SENATE BILL NO. 295-COMMITTEE ON COMMERCE AND LABOR

MARCH 3, 1999

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain policies of health insurance to provide coverage for diagnosis and treatment of infertility. (BDR 57-821)

FISCAL NOTE: Effect on Local Government: No. Effect on the State or on Industrial Insurance: No.

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EXPLANATION - Matter in bolded italics is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to insurance; requiring certain policies of health insurance to provide coverage for the diagnosis and treatment of infertility; providing a penalty; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY. DO ENACT AS FOLLOWS:

- **Section 1.** Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. Except as otherwise provided in subsection 2, any policy of health insurance that provides coverage for a pregnancy, including, without
- 5 limitation, coverage relating to complications of pregnancy as defined in
- 6 NRS 689A.042, must also provide commensurate coverage for the
- 7 diagnosis and treatment of infertility, including, without limitation,
- 8 coverage for nonexperimental procedures using assisted reproductive
- 9 technology. Such coverage must be subject to the same terms and
- 10 conditions that apply to the coverage for the pregnancy.
- 11 2. Coverage for in vitro fertilization, gamete intrafallopian transfer 12 or zygote intrafallopian transfer must be provided only if:
- 13 (a) The insured person has been unable to bring a pregnancy to live 14 birth through less costly treatments for infertility that are medically
- 15 appropriate and are otherwise covered under the policy;
- 16 (b) The insured person has not undergone four complete oocyte
- 17 retrievals, except that, if the insured person has brought a pregnancy to
- 18 live birth after a complete oocyte retrieval, coverage for at least two

additional retrievals must be provided, with a lifetime limit of six retrievals; and

- (c) The procedure is performed at a facility that is accredited by the Reproductive Laboratory Accreditation Program of the College of American Pathologists, or a similar program of its successor organization, and complies with the standards of the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations.
- 9 3. A policy subject to the provisions of this chapter that is delivered,
 10 issued for delivery or renewed on or after October 1, 1999, has the legal
 11 effect of including the coverage required by this section, and any
 12 provision of the policy that conflicts with the provisions of this section is
 13 void.
 - 4. As used in this section:

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- (a) "Gamete intrafallopian transfer" means the direct transfer of a mixture of an egg and sperm into the fallopian tube of a woman, with fertilization occurring inside the fallopian tube.
- 18 (b) "In vitro fertilization" means a procedure whereby eggs and sperm 19 are combined and any fertilized and dividing eggs resulting therefrom 20 are transferred into the uterus of a woman or preserved cryogenically for 21 future use.
- 22 (c) "Infertility" means a disease or condition that causes a
 23 reproductive system to function abnormally and results in the inability of
 24 a woman to conceive a child after 1 year of unprotected sexual
 25 intercourse or to carry a pregnancy to live birth.
 - (d) "Nonexperimental procedure" means a clinical treatment or procedure for infertility whose safety and efficacy is recognized by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations.
- (e) "Zygote intrafallopian transfer" means a procedure whereby an
 egg is fertilized and transferred into the fallopian tube of a woman before
 the cells begin to divide.
- Sec. 2. NRS 689A.330 is hereby amended to read as follows:
- 689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the commissioner that the policy is not subject to approval or disapproval by that officer, the commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive [...], and section 1 of this act.

- **Sec. 3.** Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:
- Except as otherwise provided in subsection 2, any policy of group health or blanket health insurance that provides coverage for a pregnancy, including, without limitation, coverage relating to complications of pregnancy as defined in NRS 689B,260, must also provide commensurate coverage for the diagnosis and treatment of infertility, including, without limitation, coverage for nonexperimental procedures using assisted reproductive technology. Such coverage must 10 be subject to the same terms and conditions that apply to the coverage for 11 the pregnancy.
- Coverage for in vitro fertilization, gamete intrafallopian transfer 13 or zygote intrafallopian transfer must be provided only if:
 - (a) The insured person has been unable to bring a pregnancy to live birth through less costly treatments for infertility that are medically appropriate and are otherwise covered under the policy;
- (b) The insured person has not undergone four complete oocyte 17 retrievals, except that, if the insured person has brought a pregnancy to live birth after a complete oocyte retrieval, coverage for at least two 20 additional retrievals must be provided, with a lifetime limit of six 21 retrievals: and
- (c) The procedure is performed at a facility that is accredited by the 22 Reproductive Laboratory Accreditation Program of the College of 24 American Pathologists, or a similar program of its successor organization, and complies with the standards of the American Society 26 for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations. 27
 - A policy subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with the provisions of with this section is void.
 - As used in this section:

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- (a) "Gamete intrafallopian transfer" means the direct transfer of a 34 mixture of an egg and sperm into the fallopian tube of a woman, with fertilization occurring inside the fallopian tube.
- (b) "In vitro fertilization" means a procedure whereby eggs and sperm 37 are combined and any fertilized and dividing eggs resulting therefrom are transferred into the uterus of a woman or preserved cryogenically for 40 future use.
- (c) "Infertility" means a disease or condition that causes a 41 42 reproductive system to function abnormally and results in the inability of

a woman to conceive a child after 1 year of unprotected sexual intercourse or to carry a pregnancy to live birth.

(d) "Nonexperimental procedure" means a clinical treatment or procedure for infertility whose safety and efficacy is recognized by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations.

(e) "Zygote intrafallopian transfer" means a procedure whereby an egg is fertilized and transferred into the fallopian tube of a woman before the cells begin to divide.

- **Sec. 4.** Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:
- new section to read as follows:

 1. Except as otherwise provided in subsection 2, any contract for hospital or medical services that provides coverage for a pregnancy, including, without limitation, coverage relating to complications of pregnancy as defined in NRS 695B.192, must also provide commensurate coverage for the diagnosis and treatment of infertility, including, without limitation, coverage for nonexperimental procedures using assisted reproductive technology. Such coverage must be subject to the same terms and conditions that apply to the coverage for the pregnancy.
 - 2. Coverage for in vitro fertilization, gamete intrafallopian transfer or zygote intrafallopian transfer must be provided only if:
- 23 (a) The insured person has been unable to bring a pregnancy to live 24 birth through less costly treatments for infertility that are medically 25 appropriate and are otherwise covered under the policy;
 - (b) The insured person has not undergone four complete oocyte retrievals, except that, if the insured person has brought a pregnancy to live birth after a complete oocyte retrieval, coverage for at least two additional retrievals must be provided, with a lifetime limit of six retrievals; and
 - (c) The procedure is performed at a facility that is accredited by the Reproductive Laboratory Accreditation Program of the College of American Pathologists, or a similar program of its successor organization, and complies with the standards of the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations.
- 33. A contract for hospital or medical services subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by this section, and any provision of the contract that conflicts with the provisions of this section is void.
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- (a) "Gamete intrafallopian transfer" means the direct transfer of a mixture of an egg and sperm into the fallopian tube of a woman, with fertilization occurring inside the fallopian tube.
- (b) "In vitro fertilization" means a procedure whereby eggs and sperm are combined and any fertilized and dividing eggs resulting therefrom are transferred into the uterus of a woman or preserved cryogenically for future use.
- (c) "Infertility" means a disease or condition that causes a reproductive system to function abnormally and results in the inability of a woman to conceive a child after 1 year of unprotected sexual 11 intercourse or to carry a pregnancy to live birth.
- (d) "Nonexperimental procedure" means a clinical treatment or 13 procedure for infertility whose safety and efficacy is recognized by the 14 American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations.

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- (e) "Zygote intrafallopian transfer" means a procedure whereby an 16 egg is fertilized and transferred into the fallopian tube of a woman before 17 the cells begin to divide. 18
 - **Sec. 5.** Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:
- Except as otherwise provided in subsection 2, any health 22 maintenance plan that provides coverage for a pregnancy, including, without limitation, coverage relating to complications of pregnancy, as 24 defined in NRS 695C.172, must also provide commensurate coverage for the diagnosis and treatment of infertility, including, without limitation, 26 coverage for nonexperimental procedures using assisted reproductive technology. Such coverage must be subject to the same terms and conditions that apply to the coverage for the pregnancy.
 - Coverage for in vitro fertilization, gamete intrafallopian transfer or zygote intrafallopian transfer must be provided only if:
- (a) The insured person has been unable to bring a pregnancy to live 32 birth through less costly treatments for infertility that are medically appropriate and are otherwise covered under the health maintenance 34 *plan*:
- (b) The insured person has not undergone four complete oocyte 35 36 retrievals, except that, if the insured person has brought a pregnancy to live birth after a complete oocyte retrieval, coverage for at least two additional retrievals must be provided, with a lifetime limit of six retrievals; and 39
- (c) The procedure is performed at a facility that is accredited by the 40 41 Reproductive Laboratory Accreditation Program of the College of 42 American Pathologists, or a similar program of its successor 43 organization, and complies with the standards of the American Society

for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations.

- 3. Any evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 1999, has the legal effect of including the coverage required by this section, and any provision of the evidence of coverage that conflicts with the provisions of this section is void.
 - 4. As used in this section:

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- (a) "Gamete intrafallopian transfer" means the direct transfer of a mixture of an egg and sperm into the fallopian tube of a woman, with fertilization occurring inside the fallopian tube.
- (b) "In vitro fertilization" means a procedure whereby eggs and sperm 12 are combined and any fertilized and dividing eggs resulting therefrom 14 are transferred into the uterus of a woman or preserved cryogenically for future use. 15
 - (c) "Infertility" means a disease or condition that causes a reproductive system to function abnormally and results in the inability of a woman to conceive a child after 1 year of unprotected sexual intercourse or to carry a pregnancy to live birth.
- (d) "Nonexperimental procedure" means a clinical treatment or 21 procedure for infertility whose safety and efficacy is recognized by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists, or their successor organizations.
- (e) "Zygote intrafallopian transfer" means a procedure whereby an 24 egg is fertilized and transferred into the fallopian tube of a woman before the cells begin to divide. 26
- **Sec. 6.** NRS 695C.330 is hereby amended to read as follows: 27
 - 695C.330 1. The commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization pursuant to the provisions of this chapter if he finds that any of the following conditions exist:
 - (a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless any amendments to those submissions have been filed with and approved by the commissioner;
 - (b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.170 to 695C.200, inclusive, and section 5 of this act, or NRS 695C.207;
- (c) The health care plan does not furnish comprehensive health care 42 services provided **NRS** 695C.060; for in 43

- (d) The state board of health certifies to the commissioner that [: (1) The] the health maintenance organization [does]:
- (1) **Does** not meet the requirements of subsection 2 of NRS 695C.080; or

- (2) [The health maintenance organization is] Is unable to fulfill its obligations to furnish health care services as required under its health care plan:
- (e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;
- (f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to participate in matters relating to the content of programs pursuant to NRS 695C.110;
- (g) The health maintenance organization has failed to put into effect the system for complaints required by NRS 695C.260 in a manner reasonably to dispose of valid complaints;
- (h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner;
- (i) The continued operation of the health maintenance organization would be hazardous to its enrollees; or
- (j) The health maintenance organization has otherwise failed to comply substantially with the provisions of this chapter.
- 2. A certificate of authority must be suspended or revoked only after compliance with the requirements of NRS 695C.340.
- 3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.
- 4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The commissioner may by written order permit such further operation of the organization as he may find to be in the best interest of enrollees to the end that enrollees are afforded the greatest practical opportunity to obtain continuing coverage for health care.

- Sec. 7. The amendatory provisions of this act do not apply to offenses that were committed before October 1, 1999.