LEGISLATURE OF NEBRASKA ONE HUNDRED FIFTH LEGISLATURE

SECOND SESSION

LEGISLATIVE BILL 726

Introduced by Wayne, 13.

Read first time January 03, 2018

Committee: Banking, Commerce and Insurance

- 1 A BILL FOR AN ACT relating to insurance; to require insurance coverage
- for in vitro fertilization procedures as prescribed.
- 3 Be it enacted by the people of the State of Nebraska,

- 1 Section 1. (1) Subject to subsections (2) and (3) of this section
- 2 and notwithstanding section 44-3,131, (a) any individual or group
- 3 sickness and accident insurance policy, certificate, or subscriber
- 4 contract delivered, issued for delivery, or renewed in this state and any
- 5 hospital, medical, or surgical expense-incurred policy, except for
- 6 policies that provide coverage for a specified disease or other limited-
- 7 benefit coverage, and (b) any self-funded employee benefit plan to the
- 8 extent not preempted by federal law that provides coverage for pregnancy-
- 9 related procedures shall provide coverage on an expense incurred,
- 10 service, or prepaid basis for outpatient expenses that arise from in
- 11 <u>vitro fertilization procedures. Benefits for in vitro fertilization</u>
- 12 procedures required under this section must be provided to the same
- 13 extent as benefits provided for other pregnancy-related procedures under
- 14 the policy, certificate, contract, or plan.
- 15 (2) Coverage for in vitro fertilization procedures shall be required
- 16 under this section only if:
- 17 <u>(a) The patient for the in vitro fertilization procedure is an</u>
- individual covered under the policy, certificate, contract, or plan;
- 19 (b) The fertilization or attempted fertilization of the patient's
- 20 <u>oocytes is made only with the sperm of the patient's spouse;</u>
- 21 (c) The patient and the patient's spouse have a history of
- 22 infertility or the infertility is associated with:
- 23 (I) Endometriosis;
- 24 (II) Exposure in utero to diethylstilbestrol;
- 25 (III) Blockage of or surgical removal of one or both fallopian
- 26 <u>tubes; or</u>
- 27 <u>(IV) Oligospermia;</u>
- 28 <u>(d) The patient has been unable to attain a successful pregnancy</u>
- 29 through any less costly applicable infertility treatments for which
- 30 coverage is available under the policy, certificate, contract, or plan;
- 31 <u>and</u>

- (e) The in vitro fertilization procedures are performed at a medical
 facility that conforms to the minimal standards for programs of in vitro
 fertilization adopted by the American Society for Reproductive Medicine.
- (3) An insurer, health maintenance organization, or self-insuring

 employer 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 that in vitro

 fertilization is contrary to moral principles that the religious

 denomination considers to be an essential part of its beliefs is not

 required to offer coverage for in vitro fertilization procedures.
- 11 (4) The Department of Insurance may adopt and promulgate rules and regulations to carry out this section.