

ACT 47

S.B. NO. 423

A Bill for an Act Relating to in Vitro Fertilization Insurance Coverage.

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

SECTION 1. Section 431:10A-116.5, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

“(a) All individual and group accident and health or sickness 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]~~ Obstetricians and Gynecologists guidelines for in vitro fertilization clinics or to the American Society for Reproductive Medicine minimal standards for programs of in vitro fertilization."

SECTION 2. Section 432:1-604, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) 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]~~ Obstetricians and Gynecologists guidelines for in vi-

ACT 47

tro fertilization clinics or to the American Society for Reproductive Medicine minimal standards for programs of in vitro fertilization.”

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect upon its approval.
(Approved April 23, 2013.)