

[First Reprint]

ASSEMBLY, No. 4027

STATE OF NEW JERSEY
221st LEGISLATURE

INTRODUCED MARCH 7, 2024

Sponsored by:

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District 15 (Hunterdon and Mercer)

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District 27 (Essex and Passaic)

SYNOPSIS

Requires health insurance coverage of preimplantation genetic testing with in vitro fertilization under certain conditions.

CURRENT VERSION OF TEXT

As reported by the Assembly Financial Institutions and Insurance Committee on October 24, 2024, with amendments.



(Sponsorship Updated As Of: 10/28/2024)

1 AN ACT concerning health insurance coverage of preimplantation
2 genetic testing and in vitro fertilization and amending 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[1. Section 1 of P.L.2001, c.236 (C.17:48-6x) is amended to
9 read as follows:

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

39 (1) both partners are known carriers of an autosomal recessive
40 disorder;

41 (2) one partner is a known carrier of a single gene autosomal
42 recessive disorder and the partners have one offspring that has been
43 diagnosed with that recessive disorder;

44 (3) one partner is a known carrier of a single gene autosomal
45 disorder;

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AFI committee amendments adopted October 24, 2024.

1 (4) one partner is a known carrier of a single X-linked disorder;
2 and

3 (5) the genetic condition, if passed on to the covered persons'
4 offspring, would result in significant health problems or severe
5 disability.

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

7 **【"infertility"】** "Infertility" means a disease or condition that
8 results in the abnormal function of the reproductive system, as
9 determined pursuant to American Society for Reproductive
10 Medicine practice guidelines by a physician who is Board Certified
11 or Board Eligible in Reproductive Endocrinology and Infertility or
12 in Obstetrics and Gynecology or that the patient has met one of the
13 following conditions:

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

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

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

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

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

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

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

30 (8) A previous determination of infertility pursuant to this
31 section.

32 "Preimplantation genetic testing" means a technique used to
33 identify genetic defects in embryos created through in vitro
34 fertilization before pregnancy.

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

46 **【b】** d. A religious employer may request, and a hospital service
47 corporation shall grant, an exclusion under the contract for the
48 coverage required by this section for in vitro fertilization, embryo

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

14 **【c】** e. This section shall apply to those hospital service
15 corporation contracts in which the hospital service corporation has
16 reserved the right to change the premium.

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

26 (cf: P.L.2017, c.48, s.1)】¹

27

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

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

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

11 (1) both partners are known carriers of an autosomal recessive
12 disorder;

13 (2) one partner is a known carrier of a single gene autosomal
14 recessive disorder and the partners have one offspring that has been
15 diagnosed with that recessive disorder;

16 (3) one partner is a known carrier of a single gene autosomal
17 disorder;

18 (4) one partner is a known carrier of a single X-linked disorder;
19 and

20 (5) the genetic condition, if passed on to the covered persons'
21 offspring, would result in significant health problems or severe
22 disability.

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

24 ["infertility"] "Infertility" means a disease or condition that
25 results in the abnormal function of the reproductive system, as
26 determined pursuant to American Society for Reproductive
27 Medicine practice guidelines by a physician who is Board Certified
28 or Board Eligible in Reproductive Endocrinology and Infertility or
29 in Obstetrics and Gynecology or that the patient has met one of the
30 following conditions:

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

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

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

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

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

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

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

47 (8) A previous determination of infertility pursuant to this
48 section.

1 “Preimplantation genetic testing” means a technique used to
2 identify genetic defects in embryos created through in vitro
3 fertilization before pregnancy.

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

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

31 **【c】** e. This section shall apply to those medical service
32 corporation contracts in which the medical service corporation has
33 reserved the right to change the premium.

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

43 (cf: P.L.2017, c.48, s.2) **】**¹

44
45 ¹**【3.** Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended
46 to read as follows:

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

30 (1) both partners are known carriers of an autosomal recessive
31 disorder;

32 (2) one partner is a known carrier of a single gene autosomal
33 recessive disorder and the partners have one offspring that has been
34 diagnosed with that recessive disorder;

35 (3) one partner is a known carrier of a single gene autosomal
36 disorder;

37 (4) one partner is a known carrier of a single X-linked disorder;
38 and

39 (5) the genetic condition, if passed on to the covered persons'
40 offspring, would result in significant health problems or severe
41 disability.

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

43 **【"infertility"】** "Infertility" means a disease or condition that
44 results in the abnormal function of the reproductive system, as
45 determined pursuant to American Society for Reproductive
46 Medicine practice guidelines by a physician who is Board Certified
47 or Board Eligible in Reproductive Endocrinology and Infertility or

1 in Obstetrics and Gynecology or that the patient has met one of the
2 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.

21 “Preimplantation genetic testing” means a technique used to
22 identify genetic defects in embryos created through in vitro
23 fertilization before pregnancy.

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

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

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

3 **[c]** e. This section shall apply to those health service
4 corporation contracts in which the health service corporation has
5 reserved the right to change the premium.

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

15 (cf: P.L.2017, c.48, s.3)**】**¹

16

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

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

46 (1) both partners are known carriers of an autosomal recessive
47 disorder;

1 (2) one partner is a known carrier of a single gene autosomal
2 recessive disorder and the partners have one offspring that has been
3 diagnosed with that recessive disorder;

4 (3) one partner is a known carrier of a single gene autosomal
5 disorder;

6 (4) one partner is a known carrier of a single X-linked disorder;
7 and

8 (5) the genetic condition, if passed on to the covered persons'
9 offspring, would result in significant health problems or severe
10 disability.

11 b. **[For purposes of] As used in this section[,];**

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

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

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

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

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

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

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

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

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

37 "Preimplantation genetic testing" means a technique used to
38 identify genetic defects in embryos created through in vitro
39 fertilization before pregnancy.

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

1 sterilization procedures shall be excluded under the policy for the
2 coverage required by this section.

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

19 **【c】 e.** This section shall apply to those insurance policies in
20 which the insurer has reserved the right to change the premium.

21 **【d】 f.** The provisions of this section shall not apply to a group
22 health insurance policy which, pursuant to a contract between the
23 insurer and the Department of Human Services, provides benefits to
24 persons who are eligible for medical assistance under P.L.1968,
25 c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program established
26 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
27 administered by the Division of Medical Assistance and Health
28 Services in the Department of Human Services.

29 (cf: P.L.2017, c.48, s.4)¹

30

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

33 5. a. No certificate of authority to establish and operate a
34 health maintenance organization in this State shall be issued or
35 continued on or after the effective date of this act unless the health
36 maintenance organization provides health care services, to groups
37 of more than 50 enrollees, for medically necessary expenses
38 incurred in the diagnosis and treatment of infertility, as provided
39 pursuant to this section, and for preimplantation genetic testing,
40 including in vitro fertilization, where the covered persons are not
41 infertile, for the purpose of preventing certain serious genetic
42 conditions from being passed on to offspring. A health maintenance
43 organization shall provide enrollee coverage which includes, but is
44 not limited to, the following services related to infertility: diagnosis
45 and diagnostic tests; medications; surgery; in vitro fertilization;
46 embryo transfer; artificial insemination; gamete intra fallopian
47 transfer; zygote intra fallopian transfer; intracytoplasmic sperm

1 injection; and four completed egg retrievals per lifetime of the
2 enrollee. The health maintenance organization may provide that
3 health care services for in vitro fertilization, gamete intra fallopian
4 transfer and zygote intra fallopian transfer shall be limited to a
5 covered person who: a. has used all reasonable, less expensive and
6 medically appropriate treatments and is still unable to become
7 pregnant or carry a pregnancy; b. has not reached the limit of four
8 completed egg retrievals; and c. is 45 years of age or younger. The
9 health maintenance organization may also provide that coverage for
10 preimplantation genetic testing with in vitro fertilization be limited
11 to covered persons where:

12 (1) both partners are known carriers of an autosomal recessive
13 disorder;

14 (2) one partner is a known carrier of a single gene autosomal
15 recessive disorder and the partners have one offspring that has been
16 diagnosed with that recessive disorder;

17 (3) one partner is a known carrier of a single gene autosomal
18 disorder;

19 (4) one partner is a known carrier of a single X-linked disorder;
20 and

21 (5) the genetic condition, if passed on to the covered persons'
22 offspring, would result in significant health problems or severe
23 disability.

24 **b. [For purposes of] As used in this section[,];**

25 **["infertility"] "Infertility" means a disease or condition that**
26 **results in the abnormal function of the reproductive system, as**
27 **determined pursuant to American Society for Reproductive**
28 **Medicine practice guidelines by a physician who is Board Certified**
29 **or Board Eligible in Reproductive Endocrinology and Infertility or**
30 **in Obstetrics and Gynecology or that the patient has met one of the**
31 **following conditions:**

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

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

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

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

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

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

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

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

3 “Preimplantation genetic testing” means a technique used to
4 identify genetic defects in embryos created through in vitro
5 fertilization before pregnancy.

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

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

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

39 **【d】** f. The provisions of this section shall not apply to a contract
40 for health care services by a health maintenance organization
41 which, pursuant to a contract between the health maintenance
42 organization and the Department of Human Services, provides
43 benefits to persons who are eligible for medical assistance under
44 P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program
45 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any
46 other program administered by the Division of Medical Assistance
47 and Health Services in the Department of Human Services.
48 (cf: P.L.2017, c.48, s.5)**】**¹

1 ¹6. Section 6 of P.L.2017, c.48 (C.52:14-17.29v) is amended to
2 read as follows:

3 6. a. The State Health Benefits Commission shall ensure that
4 every contract under the State Health Benefits Program shall
5 provide coverage for medically necessary expenses incurred in the
6 diagnosis and treatment of infertility, as provided pursuant to this
7 section, and for preimplantation genetic testing, including in vitro
8 fertilization, where the covered persons are not infertile, for the
9 purpose of preventing certain serious genetic conditions from being
10 passed on to offspring. The State Health Benefits Program contract
11 shall provide coverage which includes, but is not limited to, the
12 following services related to infertility: diagnosis and diagnostic
13 tests; medications; surgery; in vitro fertilization; embryo transfer;
14 artificial insemination; gamete intra fallopian transfer; zygote intra
15 fallopian transfer; intracytoplasmic sperm injection; and four
16 completed egg retrievals per lifetime of the covered person. The
17 State Health Benefits Commission may provide that coverage for in
18 vitro fertilization, gamete intra fallopian transfer and zygote intra
19 fallopian transfer shall be limited to a covered person who: a. has
20 used all reasonable, less expensive and medically appropriate
21 treatments and is still unable to become pregnant or carry a
22 pregnancy; b. has not reached the limit of four completed egg
23 retrievals; and c. is 45 years of age or younger. The State Health
24 Benefits Commission may also provide that coverage for
25 preimplantation genetic testing with in vitro fertilization be limited
26 to covered persons where:

27 (1) both partners are known carriers of an autosomal recessive
28 disorder;

29 (2) one partner is a known carrier of a single gene autosomal
30 recessive disorder and the partners have one offspring that has been
31 diagnosed with that recessive disorder;

32 (3) one partner is a known carrier of a single gene autosomal
33 disorder;

34 (4) one partner is a known carrier of a single X-linked disorder;
35 and

36 (5) the genetic condition, if passed on to the covered persons'
37 offspring, would result in significant health problems or severe
38 disability.

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

40 **【"infertility"】** "Infertility" means a disease or condition that
41 results in the abnormal function of the reproductive system, as
42 determined pursuant to American Society for Reproductive
43 Medicine practice guidelines by a physician who is Board Certified
44 or Board Eligible in Reproductive Endocrinology and Infertility or
45 in Obstetrics and Gynecology or any one of the following
46 conditions:

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

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

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

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

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

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

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

16 (8) A previous determination of infertility pursuant to this
17 section.

18 “Preimplantation genetic testing” means a technique used to
19 identify genetic defects in embryos created through in vitro
20 fertilization before pregnancy.

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

32 (cf: P.L.2017, c.48, s.6)]¹

33

34 ¹[7. Section 7 of P.L.2017, c.48 (C.52:14-17.46.6g) is amended
35 to read as follows:

36 7. a. The School Employees Health Benefits Commission shall
37 ensure that every contract under the School Employees Health
38 Benefits Program shall provide coverage for medically necessary
39 expenses incurred in the diagnosis and treatment of infertility, as
40 provided pursuant to this section, and for preimplantation genetic
41 testing, including in vitro fertilization, where the covered persons
42 are not infertile, for the purpose of preventing certain serious
43 genetic conditions from being passed on to offspring. The School
44 Employees Health Benefits Program contract shall provide coverage
45 which includes, but is not limited to, the following services related
46 to infertility: diagnosis and diagnostic tests; medications; surgery;
47 in vitro fertilization; embryo transfer; artificial insemination;
48 gamete intra fallopian transfer; zygote intra fallopian transfer;

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

13 (1) both partners are known carriers of an autosomal recessive
14 disorder;

15 (2) one partner is a known carrier of a single gene autosomal
16 recessive disorder and the partners have one offspring that has been
17 diagnosed with that recessive disorder;

18 (3) one partner is a known carrier of a single gene autosomal
19 disorder;

20 (4) one partner is a known carrier of a single X-linked disorder;
21 and

22 (5) the genetic condition, if passed on to the covered persons'
23 offspring, would result in significant health problems or severe
24 disability.

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

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

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

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

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

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

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

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

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

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

3 “Preimplantation genetic testing” means a technique used to
4 identify genetic defects in embryos created through in vitro
5 fertilization before pregnancy.

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

17 (cf: P.L.2017, c.48, s.7)¹

18

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

21 1. a. A hospital service corporation contract which provides
22 hospital or medical expense benefits for groups with more than 50
23 persons, which includes pregnancy-related benefits, shall not be
24 delivered, issued, executed or renewed in this State, or approved for
25 issuance or renewal in this State by the Commissioner of Banking
26 and Insurance on or after the effective date of this act unless the
27 contract provides coverage for persons covered under the contract
28 for medically necessary expenses, as determined by a physician,
29 incurred in the diagnosis and treatment of infertility as provided
30 pursuant to this section. The hospital service corporation contract
31 shall provide coverage for any services related to infertility in
32 accordance with American Society for Reproductive Medicine
33 guidelines and as determined by a physician, which includes, but is
34 not limited to: diagnosis and diagnostic tests; medications; surgery;
35 intrauterine insemination; in vitro fertilization, including in vitro
36 fertilization using donor eggs and in vitro fertilization where the
37 embryo is transferred to a gestational carrier or surrogate; genetic
38 testing; preimplantation genetic testing, including in vitro
39 fertilization, where the covered person is not infertile for the
40 purpose of preventing certain serious genetic conditions from being
41 passed to offspring; artificial insemination; intracytoplasmic sperm
42 injection; four completed egg retrievals; unlimited embryo
43 transfers, in accordance with guidelines from the American Society
44 for Reproductive Medicine, using single embryo transfer when
45 recommended and deemed medically appropriate by a physician;
46 and medical costs of egg or sperm donors, including office visits,
47 medications, laboratory and radiological procedures, and retrieval,
48 shall be covered until the donor is released from treatment by the

1 reproductive endocrinologist. The hospital service corporation may
2 provide that coverage for in vitro fertilization, with exception to
3 preimplantation genetic testing with in vitro fertilization, shall be
4 limited to a covered person who 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. Coverage for infertility services provided
8 to partners of persons who have successfully reversed a voluntary
9 sterilization shall not be excluded. A contract shall not impose any
10 restriction concerning the coverage of infertility services based on
11 age.

12 b. The hospital service corporation may also provide that
13 coverage for preimplantation genetic testing with in vitro
14 fertilization, as provided pursuant to subsection a. of this section, be
15 limited to covered persons where:

16 (1) both partners are known carriers of an autosomal recessive
17 disorder;

18 (2) one partner is a known carrier of a single gene autosomal
19 recessive disorder and the partners have one offspring that has been
20 diagnosed with that recessive disorder;

21 (3) one partner is a known carrier of a single gene autosomal
22 disorder;

23 (4) one partner is a known carrier of a single X-linked disorder;
24 and

25 (5) the genetic condition, if passed on to the covered persons'
26 offspring, would result in significant health problems or severe
27 disability.

28 c. As used in this section:

29 "Infertility" means a disease, condition, or status characterized
30 by any of the following:

31 (1) the inability to achieve a successful pregnancy based on a
32 patient's medical, sexual, and reproductive history, age, physical
33 findings, diagnostic testing, or any combination of those factors;

34 (2) the need for medical intervention, including, but not limited
35 to, the use of donor gametes or donor embryos in order to achieve a
36 successful pregnancy either as an individual or with a partner; or

37 (3) in patients having regular, unprotected intercourse and
38 without any known etiology for either partner suggestive of
39 impaired reproductive ability, evaluation should be initiated at 12
40 months when the female partner is under 35 years of age and at 6
41 months when the female partner is 35 years of age or older.

42 Nothing in this definition shall be used to deny or delay
43 treatment to any individual, regardless of relationship status or
44 sexual orientation.

45 "Preimplantation genetic testing" means a technique used to
46 identify genetic defects in embryos created through in vitro
47 fertilization before pregnancy.

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

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

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

34 **[c]** f. This section shall apply to those hospital service
35 corporation contracts in which the hospital service corporation has
36 reserved the right to change the premium.

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

46 **[e]** h. Nothing in this section shall preclude the hospital
47 service corporation from performing utilization review, including
48 periodic review of the medical necessity of a particular service,

1 provided all utilization review decisions are consistent with
2 American Society for Reproductive Medicine guidelines.¹
3 (cf: P.L.2023, c.258, s.1)
4

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

7 2. a. A medical service corporation contract which provides
8 hospital or medical expense benefits for groups with more than 50
9 persons, which includes pregnancy-related benefits, shall not be
10 delivered, issued, executed or renewed in this State, or approved for
11 issuance or renewal in this State by the Commissioner of Banking
12 and Insurance on or after the effective date of this act unless the
13 contract provides coverage for persons covered under the contract
14 for medically necessary expenses, as determined by a physician,
15 incurred in the diagnosis and treatment of infertility as provided
16 pursuant to this section. The medical service corporation contract
17 shall provide coverage for any services related to infertility in
18 accordance with American Society for Reproductive Medicine
19 guidelines and as determined by a physician, which includes, but is
20 not limited to: diagnosis and diagnostic tests; medications; surgery;
21 intrauterine insemination; in vitro fertilization, including in vitro
22 fertilization using donor eggs and in vitro fertilization where the
23 embryo is transferred to a gestational carrier or surrogate; genetic
24 testing; preimplantation genetic testing, including in vitro
25 fertilization, where the covered person is not infertile for the
26 purpose of preventing certain serious genetic conditions from being
27 passed to offspring; artificial insemination; intracytoplasmic sperm
28 injection; four completed egg retrievals; unlimited embryo
29 transfers, in accordance with guidelines from the American Society
30 for Reproductive Medicine, using single embryo transfer when
31 recommended and deemed medically appropriate by a physician;
32 and medical costs of egg or sperm donors, including office visits,
33 medications, laboratory and radiological procedures, and retrieval,
34 shall be covered until the donor is released from treatment by the
35 reproductive endocrinologist. The medical service corporation may
36 provide that coverage for in vitro fertilization , with exception to
37 preimplantation genetic testing with in vitro fertilization, shall be
38 limited to a covered person who has used all reasonable, less
39 expensive, and medically appropriate treatments, as determined by a
40 licensed physician, and is still unable to become pregnant or carry a
41 pregnancy to a live birth. Coverage for infertility services provided
42 to partners of persons who have successfully reversed a voluntary
43 sterilization shall not be excluded. A contract shall not impose any
44 restriction concerning the coverage of infertility services based on
45 age.

46 b. The medical service corporation may also provide that
47 coverage for preimplantation genetic testing with in vitro

1 fertilization, as provided pursuant to subsection a. of this section, be
2 limited to covered persons where:

3 (1) both partners are known carriers of an autosomal recessive
4 disorder;

5 (2) one partner is a known carrier of a single gene autosomal
6 recessive disorder and the partners have one offspring that has been
7 diagnosed with that recessive disorder;

8 (3) one partner is a known carrier of a single gene autosomal
9 disorder;

10 (4) one partner is a known carrier of a single X-linked disorder;
11 and

12 (5) the genetic condition, if passed on to the covered persons'
13 offspring, would result in significant health problems or severe
14 disability.

15 c. As used in this section:

16 "Infertility" means a disease, condition, or status characterized
17 by any of the following:

18 (1) the inability to achieve a successful pregnancy based on a
19 patient's medical, sexual, and reproductive history, age, physical
20 findings, diagnostic testing, or any combination of those factors;

21 (2) the need for medical intervention, including, but not limited
22 to, the use of donor gametes or donor embryos in order to achieve a
23 successful pregnancy either as an individual or with a partner; or

24 (3) in patients having regular, unprotected intercourse and
25 without any known etiology for either partner suggestive of
26 impaired reproductive ability, evaluation should be initiated at 12
27 months when the female partner is under 35 years of age and at 6
28 months when the female partner is 35 years of age or older.

29 Nothing in this definition shall be used to deny or delay
30 treatment to any individual, regardless of relationship status or
31 sexual orientation.

32 "Preimplantation genetic testing" means a technique used to
33 identify genetic defects in embryos created through in vitro
34 fertilization before pregnancy.

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

38 d. The benefits shall be provided to the same extent as for other
39 medical conditions under the contract, except that the services
40 provided for in this section shall be performed at facilities that
41 conform to standards established by the American Society for
42 Reproductive Medicine or the American College of Obstetricians
43 and Gynecologists. The same copayments, deductibles and benefit
44 limits shall apply to the diagnosis and treatment of infertility
45 pursuant to this section as those applied to other medical or surgical
46 benefits under the contract. Infertility resulting from a voluntary
47 unreversed sterilization procedure may be excluded if the voluntary
48 unreversed sterilization is the sole cause of infertility, provided,

1 however, that coverage for infertility services shall not be excluded
2 if the voluntary sterilization is successfully reversed.

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

20 **[c] f.** This section shall apply to those medical service
21 corporation contracts in which the medical service corporation has
22 reserved the right to change the premium.

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

32 **[e] h.** Nothing in this section shall preclude the medical
33 service corporation from performing utilization review, including
34 periodic review of the medical necessity of a particular service,
35 provided all utilization review decisions are consistent with
36 American Society for Reproductive Medicine guidelines.¹
37 (cf: P.L.2023, c.258, s.2)

38
39 ¹3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended
40 to read as follows:

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

1 for medically necessary expenses, as determined by a physician,
2 incurred in the diagnosis and treatment of infertility as provided
3 pursuant to this section. The health service corporation contract
4 shall provide coverage for any services related to infertility in
5 accordance with American Society for Reproductive Medicine
6 guidelines and as determined by a physician, which includes, but is
7 not limited to: diagnosis and diagnostic tests; medications; surgery;
8 intrauterine insemination; in vitro fertilization, including in vitro
9 fertilization using donor eggs and in vitro fertilization where the
10 embryo is transferred to a gestational carrier or surrogate; genetic
11 testing; preimplantation genetic testing, including in vitro
12 fertilization, where the covered person is not infertile for the
13 purpose of preventing certain serious genetic conditions from being
14 passed to offspring; artificial insemination; intracytoplasmic sperm
15 injection; four completed egg retrievals; unlimited embryo
16 transfers, in accordance with guidelines from the American Society
17 for Reproductive Medicine, using single embryo transfer when
18 recommended and deemed medically appropriate by a physician;
19 and medical costs of egg or sperm donors, including office visits,
20 medications, laboratory and radiological procedures, and retrieval,
21 shall be covered until the donor is released from treatment by the
22 reproductive endocrinologist. The health service corporation may
23 provide that coverage for in vitro fertilization, with exception to
24 preimplantation genetic testing with in vitro fertilization, shall be
25 limited to a covered person who has used all reasonable, less
26 expensive, and medically appropriate treatments, as determined by a
27 licensed physician, and is still unable to become pregnant or carry a
28 pregnancy to a live birth. Coverage for infertility services provided
29 to partners of persons who have successfully reversed a voluntary
30 sterilization shall not be excluded. A contract shall not impose any
31 restriction concerning the coverage of infertility services based on
32 age.

33 b. The health service corporation may also provide that
34 coverage for preimplantation genetic testing with in vitro
35 fertilization, as provided pursuant to subsection a. of this section, be
36 limited to covered persons where:

37 (1) both partners are known carriers of an autosomal recessive
38 disorder;

39 (2) one partner is a known carrier of a single gene autosomal
40 recessive disorder and the partners have one offspring that has been
41 diagnosed with that recessive disorder;

42 (3) one partner is a known carrier of a single gene autosomal
43 disorder;

44 (4) one partner is a known carrier of a single X-linked disorder;
45 and

46 (5) the genetic condition, if passed on to the covered persons'
47 offspring, would result in significant health problems or severe
48 disability.

1 c. As used in this section:

2 "Infertility" means a disease, condition, or status characterized
3 by any of the following:

4 (1) the inability to achieve a successful pregnancy based on a
5 patient's medical, sexual, and reproductive history, age, physical
6 findings, diagnostic testing, or any combination of those factors;

7 (2) the need for medical intervention, including, but not limited
8 to, the use of donor gametes or donor embryos in order to achieve a
9 successful pregnancy either as an individual or with a partner; or

10 (3) in patients having regular, unprotected intercourse and
11 without any known etiology for either partner suggestive of
12 impaired reproductive ability, evaluation should be initiated at 12
13 months when the female partner is under 35 years of age and at 6
14 months when the female partner is 35 years of age or older.

15 Nothing in this definition shall be used to deny or delay
16 treatment to any individual, regardless of relationship status or
17 sexual orientation.

18 "Preimplantation genetic testing" means a technique used to
19 identify genetic defects in embryos created through in vitro
20 fertilization before pregnancy.

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

24 d. The benefits shall be provided to the same extent as for other
25 medical conditions under the contract, except that the services
26 provided for in this section shall be performed at facilities that
27 conform to standards established by the American Society for
28 Reproductive Medicine or the American College of Obstetricians
29 and Gynecologists. The same copayments, deductibles and benefit
30 limits shall apply to the diagnosis and treatment of infertility
31 pursuant to this section as those applied to other medical or surgical
32 benefits under the contract. Infertility resulting from a voluntary
33 unreversed sterilization procedure may be excluded if the voluntary
34 unreversed sterilization is the sole cause of infertility, provided,
35 however, that coverage for infertility services shall not be excluded
36 if the voluntary sterilization is successfully reversed.

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

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

6 **[c] f.** This section shall apply to those health service
7 corporation contracts in which the health service corporation has
8 reserved the right to change the premium.

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

18 **[e] h.** Nothing in this section shall preclude the health
19 service corporation from performing utilization review, including
20 periodic review of the medical necessity of a particular service,
21 provided all utilization review decisions are consistent with
22 American Society for Reproductive Medicine guidelines.¹
23 (cf: P.L.2023, c.258, s.3)

24
25 ¹4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended
26 to read as follows:

27 4. a. A group health insurance policy which provides hospital
28 or medical expense benefits for groups with more than 50 persons,
29 which includes pregnancy-related benefits, shall not be delivered,
30 issued, executed or renewed in this State, or approved for issuance
31 or renewal in this State by the Commissioner of Banking and
32 Insurance on or after the effective date of this act unless the policy
33 provides coverage for persons covered under the policy for
34 medically necessary expenses, as determined by a physician,
35 incurred in the diagnosis and treatment of infertility as provided
36 pursuant to this section. The policy shall provide coverage for any
37 services related to infertility in accordance with American Society
38 for Reproductive Medicine guidelines and as determined by a
39 physician, which includes, but is not limited to: diagnosis and
40 diagnostic tests; medications; surgery; intrauterine insemination; in
41 vitro fertilization, including in vitro fertilization using donor eggs
42 and in vitro fertilization where the embryo is transferred to a
43 gestational carrier or surrogate; genetic testing; preimplantation
44 genetic testing, including in vitro fertilization, where the covered
45 person is not infertile for the purpose of preventing certain serious
46 genetic conditions from being passed to offspring; artificial
47 insemination; intracytoplasmic sperm injection; four completed egg

1 retrievals; unlimited embryo transfers, in accordance with
2 guidelines from the American Society for Reproductive Medicine,
3 using single embryo transfer when recommended and deemed
4 medically appropriate by a physician; and medical costs of egg or
5 sperm donors, including office visits, medications, laboratory and
6 radiological procedures, and retrieval, shall be covered until the
7 donor is released from treatment by the reproductive
8 endocrinologist. The policy may provide that coverage for in vitro
9 fertilization, with exception to preimplantation genetic testing with
10 in vitro fertilization, shall be limited to a covered person who has
11 used all reasonable, less expensive, and medically appropriate
12 treatments, as determined by a licensed physician, and is still unable
13 to become pregnant or carry a pregnancy to a live birth. Coverage
14 for infertility services provided to partners of persons who have
15 successfully reversed a voluntary sterilization shall not be excluded.
16 A policy shall not impose any restriction concerning the coverage
17 of infertility services based on age.

18 b. The policy may also provide that coverage for
19 preimplantation genetic testing with in vitro fertilization, as
20 provided pursuant to subsection a. of this section, be limited to
21 covered persons where:

22 (1) both partners are known carriers of an autosomal recessive
23 disorder;

24 (2) one partner is a known carrier of a single gene autosomal
25 recessive disorder and the partners have one offspring that has been
26 diagnosed with that recessive disorder;

27 (3) one partner is a known carrier of a single gene autosomal
28 disorder;

29 (4) one partner is a known carrier of a single X-linked disorder;
30 and

31 (5) the genetic condition, if passed on to the covered persons'
32 offspring, would result in significant health problems or severe
33 disability.

34 c. As used in this section:

35 "Infertility" means a disease, condition, or status characterized
36 by any of the following:

37 (1) the inability to achieve a successful pregnancy based on a
38 patient's medical, sexual, and reproductive history, age, physical
39 findings, diagnostic testing, or any combination of those factors;

40 (2) the need for medical intervention, including, but not limited
41 to, the use of donor gametes or donor embryos in order to achieve a
42 successful pregnancy either as an individual or with a partner; or

43 (3) in patients having regular, unprotected intercourse and
44 without any known etiology for either partner suggestive of
45 impaired reproductive ability, evaluation should be initiated at 12
46 months when the female partner is under 35 years of age and at 6
47 months when the female partner is 35 years of age or older.

1 Nothing in this definition shall be used to deny or delay
2 treatment to any individual, regardless of relationship status or
3 sexual orientation.

4 “Preimplantation genetic testing” means a technique used to
5 identify genetic defects in embryos created through in vitro
6 fertilization before pregnancy.

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

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

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

40 **[c] f.** This section shall apply to those insurance policies in
41 which the insurer has reserved the right to change the premium.

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

1 other program administered by the Division of Medical Assistance
2 and Health Services in the Department of Human Services.

3 **[e] h.** Nothing in this section shall preclude the insurer
4 from performing utilization review, including periodic review of the
5 medical necessity of a particular service, provided all utilization
6 review decisions are consistent with American Society for
7 Reproductive Medicine guidelines.¹

8 (cf: P.L.2023, c.258, s.4)

9

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

12 5. a. No certificate of authority to establish and operate a health
13 maintenance organization in this State shall be issued or continued
14 on or after the effective date of this act unless the health
15 maintenance organization provides health care services, to groups
16 of more than 50 enrollees, for medically necessary expenses, as
17 determined by a physician, incurred in the diagnosis and treatment
18 of infertility as provided pursuant to this section. A health
19 maintenance organization shall provide enrollee coverage for any
20 services related to infertility in accordance with American Society
21 for Reproductive Medicine guidelines and as determined by a
22 physician, which includes, but is not limited to: diagnosis and
23 diagnostic tests; medications; surgery; intrauterine insemination; in
24 vitro fertilization, including in vitro fertilization using donor eggs
25 and in vitro fertilization where the embryo is transferred to a
26 gestational carrier or surrogate; genetic testing; preimplantation
27 genetic testing, including in vitro fertilization, where the covered
28 person is not infertile for the purpose of preventing certain serious
29 genetic conditions from being passed to offspring; artificial
30 insemination; intracytoplasmic sperm injection; four completed egg
31 retrievals; unlimited embryo transfers, in accordance with
32 guidelines from the American Society for Reproductive Medicine,
33 using single embryo transfer when recommended and deemed
34 medically appropriate by a physician; and medical costs of egg or
35 sperm donors, including office visits, medications, laboratory and
36 radiological procedures, and retrieval, shall be covered until the
37 donor is released from treatment by the reproductive
38 endocrinologist. A health maintenance organization may provide
39 that coverage for in vitro fertilization, with exception to
40 preimplantation genetic testing with in vitro fertilization, shall be
41 limited to a covered person who has used all reasonable, less
42 expensive, and medically appropriate treatments, as determined by a
43 licensed physician, and is still unable to become pregnant or carry a
44 pregnancy to a live birth. Coverage for infertility services provided
45 to partners of persons who have successfully reversed a voluntary
46 sterilization shall not be excluded. A contract shall not impose any
47 restriction concerning the coverage of infertility services based on
48 age.

1 b. The health maintenance organization may also provide that
2 coverage for preimplantation genetic testing with in vitro
3 fertilization, as provided pursuant to subsection a. of this section, be
4 limited to covered persons where:

5 (1) both partners are known carriers of an autosomal recessive
6 disorder;

7 (2) one partner is a known carrier of a single gene autosomal
8 recessive disorder and the partners have one offspring that has been
9 diagnosed with that recessive disorder;

10 (3) one partner is a known carrier of a single gene autosomal
11 disorder;

12 (4) one partner is a known carrier of a single X-linked disorder;
13 and

14 (5) the genetic condition, if passed on to the covered persons'
15 offspring, would result in significant health problems or severe
16 disability.

17 c. As used in this section:

18 "Infertility" means a disease, condition, or status characterized
19 by any of the following:

20 (1) the inability to achieve a successful pregnancy based on a
21 patient's medical, sexual, and reproductive history, age, physical
22 findings, diagnostic testing, or any combination of those factors;

23 (2) the need for medical intervention, including, but not limited
24 to, the use of donor gametes or donor embryos in order to achieve a
25 successful pregnancy either as an individual or with a partner; or

26 (3) in patients having regular, unprotected intercourse and
27 without any known etiology for either partner suggestive of
28 impaired reproductive ability, evaluation should be initiated at 12
29 months when the female partner is under 35 years of age and at 6
30 months when the female partner is 35 years of age or older.

31 Nothing in this definition shall be used to deny or delay
32 treatment to any individual, regardless of relationship status or
33 sexual orientation.

34 "Preimplantation genetic testing" means a technique used to
35 identify genetic defects in embryos created through in vitro
36 fertilization before pregnancy.

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

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

1 unreversed sterilization procedure may be excluded if the voluntary
2 unreversed sterilization is the sole cause of infertility, provided,
3 however, that coverage for infertility services shall not be excluded
4 if the voluntary sterilization is successfully reversed.

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

22 **[c] f.** The provisions of this section shall apply to those
23 contracts for health care services by health maintenance
24 organizations under which the right to change the schedule of
25 charges for enrollee coverage is reserved.

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

36 **[e] h.** Nothing in this section shall preclude the health
37 maintenance organization from performing utilization review,
38 including periodic review of the medical necessity of a particular
39 service, provided all utilization review decisions are consistent with
40 American Society for Reproductive Medicine guidelines.¹

41 (cf: P.L.2023, c.258, s.5)

42

43 ¹6. Section 6 of P.L.2017, c.48 (C.52:14-17.29v) is amended to
44 read as follows:

45 6. **a.** The State Health Benefits Commission shall ensure that
46 every contract under the State Health Benefits Program shall
47 provide coverage for medically necessary expenses, as determined

1 by a physician, incurred in the diagnosis and treatment of infertility
2 as provided pursuant to this section. The State Health Benefits
3 Program shall provide coverage for any services related to
4 infertility in accordance with American Society for Reproductive
5 Medicine guidelines and as determined by a physician, which
6 includes, but is not limited to: diagnosis and diagnostic tests;
7 medications; surgery; intrauterine insemination; in vitro
8 fertilization, including in vitro fertilization using donor eggs and in
9 vitro fertilization where the embryo is transferred to a gestational
10 carrier or surrogate; genetic testing; preimplantation genetic testing,
11 including in vitro fertilization, where the covered person is not
12 infertile for the purpose of preventing certain serious genetic
13 conditions from being passed to offspring; artificial insemination;
14 intracytoplasmic sperm injection; four completed egg retrievals;
15 unlimited embryo transfers, in accordance with guidelines from the
16 American Society for Reproductive Medicine, using single embryo
17 transfer when recommended and deemed medically appropriate by a
18 physician; and medical costs of egg or sperm donors, including
19 office visits, medications, laboratory and radiological procedures,
20 and retrieval, shall be covered until the donor is released from
21 treatment by the reproductive endocrinologist. The State Health
22 Benefits Commission may provide that coverage for in vitro
23 fertilization, with exception to preimplantation genetic testing with
24 in vitro fertilization, shall be limited to a covered person who has
25 used all reasonable, less expensive, and medically appropriate
26 treatments, as determined by a licensed physician, and is still unable
27 to become pregnant or carry a pregnancy to a live birth. Coverage
28 for infertility services provided to partners of persons who have
29 successfully reversed a voluntary sterilization shall not be excluded.
30 A contract shall not impose any restriction concerning the coverage
31 of infertility services based on age.

32 b. The State Health Benefits Commission may also provide that
33 coverage for preimplantation genetic testing with in vitro
34 fertilization, as provided pursuant to subsection a. of this section, be
35 limited to covered persons where:

36 (1) both partners are known carriers of an autosomal recessive
37 disorder;

38 (2) one partner is a known carrier of a single gene autosomal
39 recessive disorder and the partners have one offspring that has been
40 diagnosed with that recessive disorder;

41 (3) one partner is a known carrier of a single gene autosomal
42 disorder;

43 (4) one partner is a known carrier of a single X-linked disorder;
44 and

45 (5) the genetic condition, if passed on to the covered persons'
46 offspring, would result in significant health problems or severe
47 disability.

48 c. As used in this section:

1 "Infertility" means a disease, condition, or status characterized
2 by any of the following:

3 (1) the inability to achieve a successful pregnancy based on a
4 patient's medical, sexual, and reproductive history, age, physical
5 findings, diagnostic testing, or any combination of those factors;

6 (2) the need for medical intervention, including, but not limited
7 to, the use of donor gametes or donor embryos in order to achieve a
8 successful pregnancy either as an individual or with a partner; or

9 (3) in patients having regular, unprotected intercourse and
10 without any known etiology for either partner suggestive of
11 impaired reproductive ability, evaluation should be initiated at 12
12 months when the female partner is under 35 years of age and at 6
13 months when the female partner is 35 years of age or older.

14 Nothing in this definition shall be used to deny or delay
15 treatment to any individual, regardless of relationship status or
16 sexual orientation.

17 "Preimplantation genetic testing" means a technique used to
18 identify genetic defects in embryos created through in vitro
19 fertilization before pregnancy.

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

23 d. The benefits shall be provided to the same extent as for other
24 medical conditions under the contract, except that the services
25 provided for in this section shall be performed at facilities that
26 conform to standards established by the American Society for
27 Reproductive Medicine or the American College of Obstetricians
28 and Gynecologists. The same copayments, deductibles and benefit
29 limits shall apply to the diagnosis and treatment of infertility
30 pursuant to this section as those applied to other medical or surgical
31 benefits under the contract. Infertility resulting from a voluntary
32 unreversed sterilization procedure may be excluded if the voluntary
33 unreversed sterilization is the sole cause of infertility, provided,
34 however, that coverage for infertility services shall not be excluded
35 if the voluntary sterilization is successfully reversed. Nothing in
36 this section shall preclude the carrier from performing utilization
37 review, including periodic review of the medical necessity of a
38 particular service, provided all utilization review decisions are
39 consistent with American Society for Reproductive Medicine
40 guidelines.¹

41 (cf: P.L.2023, c.258, s.6)

42

43 ¹7. Section 7 of P.L.2017, c.48 (C.52:14-17.46.6g) is amended
44 to read as follows:

45 7. a. The School Employees Health Benefits Commission shall
46 ensure that every contract under the School Employees Health
47 Benefits Program shall provide coverage for medically necessary
48 expenses, as determined by a physician, incurred in the diagnosis

1 and treatment of infertility as provided pursuant to this section. The
2 School Employees Health Benefits Program contract shall provide
3 coverage for any services related to infertility in accordance with
4 American Society for Reproductive Medicine guidelines and as
5 determined by a physician, which includes, but is not limited to:
6 diagnosis and diagnostic tests; medications; surgery; intrauterine
7 insemination; in vitro fertilization, including in vitro fertilization
8 using donor eggs and in vitro fertilization where the embryo is
9 transferred to a gestational carrier or surrogate; genetic testing;
10 preimplantation genetic testing, including in vitro fertilization,
11 where the covered person is not infertile for the purpose of
12 preventing certain serious genetic conditions from being passed to
13 offspring; artificial insemination; intracytoplasmic sperm injection;
14 four completed egg retrievals; unlimited embryo transfers, in
15 accordance with guidelines from the American Society for
16 Reproductive Medicine, using single embryo transfer when
17 recommended and deemed medically appropriate by a physician;
18 and medical costs of egg or sperm donors, including office visits,
19 medications, laboratory and radiological procedures, and retrieval,
20 shall be covered until the donor is released from treatment by the
21 reproductive endocrinologist. The School Employees Health
22 Benefits Commission may provide that coverage for in vitro
23 fertilization, with exception to preimplantation genetic testing with
24 in vitro fertilization, shall be limited to a covered person who has
25 used all reasonable, less expensive, and medically appropriate
26 treatments, as determined by a licensed physician, and is still unable
27 to become pregnant or carry a pregnancy to a live birth. Coverage
28 for infertility services provided to partners of persons who have
29 successfully reversed a voluntary sterilization shall not be excluded.
30 A contract shall not impose any restriction concerning the coverage
31 of infertility services based on age.

32 b. The State Health Benefits Commission may also provide that
33 coverage for preimplantation genetic testing with in vitro
34 fertilization, as provided pursuant to subsection a. of this section, be
35 limited to covered persons where:

36 (1) both partners are known carriers of an autosomal recessive
37 disorder;

38 (2) one partner is a known carrier of a single gene autosomal
39 recessive disorder and the partners have one offspring that has been
40 diagnosed with that recessive disorder;

41 (3) one partner is a known carrier of a single gene autosomal
42 disorder;

43 (4) one partner is a known carrier of a single X-linked disorder;
44 and

45 (5) the genetic condition, if passed on to the covered persons'
46 offspring, would result in significant health problems or severe
47 disability.

48 c. As used in this section:

1 "Infertility" means a disease, condition, or status characterized
2 by any of the following:

3 (1) the inability to achieve a successful pregnancy based on a
4 patient's medical, sexual, and reproductive history, age, physical
5 findings, diagnostic testing, or any combination of those factors;

6 (2) the need for medical intervention, including, but not limited
7 to, the use of donor gametes or donor embryos in order to achieve a
8 successful pregnancy either as an individual or with a partner; or

9 (3) in patients having regular, unprotected intercourse and
10 without any known etiology for either partner suggestive of
11 impaired reproductive ability, evaluation should be initiated at 12
12 months when the female partner is under 35 years of age and at 6
13 months when the female partner is 35 years of age or older.

14 Nothing in this definition shall be used to deny or delay
15 treatment to any individual, regardless of relationship status or
16 sexual orientation.

17 "Preimplantation genetic testing" means a technique used to
18 identify genetic defects in embryos created through in vitro
19 fertilization before pregnancy.

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

23 d. The benefits shall be provided to the same extent as for other
24 medical conditions under the contract, except that the services
25 provided for in this section shall be performed at facilities that
26 conform to standards established by the American Society for
27 Reproductive Medicine or the American College of Obstetricians
28 and Gynecologists. The same copayments, deductibles and benefit
29 limits shall apply to the diagnosis and treatment of infertility
30 pursuant to this section as those applied to other medical or surgical
31 benefits under the contract. Infertility resulting from a voluntary
32 unreversed sterilization procedure may be excluded under the
33 contract if the voluntary unreversed sterilization is the sole cause of
34 infertility, provided, however, that coverage for infertility services
35 shall not be excluded if the voluntary sterilization is successfully
36 reversed. Nothing in this section shall preclude the carrier from
37 performing utilization review, including periodic review of the
38 medical necessity of a particular service, provided all utilization
39 review decisions are consistent with American Society for
40 Reproductive Medicine guidelines.¹

41 (cf: P.L.2023, c.258, s.7)

42

43 8. This act shall take effect on the 90th day next following
44 enactment and shall apply to policies or contracts delivered, issued,
45 or renewed on or after that date.