

**SENATE, No. 3627**

**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

INTRODUCED FEBRUARY 23, 2023

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Co-Sponsored by:**

**Senators Cruz-Perez and Stack**

**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  
46 guidelines by a physician who is Board Certified or Board Eligible

**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 in Reproductive Endocrinology and Infertility or in Obstetrics and  
2 Gynecology or that the patient has met one of the following  
3 conditions:

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

- 22 (1) the failure to establish a pregnancy or carry a pregnancy to  
23 term;
- 24 (2) a person's inability to reproduce as a single individual or  
25 with a partner of the individual without medical intervention; or
- 26 (3) a physician's recommendation, diagnosis, treatment plan, or  
27 prescription based on a patient's medical, sexual, and reproductive  
28 history, age, physical findings or diagnostic testing.

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

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