

A Bill for an Act Relating to Insurance.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

“§431- In vitro fertilization procedure coverage. All individual and group health insurance policies which provide pregnancy-related benefits shall include in addition to any other benefits for treating infertility, a one-time only benefit for all outpatient expenses arising from in vitro fertilization procedures performed on the insured or the insured’s dependent spouse; provided that:

- (1) Benefits under this section shall be provided to the same extent as the benefits provided for other pregnancy-related benefits;
- (2) The patient is the insured or covered dependent of the insured;
- (3) The patient’s oocytes are fertilized with the patient’s spouse’s sperm;
- (4) The:
 - (A) Patient and the patient’s spouse have a history of infertility of at least five years’ duration; or
 - (B) Infertility is associated with one or more of the following medical conditions:
 - (i) Endometriosis;
 - (ii) Exposure in utero to diethylstilbestrol, commonly known as des;
 - (iii) Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy); or
 - (iv) Abnormal male factors contributing to the infertility.
- (5) The patient has been unable to attain a successful pregnancy through other applicable infertility treatments for which coverage is available under the insurance contract; and
- (6) The in vitro fertilization procedures are performed at medical facilities that conform to the American College of Obstetric and Gynecology guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.
- (7) The term “spouse” means a person who is lawfully married to the patient under the laws of the State.

The requirements of this section shall apply to all new policies delivered or issued for delivery in this State after the effective date of this section.”

SECTION 2. Chapter 433, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

“§433- In vitro fertilization procedure coverage. All individual and group hospital or medical service plan contracts which provide pregnancy-related benefits shall include in addition to any other benefits for treating infertility, a one-time only benefit for all outpatient expenses arising from in vitro fertilization procedures performed on the subscriber or member or the subscriber’s or member’s dependent spouse; provided that:

- (1) Benefits under this section shall be provided to the same extent as the benefits provided for other pregnancy-related benefits;
- (2) The patient is a subscriber or member or covered dependent of the subscriber or member;
- (3) The patient’s oocytes are fertilized with the patient’s spouse’s sperm;
- (4) The:
 - (A) Patient and the patient’s spouse have a history of infertility of at least five years’ duration; or
 - (B) Infertility is associated with one or more of the following medical conditions:
 - (i) Endometriosis;
 - (ii) Exposure in utero to diethylstilbestrol, commonly known as des;
 - (iii) Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy); or
 - (iv) Abnormal male factors contributing to the infertility.
- (5) The patient has been unable to attain a successful pregnancy through other applicable infertility treatments for which coverage is available under the contract; and
- (6) The in vitro fertilization procedures are performed at medical facilities that conform to the American College of Obstetric and Gynecology guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.
- (7) The term “spouse” means a person who is lawfully married to the patient under the laws of the State.

The requirements of this section shall apply to all hospital or medical service plan contracts delivered or issued for delivery in this State after the effective date of this section.”

SECTION 3. New statutory material is underscored¹.

SECTION 4. This Act shall take effect upon its approval.

(Approved June 26, 1987.)

Note

1. Edited pursuant to HRS §23G-16.5.