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#### A BILL FOR AN ACT

RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE.

#### BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

- 1 SECTION 1. The legislature finds that reproductive
- 2 technologies, such as in vitro fertilization, are extremely
- 3 important to many who desire to have children. The State's
- 4 mandate that insurance plans provide a one-time benefit for
- 5 costs associated with in vitro fertilization procedures, though
- 6 admirable, excludes same-sex couples, unmarried women, and
- 7 opposite-sex couples for whom male infertility is the relevant
- 8 factor. While some insurers independently offer policies that
- 9 cover female couples or women without male partners, these
- 10 policies are not guaranteed by law and not all cover single
- 11 women. Finally, opposite-sex couples for whom male infertility
- 12 is the relevant factor are excluded from coverage through the
- 13 existing statutory requirement that covered treatment involves
- 14 sperm from the male spouse.
- The legislature further finds that the current unequal
- 16 treatment of individuals seeking medical fertility assistance
- 17 constitutes discrimination on the basis of sex, sexual



- 1 orientation, and marital status. In vitro fertilization
- 2 procedures are expensive, costing \$12,000 to \$15,000 per cycle,
- 3 approximately half the average annual household disposable
- 4 income in the United States. Same-sex couples, unmarried women,
- 5 and opposite-sex couples affected by male infertility must
- 6 unreasonably bear the full cost of the procedures while married
- 7 opposite-sex couples for whom female infertility is the relevant
- 8 factor do not bear the same burden.
- 9 The purpose of this Act is to ensure equal access to in
- 10 vitro fertilization for all couples, including same-sex couples,
- 11 and for women regardless of marital status.
- 12 SECTION 2. Section 431:10A-116.5, Hawaii Revised Statutes,
- 13 is amended by amending subsection (a) to read as follows:
- "(a) All individual and group accident and health or
- 15 sickness insurance policies [which] that provide pregnancy-
- 16 related benefits shall include, in addition to any other
- 17 benefits for treating infertility, a one-time only benefit for
- 18 all outpatient expenses arising from in vitro fertilization
- 19 procedures performed on the insured or the insured's dependent
- 20 spouse; provided that:

1	<u>(1)</u>	Benefits under this section shall be gender neutral,
2		meaning any benefit available to married opposite-sex
3		couples shall also be available for same-sex couples,
4		and for women regardless of marital status;
5	[ <del>(1)</del> ]	(2) Benefits under this section shall be provided to
6		the same extent as the benefits provided for other
7		pregnancy-related benefits;
8	[ <del>(2)</del>	The patient is the insured or covered dependent of the
9		insured;
10	(3)	The [patient's] oocytes [are fertilized with the
11		patient's spouse's sperm; or sperm of the insured or
12		of the insured's dependent spouse are used in the in
13		vitro fertilization procedures;
14	(4)	The:
15		(A) [Patient and the patient's spouse have] Insured
16		or the insured's dependent spouse has a history
17		of infertility of at least [five years' duration;
18		er] two years;
19		(B) Infertility is associated with one or more of the
20		following medical conditions:
21		(i) Endometriosis;

1		<ul><li>(ii) Exposure in utero to diethylstilbestrol,</li></ul>
2		commonly known as DES;
3		(iii) Blockage of, or surgical removal of, one or
4		both fallopian tubes (lateral or bilateral
5		salpingectomy); or
6		(iv) Abnormal male factors contributing to [the]
7		infertility; or
8		(C) Insured and insured's dependent spouse are of the
9		<pre>same sex;</pre>
10	(5)	The [patient] insured or the insured's dependent
11		spouse has been unable to attain a successful
12		pregnancy through other applicable infertility
13		treatments [for which coverage is available] covered
14		under the insurance contract; and
15	(6)	The in vitro fertilization procedures are performed at
16		medical facilities that conform to the American
17		College of Obstetricians and [Gynecologists]
18		Gynecologists' guidelines for in vitro fertilization
19		clinics or [to] the American Society for Reproductive
20		[Medicine minimal] Medicine's minimum standards for
21		[ <del>programs of</del> ] in vitro fertilization[-] programs.

1	The benefits available under this subsection shall be covered	
2	expenses directly related to in vitro fertilization services and	
3	shall not include other pregnancy-related or other post-in vitro	
4	fertilization outpatient services."	
5	SECTION 3. Section 432:1-604, Hawaii Revised Statutes, is	
6	amended by amending subsection (a) to read as follows:	
7	"(a) All individual and group hospital or medical service	
8	plan contracts [which] that provide pregnancy-related benefits	
9	shall include, in addition to any other benefits for treating	
10	infertility, a one-time only benefit for all outpatient expense	
11	arising from in vitro fertilization procedures performed on the	
12	subscriber or member or the subscriber's or member's dependent	
13	spouse; provided that:	
14	(1) Benefits under this section shall be gender neutral,	
15	meaning any benefit available to married opposite-sex	
16	couples shall also be available for same-sex couples,	
17	and for women regardless of marital status;	
18	$[\frac{(1)}{(2)}]$ Benefits under this section shall be provided to	
19	the same extent as the benefits provided for other	
20	pregnancy-related benefits;	

1	[ <del>(2)</del>	The patient is a subscriber or member or covered
2		dependent of the subscriber or member;
3	(3)	The [patient's] oocytes [are fertilized with the
4		patient's spouse's sperm; or sperm of the subscriber
5		or member or of the subscriber's or member's dependent
6		spouse are used in the in vitro fertilization
7		procedures;
8	(4)	The:
9		(A) [Patient and the patient's spouse have]
10		Subscriber or member or the subscriber's or
11		member's dependent spouse has a history of
12		infertility of at least [five years' duration;
13		er] two years;
14		(B) Infertility is associated with one or more of the
15		following medical conditions:
16		(i) Endometriosis;
17		(ii) Exposure in utero to diethylstilbestrol,
18		commonly known as DES;
19		(iii) Blockage of, or surgical removal of, one or
20		both fallopian tubes (lateral or bilateral
21		salpingectomy); or

1		(iv) Abnormal male factors contributing to [the]
2		infertility; <u>or</u>
3		(C) Subscriber or member and the subscriber's or
4		member's dependent spouse are of the same sex;
5	(5)	The [patient] subscriber or member or the subscriber's
6		or member's dependent spouse has been unable to attain
7		a successful pregnancy through other applicable
8		infertility treatments [for which coverage is
9		available] covered under the contract; and
10	(6)	The in vitro fertilization procedures are performed at
11		medical facilities that conform to the American
12		College of Obstetricians and [Gynecologists]
13		Gynecologists' guidelines for in vitro fertilization
14		clinics or [to] the American Society for Reproductive
15		[Medicine minimal] Medicine's minimum standards for
16		[programs of] in vitro fertilization[-] programs.
17	The benef	its available under this subsection shall be covered
18	expenses o	directly related to in vitro fertilization services and
19	shall not	include other pregnancy-related or other post-in vitro
20	fertiliza	tion outpatient services."

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## S.B. NO. 993

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1	SECTION 4. The coverage for in vitro fertilization
2	services required under sections 2 and 3 of this Act is not
3	intended to apply to the medicaid program.
4	SECTION 5. Statutory material to be repealed is bracketed
5	and stricken. New statutory material is underscored.
6	SECTION 6. This Act shall take effect on July 1, 2023.

INTRODUCED BY:

#### Report Title:

In Vitro Fertilization; Mandatory Insurance Coverage; Same-Sex Couples; Unmarried Women; Male Infertility; Parity

#### Description:

Removes discriminatory requirements for mandatory insurance coverage of in vitro fertilization procedures to create parity of coverage for same-sex couples, unmarried women, and opposite-sex couples for whom male infertility is the relevant factor. Requires the insured or the insured's dependent spouse to have a history of infertility of at least two years rather than five years.

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