposes of this section, "infertility" means¹ []:

15 (1) the [] a¹ the disease or condition that results in the abnormal
16 function of the reproductive system¹ [] such that a person is not able
17 to [] impregnate another person [] or conceive [] after two years
18 of unprotected intercourse if the female partner is under 35 years of
19 age, or one year of unprotected intercourse if the female partner is
20 35 years of age or older or one of the partners is considered
21 medically sterile; or carry a pregnancy to live birth [] ; or

22 (2) a determination of infertility by a physician licensed to
23 practice medicine and surgery in this State pursuant to the
24 provisions of R.S.45:9-1 et seq [] , as determined pursuant to
25 American Society for Reproductive Medicine practice guidelines by
26 a physician who is Board Certified or Board Eligible in
27 Reproductive Endocrinology and Infertility or in Obstetrics and
28 Gynecology or that the patient has met one of the following
29 conditions:

30 (1) A male is unable to impregnate a female;

31 (2) A female with a male partner and under 35 years of age is
32 unable to conceive after 12 months of unprotected sexual
33 intercourse;

34 (3) A female with a male partner and 35 years of age and over is
35 unable to conceive after six months of unprotected sexual
36 intercourse;

37 (4) A female without a male partner and under 35 years of age
38 who is unable to conceive after 12 failed attempts of intrauterine
39 insemination under medical supervision;

40 (5) A female without a male partner and over 35 years of age
41 who is unable to conceive after six failed attempts of intrauterine
42 insemination under medical supervision;

43 (6) Partners are unable to conceive as a result of involuntary
44 medical sterility;

45 (7) A person is unable to carry a pregnancy to live birth; or

46 (8) A previous determination of infertility pursuant to this
47 section¹.

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

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

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

30 d. The provisions of this section shall not apply to a group
31 health insurance policy which, pursuant to a contract between the
32 insurer and the Department of Human Services, provides benefits to
33 persons who are eligible for medical assistance under P.L.1968,
34 c.413 (C.30:4D-1 et seq.), **the Children's Health Care Coverage**
35 **Program under P.L.1997, c.272 (C.30:4I-1 et seq.),** the NJ
36 FamilyCare **Health Coverage** Program **under P.L.2000, c.71**
37 (C.30:4J-1 et seq.) established pursuant to P.L.2005, c.156
38 (C.30:4J-8 et al.), or any other program administered by the
39 Division of Medical Assistance and Health Services in the
40 Department of Human Services.

41 (cf: P.L.2001, c.236, s.4)

42

43 5. Section 5 of P.L.2001, c.236 (C.26:2J-4.23) is amended to
44 read as follows:

45 5. a. No certificate of authority to establish and operate a
46 health maintenance organization in this State shall be issued or
47 continued on or after the effective date of this act unless the health
48 maintenance organization provides health care services, to groups

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

17 For purposes of this section, "infertility" means¹ []:

18 (1) the [] a¹ the disease or condition that results in the abnormal
19 function of the reproductive system¹ [] such that a person is not able
20 to [] impregnate another person [] or conceive [] after two years
21 of unprotected intercourse if the female partner is under 35 years of
22 age, or one year of unprotected intercourse if the female partner is
23 35 years of age or older or one of the partners is considered
24 medically sterile; or carry a pregnancy to live birth [] ; or

25 (2) a determination of infertility by a physician licensed to
26 practice medicine and surgery in this State pursuant to the
27 provisions of R.S.45:9-1 et seq [] , as determined pursuant to
28 American Society for Reproductive Medicine practice guidelines by
29 a physician who is Board Certified or Board Eligible in
30 Reproductive Endocrinology and Infertility or in Obstetrics and
31 Gynecology or that the patient has met one of the following
32 conditions:

33 (1) A male is unable to impregnate a female;

34 (2) A female with a male partner and under 35 years of age is
35 unable to conceive after 12 months of unprotected sexual
36 intercourse;

37 (3) A female with a male partner and 35 years of age and over is
38 unable to conceive after six months of unprotected sexual
39 intercourse;

40 (4) A female without a male partner and under 35 years of age
41 who is unable to conceive after 12 failed attempts of intrauterine
42 insemination under medical supervision;

43 (5) A female without a male partner and over 35 years of age
44 who is unable to conceive after six failed attempts of intrauterine
45 insemination under medical supervision;

46 (6) Partners are unable to conceive as a result of involuntary
47 medical sterility;

48 (7) A person is unable to carry a pregnancy to live birth; or

1 (8) A previous determination of infertility pursuant to this
2 section¹.

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

12 ¹Infertility resulting from voluntary sterilization procedures shall be
13 excluded under the contract for the coverage required by this
14 section.¹

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

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

36 d. The provisions of this section shall not apply to a contract
37 for health care services by a health maintenance organization
38 which, pursuant to a contract between the health maintenance
39 organization and the Department of Human Services, provides
40 benefits to persons who are eligible for medical assistance under
41 P.L.1968, c.413 (C.30:4D-1 et seq.), **the Children's Health Care**
42 **Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.),** **the**
43 **NJ FamilyCare [Health Coverage] Program [under P.L.2000, c.71**
44 **(C.30:4J-1 et seq.)]** established pursuant to P.L.2005, c.156
45 (C.30:4J-8 et al.), or any other program administered by the
46 Division of Medical Assistance and Health Services in the
47 Department of Human Services.

48 (cf: P.L.2001, c.236, s.5)

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

19 For purposes of this section, "infertility" means a disease or
20 condition that results in the abnormal function of the reproductive
21 system, as determined pursuant to American Society for
22 Reproductive Medicine practice guidelines by a physician who is
23 Board Certified or Board Eligible in Reproductive Endocrinology
24 and Infertility or in Obstetrics and Gynecology or any one of the
25 following conditions:

26 (1) A male is unable to impregnate a female;

27 (2) A female with a male partner and under 35 years of age is
28 unable to conceive after 12 months of unprotected sexual
29 intercourse;

30 (3) A female with a male partner and 35 years of age and over is
31 unable to conceive after six months of unprotected sexual
32 intercourse;

33 (4) A female without a male partner and under 35 years of age
34 who is unable to conceive after 12 failed attempts of intrauterine
35 insemination under medical supervision;

36 (5) A female without a male partner and over 35 years of age
37 who is unable to conceive after six failed attempts of intrauterine
38 insemination under medical supervision;

39 (6) Partners are unable to conceive as a result of involuntary
40 medical sterility;

41 (7) A person is unable to carry a pregnancy to live birth; or

42 (8) A previous determination of infertility pursuant to this
43 section.

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

1 and Gynecologists. The same copayments, deductibles and benefit
2 limits shall apply to the diagnosis and treatment of infertility
3 pursuant to this section as those applied to other medical or surgical
4 benefits under the contract. Infertility resulting from voluntary
5 sterilization procedures shall be excluded under the contract for the
6 coverage required by this section.²

7
8 ^{27.} (New section) The School Employees Health Benefits
9 Commission shall ensure that every contract under the School
10 Employees Health Benefits Program shall provide coverage for
11 medically necessary expenses incurred in the diagnosis and
12 treatment of infertility as provided pursuant to this section. The
13 School Employees Health Benefits Program contract shall provide
14 coverage which includes, but is not limited to, the following
15 services related to infertility: diagnosis and diagnostic tests;
16 medications; surgery; in vitro fertilization; embryo transfer;
17 artificial insemination; gamete intra fallopian transfer; zygote intra
18 fallopian transfer; intracytoplasmic sperm injection; and four
19 completed egg retrievals per lifetime of the covered person. The
20 School Employees Health Benefits Commission may provide that
21 coverage for in vitro fertilization, gamete intra fallopian transfer
22 and zygote intra fallopian transfer shall be limited to a covered
23 person who: a. has used all reasonable, less expensive and
24 medically appropriate treatments and is still unable to become
25 pregnant or carry a pregnancy; b. has not reached the limit of four
26 completed egg retrievals; and c. is 45 years of age or younger.

27 For purposes of this section, "infertility" means a disease or
28 condition that results in the abnormal function of the reproductive
29 system, as determined pursuant to American Society for
30 Reproductive Medicine practice guidelines by a physician who is
31 Board Certified or Board Eligible in Reproductive Endocrinology
32 and Infertility or in Obstetrics and Gynecology or any one of the
33 following conditions:

34 (1) A male is unable to impregnate a female;

35 (2) A female with a male partner and under 35 years of age is
36 unable to conceive after 12 months of unprotected sexual
37 intercourse;

38 (3) A female with a male partner and 35 years of age and over is
39 unable to conceive after six months of unprotected sexual
40 intercourse;

41 (4) A female without a male partner and under 35 years of age
42 who is unable to conceive after 12 failed attempts of intrauterine
43 insemination under medical supervision;

44 (5) A female without a male partner and over 35 years of age
45 who is unable to conceive after six failed attempts of intrauterine
46 insemination under medical supervision;

47 (6) Partners are unable to conceive as a result of involuntary
48 medical sterility;

1 (7) A person is unable to carry a pregnancy to live birth; or

2 (8) A previous determination of infertility pursuant to this
3 section.

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

15
16 ²[6. This] 8. Sections 1 through 5 of this² act shall take effect 90
17 days after enactment and shall apply to policies or contracts issued
18 or renewed on or after the effective date²of those sections.
19 Sections 6 and 7 shall take effect immediately and shall apply to
20 contracts in force, issued, or renewed on or after that date².

21
22
23
24

25 Expands infertility coverage under certain health insurance
26 plans.

SENATE, No. 1398

STATE OF NEW JERSEY
217th LEGISLATURE

INTRODUCED FEBRUARY 11, 2016

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

Senator NIA H. GILL

District 34 (Essex and Passaic)

Co-Sponsored by:

Senators Stack, Lesniak and Scutari

SYNOPSIS

Expands infertility coverage under certain health insurance plans.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 9/9/2016)

S1398 WEINBERG, GILL

2

1 AN ACT concerning infertility coverage under certain health
2 insurance plans and amending P.L.2001, c.236.

3

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

6

7 1. Section 1 of P.L.2001, c.236 (C.17:48-6x) is amended to
8 read as follows:

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

31 For purposes of this section, "infertility" means:

32 (1) the disease or condition that results in the abnormal function
33 of the reproductive system such that a person is not able to **[:]**
34 impregnate another person **[:]** or conceive **[after two years of**
35 **unprotected intercourse if the female partner is under 35 years of**
36 **age, or one year of unprotected intercourse if the female partner is**
37 **35 years of age or older or one of the partners is considered**
38 **medically sterile; or carry a pregnancy to live birth]** ; or

39 (2) a determination of infertility by a physician licensed to
40 practice medicine and surgery in this State pursuant to the
41 provisions of R.S.45:9-1 et seq.

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
45 that conform to standards established by the American Society for

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

Matter underlined thus is new matter.

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

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

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

25 d. The provisions of this section shall not apply to a hospital
26 service corporation contract which, pursuant to a contract between
27 the hospital service corporation and the Department of Human
28 Services, provides benefits to persons who are eligible for medical
29 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), [the
30 Children's Health Care Coverage Program under P.L.1997, c.272
31 (C.30:4I-1 et seq.),] the NJ FamilyCare [Health Coverage]
32 Program [under P.L.2000, c.71 (C.30:4J-1 et seq.)] established
33 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
34 administered by the Division of Medical Assistance and Health
35 Services in the Department of Human Services.

36 (cf: P.L.2001, c.236, s.1)

37

38 2. Section 2 of P.L.2001, c.236 (C.17:48A-7w) is amended to
39 read as follows:

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

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

14 For purposes of this section, "infertility" means:

15 (1) the disease or condition that results in the abnormal function
16 of the reproductive system such that a person is not able to [:]
17 impregnate another person [;] or conceive [after two years of
18 unprotected intercourse if the female partner is under 35 years of
19 age, or one year of unprotected intercourse if the female partner is
20 35 years of age or older or one of the partners is considered
21 medically sterile; or carry a pregnancy to live birth] ; or

22 (2) a determination of infertility by a physician licensed to
23 practice medicine and surgery in this State pursuant to the
24 provisions of R.S.45:9-1 et seq.

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
28 that conform to standards established by the American Society for
29 Reproductive Medicine or the American College of Obstetricians
30 and Gynecologists. The same copayments, deductibles and benefit
31 limits shall apply to the diagnosis and treatment of infertility
32 pursuant to this section as those applied to other medical or surgical
33 benefits under the contract.

34 b. A religious employer may request, and a medical 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
39 contrary to the religious employer's bona fide religious tenets. The
40 medical service corporation that issues a contract containing such
41 an exclusion shall provide written notice thereof to each prospective
42 subscriber or subscriber, which shall appear in not less than ten
43 point type, in the contract, application and sales brochure. For the
44 purposes of this subsection, "religious employer" means an
45 employer that is a church, convention or association of churches or
46 any group or entity that is operated, supervised or controlled by or
47 in connection with a church or a convention or association of

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

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

6 d. The provisions of this section shall not apply to a medical
7 service corporation contract which, pursuant to a contract between
8 the medical service corporation and the Department of Human
9 Services, provides benefits to persons who are eligible for medical
10 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), [the
11 Children's Health Care Coverage Program under P.L.1997, c.272
12 (C.30:4I-1 et seq.),] the NJ FamilyCare [Health Coverage]
13 Program [under P.L.2000, c.71 (C.30:4J-1 et seq.)] established
14 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
15 administered by the Division of Medical Assistance and Health
16 Services in the Department of Human Services.

17 (cf: P.L.2001, c.236, s.2)

18

19 3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended
20 to read as follows:

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

43 For purposes of this section, "infertility" means:

44 (1) the disease or condition that results in the abnormal function
45 of the reproductive system such that a person is not able to [:]
46 impregnate another person [;] or conceive [after two years of
47 unprotected intercourse if the female partner is under 35 years of
48 age, or one year of unprotected intercourse if the female partner is

1 35 years of age or older or one of the partners is considered
2 medically sterile; or carry a pregnancy to live birth **】**; or

3 (2) a determination of infertility by a physician licensed to
4 practice medicine and surgery in this State pursuant to the
5 provisions of R.S.45:9-1 et seq.

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

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

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

34 d. The provisions of this section shall not apply to a health
35 service corporation contract which, pursuant to a contract between
36 the health service corporation and the Department of Human
37 Services, provides benefits to persons who are eligible for medical
38 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), **【**the
39 Children's Health Care Coverage Program under P.L.1997, c.272
40 (C.30:4I-1 et seq.),**】** the NJ FamilyCare **【**Health Coverage**】**
41 Program **【**under P.L.2000, c.71 (C.30:4J-1 et seq.)**】** established
42 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
43 administered by the Division of Medical Assistance and Health
44 Services in the Department of Human Services.
45 (cf: P.L.2001, c.236, s.3)

46
47 4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended
48 to read as follows:

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

23 For purposes of this section, "infertility" means:

24 (1) the disease or condition that results in the abnormal function
25 of the reproductive system such that a person is not able to [:]
26 impregnate another person [;] or conceive [after two years of
27 unprotected intercourse if the female partner is under 35 years of
28 age, or one year of unprotected intercourse if the female partner is
29 35 years of age or older or one of the partners is considered
30 medically sterile; or carry a pregnancy to live birth] ; or

31 (2) a determination of infertility by a physician licensed to
32 practice medicine and surgery in this State pursuant to the
33 provisions of R.S.45:9-1 et seq.

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
37 that conform to standards established by the American Society for
38 Reproductive Medicine or the American College of Obstetricians
39 and Gynecologists. The same copayments, deductibles and benefit
40 limits shall apply to the diagnosis and treatment of infertility
41 pursuant to this section as those applied to other medical or surgical
42 benefits under the policy.

43 b. A religious employer may request, and an insurer shall grant,
44 an exclusion under the policy for the coverage required by this
45 section for in vitro fertilization, embryo transfer, artificial
46 insemination, zygote intra fallopian transfer and intracytoplasmic
47 sperm injection, if the required coverage is contrary to the religious
48 employer's bona fide religious tenets. The insurer that issues a

1 policy containing such an exclusion shall provide written notice
2 thereof to each prospective insured or insured, which shall appear in
3 not less than ten point type, in the policy, application and sales
4 brochure. For the purposes of this subsection, "religious employer"
5 means an employer that is a church, convention or association of
6 churches or any group or entity that is operated, supervised or
7 controlled by or in connection with a church or a convention or
8 association of churches as defined in 26 U.S.C. s.3121(w)(3)(A),
9 and that qualifies as a tax-exempt organization under 26 U.S.C.
10 s.501(c)(3).

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

13 d. The provisions of this section shall not apply to a group
14 health insurance policy which, pursuant to a contract between the
15 insurer and the Department of Human Services, provides benefits to
16 persons who are eligible for medical assistance under P.L.1968,
17 c.413 (C.30:4D-1 et seq.), **the Children's Health Care Coverage**
18 **Program under P.L.1997, c.272 (C.30:4I-1 et seq.),** the NJ
19 FamilyCare **Health Coverage** Program **under P.L.2000, c.71**
20 (C.30:4J-1 et seq.) established pursuant to P.L.2005, c.156
21 (C.30:4J-8 et al.), or any other program administered by the
22 Division of Medical Assistance and Health Services in the
23 Department of Human Services.
24 (cf: P.L.2001, c.236, s.4)

25

26 5. Section 5 of P.L.2001, c.236 (C.26:2J-4.23) is amended to
27 read as follows:

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

48 For purposes of this section, "infertility" means:

1 (1) the disease or condition that results in the abnormal function
2 of the reproductive system such that a person is not able to [:]
3 impregnate another person [;] or conceive [after two years of
4 unprotected intercourse if the female partner is under 35 years of
5 age, or one year of unprotected intercourse if the female partner is
6 35 years of age or older or one of the partners is considered
7 medically sterile; or carry a pregnancy to live birth] ; or

8 (2) a determination of infertility by a physician licensed to
9 practice medicine and surgery in this State pursuant to the
10 provisions of R.S.45:9-1 et seq.

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

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

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

41 d. The provisions of this section shall not apply to a contract
42 for health care services by a health maintenance organization
43 which, pursuant to a contract between the health maintenance
44 organization and the Department of Human Services, provides
45 benefits to persons who are eligible for medical assistance under
46 P.L.1968, c.413 (C.30:4D-1 et seq.), [the Children's Health Care
47 Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.),] the
48 NJ FamilyCare [Health Coverage] Program [under P.L.2000, c.71

1 (C.30:4J-1 et seq.)**】** established pursuant to P.L.2005, c.156
2 (C.30:4J-8 et al.), or any other program administered by the
3 Division of Medical Assistance and Health Services in the
4 Department of Human Services.
5 (cf: P.L.2001, c.236, s.5)

6

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

10

11

12

STATEMENT

13

14 This bill expands the availability of insurance coverage for
15 infertility-related health benefits to certain women that are currently
16 denied coverage for those benefits under certain health insurance
17 plans.

18 Under current law, hospital, medical and health service
19 corporations, commercial group insurers and health maintenance
20 organizations are required, in certain circumstances, to provide
21 coverage under group policies for medically necessary expenses
22 incurred in the diagnosis and treatment of infertility. In relevant
23 part, current law defines “infertility” as the disease or condition that
24 results in the abnormal function of the reproductive system such
25 that a female partner under 35 years of age has been unable to
26 conceive after two years of unprotected intercourse, or a female
27 partner over 35 has been unable to conceive after one year of
28 unprotected intercourse or one of the partners is considered
29 medically sterile. Because the definition of infertility requires the
30 female partner to have unprotected intercourse, certain females,
31 such as lesbians, women without partners, or women with partners
32 who have protected intercourse, may not be qualified to receive
33 coverage for these benefits. This bill defines “infertility” as: (1) the
34 disease or condition that results in the abnormal function of the
35 reproductive system such that a person is not able to impregnate
36 another person or conceive; or (2) a determination of infertility by a
37 physician licensed to practice medicine and surgery in this State.

38 Current provisions of law, which remain unchanged, also permit
39 insurers to limit coverage for in vitro fertilization, gamete intra
40 fallopian transfer and zygote intra fallopian transfer, to a covered
41 persons who: (1) has used all reasonable, less expensive and
42 medically appropriate treatments and is still unable to become
43 pregnant or carry a pregnancy; (2) has not reached the limit of four
44 completed egg retrievals; and (3) is 45 years of age or younger.

ASSEMBLY WOMEN AND CHILDREN COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 1398

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 13, 2017

The Assembly Women and Children Committee reports favorably and with committee amendments Senate Bill No. 1398 (1R).

As amended by the committee, this bill expands the availability of insurance coverage for infertility-related health benefits to certain women that are currently denied coverage for those benefits under certain health insurance plans. Infertility resulting from voluntary sterilization procedures would be excluded for the coverage required pursuant to the bill.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

This bill, as amended would require the State Health Benefits Program and the School Employees Health Benefits Plan to provide expand availability of insurance coverage for infertility-related health benefits. The bill, as amended, further provides for an immediate effective date for contracts under the State Health Benefits Program and the School Employees Health Benefits Plan that applies to contracts in force, issued, or renewed on after that date.

Current law defines “infertility” as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile. Because the current definition of infertility requires the female partner to have unprotected intercourse, certain females, such as lesbians, women without partners, or women with partners who have protected intercourse, may not be qualified to receive coverage for these benefits.

This bill, as amended, restructures the definition of infertility so as to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining “infertility” to mean: a disease or condition that results in the abnormal function of the

reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology; or that the patient has met one of the following conditions: a male is unable to impregnate a female; a female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse; a female with a male partner and 35 years of age and over is unable to conceive after six months of unprotected sexual intercourse; a female without a male partner and under 35 years of age who is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision; a female without a male partner and over 35 years of age who is unable to conceive after six failed attempts of intrauterine insemination under medical supervision; partners are unable to conceive as a result of involuntary medical sterility; a person is unable to carry a pregnancy to live birth; or a previous determination of infertility pursuant to the law.

Current provisions of law, which remain unchanged, also permit insurers to limit coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer, 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.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

- include the State Health Benefits Plan and the School Employees Health Benefits Plan among the health benefits plans that must provide expanded availability of insurance coverage for infertility-related health benefits under the bill;
- change the definition of infertility to include certain women who may not be qualified to receive coverage for infertility-related health benefits;
- clarify that infertility resulting from voluntary sterilization procedures would be excluded under the required contract coverage; and
- provide for an immediate effective date for contracts under the State Health Benefits Program and the School Employees' Health Benefits Program that applies to contracts in force, issued, or renewed on or after that date.

As reported by the committee, Senate Bill No.1398 (1R) is identical to Assembly Bill No. 1447 which was also amended and reported by the committee on this date.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE, No. 1398

STATE OF NEW JERSEY

DATED: SEPTEMBER 1, 2016

The Senate Commerce Committee reports favorably Senate Bill No. 1398.

This bill expands the availability of insurance coverage for infertility-related health benefits to certain women that are currently denied coverage for those benefits under certain health insurance plans.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

In relevant part, current law defines “infertility” as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile. Because the current definition of infertility requires the female partner to have unprotected intercourse, certain females, such as lesbians, women without partners, or women with partners who have protected intercourse, may not be qualified to receive coverage for these benefits.

This bill restructures the definition of infertility so as to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining “infertility” to mean:

(1) 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 or conceive; or

(2) a determination of infertility by a physician licensed to practice medicine and surgery in this State.

Current provisions of law, which remain unchanged, also permit insurers to limit coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer, to a covered persons who:

(1) has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy;

- (2) has not reached the limit of four completed egg retrievals;
- and
- (3) is 45 years of age or younger.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 1398

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2016

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 1398, with committee amendments.

As amended, this bill expands the availability of insurance coverage for infertility-related health benefits to certain women that are currently denied coverage for those benefits under certain health insurance plans.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

In relevant part, current law defines “infertility” as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile. Because the current definition of infertility requires the female partner to have unprotected intercourse, certain females, such as lesbians, women without partners, or women with partners who have protected intercourse, may not be qualified to receive coverage for these benefits.

This bill, as amended, restructures the definition of infertility so as to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining “infertility” to mean:

- a disease or condition that results in the abnormal function of the reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology, or
- that the patient has met one of the following conditions:
 - (1) A male is unable to impregnate a female;

(2) A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse;

(3) A female with a male partner and 35 years of age and over is unable to conceive after six months of unprotected sexual intercourse;

(4) A female without a male partner and under 35 years of age who is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision;

(5) A female without a male partner and over 35 years of age who is unable to conceive after six failed attempts of intrauterine insemination under medical supervision;

(6) Partners are unable to conceive as a result of involuntary medical sterility;

(7) A person is unable to carry a pregnancy to live birth; or

(8) A previous determination of infertility pursuant to the law.

Current provisions of law, which remain unchanged, also permit insurers to limit coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer, to a covered persons who:

(1) has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy;

(2) has not reached the limit of four completed egg retrievals; and

(3) is 45 years of age or younger.

COMMITTEE AMENDMENTS:

The committee amendments change the definition of infertility pursuant the recommendations of representatives of health providers, health insurance carriers and advocates of covered individuals pursuing diverse sexual reproduction orientations, to clarify health insurance coverages included under this bill. The amendments also add that infertility resulting from voluntary sterilization procedures shall be excluded under the required contract coverage.

FISCAL IMPACT:

The Office of Legislative Services (OLS) notes that this bill may result in an indeterminate annual increase in costs to local units that opt out of the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP) and participate in certain health insurance plans due to increased employee health benefit plan costs.

The OLS notes that the cost realized by the applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under State law, such as lesbians, women

without partners, and women with partners who have protected intercourse. The OLS further notes that applicable local units may also incur costs for the increased utilization of infertility-related health benefits by certain covered females currently provided such benefits under State law, such as women with male partners, who are subject to less stringent provisions under the bill. However, such costs are indeterminate as the OLS cannot determine the magnitude of either increase in utilization or the cost for providing infertility-related health benefits for each covered female.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 1398 STATE OF NEW JERSEY 217th LEGISLATURE

DATED: DECEMBER 22, 2016

SUMMARY

Synopsis: Expands infertility coverage under certain health insurance plans.

Type of Impact: Annual Local Government Cost Increase.

Agencies Affected: Certain Local Units.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
Local Government Cost – Increased Employee Health Benefit Plan Costs	Indeterminate – See comments below

- The Office of Legislative Services (OLS) concludes that the enactment of Senate Bill No. 1398 (1R) of 2016 may result in an indeterminate annual increase in costs to local units that at present and in the future choose to participate in certain health insurance plans due to increased employee health benefit plan costs.
- The OLS notes that the cost realized by the applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under State law, such as lesbians, women without partners, and women with partners who have protected intercourse. The OLS further notes that applicable local units may also incur costs for the increased utilization of infertility-related health benefits by certain covered females currently provided such benefits under State law, such as women with male partners, who are subject to less stringent provisions under the bill. However, such costs are indeterminate as the OLS cannot determine the magnitude of the increase in utilization or the cost for providing infertility-related health benefits as restructured by this bill for each covered female.

BILL DESCRIPTION

This bill expands the availability of insurance coverage for infertility-related health benefits to certain women who are currently denied coverage for those benefits under certain health insurance plans.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility. These provisions do not apply to the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP).

In relevant part, current law defines "infertility" as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile.

This bill restructures the definition of infertility to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining "infertility" to mean a disease or condition that results in the abnormal function of the reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology, or that the patient has met one of the following conditions:

- (1) A male is unable to impregnate a female;
- (2) A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse;
- (3) A female with a male partner and 35 years of age and over is unable to conceive after six months of unprotected sexual intercourse;
- (4) A female without a male partner and under 35 years of age who is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision;
- (5) A female without a male partner and over 35 years of age who is unable to conceive after six failed attempts of intrauterine insemination under medical supervision;
- (6) Partners are unable to conceive as a result of involuntary medical sterility;
- (7) A person is unable to carry a pregnancy to live birth; or
- (8) A previous determination of infertility pursuant to the definition established by this bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the enactment of Senate Bill No. 1398 (1R) of 2016 may result in an indeterminate annual increase in costs to local units that at present and in the future choose to participate in certain health insurance plans due to increased employee health benefit plan costs.

This bill expands the availability of insurance coverage for infertility-related health benefits under hospital, medical, and health service corporations, commercial group insurers, and health maintenance organizations. As such, this bill may affect certain local units that opt out of the SHBP and the SEHBP and participate in the health insurance plans indicated in the bill. According to the FY15 “Comprehensive Annual Financial Report” published by the Division of Pension and Benefits in the Department of the Treasury, 48 percent of the total 610 county and municipal employers and 66 percent of the total 735 education employers do not participate in either of the State health benefit programs.

The OLS notes that the cost realized by the applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under State law, such as lesbians, women without partners, and women with partners who have protected intercourse. The OLS further notes that applicable local units may also incur costs for the increased utilization of infertility-related health benefits by certain covered females currently provided such benefits under State law, such as women with male partners, who are subject to less stringent provisions under the bill. However, such costs are indeterminate as the OLS cannot determine the magnitude of the increase in utilization or the cost for providing infertility-related health benefits as restructured by this bill for each covered female.

Section: Commerce, Labor and Industry

*Analyst: Sarah M. Schmidt
Associate Research Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

ASSEMBLY, No. 1447

STATE OF NEW JERSEY 217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman L. GRACE SPENCER

District 29 (Essex)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman JOHN F. MCKEON

District 27 (Essex and Morris)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Assemblyman JAMEL C. HOLLEY

District 20 (Union)

Assemblywoman MARLENE CARIDE

District 36 (Bergen and Passaic)

Assemblywoman JOANN DOWNEY

District 11 (Monmouth)

Co-Sponsored by:

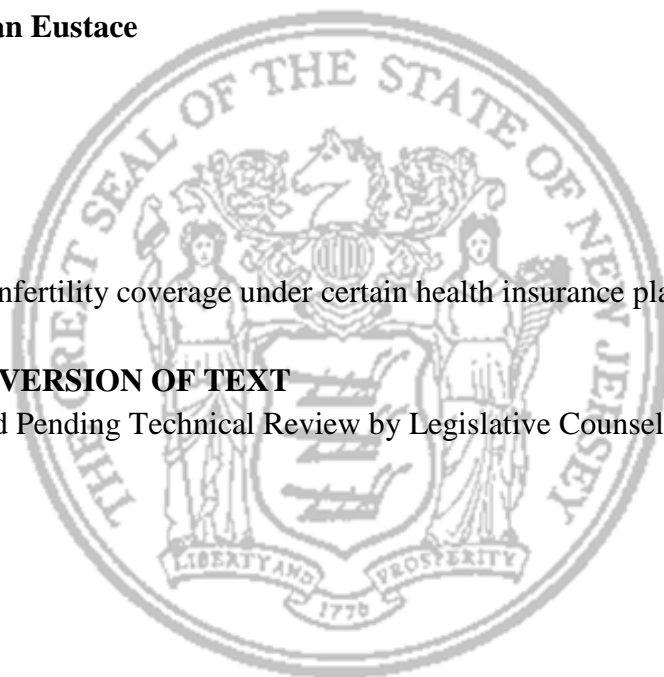
Assemblyman Eustace

SYNOPSIS

Expands infertility coverage under certain health insurance plans.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 9/9/2016)

1 AN ACT concerning infertility coverage under certain health
2 insurance plans and amending P.L.2001, c.236.

3

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

6

7 1. Section 1 of P.L.2001, c.236 (C.17:48-6x) is amended to
8 read as follows:

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

31 For purposes of this section, "infertility" means:

32 (1) the disease or condition that results in the abnormal function
33 of the reproductive system such that a person is not able to **[:]**
34 impregnate another person **[:]** or conceive **[after two years of**
35 **unprotected intercourse if the female partner is under 35 years of**
36 **age, or one year of unprotected intercourse if the female partner is**
37 **35 years of age or older or one of the partners is considered**
38 **medically sterile; or carry a pregnancy to live birth]** ; or

39 (2) a determination of infertility by a physician licensed to
40 practice medicine and surgery in this State pursuant to the
41 provisions of R.S.45:9-1 et seq.

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
45 that conform to standards established by the American Society for

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

Matter underlined thus is new matter.

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

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

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

25 d. The provisions of this section shall not apply to a hospital
26 service corporation contract which, pursuant to a contract between
27 the hospital service corporation and the Department of Human
28 Services, provides benefits to persons who are eligible for medical
29 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), [the
30 Children's Health Care Coverage Program under P.L.1997, c.272
31 (C.30:4I-1 et seq.),] the NJ FamilyCare [Health Coverage]
32 Program [under P.L.2000, c.71 (C.30:4J-1 et seq.)] established
33 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
34 administered by the Division of Medical Assistance and Health
35 Services in the Department of Human Services.

36 (cf: P.L.2001, c.236, s.1)

37

38 2. Section 2 of P.L.2001, c.236 (C.17:48A-7w) is amended to
39 read as follows:

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

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

14 For purposes of this section, "infertility" means:

15 (1) the disease or condition that results in the abnormal function
16 of the reproductive system such that a person is not able to [:]
17 impregnate another person [;] or conceive [after two years of
18 unprotected intercourse if the female partner is under 35 years of
19 age, or one year of unprotected intercourse if the female partner is
20 35 years of age or older or one of the partners is considered
21 medically sterile; or carry a pregnancy to live birth] ; or

22 (2) a determination of infertility by a physician licensed to
23 practice medicine and surgery in this State pursuant to the
24 provisions of R.S.45:9-1 et seq.

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
28 that conform to standards established by the American Society for
29 Reproductive Medicine or the American College of Obstetricians
30 and Gynecologists. The same copayments, deductibles and benefit
31 limits shall apply to the diagnosis and treatment of infertility
32 pursuant to this section as those applied to other medical or surgical
33 benefits under the contract.

34 b. A religious employer may request, and a medical 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
39 contrary to the religious employer's bona fide religious tenets. The
40 medical service corporation that issues a contract containing such
41 an exclusion shall provide written notice thereof to each prospective
42 subscriber or subscriber, which shall appear in not less than ten
43 point type, in the contract, application and sales brochure. For the
44 purposes of this subsection, "religious employer" means an
45 employer that is a church, convention or association of churches or
46 any group or entity that is operated, supervised or controlled by or
47 in connection with a church or a convention or association of

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

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

6 d. The provisions of this section shall not apply to a medical
7 service corporation contract which, pursuant to a contract between
8 the medical service corporation and the Department of Human
9 Services, provides benefits to persons who are eligible for medical
10 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), **the**
11 **Children's Health Care Coverage Program under P.L.1997, c.272**
12 **(C.30:4I-1 et seq.),** the NJ FamilyCare **Health Coverage**
13 **Program** **under P.L.2000, c.71 (C.30:4J-1 et seq.)** established
14 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
15 administered by the Division of Medical Assistance and Health
16 Services in the Department of Human Services.

17 (cf: P.L.2001, c.236, s.2)

18

19 3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended
20 to read as follows:

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

43 For purposes of this section, "infertility" means:

44 (1) the disease or condition that results in the abnormal function
45 of the reproductive system such that a person is not able to **[:]**
46 impregnate another person **[:]** or conceive **[:]** after two years of
47 unprotected intercourse if the female partner is under 35 years of

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

4 (2) a determination of infertility by a physician licensed to
5 practice medicine and surgery in this State pursuant to the
6 provisions of R.S.45:9-1 et seq.

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

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

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

35 d. The provisions of this section shall not apply to a health
36 service corporation contract which, pursuant to a contract between
37 the health service corporation and the Department of Human
38 Services, provides benefits to persons who are eligible for medical
39 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), **【the**
40 **Children's Health Care Coverage Program under P.L.1997, c.272**
41 **(C.30:4I-1 et seq.),】** the NJ FamilyCare **【Health Coverage】**
42 **Program** **【under P.L.2000, c.71 (C.30:4J-1 et seq.)】** established
43 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
44 administered by the Division of Medical Assistance and Health
45 Services in the Department of Human Services.

46 (cf: P.L.2001, c.236, s.3)

1 4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended
2 to read as follows:

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

25 For purposes of this section, "infertility" means:

26 (1) the disease or condition that results in the abnormal function
27 of the reproductive system such that a person is not able to [:]
28 impregnate another person [;] or conceive [after two years of
29 unprotected intercourse if the female partner is under 35 years of
30 age, or one year of unprotected intercourse if the female partner is
31 35 years of age or older or one of the partners is considered
32 medically sterile; or carry a pregnancy to live birth] ; or

33 (2) a determination of infertility by a physician licensed to
34 practice medicine and surgery in this State pursuant to the
35 provisions of R.S.45:9-1 et seq.

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

45 b. A religious employer may request, and an insurer shall grant,
46 an exclusion under the policy for the coverage required by this
47 section for in vitro fertilization, embryo transfer, artificial
48 insemination, zygote intra fallopian transfer and intracytoplasmic

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

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

15 d. The provisions of this section shall not apply to a group
16 health insurance policy which, pursuant to a contract between the
17 insurer and the Department of Human Services, provides benefits to
18 persons who are eligible for medical assistance under P.L.1968,
19 c.413 (C.30:4D-1 et seq.), **the Children's Health Care Coverage**
20 **Program under P.L.1997, c.272 (C.30:4I-1 et seq.),** the NJ
21 FamilyCare **Health Coverage** Program **under P.L.2000, c.71**
22 (C.30:4J-1 et seq.) established pursuant to P.L.2005, c.156
23 (C.30:4J-8 et al.), or any other program administered by the
24 Division of Medical Assistance and Health Services in the
25 Department of Human Services.

26 (cf: P.L.2001, c.236, s.4)

27

28 5. Section 5 of P.L.2001, c.236 (C.26:2J-4.23) is amended to
29 read as follows:

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

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

3 For purposes of this section, "infertility" means:

4 (1) the disease or condition that results in the abnormal function
5 of the reproductive system such that a person is not able to [:]
6 impregnate another person [;] or conceive [after two years of
7 unprotected intercourse if the female partner is under 35 years of
8 age, or one year of unprotected intercourse if the female partner is
9 35 years of age or older or one of the partners is considered
10 medically sterile; or carry a pregnancy to live birth] ; or

11 (2) a determination of infertility by a physician licensed to
12 practice medicine and surgery in this State pursuant to the
13 provisions of R.S.45:9-1 et seq.

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

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

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

44 d. The provisions of this section shall not apply to a contract
45 for health care services by a health maintenance organization
46 which, pursuant to a contract between the health maintenance
47 organization and the Department of Human Services, provides
48 benefits to persons who are eligible for medical assistance under

1 P.L.1968, c.413 (C.30:4D-1 et seq.), **the Children's Health Care**
2 **Coverage Program under P.L.1997, c.272 (C.30:4I-1 et seq.),** the
3 NJ FamilyCare **Health Coverage** Program **under P.L.2000, c.71**
4 (C.30:4J-1 et seq.) established pursuant to P.L.2005, c.156
5 (C.30:4J-8 et al.), or any other program administered by the
6 Division of Medical Assistance and Health Services in the
7 Department of Human Services.
8 (cf: P.L.2001, c.236, s.5)

9
10 6. This act shall take effect 90 days after enactment and shall
11 apply to policies or contracts issued or renewed on or after the
12 effective date.

13 14 15 STATEMENT

16
17 This bill expands the availability of insurance coverage for
18 infertility-related health benefits to certain women that are currently
19 denied coverage for those benefits under certain health insurance
20 plans.

21 Under current law, hospital, medical and health service
22 corporations, commercial group insurers and health maintenance
23 organizations are required, in certain circumstances, to provide
24 coverage under group policies for medically necessary expenses
25 incurred in the diagnosis and treatment of infertility. In relevant
26 part, current law defines “infertility” as the disease or condition that
27 results in the abnormal function of the reproductive system such
28 that a female partner under 35 years of age has been unable to
29 conceive after two years of unprotected intercourse, or a female
30 partner over 35 has been unable to conceive after one year of
31 unprotected intercourse or one of the partners is considered
32 medically sterile. Because the definition of infertility requires the
33 female partner to have unprotected intercourse, certain females,
34 such as lesbians, women without partners, or women with partners
35 who have protected intercourse, may not be qualified to receive
36 coverage for these benefits. This bill defines “infertility” as: (1) the
37 disease or condition that results in the abnormal function of the
38 reproductive system such that a person is not able to impregnate
39 another person or conceive; or (2) a determination of infertility by a
40 physician licensed to practice medicine and surgery in this State.

41 Current provisions of law, which remain unchanged, also permit
42 insurers to limit coverage for in vitro fertilization, gamete intra
43 fallopian transfer and zygote intra fallopian transfer, to a covered
44 persons who: (1) has used all reasonable, less expensive and
45 medically appropriate treatments and is still unable to become
46 pregnant or carry a pregnancy; (2) has not reached the limit of four
47 completed egg retrievals; and (3) is 45 years of age or younger.

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE
COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1447

STATE OF NEW JERSEY

DATED: SEPTEMBER 8, 2016

The Assembly Financial Institutions and Insurance Committee reports favorably Assembly Bill No. 1447.

This bill expands the availability of insurance coverage for infertility-related health benefits to certain women that are currently denied coverage for those benefits under certain health insurance plans.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

In relevant part, current law defines “infertility” as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile. Because the current definition of infertility requires the female partner to have unprotected intercourse, certain females, such as lesbians, women without partners, or women with partners who have protected intercourse, may not be qualified to receive coverage for these benefits.

This bill restructures the definition of infertility so as to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining “infertility” to mean:

- (1) 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 or conceive; or
- (2) a determination of infertility by a physician licensed to practice medicine and surgery in this State.

Current provisions of law, which remain unchanged, also permit insurers to limit coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer, to a covered persons who:

(1) has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy;

(2) has not reached the limit of four completed egg retrievals;
and

(3) is 45 years of age or younger.

This bill was pre-filed for introduction in the 2016-2017 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1447

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2016

The Assembly Appropriations Committee reports favorably Assembly Bill No. 1447, with committee amendments.

As amended, this bill expands the availability of insurance coverage for infertility-related health benefits to certain women that are currently denied coverage for those benefits under certain health insurance plans.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

In relevant part, current law defines “infertility” as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile. Because the current definition of infertility requires the female partner to have unprotected intercourse, certain females, such as lesbians, women without partners, or women with partners who have protected intercourse, may not be qualified to receive coverage for these benefits.

This bill, as amended, restructures the definition of infertility so as to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining “infertility” to mean:

- a disease or condition that results in the abnormal function of the reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology, or
- that the patient has met one of the following conditions:
 - (1) A male is unable to impregnate a female;
 - (2) A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse;

(3) A female with a male partner and 35 years of age and over is unable to conceive after six months of unprotected sexual intercourse;

(4) A female without a male partner and under 35 years of age who is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision;

(5) A female without a male partner and over 35 years of age who is unable to conceive after six failed attempts of intrauterine insemination under medical supervision;

(6) Partners are unable to conceive as a result of involuntary medical sterility;

(7) A person is unable to carry a pregnancy to live birth; or

(8) A previous determination of infertility pursuant to the law.

Current provisions of law, which remain unchanged, also permit insurers to limit coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer, to a covered person who:

(1) has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy;

(2) has not reached the limit of four completed egg retrievals; and

(3) is 45 years of age or younger.

FISCAL IMPACT:

The Office of Legislative Services (OLS) notes that this bill may result in an indeterminate annual increase in costs to local units that opt out of the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP) and participate in certain health insurance plans due to increased employee health benefit plan costs.

The OLS notes that the cost realized by the applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under State law, such as lesbians, women without partners, and women with partners who have protected intercourse. The OLS further notes that applicable local units may also incur costs for the increased utilization of infertility-related health benefits by certain covered females currently provided such benefits under State law, such as women with male partners, who are subject to less stringent provisions under the bill. However, such costs are indeterminate as the OLS cannot determine the magnitude of either the increase in utilization or the cost for providing infertility-related health benefits for each covered female.

COMMITTEE AMENDMENTS:

The committee amendments change the definition of infertility pursuant to the recommendations of representatives of health providers, health insurance carriers and advocates of covered individuals pursuing diverse sexual reproduction orientations, to clarify health insurance coverages included under this bill. The amendments also add that infertility resulting from voluntary sterilization procedures shall be excluded under the required contract coverage.

ASSEMBLY WOMEN AND CHILDREN COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 1447

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 13, 2017

The Assembly Women and Children Committee reports favorably and with committee amendments Assembly Bill No. 1447 (1R).

As amended by the committee, this bill expands the availability of insurance coverage for infertility-related health benefits to certain women that are currently denied coverage for those benefits under certain health insurance plans. Infertility resulting from voluntary sterilization procedures would be excluded for the coverage required pursuant to the bill.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

This bill, as amended would require the State Health Benefits Program and the School Employees Health Benefits Plan to provide expand availability of insurance coverage for infertility-related health benefits. The bill, as amended, further provides for an immediate effective date for contracts under the State Health Benefits Program and the School Employees Health Benefits Plan that applies to contracts in force, issued, or renewed on after that date.

Current law defines “infertility” as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile. Because the current definition of infertility requires the female partner to have unprotected intercourse, certain females, such as lesbians, women without partners, or women with partners who have protected intercourse, may not be qualified to receive coverage for these benefits.

This bill, as amended, restructures the definition of infertility so as to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining “infertility” to mean: a disease or condition that results in the abnormal function of the

reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology; or that the patient has met one of the following conditions: a male is unable to impregnate a female; a female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse; a female with a male partner and 35 years of age and over is unable to conceive after six months of unprotected sexual intercourse; a female without a male partner and under 35 years of age who is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision; a female without a male partner and over 35 years of age who is unable to conceive after six failed attempts of intrauterine insemination under medical supervision; partners are unable to conceive as a result of involuntary medical sterility; a person is unable to carry a pregnancy to live birth; or a previous determination of infertility pursuant to the law.

Current provisions of law, which remain unchanged, also permit insurers to limit coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer, 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.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

- include the State Health Benefits Plan and the School Employees Health Benefits Plan among the health benefits plans that must provide expanded availability of insurance coverage for infertility-related health benefits under the bill;
- change the definition of infertility to include certain women who may not be qualified to receive coverage for infertility-related health benefits;
- clarify that infertility resulting from voluntary sterilization procedures would be excluded under the required contract coverage; and
- provide for an immediate effective date for contracts under the State Health Benefits Program and the School Employees' Health Benefits Program that applies to contracts in force, issued, or renewed on or after that date.

As reported by the committee, Assembly Bill No.1447 (1R) is identical to Senate Bill No. 1398 (1R) which was also amended and reported by the committee on this date.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 1447

STATE OF NEW JERSEY 217th LEGISLATURE

DATED: DECEMBER 22, 2016

SUMMARY

Synopsis: Expands infertility coverage under certain health insurance plans.

Type of Impact: Annual Local Government Cost Increase.

Agencies Affected: Certain Local Units.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
Local Government Cost – Increased Employee Health Benefit Plan Costs	Indeterminate – See comments below

- The Office of Legislative Services (OLS) concludes that the enactment of Assembly Bill No. 1447 (1R) of 2016 may result in an indeterminate annual increase in costs to local units that at present and in the future choose to participate in certain health insurance plans due to increased employee health benefit plan costs.
- The OLS notes that the cost realized by the applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under State law, such as lesbians, women without partners, and women with partners who have protected intercourse. The OLS further notes that applicable local units may also incur costs for the increased utilization of infertility-related health benefits by certain covered females currently provided such benefits under State law, such as women with male partners, who are subject to less stringent provisions under the bill. However, such costs are indeterminate as the OLS cannot determine the magnitude of the increase in utilization or the cost for providing infertility-related health benefits as restructured by this bill for each covered female.

BILL DESCRIPTION

This bill expands the availability of insurance coverage for infertility-related health benefits to certain women who are currently denied coverage for those benefits under certain health insurance plans.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility. These provisions do not apply to the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP).

In relevant part, current law defines "infertility" as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile.

This bill restructures the definition of infertility to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining "infertility" to mean a disease or condition that results in the abnormal function of the reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology, or that the patient has met one of the following conditions:

- (1) A male is unable to impregnate a female;
- (2) A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse;
- (3) A female with a male partner and 35 years of age and over is unable to conceive after six months of unprotected sexual intercourse;
- (4) A female without a male partner and under 35 years of age who is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision;
- (5) A female without a male partner and over 35 years of age who is unable to conceive after six failed attempts of intrauterine insemination under medical supervision;
- (6) Partners are unable to conceive as a result of involuntary medical sterility;
- (7) A person is unable to carry a pregnancy to live birth; or
- (8) A previous determination of infertility pursuant to the definition established by this bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the enactment of Assembly Bill No. 1447 (1R) of 2016 may result in an indeterminate annual increase in costs to local units that at present and in the future choose to participate in certain health insurance plans due to increased employee health benefit plan costs.

This bill expands the availability of insurance coverage for infertility-related health benefits under hospital, medical, and health service corporations, commercial group insurers, and health maintenance organizations. As such, this bill may affect certain local units that opt out of the SHBP and the SEHBP and participate in the health insurance plans indicated in the bill. According to the FY15 “Comprehensive Annual Financial Report” published by the Division of Pension and Benefits in the Department of the Treasury, 48 percent of the total 610 county and municipal employers and 66 percent of the total 735 education employers do not participate in either of the State health benefit programs.

The OLS notes that the cost realized by the applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under State law, such as lesbians, women without partners, and women with partners who have protected intercourse. The OLS further notes that applicable local units may also incur costs for the increased utilization of infertility-related health benefits by certain covered females currently provided such benefits under State law, such as women with male partners, who are subject to less stringent provisions under the bill. However, such costs are indeterminate as the OLS cannot determine the magnitude of the increase in utilization or the cost for providing infertility-related health benefits as restructured by this bill for each covered female.

Section: Commerce, Labor and Industry

*Analyst: Sarah M. Schmidt
Associate Research Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

ASSEMBLY, No. 1447

STATE OF NEW JERSEY 217th LEGISLATURE

DATED: MARCH 10, 2017

SUMMARY

- Synopsis:** Expands infertility coverage under certain health insurance plans.
- Type of Impact:** Annual State and Local Government Cost Increase.
- Agencies Affected:** State Health Benefits Program, School Employees' Health Benefits Program, and Certain Local Units.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
Local Government Cost – increased Non-SHBP/SEHBP Employee Health Benefit Plan Costs	Indeterminate – See comments below
State Government Cost – increased SHBP/SEHBP Employee Health Benefit Plan Costs	Indeterminate – See comments below

- The Office of Legislative Services (OLS) concludes that the enactment of Assembly Bill No. 1447 (2R) of 2016 may result in an indeterminate annual increase in costs to certain local units that at present and in the future choose to participate in certain health insurance plans and to the State due to increased employee health benefit plan costs.
- The OLS notes that the cost realized by the State and applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females. However, such costs are indeterminate as the OLS cannot determine the magnitude of the increase in utilization or the cost for providing infertility-related health benefits as restructured by this bill for each covered female.

BILL DESCRIPTION

Assembly Bill No. 1447 (2R) of 2016 bill expands the availability of insurance coverage for infertility-related health benefits to certain women who are currently denied coverage for those benefits under certain health insurance plans.

Under current law, hospital, medical and health service corporations, commercial group insurers and health maintenance organizations are required, in certain circumstances, to provide coverage under group policies for medically necessary expenses incurred in the diagnosis and treatment of infertility.

In relevant part, current law defines “infertility” as the disease or condition that results in the abnormal function of the reproductive system such that a female partner under 35 years of age has been unable to conceive after two years of unprotected intercourse, or a female partner over 35 has been unable to conceive after one year of unprotected intercourse or one of the partners is considered medically sterile or unable to carry a pregnancy to live birth.

This bill restructures the definition of infertility to require coverage for the medically necessary expenses for the diagnosis and treatment of infertility, by defining “infertility” to mean a disease or condition that results in the abnormal function of the reproductive system, as determined pursuant to American Society for Reproductive Medicine practice guidelines by a physician who is Board Certified or Board Eligible in Reproductive Endocrinology and Infertility or in Obstetrics and Gynecology, or that the patient has met one of the following conditions:

- (1) A male is unable to impregnate a female;
- (2) A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse;
- (3) A female with a male partner and 35 years of age and over is unable to conceive after six months of unprotected sexual intercourse;
- (4) A female without a male partner and under 35 years of age who is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision;
- (5) A female without a male partner and over 35 years of age who is unable to conceive after six failed attempts of intrauterine insemination under medical supervision;
- (6) Partners are unable to conceive as a result of involuntary medical sterility;
- (7) A person is unable to carry a pregnancy to live birth; or
- (8) A previous determination of infertility pursuant to the definition established by this bill.

Under the bill, the restructured definition of infertility applies to the health benefit plans required under current law to provide coverage for the diagnosis and treatment of infertility. The bill also adds the State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP) among the health benefits plans that must provide insurance coverage for infertility-related health benefits pursuant to the bill’s definition of infertility. Currently, the SHBP and the SEHBP are not mandated under State law to provide such coverage.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the enactment of Assembly Bill No. 1447 (2R) of 2016 may result in an indeterminate annual increase in costs to local units that at present and in the future choose to

participate in certain health insurance plans and to the State due to increased employee health benefit plan costs.

This bill expands the availability of insurance coverage for infertility-related health benefits by hospital, medical, and health service corporations, commercial group insurers, and health maintenance organizations. As such, this bill may affect certain local units that opt out of the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP) and participate in these types of health insurance plans. According to the FY15 "Comprehensive Annual Financial Report" published by the Division of Pension and Benefits in the Department of the Treasury, 48 percent of the total 610 county and municipal employers and 66 percent of the total 735 education employers do not participate in either of the State health benefit programs.

The OLS notes that the cost realized by applicable local units will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under State law, such as lesbians, women without partners, and women with partners who have protected intercourse. The OLS further notes that applicable local units may also incur costs for the increased utilization of infertility-related health benefits by certain covered females currently provided such benefits under State law, such as women with male partners, who are subject to less stringent provisions under the bill. However, such costs are indeterminate as the OLS cannot determine the magnitude of the increase in utilization or the cost for providing infertility-related health benefits as restructured by this bill for each covered female.

This bill also adds the SHBP and the SEHBP among the health benefits plans that must provide insurance coverage for infertility-related health benefits pursuant to the bill's definition of infertility. Health care benefits coverage through the SHBP and subsequently the SEHBP for infertility was originally provided in FY 2001 when the State Health Benefits Commission adopted a policy to provide coverage for infertility treatment in accordance with P.L.2001, c.236. According to this policy, unprotected intercourse is a prerequisite to be eligible to receive coverage for infertility treatment under the SHBP and the SEHBP. Please note that P.L.2001, c.236 is the law being amended under this bill.

The OLS notes that the cost realized by the State will be the result of the likely increase in utilization of infertility-related health benefits by certain covered females currently not provided such benefits under the SHBP and the SEHBP policy, such as lesbians, women without partners, and women with partners who have protected intercourse. However, such costs are indeterminate as the OLS cannot determine the magnitude of the increase in utilization or the cost for providing infertility-related health benefits as restructured by this bill for each covered female.

Section: Commerce, Labor and Industry

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This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Christie Takes Action On Pending Legislation

Monday, May 1, 2017

Tags: [Addiction Taskforce](#)

Trenton, NJ - Governor Chris Christie signed into law today several bills to empower New Jersey's military members and veterans, including a bipartisan initiative to create the "Veterans Diversion Program."

The new law, S-307/A-4362 (Van Drew, Allen/Andrzejczak, Mazzeo, Land, Tucker, Benson, Bramnick), requires the New Jersey Department of Military and Veterans Affairs to collaborate with its federal counterpart and develop a statewide program providing appropriate case management and mental health services to eligible military service members who have committed nonviolent offenses. The department will publicize a directory of existing federal and State case management and mental health program locations, which will serve as points of entry to facilitate support and services.

"It is impossible to imagine the courage, sacrifices and experiences of the men and women who put their lives on the line to protect the American people and our freedom," Governor Christie said. "This critical legislation gives back by supporting New Jersey's military service members when they need it most and when their lives depend on it. This new program will strengthen families and communities, by empowering veterans with individualized, holistic care and steering them clear of the criminal justice system."

Other military and veterans' bills signed by Governor Christie today require the Department of Military and Veterans Affairs (DMAVA) to develop an informational website for Gold Star families; require DMAVA to notify local county veterans' affairs offices and State veterans service offices of the death of a New Jersey or other service member whose surviving beneficiary resides in the State in order to inform the beneficiaries of federal and state benefits and creates a designated Gold Star family member liaison for each county veterans' office; and, retains eligibility for New Jersey National Guard members or reserve components of the U.S. Armed Forces called to active federal military service who met maximum age requirements at the closing date of civil service examinations.

Governor Christie also took action on the following bills:

BILL SIGNINGS:

S-158/A-3631 (Madden, Cruz-Perez/Quijano, Schaer, Vainieri Huttler, Zwicker, Mukherji, Danielsen) - Permits holding companies of eligible New Jersey emerging technology companies to receive investments under "New Jersey Angel Investor Tax Credit Act"

S-227/A-963 (Holzapfel, Allen/Wolfe, McGuckin, Dancer) - Requires DOT, NJTA, and SJTA to use only native vegetation for landscaping, land management, reforestation, or habitat restoration

S-518/A-4452 (Beck/Downey, Houghtaling, Benson, Mukherji, Vainieri Huttler) - Requires sanitation vehicles display flashing lights in certain circumstances and imposes conditions on drivers approaching sanitation vehicles displaying flashing lights; designated as "Michael Massey's Law"

S-724/A-3604 (Cruz-Perez, Allen/Eustace, Wolfe, Mukherji) - Establishes "Integrated Roadside Vegetation Management Program"

S-792/A-1271 (Sarlo/ Caride, Schaer, Pintor Marin) - Permits newly created regional school districts or enlarging regional school districts to determine apportionment methodology for their boards of education on basis other than population

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S-913/A-3404 (Codey, Vitale/Burzichelli, Coughlin, Schaer, Singleton) - Permits hospitals to establish system for making performance-based incentive payments to physicians

S-1059/A-4462 (Diegnan/Lagana, Vainieri Huttie, Mukherji) - Permits amusement games license to be issued to holder of alcoholic beverage special concessionaire permit at certain airports; allows licensees to offer electronic amusements under certain circumstances

S-1398/A-1447 (Weinberg, Gill/Lampitt, Spencer, Vainieri Huttie, McKeon, Mukherji, Holley, Caride, Downey) - Expands infertility coverage under certain health insurance plans

S-1404/A-4423 (Weinberg/Johnson, Benson, Mukherji, Handlin) - Requires governmental affairs agents to disclose on notice of representation form compensation amount received from State or local government entities; requires notice to be posted on Internet site of Election Law Enforcement Commission

S-1475/A-3304 (Ruiz, Vitale/Vainieri Huttie, Mukherji, Holley, Jimenez) - Establishes three-year Medicaid home visitation demonstration project

S-1634/A-3991 (Turner, Stack/Muoio, Wimberly, Johnson, Pintor Marin, Mukherji) - Requires housing authority to advertise when applications are being accepted for housing assistance waiting lists online

S-1761/A-4473 (Rice, Cunningham, Pou/Johnson, Wimberly, Pintor Marin) - Directs Community College Consortium for Workforce and Economic Development to promote basic skills training through organizations dedicated to the economic empowerment of specific segments of society, such as the African American Chamber of Commerce

S-1825/A-3432 (Sarlo, Cruz-Perez, Gordon/Greenwald, Lampitt, Benson, Caride, Chiaravalloti) - Establishes task force to study and make recommendations concerning mobility and support services needs of NJ adults with autism spectrum disorder

S-1856/A-3846 (Pou, Allen/Phoebus, Tucker, Space) - Provides for retained eligibility for members of NJ National Guard or reserve component of US Armed Forces called to active federal military service who met maximum age requirement at closing date of civil service examination

S-2286/A-3083 (Weinberg, Gordon/Vainieri Huttie, Eustace, Johnson) - Establishes Mike Adler Aphasia Task Force to assess needs of persons with aphasia, and their families, and ensure adequate provision of support services and information thereto

S-2414/A-4056 (Scutari/Jimenez, Eustace, Giblin, McKnight) - Requires "Massage and Bodywork Therapist Licensing Act" to require certain class study and examination requirements

S-2856/A-4402 (Beach, Madden/Greenwald, Andrzejczak, Johnson, Rible, Jones, Land, Houghtaling, Benson) - Requires DMVA to notify county veterans' affairs office of death of certain military service members; requires office to have Gold Star liaisons

S-2857/A-4403 (Beach, Madden/Greenwald, Rible, Land, Johnson, Mazzeo, Andrzejczak, Houghtaling, Benson) - Requires Adjutant General to create informational webpage for Gold Star families

S-2868/A-4501 (Pou, Sarlo/Sumter, Wimberly) - Increases value of Economic Redevelopment and Growth Grant program residential tax credits to \$823 million; restricts \$105 million of tax credits to qualified residential projects and mixed use parking projects

S-3015/A-4623 (Rice, Ruiz/Sumter, Oliver, Schaer, Pintor Marin) - Requires study of program allowing community service in lieu of paying motor vehicle surcharges

SJR-49/AJR-106 (Ruiz, Oroho/Phoebus, Pintor Marin, Space, McKnight, Schepisi) - Designates third week in September of each year as Go Gold for Kids with Cancer Awareness Week"

SJR-75/AJR- 122 (Rice, Codey/Oliver, Giblin, Chiaravalloti, Sumter, Quijano, McKnight) - Establishes "Disparity in State Procurement Study Commission"

BILLS VETOED:

S-596/A-3422 (Cunningham, Greenstein, Sweeney/Benson, Mukherji, Muoio, Holley, Sumter, Downey, Lampitt, Oliver, Danielsen, Wimberly) - **CONDITIONAL** - Establishes compensation program for law enforcement officers and certain other employees injured while performing official duties

S-690/A-2921 (Gordon, Beach, Eustace, Houghtaling, Pinkin, Mazzeo) - **CONDITIONAL** - Increases flexibility, clarity, and available tools of optional municipal consolidation process

SCS for S-895/ACS for A-2182 (Lesniak, Beck, Cunningham/Sumter, Holley, Oliver, Jones, Wimberly) - **CONDITIONAL** - "Earn Your Way Out Act"; requires DOC to develop inmate reentry plan; establishes administrative parole release for certain inmates; requires study and report by DOC on fiscal impact

S-956/A-2202 (Gordon, Bateman/Eustace, Zwicker, O'Scanlon, Downey, Wisniewski, Pinkin) - **CONDITIONAL** - Authorizes special emergency appropriations for the payment of certain expenses incurred by municipalities to implement a municipal consolidation

S-2844/A-4425 (Vitale, Codey/Vainieri Huttie, Muoio, Eustace, Space, Benson) - **CONDITIONAL** - Eliminates certificate of need requirement for inpatient hospital beds for treatment of psychiatric and substance use disorder dual

diagnosis


**S-3041/ACS for A-2338 (Lesniak/Benson, Vainieri Huttle, Eustace, Gusciora, Mukherji, Jimenez) -
CONDITIONAL** - Revises "Pet Purchase Protection Act" to establish new requirements for pet dealers and pet shops

**S-3048/A-4520 (Weinberg, Turner, Greenstein/McKeon, Singleton, Moriarty, Quijano, Johnson, Benson) -
CONDITIONAL** - Requires candidates for President and Vice-President of United States to disclose federal income tax returns to appear on ballot; prohibits Electoral College electors from voting for candidates who fail to file income tax returns

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