

SENATE, No. 1196

STATE OF NEW JERSEY

INTRODUCED MAY 30, 1996

By Senator MARTIN

1 AN ACT requiring health insurers to provide coverage for medically
2 necessary expenses incurred in the diagnosis and treatment of
3 infertility and supplementing Title 17 of the Revised Statutes, Title
4 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-1 et
5 seq.)
6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:
9

10 1. No hospital service corporation contract providing hospital or
11 medical expense benefits for groups with more than 49 persons, which
12 includes pregnancy-related benefits, shall be delivered, issued,
13 executed or renewed in this State, or approved for issuance or renewal
14 in this State by the Commissioner of Insurance on or after the effective
15 date of this act, unless the contract provides coverage to any named
16 subscriber or other person covered under the contract for medically
17 necessary expenses incurred in the diagnosis and treatment of
18 infertility. For purposes of this section, "infertility" means the
19 condition of a presumably healthy individual who is unable to conceive
20 or produce conception during a period of one year. The benefits shall
21 be provided to the same extent as for other pregnancy-related
22 procedures under the contract.

23 This section shall apply to those hospital service corporation
24 contracts in which the hospital service corporation has reserved the
25 right to change the premium.
26

27 2. No medical service corporation contract providing hospital or
28 medical expense benefits for groups with more than 49 persons, which
29 includes pregnancy-related benefits, shall be delivered, issued,
30 executed or renewed in this State, or approved for issuance or renewal
31 in this State by the Commissioner of Insurance on or after the effective
32 date of this act, unless the contract provides coverage to any named
33 subscriber or other person covered under the contract for medically
34 necessary expenses incurred in the diagnosis and treatment of
35 infertility. For purposes of this section, "infertility" means the
36 condition of a presumably healthy individual who is unable to conceive
37 or produce conception during a period of one year. The benefits shall

1 be provided to the same extent as for other pregnancy-related
2 procedures under the contract.

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

6

7 3. No health service corporation contract providing hospital or
8 medical expense benefits for groups with more than 49 persons, which
9 includes pregnancy-related benefits, shall be delivered, issued,
10 executed or renewed in this State, or approved for issuance or renewal
11 in this State by the Commissioner of Insurance on or after the effective
12 date of this act, unless the contract provides coverage to any named
13 subscriber or other person covered under the contract for medically
14 necessary expenses incurred in the diagnosis and treatment of
15 infertility. For purposes of this section, "infertility" means the
16 condition of a presumably healthy individual who is unable to conceive
17 or produce conception during a period of one year. The benefits shall
18 be provided to the same extent as for other pregnancy-related
19 procedures under the contract.

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

23

24 4. No group health insurance policy providing hospital or medical
25 expense benefits for groups with more than 49 persons, which includes
26 pregnancy-related benefits, shall be delivered, issued, executed or
27 renewed in this State, or approved for issuance or renewal in this State
28 by the Commissioner of Insurance on or after the effective date of this
29 act, unless the policy provides coverage to any named insured or other
30 person covered under the contract for medically necessary expenses
31 incurred in the diagnosis and treatment of infertility. For purposes of
32 this section, "infertility" means the condition of a presumably healthy
33 individual who is unable to conceive or produce conception during a
34 period of one year. The benefits shall be provided to the same extent
35 as for other pregnancy-related procedures under the policy.

36 This section shall apply to those insurance policies in which the
37 insurer has reserved the right to change the premium.

38

39 5. A certificate of authority to establish and operate a health
40 maintenance organization in this State shall not be issued or continued
41 by the Commissioner of Health on or after the effective date of this act
42 unless the health maintenance organization offers health care services,
43 for groups of more than 49 enrollees, for medically necessary expenses
44 incurred in the diagnosis and treatment of infertility. For the purposes
45 of this section, "infertility" means the condition of a presumably
46 healthy individual who is unable to conceive or produce conception

1 during a period of one year. The health care services shall be provided
2 to the same extent as for any other pregnancy-related procedures
3 under the contract.

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

8

9 6. This act shall take effect on the 30th day after enactment.

10

11

12 STATEMENT

13

14 This bill requires health insurers, including hospital service
15 corporations, medical service corporations, health service
16 corporations, commercial insurers and health maintenance
17 organizations that cover groups with 50 or more persons, to provide
18 coverage for medically necessary expenses incurred in the diagnosis or
19 treatment of infertility if the contract or policy includes pregnancy-
20 related benefits. The bill defines "infertility" as the condition of a
21 presumably healthy individual who is unable to conceive or produce
22 conception during a period of one year.

23

24

25

26

27 Requires health insurers to provide coverage for medically necessary
28 expenses incurred in diagnosis and treatment of infertility.