

ASSEMBLY, No. 5235

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED FEBRUARY 23, 2023

Sponsored by:

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman SHAVONDA E. SUMTER

District 35 (Bergen and Passaic)

Assemblyman STERLEY S. STANLEY

District 18 (Middlesex)

Co-Sponsored by:

Assemblyman McKeon and Assemblywoman Park

SYNOPSIS

Revises health insurance coverage requirements for treatment of infertility.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/7/2023)

1 AN ACT concerning health insurance coverage requirements for
2 infertility treatment and amending and supplementing various
3 parts of the statutory law.

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 , as determined by a physician,
18 incurred in the diagnosis and treatment of infertility as provided
19 pursuant to this section. The hospital service corporation contract
20 shall provide coverage for any services related to infertility that is
21 recommended by a physician, which includes, but is not limited to**【,**
22 the following services related to infertility**】**: diagnosis and
23 diagnostic tests; medications; surgery; intrauterine insemination; in
24 vitro fertilization; genetic testing; embryo transfer; artificial
25 insemination; **【gamete intra fallopian transfer; zygote intra**
26 fallopian transfer;**】** intracytoplasmic sperm injection; **【and】** four
27 completed egg retrievals **【per lifetime of the covered person】**; and
28 unlimited embryo transfers, in accordance with guidelines from the
29 American Society for Reproductive Medicine, using single embryo
30 transfer when recommended and deemed medically appropriate by a
31 physician. The hospital service corporation may provide that
32 coverage for in vitro fertilization**【,** gamete intra fallopian transfer
33 and zygote intra fallopian transfer**】** shall be limited to a covered
34 person who**【:** a.**】** has used all reasonable, less expensive and
35 medically appropriate treatments , as determined by a licensed
36 physician, and is still unable to become pregnant or carry a
37 pregnancy **【;** b. has not reached the limit of four completed egg
38 retrievals; and c. is 45 years of age or younger**】** to a live birth.
39 Coverage for infertility services provided to partners of persons
40 who have successfully reversed a voluntary sterilization shall not be
41 excluded.

42 **【For purposes of】** b. As used in this this section**【,】**:

43 "Infertility" means a disease **【or】**, condition **【that results in the**
44 abnormal function of the reproductive system, as determined
45 pursuant to American Society for Reproductive Medicine practice

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 guidelines by a physician who is Board Certified or Board Eligible
2 in Reproductive Endocrinology and Infertility or in Obstetrics and
3 Gynecology or that the patient has met one of the following
4 conditions:

- 5 (1) A male is unable to impregnate a female;
- 6 (2) A female with a male partner and under 35 years of age is
7 unable to conceive after 12 months of unprotected sexual
8 intercourse;
- 9 (3) A female with a male partner and 35 years of age and over is
10 unable to conceive after six months of unprotected sexual
11 intercourse;
- 12 (4) A female without a male partner and under 35 years of age
13 who is unable to conceive after 12 failed attempts of intrauterine
14 insemination under medical supervision;
- 15 (5) A female without a male partner and over 35 years of age
16 who is unable to conceive after six failed attempts of intrauterine
17 insemination under medical supervision;
- 18 (6) Partners are unable to conceive as a result of involuntary
19 medical sterility;
- 20 (7) A person is unable to carry a pregnancy to live birth; or
- 21 (8) A previous determination of infertility pursuant to this
22 section **】**, or status characterized by:

23 (1) the failure to establish a pregnancy or carry a pregnancy to
24 term;

25 (2) a person's inability to reproduce as a single individual or
26 with a partner of the individual without medical intervention; or

27 (3) a physician's recommendation, diagnosis, treatment plan, or
28 prescription based on a patient's medical, sexual, and reproductive
29 history, age, physical findings or diagnostic testing.

30 "Treatment of infertility" means the recommended treatment
31 plan or prescribed procedures, services, and medications as directed
32 by a licensed physician for infertility as defined in this section.

33 The benefits shall be provided to the same extent as for other
34 **【pregnancy-related procedures】** medical conditions under the
35 contract, except that the services provided for in this section shall
36 be performed at facilities that conform to standards established by
37 the American Society for Reproductive Medicine or the American
38 College of Obstetricians and Gynecologists. The same copayments,
39 deductibles and benefit limits shall apply to the diagnosis and
40 treatment of infertility pursuant to this section as those applied to
41 other medical or surgical benefits under the contract. **【Infertility**
42 **resulting from voluntary sterilization procedures shall be excluded**
43 **under the contract for the coverage required by this section】**
44 Infertility resulting from a voluntary unreversed sterilization
45 procedure may be excluded if the voluntary unreversed sterilization
46 is the sole cause of infertility, provided, however, that coverage for
47 infertility services shall not be excluded if the voluntary
48 sterilization is successfully reversed. A contract shall not impose

1 any exclusions, limitations, or restrictions on coverage of any
2 fertility services provided by or to a third party.

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

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

22 d. The provisions of this section shall not apply to a hospital
23 service corporation contract which, pursuant to a contract between
24 the hospital service corporation and the Department of Human
25 Services, provides benefits to persons who are eligible for medical
26 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ
27 FamilyCare Program established pursuant to P.L.2005, c.156
28 (C.30:4J-8 et al.), or any other program administered by the
29 Division of Medical Assistance and Health Services in the
30 Department of Human Services.
31 (cf: P.L.2017, c.48, s.1)

32

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

35 2. a. A medical 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, as determined by a physician,
43 incurred in the diagnosis and treatment of infertility as provided
44 pursuant to this section. The medical service corporation contract
45 shall provide coverage for any services related to infertility that is
46 recommended by a physician, which includes, but is not limited to【,
47 the following services related to infertility】: diagnosis and
48 diagnostic tests; medications; surgery; intrauterine insemination; in

1 vitro fertilization; genetic testing; embryo transfer; artificial
2 insemination; **【gamete intra fallopian transfer; zygote intra**
3 **fallopian transfer;】** intracytoplasmic sperm injection; **【and】** four
4 completed egg retrievals **【per lifetime of the covered person】**; and
5 unlimited embryo transfers, in accordance with guidelines from the
6 American Society for Reproductive Medicine, using single embryo
7 transfer when recommended and deemed medically appropriate by a
8 physician. The medical service corporation may provide that
9 coverage for in vitro fertilization**【, gamete intra fallopian transfer**
10 **and zygote intra fallopian transfer】** shall be limited to a covered
11 person who**【: a.】** has used all reasonable, less expensive and
12 medically appropriate treatments , as determined by a licensed
13 physician, and is still unable to become pregnant or carry a
14 pregnancy to a live birth【; b. has not reached the limit of four
15 completed egg retrievals; and c. is 45 years of age or younger】.
16 Coverage for infertility services provided to partners of persons
17 who have successfully reversed a voluntary sterilization shall not be
18 excluded.

19 **【For purposes of】b. As used in this this section【,】:**

20 "Infertility" means a disease **【or】**, condition, or status
21 characterized by: 【that results in the abnormal function of the
22 reproductive system, as determined pursuant to American Society
23 for Reproductive Medicine practice guidelines by a physician who
24 is Board Certified or Board Eligible in Reproductive Endocrinology
25 and Infertility or in Obstetrics and Gynecology or that the patient
26 has met one of the following conditions:

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

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

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

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

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

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

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

43 (8) A previous determination of infertility pursuant to this
44 section**】** (1) the failure to establish a pregnancy or carry a
45 pregnancy to term;

46 (2) a person's inability to reproduce as a single individual or
47 with a partner of the individual without medical intervention; or

1 (3) a physician's recommendation, diagnosis, treatment plan, or
2 prescription based on a patient's medical, sexual, and reproductive
3 history, age, physical findings or diagnostic testing.

4 "Treatment of infertility" means the recommended treatment
5 plan or prescribed procedures, services, and medications as directed
6 by a licensed physician for infertility as defined in this section.

7 The benefits shall be provided to the same extent as for other
8 **【pregnancy-related procedures】** medical conditions under the
9 contract, except that the services provided for in this section shall
10 be performed at facilities that conform to standards established by
11 the American Society for Reproductive Medicine or the American
12 College of Obstetricians and Gynecologists. The same copayments,
13 deductibles and benefit limits shall apply to the diagnosis and
14 treatment of infertility pursuant to this section as those applied to
15 other medical or surgical benefits under the contract. **【Infertility**
16 **resulting from voluntary sterilization procedures shall be excluded**
17 **under the contract for the coverage required by this section】**
18 Infertility resulting from a voluntary unreversed sterilization
19 procedure may be excluded if the voluntary unreversed sterilization
20 is the sole cause of infertility, provided, however, that coverage for
21 infertility services shall not be excluded if the voluntary
22 sterilization is successfully reversed. A contract shall not impose
23 any exclusions, limitations, or restrictions on coverage of any
24 fertility services provided by or to a third party.

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

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

44 d. The provisions of this section shall not apply to a medical
45 service corporation contract which, pursuant to a contract between
46 the medical service corporation and the Department of Human
47 Services, provides benefits to persons who are eligible for medical
48 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ

1 FamilyCare Program 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.2017, c.48, s.2)

6
7 3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended
8 to read as follows:

9 3. a. A health 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, as determined by a physician,
17 incurred in the diagnosis and treatment of infertility as provided
18 pursuant to this section. The health service corporation contract
19 shall provide coverage for any services related to infertility that is
20 recommended by a physician, which includes, but is not limited to~~],~~
21 the following services related to infertility~~]:~~ diagnosis and
22 diagnostic tests; medications; surgery; intrauterine insemination; in
23 vitro fertilization; genetic testing; embryo transfer; artificial
24 insemination; ~~],~~ gamete intra fallopian transfer; zygote intra
25 fallopian transfer;~~],~~ intracytoplasmic sperm injection; ~~],~~ and four
26 completed egg retrievals ~~],~~ per lifetime of the covered person; and
27 unlimited embryo transfers, in accordance with guidelines from the
28 American Society for Reproductive Medicine, using single embryo
29 transfer when recommended and deemed medically appropriate by a
30 physician. The health service corporation may provide that
31 coverage for in vitro fertilization~~],~~ gamete intra fallopian transfer
32 and zygote intra fallopian transfer~~]~~ shall be limited to a covered
33 person who~~]:~~ a. ~~]~~ has used all reasonable, less expensive and
34 medically appropriate treatments , as determined by a licensed
35 physician, and is still unable to become pregnant or carry a
36 pregnancy to a live birth~~];~~ b. has not reached the limit of four
37 completed egg retrievals; and c. is 45 years of age or younger~~].~~
38 Coverage for infertility services provided to partners of persons
39 who have successfully reversed a voluntary sterilization shall not be
40 excluded.

41 For purposes of]b. As used in this this section[,]:

42 "Infertility" means a disease ~~],~~ condition, or status
43 characterized by: [that results in the abnormal function of the
44 reproductive system, as determined pursuant to American Society
45 for Reproductive Medicine practice guidelines by a physician who
46 is Board Certified or Board Eligible in Reproductive Endocrinology

1 and Infertility or in Obstetrics and Gynecology or that the patient
2 has met one of the following conditions:

- 3 (1) A male is unable to impregnate a female;
- 4 (2) A female with a male partner and under 35 years of age is
5 unable to conceive after 12 months of unprotected sexual
6 intercourse;
- 7 (3) A female with a male partner and 35 years of age and over is
8 unable to conceive after six months of unprotected sexual
9 intercourse;
- 10 (4) A female without a male partner and under 35 years of age
11 who is unable to conceive after 12 failed attempts of intrauterine
12 insemination under medical supervision;
- 13 (5) A female without a male partner and over 35 years of age
14 who is unable to conceive after six failed attempts of intrauterine
15 insemination under medical supervision;
- 16 (6) Partners are unable to conceive as a result of involuntary
17 medical sterility;
- 18 (7) A person is unable to carry a pregnancy to live birth; or
- 19 (8) A previous determination of infertility pursuant to this
20 section **】** (1) the failure to establish a pregnancy or carry a
21 pregnancy to term;

22 (2) a person's inability to reproduce as a single individual or
23 with a partner of the individual without medical intervention; or

24 (3) a physician's recommendation, diagnosis, treatment plan, or
25 prescription based on a patient's medical, sexual, and reproductive
26 history, age, physical findings or diagnostic testing.

27 "Treatment of infertility" means the recommended treatment
28 plan or prescribed procedures, services, and medications as directed
29 by a licensed physician for fertility as defined in this section.

30 The benefits shall be provided to the same extent as for other
31 **【**pregnancy-related procedures**】** medical conditions under the
32 contract, except that the services provided for in this section shall
33 be performed at facilities that conform to standards established by
34 the American Society for Reproductive Medicine or the American
35 College of Obstetricians and Gynecologists. The same copayments,
36 deductibles and benefit limits shall apply to the diagnosis and
37 treatment of infertility pursuant to this section as those applied to
38 other medical or surgical benefits under the contract. **【**Infertility
39 resulting from voluntary sterilization procedures shall be excluded
40 under the contract for the coverage required by this section**】**
41 Infertility resulting from a voluntary unreversed sterilization
42 procedure may be excluded if the voluntary unreversed sterilization
43 is the sole cause of infertility, provided, however, that coverage for
44 infertility services shall not be excluded if the voluntary
45 sterilization is successfully reversed. A contract shall not impose
46 any exclusions, limitations, or restrictions on coverage of any
47 fertility services provided by or to a third party.

1 b. A religious employer may request, and a hospital 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 hospital 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 10
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 health service corporation
18 contracts in which the health service corporation has reserved the
19 right to change the premium.

20 d. The provisions of this section shall not apply to a health
21 service corporation contract which, pursuant to a contract between
22 the health 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 NJ
25 FamilyCare Program established pursuant to P.L.2005, c.156
26 (C.30:4J-8 et al.), or any other program administered by the
27 Division of Medical Assistance and Health Services in the
28 Department of Human Services.
29 (cf: P.L.2017, c.48, s.3)

30
31 4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended
32 to read as follows:

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

1 injection; **[and]** four completed egg retrievals **[per lifetime of the**
2 **covered person]**; and unlimited embryo transfers, in accordance
3 with guidelines from the American Society for Reproductive
4 Medicine, using single embryo transfer when recommended and
5 deemed medically appropriate by a physician. The policy may
6 provide that coverage for in vitro fertilization**[, gamete intra**
7 **fallopian transfer and zygote intra fallopian transfer]** shall be
8 limited to a covered person who**[: a.]** has used all reasonable, less
9 expensive and medically appropriate treatments , as determined by a
10 licensed physician, and is still unable to become pregnant or carry a
11 pregnancy to a live birth**[; b. has not reached the limit of four**
12 **completed egg retrievals; and c. is 45 years of age or younger].**
13 Coverage for infertility services provided to partners of persons
14 who have successfully reversed a voluntary sterilization shall not be
15 excluded.

16 **[For purposes of]**b. As used in this this section[,]:

17 "Infertility" means a disease **[or],** condition, or status
18 characterized by: **[that results in the abnormal function of the**
19 **reproductive system, as determined pursuant to American Society**
20 **for Reproductive Medicine practice guidelines by a physician who**
21 **is Board Certified or Board Eligible in Reproductive Endocrinology**
22 **and Infertility or in Obstetrics and Gynecology or that the patient**
23 **has met one of the following conditions:**

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

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

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

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

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

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

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

40 (8) A previous determination of infertility pursuant to this
41 section **[(1) the failure to establish a pregnancy or carry a**
42 **pregnancy to term;**

43 (2) a person's inability to reproduce as a single individual or
44 with a partner of the individual without medical intervention; or

45 (3) a physician's recommendation, diagnosis, treatment plan, or
46 prescription based on a patient's medical, sexual, and reproductive
47 history, age, physical findings or diagnostic testing.

1 “Treatment of infertility” means the recommended treatment
2 plan or prescribed procedures, services, and medications directed by
3 a licensed physician for infertility as defined in this section.

4 The benefits shall be provided to the same extent as for other
5 **【pregnancy-related procedures】** medical conditions under the
6 policy, except that the services provided for in this section shall be
7 performed at facilities that conform to standards established by the
8 American Society for Reproductive Medicine or the American
9 College of Obstetricians and Gynecologists. The same copayments,
10 deductibles and benefit limits shall apply to the diagnosis and
11 treatment of infertility pursuant to this section as those applied to
12 other medical or surgical benefits under the contract. **【Infertility**
13 **resulting from voluntary sterilization procedures shall be excluded**
14 **under the contract for the coverage required by this section】**
15 Infertility resulting from a voluntary unreversed sterilization
16 procedure may be excluded if the voluntary unreversed sterilization
17 is the sole cause of infertility, provided, however, that coverage for
18 infertility services shall not be excluded if the voluntary
19 sterilization is successfully reversed. A policy shall not impose any
20 exclusions, limitations, or restrictions on coverage of any fertility
21 services provided by or to a third party.

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

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

40 d. The provisions of this section shall not apply to a group
41 health insurance policy which, pursuant to a contract between the
42 insurer and the Department of Human Services, provides benefits to
43 persons who are eligible for medical assistance under P.L.1968,
44 c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program established
45 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
46 administered by the Division of Medical Assistance and Health
47 Services in the Department of Human Services.

48 (cf: P.L.2017, c.48, s.4)

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

3 5. a. No certificate of authority to establish and operate a health
4 maintenance organization in this State shall be issued or continued
5 on or after the effective date of this act unless the health
6 maintenance organization provides health care services, to groups
7 of more than 50 enrollees, for medically necessary expenses, as
8 determined by a physician, incurred in the diagnosis and treatment
9 of infertility as provided pursuant to this section. A health
10 maintenance organization shall provide enrollee coverage for any
11 services related to infertility that is recommended by a physician,
12 which includes, but is not limited to **【**, the following services related
13 to infertility**】**: diagnosis and diagnostic tests; medications; surgery;
14 intrauterine insemination; in vitro fertilization; genetic testing;
15 embryo transfer; artificial insemination; **【**gamete intra fallopian
16 transfer; zygote intra fallopian transfer;**】** intracytoplasmic sperm
17 injection; **【and】** four completed egg retrievals **【**per lifetime of the
18 covered person**】**; and unlimited embryo transfers, in accordance
19 with guidelines from the American Society for Reproductive
20 Medicine, using single embryo transfer when recommended and
21 deemed medically appropriate by a physician. A health maintenance
22 organization may provide that coverage for in vitro fertilization **【**,
23 gamete intra fallopian transfer and zygote intra fallopian transfer**】**
24 shall be limited to a covered person who **【**: a. **】** has used all
25 reasonable, less expensive and medically appropriate treatments, as
26 determined by a licensed physician, and is still unable to become
27 pregnant or carry a pregnancy to a live birth**【**; b. has not reached the
28 limit of four completed egg retrievals; and c. is 45 years of age or
29 younger**】**. Coverage for infertility services provided to partners of
30 persons who have successfully reversed a voluntary sterilization
31 shall not be excluded.

32 **【**For purposes of **】** b. As used in this this section**【,】**:

33 "Infertility" means a disease **【or】**, condition, or status
34 characterized by: **【**that results in the abnormal function of the
35 reproductive system, as determined pursuant to American Society
36 for Reproductive Medicine practice guidelines by a physician who
37 is Board Certified or Board Eligible in Reproductive Endocrinology
38 and Infertility or in Obstetrics and Gynecology or that the patient
39 has met one of the following conditions:

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

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

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

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

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

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

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

10 (8) A previous determination of infertility pursuant to this
11 section] (1) the failure to establish a pregnancy or carry a
12 pregnancy to term;

13 (2) a person's inability to reproduce as a single individual or
14 with a partner of the individual without medical intervention; or

15 (3) a physician's recommendation, diagnosis, treatment plan, or
16 prescription based on a patient's medical, sexual, and reproductive
17 history, age, physical findings or diagnostic testing.

18 "Treatment of infertility" means the recommended treatment
19 plan or prescribed procedures, services, and medications directed by
20 a licensed physician for infertility as defined in this section.

21 The benefits shall be provided to the same extent as for other
22 **[pregnancy-related procedures]** medical conditions under the
23 contract, except that the services provided for in this section shall
24 be performed at facilities that conform to standards established by
25 the American Society for Reproductive Medicine or the American
26 College of Obstetricians and Gynecologists. The same copayments,
27 deductibles and benefit limits shall apply to the diagnosis and
28 treatment of infertility pursuant to this section as those applied to
29 other medical or surgical benefits under the contract. **[Infertility**
30 **resulting from voluntary sterilization procedures shall be excluded**
31 **under the contract for the coverage required by this section]**
32 Infertility resulting from a voluntary unreversed sterilization
33 procedure may be excluded if the voluntary unreversed sterilization
34 is the sole cause of infertility, provided, however, that coverage for
35 infertility services shall not be excluded if the voluntary
36 sterilization is successfully reversed. A contract shall not impose
37 any exclusions, limitations, or restrictions on coverage of any
38 fertility services provided by or to a third party.

39 b. A religious employer may request, and a health maintenance
40 organization shall grant, an exclusion under the contract for the
41 coverage required by this section for in vitro fertilization, embryo
42 transfer, artificial insemination, zygote intra fallopian transfer and
43 intracytoplasmic sperm injection, if the required coverage is
44 contrary to the religious employer's bona fide religious tenets. The
45 hospital service corporation that issues a contract containing such
46 an exclusion shall provide written notice thereof to each prospective
47 subscriber or subscriber, which shall appear in not less than 10
48 point type, in the contract, application and sales brochure. For the

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

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

11 d. The provisions of this section shall not apply to a contract
12 for health care services by a health maintenance organization
13 which, pursuant to a contract between the health maintenance
14 organization and the Department of Human Services, provides
15 benefits to persons who are eligible for medical assistance under
16 P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program
17 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any
18 other program administered by the Division of Medical Assistance
19 and Health Services in the Department of Human Services.
20 (cf: P.L.2017, c.48, s.5)

21
22 6. (New section) a. Every individual health benefits plan that
23 provides hospital or medical expense benefits and is delivered,
24 issued, executed or renewed in this State pursuant to P.L.1992,
25 c.161 (C.17B:27A-2 et seq.), or approved for issuance or renewal in
26 this State on or after the effective date of this act, shall provide
27 benefits to any person covered thereunder for medically necessary
28 expenses incurred in the diagnosis and treatment of infertility as
29 provided pursuant to this section. The individual health benefits
30 plan shall provide for any services related to infertility that is
31 recommended by a physician, which includes, but is not limited to:
32 diagnosis and diagnostic tests; medications; surgery; intrauterine
33 insemination; in vitro fertilization; genetic testing; embryo transfer;
34 artificial insemination; intracytoplasmic sperm injection; four
35 completed egg retrievals; and unlimited embryo transfers, in
36 accordance with guidelines from the American Society for
37 Reproductive Medicine, using single embryo transfer when
38 recommended and deemed medically appropriate by a physician.
39 The plan may provide that coverage for in vitro fertilization shall be
40 limited to a covered person who has used all reasonable, less
41 expensive and medically appropriate treatments, as determined by a
42 licensed physician, and is still unable to become pregnant or carry a
43 pregnancy to a live birth. Coverage for infertility services provided
44 to partners of persons who have successfully reversed a voluntary
45 sterilization shall not be excluded.

46 b. As used in this this section:

47 "Infertility" means a disease, condition, or status characterized
48 by:

1 (1) the failure to establish a pregnancy or carry a pregnancy to
2 term;

3 (2) a person's inability to reproduce as a single individual or
4 with a partner of the individual without medical intervention; or

5 (3) a physician's recommendation, diagnosis, treatment plan, or
6 prescription based on a patient's medical, sexual, and reproductive
7 history, age, physical findings or diagnostic testing.

8 "Treatment of infertility" means the recommended treatment
9 plan or prescribed procedures, services, and medications directed by
10 a licensed physician for infertility as defined in this section.

11 The benefits shall be provided to the same extent as for other
12 medical conditions under the health benefits plan, except that the
13 services provided for in this section shall be performed at facilities
14 that conform to standards established by the American Society for
15 Reproductive Medicine or the American College of Obstetricians
16 and Gynecologists. The same copayments, deductibles and benefit
17 limits shall apply to the diagnosis and treatment of infertility
18 pursuant to this section as those applied to other medical or surgical
19 benefits under the plan. Infertility resulting from a voluntary
20 unreversed sterilization procedure may be excluded if the voluntary
21 unreversed sterilization is the sole cause of infertility, provided,
22 however, that coverage for infertility services shall not be excluded
23 if the voluntary sterilization is successfully reversed. A plan shall
24 not impose any exclusions, limitations, or restrictions on coverage
25 of any fertility services provided by or to a third party.

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

42 d. This section shall apply to all individual health benefit plans
43 in which the carrier has reserved the right to change the premium.

44 e. The provisions of this section shall not apply to an
45 individual health benefit plan contract which, pursuant to a contract
46 between the individual health benefit plan and the Department of
47 Human Services, provides benefits to persons who are eligible for
48 medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the

1 NJ FamilyCare Program 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
6 7. (New section) a. Every small employer health benefits plan
7 that provides hospital or medical expense benefits and is delivered,
8 issued, executed or renewed in this State pursuant to P.L.1992,
9 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
10 in this State on or after the effective date of this act, shall provide to
11 any person covered thereunder for medically necessary expenses
12 incurred in the diagnosis and treatment of infertility as provided
13 pursuant to this section. The health benefits plan shall provide for
14 any services related to infertility that is recommended by a
15 physician, which includes, but is not limited to: diagnosis and
16 diagnostic tests; medications; surgery; intrauterine insemination; in
17 vitro fertilization; genetic testing; embryo transfer; artificial
18 insemination; intracytoplasmic sperm injection; four completed egg
19 retrievals; and unlimited embryo transfers, in accordance with
20 guidelines from the American Society for Reproductive Medicine,
21 using single embryo transfer when recommended and deemed
22 medically appropriate by a physician. The health benefits plan may
23 provide that coverage for in vitro fertilization shall be limited to a
24 covered person who has used all reasonable, less expensive and
25 medically appropriate treatments, as determined by a licensed
26 physician, and is still unable to become pregnant or carry a
27 pregnancy to a live birth. Coverage for infertility services provided
28 to partners of persons who have successfully reversed a voluntary
29 sterilization shall not be excluded.

30 b. As used in this this section:

31 "Infertility" means a disease, condition, or status characterized
32 by:

33 (1) the failure to establish a pregnancy or carry a pregnancy to
34 term;

35 (2) a person's inability to reproduce as a single individual or
36 with a partner of the individual without medical intervention; or

37 (3) a physician's recommendation, diagnosis, treatment plan, or
38 prescription based on a patient's medical, sexual, and reproductive
39 history, age, physical findings or diagnostic testing.

40 "Treatment of infertility" means the recommended treatment
41 plan or prescribed procedures, services, and medications directed by
42 a licensed physician for infertility as defined in this section.

43 The benefits shall be provided to the same extent as for other
44 medical conditions under the health benefits plan, 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 plan. Infertility resulting from a voluntary
4 unreversed sterilization procedure may be excluded if the voluntary
5 unreversed sterilization is the sole cause of infertility, provided,
6 however, that coverage for infertility services shall not be excluded
7 if the voluntary sterilization is successfully reversed. A plan shall
8 not impose any exclusions, limitations, or restrictions on coverage
9 of any fertility services provided by or to a third party.

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

26 d. The provisions of this section shall apply to all health
27 benefit plans in which the carrier has reserved the right to change
28 the premium.

29 e. The provisions of this section shall not apply to a small
30 employer health benefits plan contract which, pursuant to a contract
31 between the small employer health benefits plan and the
32 Department of Human Services, provides benefits to persons who
33 are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-
34 1 et seq.), the NJ FamilyCare Program established pursuant to
35 P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
36 administered by the Division of Medical Assistance and Health
37 Services in the Department of Human Services.

38

39 **【6】** 8. Section 6 of P.L.2017, c.48 (C.52:14-17.29y) is amended
40 to read as follows:

41 6. The State Health Benefits Commission shall ensure that
42 every contract under the State Health Benefits Program shall
43 provide coverage for medically necessary expenses , as determined
44 by a physician, incurred in the diagnosis and treatment of infertility
45 as provided pursuant to this section. The State Health Benefits
46 Program shall provide coverage for any services related to
47 infertility that is recommended by a physician, which includes, but
48 is not limited to**【**, the following services related to infertility**】**:

1 diagnosis and diagnostic tests; medications; surgery; intrauterine
2 insemination; in vitro fertilization; genetic testing; embryo transfer;
3 artificial insemination; **【gamete intra fallopian transfer; zygote intra**
4 **fallopian transfer;】** intracytoplasmic sperm injection; **【and】** four
5 completed egg retrievals **【per lifetime of the covered person】**; **and**
6 unlimited embryo transfers, in accordance with guidelines from the
7 American Society for Reproductive Medicine, using single embryo
8 transfer when recommended and deemed medically appropriate by a
9 physician. The State Health Benefits Commission may provide that
10 coverage for in vitro fertilization**【, gamete intra fallopian transfer**
11 **and zygote intra fallopian transfer】** shall be limited to a covered
12 person who**【: a.】** has used all reasonable, less expensive and
13 medically appropriate treatments , as determined by a licensed
14 physician, and is still unable to become pregnant or carry a
15 pregnancy to a live birth【; b. has not reached the limit of four
16 completed egg retrievals; and c. is 45 years of age or younger】.
17 Coverage for infertility services provided to partners of persons
18 who have successfully reversed a voluntary sterilization shall not be
19 excluded.

20 **【For purposes of】** b. As used in this this section【,】:

21 "Infertility" means a disease **【or】**, condition, or status
22 characterized by: 【that results in the abnormal function of the
23 reproductive system, as determined pursuant to American Society
24 for Reproductive Medicine practice guidelines by a physician who
25 is Board Certified or Board Eligible in Reproductive Endocrinology
26 and Infertility or in Obstetrics and Gynecology or that the patient
27 has met one of the following conditions:

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

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

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

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

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

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

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

44 (8) A previous determination of infertility pursuant to this
45 section **【(1) the failure to establish a pregnancy or carry a**
46 **pregnancy to term;**

1 (2) a person's inability to reproduce as a single individual or
2 with a partner of the individual without medical intervention; or

3 (3) a physician's recommendation, diagnosis, treatment plan, or
4 prescription based on a patient's medical, sexual, and reproductive
5 history, age, physical findings or diagnostic testing.

6 "Treatment of infertility" means the recommended treatment
7 plan or prescribed procedures, services, and medications directed by
8 a licensed physician for infertility as defined in this section.

9 The benefits shall be provided to the same extent as for other
10 **【pregnancy-related procedures】** medical conditions under the
11 contract, except that the services provided for in this section shall
12 be performed at facilities that conform to standards established by
13 the American Society for Reproductive Medicine or the American
14 College of Obstetricians and Gynecologists. The same copayments,
15 deductibles and benefit limits shall apply to the diagnosis and
16 treatment of infertility pursuant to this section as those applied to
17 other medical or surgical benefits under the contract. **【Infertility**
18 **resulting from voluntary sterilization procedures shall be excluded**
19 **under the contract for the coverage required by this section】**
20 Infertility resulting from a voluntary unreversed sterilization
21 procedure may be excluded if the voluntary unreversed sterilization
22 is the sole cause of infertility, provided, however, that coverage for
23 infertility services shall not be excluded if the voluntary
24 sterilization is successfully reversed. A contract shall not impose
25 any exclusions, limitations, or restrictions on coverage of any
26 fertility services provided by or to a third party.

27 (cf: P.L.2017, c.48, s.6)

28
29 **【7】** 9. Section 7 of P.L.2017, c.48 (C.52:14-17.46.6g) is
30 amended to read as follows:

31 7. The School Employees Health Benefits Commission shall
32 ensure that every contract under the School Employees Health
33 Benefits Program shall provide coverage for medically necessary
34 expenses , as determined by a physician, incurred in the diagnosis
35 and treatment of infertility as provided pursuant to this section. The
36 School Employees Health Benefits Program contract shall provide
37 coverage for any services related to infertility that is recommended
38 by a physician, which includes, but is not limited to**【,** the following
39 services related to infertility**】**: diagnosis and diagnostic tests;
40 medications; surgery; intrauterine insemination; in vitro
41 fertilization; genetic testing; embryo transfer; artificial
42 insemination; **【gamete intra fallopian transfer; zygote intra**
43 **fallopian transfer;】** intracytoplasmic sperm injection; **【and】** four
44 completed egg retrievals **【per lifetime of the covered person】**; and
45 unlimited embryo transfers, in accordance with guidelines from the
46 American Society for Reproductive Medicine, using single embryo
47 transfer when recommended and deemed medically appropriate by a

1 physician. The School Employees Health Benefits Commission
2 may provide that coverage for in vitro fertilization[, gamete intra
3 fallopian transfer and zygote intra fallopian transfer] shall be
4 limited to a covered person who[: a.] has used all reasonable, less
5 expensive and medically appropriate treatments , as determined by a
6 licensed physician, and is still unable to become pregnant or carry a
7 pregnancy to a live birth[: b. has not reached the limit of four
8 completed egg retrievals; and c. is 45 years of age or younger].
9 Coverage for infertility services provided to partners of persons
10 who have successfully reversed a voluntary sterilization shall not be
11 excluded.

12 **[For purposes of] b. As used in this this section[.]:**

13 "Infertility" means a disease **[or],** condition, or status
14 characterized by: **[that results in the abnormal function of the**
15 **reproductive system, as determined pursuant to American Society**
16 **for Reproductive Medicine practice guidelines by a physician who**
17 **is Board Certified or Board Eligible in Reproductive Endocrinology**
18 **and Infertility or in Obstetrics and Gynecology or that the patient**
19 **has met one of the following conditions:**

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

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

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

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

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

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

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

36 (8) A previous determination of infertility pursuant to this
37 section] (1) the failure to establish a pregnancy or carry a
38 pregnancy to term;

39 (2) a person's inability to reproduce as a single individual or
40 with a partner of the individual without medical intervention; or

41 (3) a physician's recommendation, diagnosis, treatment plan, or
42 prescription based on a patient's medical, sexual, and reproductive
43 history, age, physical findings or diagnostic testing.

44 "Treatment of infertility" means the recommended treatment
45 plan or prescribed procedures, services, and medications directed by
46 a licensed physician for infertility as defined in this section.

1 The benefits shall be provided to the same extent as for other
2 **【pregnancy-related procedures】** medical conditions under the
3 contract, except that the services provided for in this section shall
4 be performed at facilities that conform to standards established by
5 the American Society for Reproductive Medicine or the American
6 College of Obstetricians and Gynecologists. The same copayments,
7 deductibles and benefit limits shall apply to the diagnosis and
8 treatment of infertility pursuant to this section as those applied to
9 other medical or surgical benefits under the contract. **【Infertility**
10 **resulting from voluntary sterilization procedures shall be excluded**
11 **under the contract for the coverage required by this section】**
12 Infertility resulting from a voluntary unreversed sterilization
13 procedure may be excluded under the contract if the voluntary
14 unreversed sterilization is the sole cause of infertility, provided,
15 however, that coverage for infertility services shall not be excluded
16 if the voluntary sterilization is successfully reversed. A contract
17 shall not impose any exclusions, limitations, or restrictions on
18 coverage of any fertility services provided by or to a third party.
19 (cf: P.L.2017, c.48, s.7)

20
21 **【8】 10.** This act shall take effect immediately and shall apply
22 to contracts issued or renewed on or after the effective date.

23 24 25 STATEMENT

26
27 This bill updates current law on health insurance coverage of
28 infertility by requiring health insurance carriers (which include
29 hospital service corporations, medical service corporations, health
30 service corporations, health maintenance organizations authorized
31 to issue health benefits plans in New Jersey, individual and small
32 employer health benefits plans, and any entities contracted to
33 administer health benefits in connection with the State Health
34 Benefits Program and School Employees' Health Benefits Program)
35 to cover infertility services for a partner of a person who has
36 successfully reversed a voluntary sterilization. The bill also
37 requires health insurance carriers to cover certain infertility services
38 including intrauterine insemination, genetic testing, unlimited
39 embryo transfers, in accordance with guidelines from the American
40 Society for Reproductive Medicine, and any other services related to
41 infertility recommended by a physician. Additionally, the bill revises
42 the current statutory definition of "infertility" and adds a definition of
43 "treatment of infertility."

44 Finally, the bill excludes coverage for infertility services if an
45 individual's infertility resulted solely from a voluntary unreversed
46 sterilization; provided, however, that coverage for infertility
47 services shall not be excluded if the voluntary sterilization is
48 successfully reversed.