

BILL ANALYSIS

Senate Research Center

S.B. 668
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Economic Development
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As Filed

DIGEST

Currently, under Section 3A, Article 3.51-6, Insurance Code, certain group health benefit plans and policies are authorized to offer and to make available benefits relating to in vitro fertilization procedures. Insurance coverage for infertility remains uneven and inconsistent. In 1990, the National Center for Health Statistics reported that infertility affects 2.3 million couples in the United States. That statistic translates into one couple in every 12. This bill would delete Section 3A, Article 3.51-6, Insurance Code, and require certain group health benefit plans to provide coverage for certain infertility services.

PURPOSE

As proposed, S.B. 668 requires certain group health benefit plans that provide coverage for pregnancy-related services to provide coverage for diagnostic testing associated with the treatment of infertility and infertility services.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the commissioner of insurance in SECTION 1 (Section 6(a), Article 21.53I, Insurance Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 21E, Insurance Code, by adding Article 21.53I, as follows:

Art. 21.53I. COVERAGE FOR DIAGNOSIS AND TREATMENT OF INFERTILITY

Sec. 1. DEFINITIONS. Defines "enrollee," "group health benefit plan," "infertility," "infertility services," and "reproductive health services."

Sec. 2. SCOPE OF ARTICLE. Provides that this article applies to a group health plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness; a health care plan offered by an approved nonprofit health corporation that is certified under Section 5.01(a), Article 4495b, V.T.C.S., and that holds a certificate of authority issued by the commissioner of insurance (commissioner) under Article 21.52F; or a health care plan offered by any other entity not licensed under this code or another insurance law of this state that contracts directly for health care services on a risk-sharing basis. Sets forth certain plans to which this article does not apply.

Sec. 3. APPLICATION. Provides that this article does not apply to a group health benefit plan issued to an employer who has fewer than 25 employees.

Sec. 4. COVERAGE REQUIRED. Requires each group health benefit plan that otherwise provides coverage for pregnancy-related services to provide to enrollees covered by the plan coverage for diagnostic testing associated with the treatment of infertility, and infertility services. Requires the benefits for the diagnosis, testing and infertility services to be provided to the same extent as benefits are provided under the group health benefit plan for other pregnancy-related services.

Sec. 5. LIMITATIONS; REQUIRED CONDITIONS. Provides that coverage for diagnostic testing under this article is required only if the patient for the procedure is an enrollee or is otherwise covered under the group health benefit plan. Sets forth the conditions in which coverage for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer is required. Provides that an enrollee is not entitled to more than two completed oocyte removals.

Sec. 6. REQUIRED NOTICE. Requires each group health benefit plan that offers reproductive health services to provide written notice to each enrollee in the plan of the coverage provided for those services. Requires the plan to provide the notice in accordance with rules adopted by the commissioner. Requires the notice required under this section to be prominently positioned in any literature or correspondence made available or distributed by the group health benefit plan to enrollees.

Sec. 7. EXEMPTION. Provides that an insurer that is owned by or that is part of an entity, group, or order that is directly affiliated with a bona fide religious denomination that includes as an integral part of its beliefs and practices the tenet that specific infertility services are contrary to the moral principles that the religious denomination considers to be an essential part of its beliefs is exempt from the requirement to offer coverage for that particular infertility service.

SECTION 2. Repealer: Section 3A, Article 3.51-6, Insurance Code (In vitro fertilization procedures).

SECTION 3. Effective date: September 1, 1997.

Makes application of this Act prospective to January 1, 1998.

SECTION 4. Emergency clause.