

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 1196

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 12, 1997

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 1196.

As amended by committee, this bill requires hospital, medical and health service corporations, commercial group insurers and health maintenance organizations that provide pregnancy-related benefits to offer to all groups with more than 49 persons coverage for medically necessary expenses incurred in the diagnosis and treatment of infertility. The coverage that is offered shall include, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person.

The insurer may provide that coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a covered person who: a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger.

The bill defines "infertility" as the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: impregnate another person; conceive after two years of unprotected intercourse; or carry a pregnancy to live birth. The benefits shall be provided to the same extent as for other pregnancy-related procedures under the contract or policy, except that the services provided for in this bill shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists.

This bill applies to those contracts or policies in which the insurer has reserved the right to change the premium.

The committee amended the bill to change the requirement that insurers provide coverage for expenses incurred in the diagnosis and treatment of infertility, to only require that insurers offer the coverage

to groups with more than 49 persons. Other amendments specify what infertility services must be offered and in which facilities the services shall be performed. Amendments also revise the definition of infertility.