

A STUDY OF NEW JERSEY SENATE BILL 3627

REVISES HEALTH INSURANCE COVERAGE
REQUIREMENTS FOR TREATMENT OF
INFERTILITY

Report to the New Jersey Senate

February 29, 2024

Mandated Health Benefits Advisory Commission



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INTRODUCTION

The Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review S3627 (see Appendix I for a copy of the legislation), a bill that revises and expands health insurance coverage for treatment of infertility for health insurers (health, hospital, and medical service corporations, commercial individual, small group, and large group employer health insurers, health maintenance organizations, the State Health Benefits Program (SHBP), and the School Employees' Health Benefits Program (SEHBP)).

Specifically, S3627 amends P.L. 2001, c.236 (C.17:48-6x et al.) and P.L. 2017, c.48 (C.52:14-17.29y et al.) to expand coverage for medically necessary expenses, as determined by a physician,ⁱ incurred in the diagnosis and treatment of infertility. S3627 also expands insurance coverage for infertility services to partners of persons who have successfully reversed a voluntary sterilization.

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1 et seq.) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The Act does not ask the Commission to recommend whether to enact the legislation, and the Commission does not do so here. The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections. The MHBAC has sought to include information from a number of reputable sources that it found credible but recognizes that opinions and analyses may differ.

LEGISLATIVE HISTORY

In the Senate, S3627 was introduced on February 23, 2023, and was referred to the Senate Commerce Committee. The bill would apply to hospital, medical and health service corporations, health maintenance organizations, commercial individual, small, and large employer health benefits plans, and the SHBP and the SEHBP. The bill expands existing mandated infertility coverage to include intrauterine insemination, genetic testing, and unlimited embryo transfers, and expands that required coverage to the individual and small group markets.

A counterpart bill, A5235, was also introduced in the Assembly on February 23, 2023, and was referred to the Assembly Financial Institutions and Insurance Committee.

SOCIAL IMPACT

According to the Centers for Disease Control and Prevention (CDC), about 19% of married women aged 15 to 49 years with no prior births are unable to become pregnant after one year of unprotected sexual intercourse, a common definition of infertility.ⁱⁱ About 6% of married women of the same ages who have ever given birth are also unable to become pregnant after one year of unprotected sexual intercourse. A study of married and cohabiting women aged 15 to 44 years for the period 2017-2019 had similar findings; for women who had never given birth, roughly 13% had not become pregnant after one year of trying, while for women of the same ages who had ever given birth, 6% had not become pregnant after one year of unprotected sexual intercourse.ⁱⁱⁱ The lower rate of infertility in the slightly younger cohort of women demonstrates that female infertility rates increase significantly with age.

Another study of American women found that, while overall infertility rates had plateaued in the period 1995 to 2019, the overall rate obscured some significant differences among specific subgroups. “Women age 40 to 44 were about 11 times more likely to be infertile than younger women, women who did not complete high school were twice as likely to be infertile as those with higher levels of education, non-Hispanic Black women were 44% more likely to be infertile than women of other races and women who had not recently received sexual health care were 61% more likely to be infertile.” The authors cited rising rates of sexually transmitted infections, falling numbers of women receiving preventive gynecological care, and delayed childbearing leading to a rising age of first-time mothers as contributing factors to rising infertility rates in these subgroups.^{iv}

The American Society for Reproductive Medicine provides more concrete information on the connection between a woman’s age and her chances of becoming pregnant. A healthy 30 year old woman has a 20% chance of getting pregnant any month she tries. By age 40, a healthy woman has less than a 5% chance of getting pregnant any month she tries. Most women become unable to have a successful pregnancy sometime in their mid-40s.^v

An estimated 9% of American males aged 15 to 44 are infertile.^{vi} Male infertility can be caused by anatomical problems, trauma to the testes, cancer treatment (chemotherapy, radiation, or surgery), medical conditions (diabetes, certain autoimmune disorders), hormonal and genetic disorders, being overweight, heavy alcohol use, smoking, anabolic steroid use, and illicit drug use.^{vii} Endocrine-disrupting chemicals are another cause of both male and female infertility.^{viii} Among heterosexual couples experiencing infertility, about 30% of the cases are attributable to the male partner alone, about 30% of the cases are attributable to the female partner alone, approximately 30% of cases can be attributed to a combination of both partners, and, in roughly 10% of cases, the cause of the infertility is unexplained.^{ix x}

Access to medical care for infertility is unevenly distributed in the US, both by socioeconomic characteristics and geographically. One study of women seeking infertility care found that Black

and Hispanic women traveled twice as far for treatment and were approximately twice as likely to report that income was a barrier to treatment as White and Asian women.^{xi} Fewer Black and Hispanic women also reported ever having used medical services to attempt to become pregnant, as compared with White women. Another article focused on access to infertility treatment from the perspectives of cost and location. The author found that infertility clinics were heavily concentrated in “high net-worth areas,” where patients could afford expensive, specialized care. He reported that 80% of all infertility clinics in the US were concentrated in New York City, leading one fertility specialist to term vast areas of the country “fertility deserts.”^{xii} This article also warned that about 45 new doctors trained in reproductive endocrinology were joining the medical field annually, just enough to replace the number of specialists retiring each year, while demand for specialized services, like intrauterine insemination (IUI) and in-vitro fertilization (IVF), increases.^{xiii}

Most states offer no coverage for infertility services and treatment in their Medicaid programs. According to a study by KFF, eight states cover some or all of the costs of diagnosing infertility (Georgia, Hawaii, Massachusetts, Michigan, Minnesota, New Hampshire, New Mexico, and New York),^{xiv} while New York’s Medicaid program covers 3 cycles of oral medication to increase the chances of infertile patients becoming pregnant.^{xv} In September 2023, the District of Columbia passed a law mandating Medicaid coverage for fertility diagnosis and oral medication, similar to New York’s Medicaid coverage, as well as a broader measure requiring health benefits plans to provide coverage for up to three cycles of IVF and, if needed, an embryo transfer to a gestational carrier, which is a third party who carries a pregnancy to term for an individual who cannot carry the pregnancy.^{xvi xvii} Connecticut and Washington State considered bills in 2023 to add IVF coverage their Medicaid programs, but neither became law.^{xviii}

The KFF study explained the impact of the dearth of Medicaid infertility services on racial and ethnic disparities:

The Medicaid program’s lack of coverage of fertility assistance has a disproportionate impact on women of color. Among reproductive age women, the program covers...30%...who are Black and one quarter who are Hispanic (26%), compared to 15% who are White.... Nearly half of births in the U.S. are financed by Medicaid, and the program finances the majority of publicly-funded family planning services. Therefore, while there is broad coverage of many services for low-income people during pregnancy and to help prevent pregnancy, there is almost no access to help low-income people achieve pregnancy.^{xix}

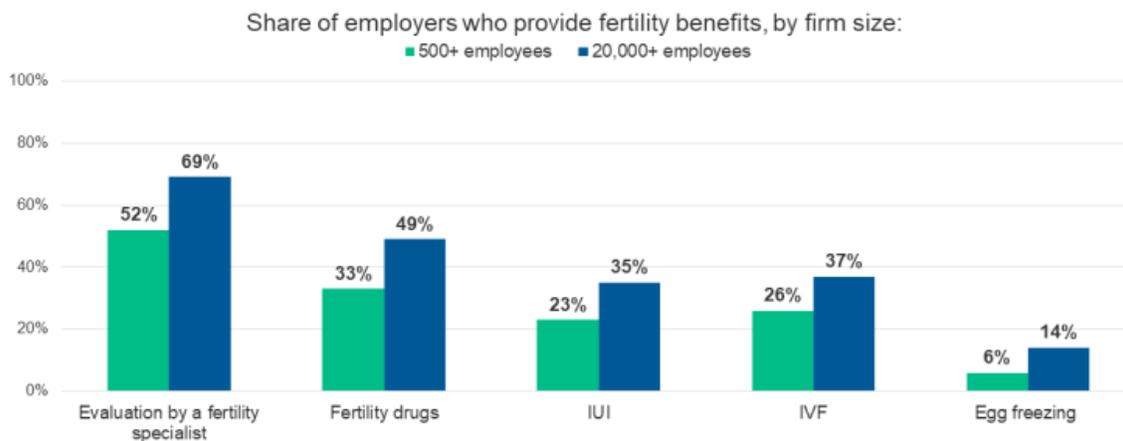
A recent analysis of data from 502 organizations representing nearly 20 industries and ranging in size from fewer than 50 to more than 10,000 employees, conducted by the International Foundation of Employee Benefit Plans (IFEBC), found that 40% of US employers offer fertility benefits to their workers, up from 30% in 2020.^{xx} The employers reported that offering such

benefits was necessary to stay competitive in attracting and retaining key personnel, saving on health care costs, matching benefits to diversity, equity, and inclusion goals, and supporting the well-being of their employees. Of the group of employers that reported offering fertility benefits in 2022, 30% cover IVF treatments (compared with 13% in 2016), 28% cover fertility medications (compared with 8% in 2016), and 17% cover non-IVF fertility treatments (compared with 6% in 2016). In 2016, 2% of US employers reported covering egg harvesting and freezing services, while in 2022 14% report covering that benefit.^{xxi} IFEBP reported that respondents indicated that fertility services were, “[A] highly valued benefit for employees, often with a low cost impact for employers.” The availability of fertility services might lower overall health care costs, the respondents reported, because employees could make infertility diagnoses and treatment decisions with their doctors, based on best medical practices, rather than solely on individual financial circumstances.^{xxii}

A recent Bloomberg article noted that big technology companies like Meta, Google, and Apple, as well as several prominent law firms, were adding coverage for infertility treatment to their employees’ insurance plans to improve recruiting.^{xxiii} As outlined below, and consistent with Mercer’s 2017 National Survey of Employer-Sponsored Health Plans, the rate of coverage for fertility benefits is much higher among larger employers.

Figure 5

Large Employers More Often Cover Fertility Benefits Than Smaller Employers



NOTES: IUI = intrauterine insemination. IVF = in vitro fertilization
SOURCE: Mercer National Survey of Employer-Sponsored Health Plans, 2017.



The text of New Hampshire’s infertility bill, which became law in 2020, stated, “[I]t is in the public interest to make medical treatment for infertility and related conditions affordable for New Hampshire residents and employers, so as to attract and retain young families, expand the state’s health care resources, reduce overall health care costs, and improve health outcomes for

the resulting children.”^{xxiv} The MHBAC will attempt to assess this statement in the next sections of this report on S3627.

MEDICAL EVIDENCE

One common definition of infertility is, “[T]he inability to achieve pregnancy after 1 year of regular, unprotected heterosexual intercourse.”^{xxv} The factors that influence infertility include difficulties with ovulation, problems with the structure of the uterus or fallopian tubes, problems with sperm quality or motility, and hormonal irregularities. It is estimated that 10-15% of heterosexual couples are affected by infertility.^{xxvi}

Infertility treatment may require a series of services and procedures.

Diagnosics typically include lab tests, a semen analysis and imaging studies...of the reproductive organs. If a probable cause of infertility is identified, treatment is often directed at addressing the source of the problem. For example, if someone has abnormal thyroid hormone levels, thyroid medications may help the patient achieve pregnancy. If a patient has large fibroids distorting the uterine cavity, surgical removal of these benign tumors may allow for future pregnancy. Other times, other interventions are needed to help the patient achieve pregnancy. For example, if a semen analysis reveals poor sperm motility or the fallopian tubes are blocked, the sperm will not be able to fertilize the egg, and intrauterine insemination (IUI) or in-vitro fertilization (IVF) may be necessary.^{xxvii}

IVF treatment for infertility involves multiple steps. Diagnostic tests are used to determine appropriate candidates for the procedure. If a woman opts for IVF, she will receive synthetic hormones to stimulate her ovaries to produce multiple eggs. The eggs are then retrieved in an outpatient surgical procedure. Next, an embryologist will fertilize the eggs with the sperm of her partner or a donor to create embryos.^{xxviii} After 3 to 5 days, an embryo or embryos can be implanted in the patient’s uterus, another outpatient procedure known as embryo transfer. If the embryo transfer is done soon after fertilization, the procedure is called a fresh embryo transfer. The embryos can also be frozen and implanted at a later time, a procedure known as frozen embryo transfer (FET). Patients choose to freeze embryos for fertility preservation and to allow time for a laboratory to test the embryos for genetic abnormalities, among other reasons.^{xxix}

Table 1 summarizes the stages of the IVF process, the procedures, steps, and component services within each stage, and an estimated cost range for each service (if it isn't included in the base fee).

Table 1. Stages and Estimated Costs, Procedures and Services of In-Vitro Fertilization

Stage	Procedure/Steps	Services Included	Cost Range
Before the Procedure	Base Fee	Monitoring appointments, egg retrieval, embryo creation, and fresh embryo transfer	\$12,000- \$14,000
	Fertility Assessment	Ultrasound of ovaries, blood test, physical exam	\$250-\$500
	Semen Analysis		\$200-\$250
	Injectable Medications	Gonadotropins	\$3,000-\$6,000
Embryo Creation and Fresh Embryo Transfer	Egg Retrieval		Included in base fee
	Anesthesia (during egg retrieval)		Included in base fee-\$725
	Donor Sperm (if needed)		\$300-\$1600
	Intracytoplasmic Sperm Injection (ICSI)	Embryologist injects a single sperm into each egg using a small needle.	Included in base fee-\$2,000
	Mock Embryo Transfer	Doctor mimics embryo transfer to determine best catheter to use and where to steer it when actual embryo transfer occurs	\$240-\$500
	Fresh Embryo Transfer		Included in base fee
Frozen Embryo Transfer (FET)	Embryo Cryopreservation	Embryos are exposed to a cryoprotectant agent and then undergo vitrification	\$1000-\$2000
	Embryo Storage		\$350-\$600 a year
	Genetic Testing	Screening for extra or missing chromosomes, tests for genetic mutations based on egg and sperm providers' genes, etc.	\$1800-\$6000
	Frozen Embryo Transfer	Embryo thaw and monitoring tests	Included in base fee-\$6,400
	Medication for FET	Some clinicians prescribe progesterone before FET to help increase odds of successful implementation	\$300-\$1500

Source: Conrad, Marissa, "How Much Does IVF Cost?," Forbes Health, August 12, 2023. Accessed 11/14/23. [How Much Does IVF Cost In 2023? – Forbes Health](#)

Typically, the cost of a single IVF cycle, including ovarian stimulation, egg retrieval, and embryo transfer, can range from an estimated \$15,000 to \$20,000, with the cost of medications accounting for as much as 35% of those expenses.^{xxx} An IVF cycle with more complicated or more extensive procedures can cost as much as \$30,000. The National Conference of State Legislatures estimated the average cost for an IVF cycle to be \$12,000 to \$17,000.^{xxx1} Many patients require multiple embryo transfers or multiple full IVF cycles before achieving a live birth. S3627 mandates insurance coverage for up to four completed egg retrievals and unlimited embryo transfers.

Table 2 presents some of the findings of a 2019 study by the Society for Assisted Reproductive Technology (SART) of the rate of live births resulting from egg transfers for women in various age groups. These data are for women using their own eggs in the IVF procedure.^{xxx2}

Table 2. Percentage of Live Births per Egg Retrieval Cycle by Age

	Under 35	35-37	38-40	41-42	>42
1 st Embryo Transfer	40.7%	31.7%	22.1%	11.7%	3.9%
All Embryo Transfers	55.0%	41.0%	26.8%	13.4%	4.3%
Additional Embryo Transfers (Frozen)*	47.8%	44.7%	40.8%	38.6%	32.5%
*Excludes 1 st embryo transfer that did not result in a live birth and includes embryo transfers occurring more than 12 months after egg retrieval.					

Source: Society for Assisted Reproductive Technology (SART), “Final National Summary Report for 2019.” Accessed 11/17/23. [National Summary Report \(sartcorsonline.com\)](https://www.sartcorsonline.com)

These data show that the success rate for a woman undergoing IVF, as measured in a live birth, is determined to some extent by the woman’s age, the number of embryo transfers attempted, and whether embryos have been frozen and are available for embryo transfer at a later time.^{xxx3}

Intrauterine insemination is commonly used to treat male infertility and couples with unexplained infertility.^{xxx4} In IUI, sperm are collected from the male, and the sample is washed to produce a concentrated sample of healthy, high motility sperm. Several specimens can also be combined to provide an adequate sample for the insemination procedure.^{xxx5} Frequently, the female partner is treated with medication to stimulate ovulation, and then, using a catheter, the sperm sample is injected through the female partner’s cervix and into the uterus at the optimal time for fertilization. When IUI is combined with the use of medications, the overall success rate is approximately 12% per attempt. Another source stratifies the data by the female patient’s age, reporting that IUI results in a live birth in 13% of attempts for women under age 35, 10% of attempts for women aged 35 to 37 years old, 7% of attempts for women aged 38-40 years, and

4% of attempts for women over age 40.^{xxxvii} With IUI, “three to four attempts are often recommended before resorting to IVF.”

A 2011 study of out-of-pocket costs for IUI treatment with medications for infertility patients in Northern California found that the costs ranged from \$3,595 to \$8,594 per person (irrespective of outcome) and \$10,696 to \$19,566 per successful outcome, defined as a live birth or an ongoing pregnancy at the time the study ended.^{xxxix} Two more recent sources report that the costs for IUI have come down substantially since 2011. Fertility IQ, for example, finds that a typical IUI cycle costs \$500 to \$4,000, depending on the type of medication used, with oral medication adding \$100 per cycle and injectable medication adding \$2000 per cycle, and depending on the intensity of the monitoring and bloodwork required for the specific procedure (date of data unspecified).^{xi} Extend Fertility, similarly, reported 2020 costs per IUI cycle ranging from \$1,100 for IUI with oral medication (\$100 for the medication) to \$3,000 for IUI with injectable medication (\$2,000 for the medication).^{xii}

S3627 expands mandated insurance coverage for infertility treatment by including IUI, genetic testing, and unlimited embryo transfers. This report’s next section compares the proposed mandated insurance coverage in S3627 with mandated insurance coverage in other states.

OTHER STATES

As of September 2023, RESOLVE: The National Infertility Association identified 14 states and the District of Columbia (DC) as mandating IVF insurance coverage. RESOLVE also reported that Montana and Louisiana mandate some insurance coverage for infertility treatment, while Texas and California require insurers to offer infertility or IVF treatment coverage but do not mandate that all health benefits plans include such coverage (for example, in California, group plans are required to offer infertility coverage, but employers have discretion as to whether to include that coverage as part of the employer’s health benefits package).^{xlii} Table 3 presents information on the jurisdictions with current IVF insurance mandates.

Table 3. States with IVF Insurance Coverage Mandates

State	Description of IVF Mandate	Insurance Markets Offering/Exempt from Offering Coverage
Arkansas	Lifetime maximum of \$15,000 for IVF coverage	All individual and group insurers that provide maternity benefits must cover IVF; HMOs and self-insured employers are exempt
Colorado	3 complete egg retrieval cycles with unlimited embryo transfers	All large group employers (more than 100 employees) must cover IVF; individual and small group policies are exempt unless the federal Department of Health and Human Services (HHS) determines that coverage for fertility services does not require defrayal by the state; self-insured employers are exempt
Connecticut	4 cycles of ovulation induction; 2 cycles of IVF with 2 embryo transfers per IVF cycle; 3 cycles of intrauterine insemination	Self-insured employers are exempt
Delaware	6 complete cycles of egg retrieval with unlimited embryo transfers; intrauterine insemination	All individual, group and blanket health insurance policies that provide for medical or hospital expenses must cover IVF; employers who self-insure or who have fewer than 50 employees are exempt from the requirements of the law
Hawaii	1 cycle of IVF	Self-insured employers are exempt
Illinois	4 cycles of egg retrieval are covered, but if a live birth results, patient can be covered for 2 more cycles, for a lifetime maximum of 6 cycles	Group insurers and HMOs that provide pregnancy related coverage must cover IVF; employers with fewer than 25 employees and self-insured employers are exempt
Maine	Fertility diagnostic care and fertility treatment (including IVF)	Any carrier offering a health plan must cover IVF
Maryland	3 cycles of IVF, up to a lifetime maximum of \$100,000	Individual and group insurance policies that provide pregnancy-related benefits must cover IVF; employers with fewer than 50 employees and self-insured employers are exempt
Massachusetts	IVF services (The law does not limit the number of treatment cycles and does not have a dollar lifetime cap. Insurers may set limits based on their clinical guidelines and patients' medical histories.)	All insurers providing pregnancy-related benefits must cover IVF; self-insured employers are exempt

State	Description of IVF Mandate	Insurance Markets Offering/Exempt from Offering Coverage
New Hampshire	Medically necessary fertility treatment (including IVF), but carriers may impose limitations on coverage based solely on arbitrary factors including, but not limited to, number of attempts or dollar amounts or age, based on clinical guidelines and the enrollee’s medical history	Each health carrier that issues or renews any group policy, plan, or contract of accident or health insurance providing benefits for medical or hospital expenses must cover IVF; coverage does not apply to plans available through the Small Business Health Options Program (SHOP) or to Extended Transition to Affordable Care Act-Compliant Policies.
New Jersey	4 cycles of egg retrievals and IVF	Group insurers, HMOs, State Health Benefits Program, and School Employees Health Benefits Program that provide pregnancy related coverage must provide infertility treatment; Employers with fewer than 51 employees, individual marketplace plans, and self-insured employers are exempt
New York	Provides up to 3 IVF cycles (fresh embryo transfer or frozen embryo transfer)	IVF mandated coverage only for those in the large group market (100 or more employees); excludes coverage for IVF in the individual and small group markets and self-insured employers
Rhode Island	Medically necessary expenses of diagnosis and treatment of infertility (including IVF). Coverage is limited to women between the ages of 25 and 42 with a \$100,000 lifetime cap on treatment	Insurers and HMOs that cover pregnancy benefits must cover IVF; self-insured employers are exempt
Utah	An indemnity benefit of \$4,000 that may be used to help patient pay for IVF	For 3-year pilot program for Public Employees’ Health Plan, 2018-2021; extended 2021-2024, if policy offers optional maternity benefits, then it must also offer an indemnity benefit of \$4,000 to obtain infertility treatments
Washington, DC	Currently, diagnosis, diagnostic tests, medication, surgery, or gamete intrafallopian transfer (including IVF) As of January 1, 2025, 3 cycles of egg retrieval, unlimited embryo transfers, and 3 rounds of IVF	Individual or group health benefit plans must provide coverage for the diagnosis and treatment of infertility; self-insured employers are exempt. Beginning January 1, 2025, all health insurers offering an individual, small group, or large group health benefit plan must cover IVF; self-insured employers are exempt

Source: RESOLVE: The National Infertility Association, “Insurance Coverage by State,” 2023. Accessed 11/21/23. [Insurance Coverage by State | RESOLVE: The National Infertility Association](#)

A bill introduced in Washington State on January 17, 2023, closely resembles S3627. The text mandates coverage for the diagnosis and treatment of infertility for health plans offered in Washington, including plans covering public employees. The coverage mandate includes fertility medications, intrauterine insemination, in vitro fertilization, and egg freezing, including four completed egg retrievals with unlimited embryo transfers.^{xliii} The bill was referred to the Washington Senate’s Health and Long Term Care Committee on January 20, 2023, but has not received a vote.

It is interesting to note that a study of the association between state insurance mandates and the utilization of IVF services, using data from 2014 to 2019, found that the existence of state mandated insurance coverage did not reduce disparities in IVF utilization.^{xliv} The study found that in 2019, for example, the IVF utilization rate for non-Hispanic White women compared with non-Hispanic Black women were 23.5 cycles per 10,000 reproductive-aged women higher for White women in nonmandated states. The IVF utilization rate increased to 56.2 cycles per 10,000 reproductive-aged women higher for White women compared to Black women in states with IVF insurance mandates. The authors concluded that racial disparities were greater in states with IVF insurance mandates.

DISCUSSION

For an individual, insurance coverage for infertility treatment depends on the state in which that person lives and, if the individual is covered by employer-sponsored insurance, the size of the employer.^{xlv} Even when some insurance coverage for infertility is mandated, it frequently excludes the most expensive and effective treatments, like IUI and IVF, imposes waiting periods, or limits the number of cycles or places a cap on lifetime expenditures. Self-funded plans are excluded from state insurance mandates, and Medicaid programs do not offer more expensive treatments. For states that mandate broader coverage of IVF, the utilization of IVF services is significantly higher.^{xlvi}

FINANCIAL IMPACT

The New York State Department of Financial Services (DFS) summed up the assessment of the financial impact of expanding the insurance mandate for infertility treatment this way, “The importance of medically-necessary...IVF coverage must be weighed against the potential premium impact, including the impact premium increases have on the affordability of coverage and the potential increase in the uninsured rate...”^{xlvii} The impact on premiums has implications for state budgets, employers, and other policy holders.^{xlviii} The New York State IVF insurance mandate became effective January 1, 2020, and required large group providers (more than 100 employees) to cover up to 3 cycles of IVF.^{xlix} The DFS financial analysis determined that

mandating large group coverage for IVF would increase insurance premiums from approximately 0.7% to 0.8% per member per month (PMPM).¹

The DFS analysis contains additional insights on potential cost savings that apply to the financial impact of S3627. The DFS report points out that mandated insurance coverage means infertility treatment decisions would be based on medical expertise and what is best for the patient, rather than trying to maximize the potential of fewer treatment attempts according to the patient's ability to pay for services. ASRM guidelines encourage single embryo transfers, for example, reducing the risk of pregnancy complications and multiple births. Genetic testing can also screen for anomalies, potentially resulting in fewer miscarriages and higher sustained pregnancy rates per embryo transfer.^{li} S3627 specifically expands mandated coverage for infertility treatment by including genetic testing and infertility services “in accordance with guidelines from the American Society for Reproductive Medicine (ASRM),” including single embryo transfer when recommended by a physician.^{lii}

Colorado's fiscal note on its bill mandating insurance coverage for the diagnosis and treatment of infertility, which became law and then went into effect in 2022, provides very little cost information. The fiscal note merely offers that IVF would be a new insurance benefit for state employees, and that, “Any cost increase could contribute to higher insurance premiums, which would be shared by state agencies and employees.... [T]he impact of this bill on premiums is not estimated.”^{liii}

In January 2022, Maine's Bureau of Insurance produced a report on LD 1539, a bill to mandate access to fertility care, with the assumption that insurers would be responsible for 100% coverage of infertility services, with no limitations on the patient's age or number of treatment attempts, or any cost sharing. The report estimated that the infertility treatment mandate would add \$5.03 to \$6.32 PMPM to insurance premiums, or 0.90% to 1.13%.^{liv} [The costs cited include minimal expenses for fertility preservation for cancer patients of \$0.15 to \$0.31 PMPM or 0.03% to 0.06% of premium.] With an estimated 62,250 members in Maine enrolled in qualified health plans, the report estimated the cost to the state of \$3.7 million to \$4.8 million.

Maine's insurance mandate for infertility services replaces a situation in which, “Coverage is not generally available for fertility diagnostic services...[or]...fertility treatment....”^{lv} Some New Jersey insurance market segments, on the other hand, already mandate extensive insurance coverage for diagnostic testing, medications, surgery, IVF, and other infertility services. However, New Jersey's individual and small employer (those with fewer than 51 employees) market segments do not cover IVF, embryo transfer, embryo freezing, or a number of other infertility procedures and treatments. The Maine cost estimates assume that coverage for infertility services goes from no mandated coverage to full coverage without limitations of any kind. This makes direct cost comparisons impossible between the law in Maine and S3627.

A comprehensive report on the cost of fertility treatment benefits was prepared as part of the consideration of Senate Bill 5204 (Washington State). The report found:

Insurance plans...generally did not include coverage for fertility treatments. Out-of-pocket costs for the diagnosis and treatment of infertility...are generally expensive, easily reaching tens of thousands of dollars. The mandated benefits proposed would likely result in increased costs to the state, insurance carriers, and plan holders in the form of higher premiums. However, mandated coverage for infertility treatments may also decrease out-of-pocket costs for patients and allow for better quality care and more informed decision-making.”^{lvi}

As was the case with Maine’s infertility treatment mandate discussed above, Washington State’s proposed legislation starts with no existing mandated insurance coverage for infertility services and replaces it with expansive coverage, including diagnostic care, fertility medications, IUI, IVF, and genetic testing, as well as extensive fertility preservation services. The cost figures presented in Table 4, therefore, represent background information, rather than data useful for making direct comparisons to the costs of the expanded infertility benefits to New Jersey’s existing infertility coverage mandate contained in S3627.

Table 4. Summary of 2024 Insurance Cost Projections of Washington State Infertility Services Mandate*

Line of Business	Cost of Mandate (\$ PMPM)	Total Cost of Mandate (\$ million)
Public Employee Benefits Board	3.46 to 3.63	3.39 to 8.94
School Employees Benefits Board	3.49 to 3.99	4.78 to 7.56
Individual	4.93	13.33
Small Group	1.76	6.49
Large Group (Fully Insured)	3.44	17.93
Large Group (Self-Funded)	2.07	41.88

Source: Washington State Health Care Authority and Office of the Insurance Commissioner, Washington State, “Fertility Treatment Benefit, Implementation Cost Analysis,” June 30, 2023. Accessed 12/5/23. [Fertility Treatment Benefit Implementation cost analysis \(wa.gov\)](https://www.wa.gov/fertility-treatment-benefit-implementation-cost-analysis)

*Costs reported are net of assumed cost sharing.

The Washington bill was not adopted.^{lvii}

CONCLUSION

New Jersey already has a substantial infertility insurance coverage mandate, including diagnosis and diagnostic testing for infertility, medications, surgery, IVF, embryo transfer, artificial insemination, intracytoplasmic sperm injection, and four completed egg retrievals, except for its individual and small employer markets. S3627 seeks to expand mandated insurance coverage to include IUI, genetic testing, unlimited embryo transfers (using single embryo transfer when recommended and deemed medically appropriate by a physician) and extending coverage for infertility services to partners of persons who have successfully reversed a voluntary sterilization for all market segments in New Jersey.^{lviii}

IUI provides an important option for men with infertility and couples whose infertility is of undetermined etiology. Genetic testing is likely to result in fewer miscarriages and more successful pregnancies per embryo transfer, as genetic problems are detected before pregnancy occurs. Single embryo transfers result in fewer problem pregnancies and miscarriages, and fewer multiple births with their accompanying costs. Unlimited embryo transfers replace an unspecified number of embryo transfers in the existing New Jersey coverage mandate, but the mandate does not go from no coverage to unlimited coverage, as does the infertility coverage mandate in Maine. The number of couples affected by the extension of insurance coverage to partners of people who have had voluntary sterilizations reversed is likely to be small.

The expanded insurance mandate envisioned in S3627 applies to select infertility treatments that can help to reduce some costs of infertility treatment, calls for no limit in the number embryo transfers, rather than increasing the number of embryo transfers from zero, and extends infertility services to a limited population who have had voluntary sterilizations reversed. It is reasonable to assume that the expanded mandate would have a limited impact on the premium costs in the large employer market, but a greater impact would be expected on the individual and small employer markets, if they are included.

ENDNOTES

ⁱ The current infertility insurance mandate requires coverage for medically necessary expenses incurred in the diagnosis and treatment of infertility as provided in the law. This bill adds language that medical necessity must be as determined by a physician. It is not clear what effect this additional language would have on the medical necessity determination process for infertility treatment services.

ⁱⁱ Centers for Disease Control and Prevention (CDC), “Infertility FAQs,” Last Reviewed April 26, 2023. Accessed 11/22/23. [Infertility | CDC](#)

ⁱⁱⁱ Snow, Morgan, Vranich, Tyler M., Perin, Jamie, and Trent, Maria, “Estimates of Infertility in the United States: 1995-2019,” Fertility and Sterility, Volume 118(3), September 2022. Accessed 11/22/23. [Estimates of infertility in the United States: 1995-2019 \(fertstert.org\)](#)

^{iv} Johns Hopkins News and Publications, “U.S. Infertility Rate Plateaus,” June 16, 2022. Accessed 11/22/23. [U.S. Infertility Rate Plateaus | Johns Hopkins Medicine](#)

^v American Society for Reproductive Medicine, “Age and Fertility: A Guide for Patients,” 2012. Accessed 11/22/23. [Age and Fertility.pdf \(reproductivefacts.org\)](#)

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SENATE, No. 3627

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED FEBRUARY 23, 2023

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

SYNOPSIS

Revises health insurance coverage requirements for treatment of infertility.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning health insurance coverage requirements for
2 infertility treatment and amending and supplementing various
3 parts of the statutory law.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. Section 1 of P.L.2001, c.236 (C.17:48-6x) is amended to
9 read as follows:

10 1. a. A hospital service corporation contract which provides
11 hospital or medical expense benefits for groups with more than 50
12 persons, which includes pregnancy-related benefits, shall not be
13 delivered, issued, executed or renewed in this State, or approved for
14 issuance or renewal in this State by the Commissioner of Banking
15 and Insurance on or after the effective date of this act unless the
16 contract provides coverage for persons covered under the contract
17 for medically necessary expenses , as determined by a physician,
18 incurred in the diagnosis and treatment of infertility as provided
19 pursuant to this section. The hospital service corporation contract
20 shall provide coverage for any services related to infertility that is
21 recommended by a physician, which includes, but is not limited to**【,**
22 the following services related to infertility**】**: diagnosis and
23 diagnostic tests; medications; surgery; intrauterine insemination; in
24 vitro fertilization; genetic testing; embryo transfer; artificial
25 insemination; **【gamete intra fallopian transfer; zygote intra**
26 fallopian transfer;**】** intracytoplasmic sperm injection; **【and】** four
27 completed egg retrievals **【per lifetime of the covered person】**; and
28 unlimited embryo transfers, in accordance with guidelines from the
29 American Society for Reproductive Medicine, using single embryo
30 transfer when recommended and deemed medically appropriate by a
31 physician. The hospital service corporation may provide that
32 coverage for in vitro fertilization**【,** gamete intra fallopian transfer
33 and zygote intra fallopian transfer**】** shall be limited to a covered
34 person who**【:** a.**】** has used all reasonable, less expensive and
35 medically appropriate treatments , as determined by a licensed
36 physician, and is still unable to become pregnant or carry a
37 pregnancy **【;** b. has not reached the limit of four completed egg
38 retrievals; and c. is 45 years of age or younger**】** to a live birth.
39 Coverage for infertility services provided to partners of persons
40 who have successfully reversed a voluntary sterilization shall not be
41 excluded.

42 **【For purposes of】** b. As used in this this section**【,】**:

43 "Infertility" means a disease **【or】**, condition **【that results in the**
44 abnormal function of the reproductive system, as determined
45 pursuant to American Society for Reproductive Medicine practice
46 guidelines by a physician who is Board Certified or Board Eligible

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 in Reproductive Endocrinology and Infertility or in Obstetrics and
2 Gynecology or that the patient has met one of the following
3 conditions:

- 4 (1) A male is unable to impregnate a female;
- 5 (2) A female with a male partner and under 35 years of age is
6 unable to conceive after 12 months of unprotected sexual
7 intercourse;
- 8 (3) A female with a male partner and 35 years of age and over is
9 unable to conceive after six months of unprotected sexual
10 intercourse;
- 11 (4) A female without a male partner and under 35 years of age
12 who is unable to conceive after 12 failed attempts of intrauterine
13 insemination under medical supervision;
- 14 (5) A female without a male partner and over 35 years of age
15 who is unable to conceive after six failed attempts of intrauterine
16 insemination under medical supervision;
- 17 (6) Partners are unable to conceive as a result of involuntary
18 medical sterility;
- 19 (7) A person is unable to carry a pregnancy to live birth; or
- 20 (8) A previous determination of infertility pursuant to this
21 section **】**, or status characterized by:

- 22 (1) the failure to establish a pregnancy or carry a pregnancy to
23 term;
- 24 (2) a person's inability to reproduce as a single individual or
25 with a partner of the individual without medical intervention; or
- 26 (3) a physician's recommendation, diagnosis, treatment plan, or
27 prescription based on a patient's medical, sexual, and reproductive
28 history, age, physical findings or diagnostic testing.

29 “Treatment of infertility” means the recommended treatment
30 plan or prescribed procedures, services, and medications as directed
31 by a licensed physician for infertility as defined in this section.

32 The benefits shall be provided to the same extent as for other
33 **【**pregnancy-related procedures**】** medical conditions under the
34 contract, except that the services provided for in this section shall
35 be performed at facilities that conform to standards established by
36 the American Society for Reproductive Medicine or the American
37 College of Obstetricians and Gynecologists. The same copayments,
38 deductibles and benefit limits shall apply to the diagnosis and
39 treatment of infertility pursuant to this section as those applied to
40 other medical or surgical benefits under the contract. **【**Infertility
41 resulting from voluntary sterilization procedures shall be excluded
42 under the contract for the coverage required by this section**】**
43 Infertility resulting from a voluntary unreversed sterilization
44 procedure may be excluded if the voluntary unreversed sterilization
45 is the sole cause of infertility, provided, however, that coverage for
46 infertility services shall not be excluded if the voluntary
47 sterilization is successfully reversed. A contract shall not impose

1 any exclusions, limitations, or restrictions on coverage of any
2 fertility services provided by or to a third party.

3 b. A religious employer may request, and a hospital service
4 corporation shall grant, an exclusion under the contract for the
5 coverage required by this section for in vitro fertilization, embryo
6 transfer, artificial insemination, zygote intra fallopian transfer and
7 intracytoplasmic sperm injection, if the required coverage is
8 contrary to the religious employer's bona fide religious tenets. The
9 hospital service corporation that issues a contract containing such
10 an exclusion shall provide written notice thereof to each prospective
11 subscriber or subscriber, which shall appear in not less than 10
12 point type, in the contract, application and sales brochure. For the
13 purposes of this subsection, "religious employer" means an
14 employer that is a church, convention or association of churches or
15 any group or entity that is operated, supervised or controlled by or
16 in connection with a church or a convention or association of
17 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
18 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

19 c. This section shall apply to those hospital service corporation
20 contracts in which the hospital service corporation has reserved the
21 right to change the premium.

22 d. The provisions of this section shall not apply to a hospital
23 service corporation contract which, pursuant to a contract between
24 the hospital service corporation and the Department of Human
25 Services, provides benefits to persons who are eligible for medical
26 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ
27 FamilyCare Program established pursuant to P.L.2005, c.156
28 (C.30:4J-8 et al.), or any other program administered by the
29 Division of Medical Assistance and Health Services in the
30 Department of Human Services.

31 (cf: P.L.2017, c.48, s.1)

32

33 2. Section 2 of P.L.2001, c.236 (C.17:48A-7w) is amended to
34 read as follows:

35 2. a. A medical service corporation contract which provides
36 hospital or medical expense benefits for groups with more than 50
37 persons, which includes pregnancy-related benefits, shall not be
38 delivered, issued, executed or renewed in this State, or approved for
39 issuance or renewal in this State by the Commissioner of Banking
40 and Insurance on or after the effective date of this act unless the
41 contract provides coverage for persons covered under the contract
42 for medically necessary expenses, as determined by a physician,
43 incurred in the diagnosis and treatment of infertility as provided
44 pursuant to this section. The medical service corporation contract
45 shall provide coverage for any services related to infertility that is
46 recommended by a physician, which includes, but is not limited to【,
47 the following services related to infertility】: diagnosis and
48 diagnostic tests; medications; surgery; intrauterine insemination; in

1 vitro fertilization; genetic testing; embryo transfer; artificial
2 insemination; **【gamete intra fallopian transfer; zygote intra**
3 **fallopian transfer;】** intracytoplasmic sperm injection; **【and】** four
4 completed egg retrievals **【per lifetime of the covered person】**; and
5 unlimited embryo transfers, in accordance with guidelines from the
6 American Society for Reproductive Medicine, using single embryo
7 transfer when recommended and deemed medically appropriate by a
8 physician. The medical service corporation may provide that
9 coverage for in vitro fertilization**【, gamete intra fallopian transfer**
10 **and zygote intra fallopian transfer】** shall be limited to a covered
11 person who**【: a.】** has used all reasonable, less expensive and
12 medically appropriate treatments , as determined by a licensed
13 physician, and is still unable to become pregnant or carry a
14 pregnancy to a live birth【; b. has not reached the limit of four
15 completed egg retrievals; and c. is 45 years of age or younger】.
16 Coverage for infertility services provided to partners of persons
17 who have successfully reversed a voluntary sterilization shall not be
18 excluded.

19 **【For purposes of】b. As used in this this section【,】:**

20 "Infertility" means a disease **【or】**, condition, or status
21 characterized by: 【that results in the abnormal function of the
22 reproductive system, as determined pursuant to American Society
23 for Reproductive Medicine practice guidelines by a physician who
24 is Board Certified or Board Eligible in Reproductive Endocrinology
25 and Infertility or in Obstetrics and Gynecology or that the patient
26 has met one of the following conditions:

27 (1) A male is unable to impregnate a female;

28 (2) A female with a male partner and under 35 years of age is
29 unable to conceive after 12 months of unprotected sexual
30 intercourse;

31 (3) A female with a male partner and 35 years of age and over is
32 unable to conceive after six months of unprotected sexual
33 intercourse;

34 (4) A female without a male partner and under 35 years of age
35 who is unable to conceive after 12 failed attempts of intrauterine
36 insemination under medical supervision;

37 (5) A female without a male partner and over 35 years of age
38 who is unable to conceive after six failed attempts of intrauterine
39 insemination under medical supervision;

40 (6) Partners are unable to conceive as a result of involuntary
41 medical sterility;

42 (7) A person is unable to carry a pregnancy to live birth; or

43 (8) A previous determination of infertility pursuant to this
44 section**】** (1) the failure to establish a pregnancy or carry a
45 pregnancy to term;

46 (2) a person's inability to reproduce as a single individual or
47 with a partner of the individual without medical intervention; or

1 (3) a physician's recommendation, diagnosis, treatment plan, or
2 prescription based on a patient's medical, sexual, and reproductive
3 history, age, physical findings or diagnostic testing.

4 "Treatment of infertility" means the recommended treatment
5 plan or prescribed procedures, services, and medications as directed
6 by a licensed physician for infertility as defined in this section.

7 The benefits shall be provided to the same extent as for other
8 **【pregnancy-related procedures】** medical conditions under the
9 contract, except that the services provided for in this section shall
10 be performed at facilities that conform to standards established by
11 the American Society for Reproductive Medicine or the American
12 College of Obstetricians and Gynecologists. The same copayments,
13 deductibles and benefit limits shall apply to the diagnosis and
14 treatment of infertility pursuant to this section as those applied to
15 other medical or surgical benefits under the contract. **【Infertility**
16 **resulting from voluntary sterilization procedures shall be excluded**
17 **under the contract for the coverage required by this section】**
18 Infertility resulting from a voluntary unreversed sterilization
19 procedure may be excluded if the voluntary unreversed sterilization
20 is the sole cause of infertility, provided, however, that coverage for
21 infertility services shall not be excluded if the voluntary
22 sterilization is successfully reversed. A contract shall not impose
23 any exclusions, limitations, or restrictions on coverage of any
24 fertility services provided by or to a third party.

25 b. A religious employer may request, and a hospital service
26 corporation shall grant, an exclusion under the contract for the
27 coverage required by this section for in vitro fertilization, embryo
28 transfer, artificial insemination, zygote intra fallopian transfer and
29 intracytoplasmic sperm injection, if the required coverage is
30 contrary to the religious employer's bona fide religious tenets. The
31 hospital service corporation that issues a contract containing such
32 an exclusion shall provide written notice thereof to each prospective
33 subscriber or subscriber, which shall appear in not less than 10
34 point type, in the contract, application and sales brochure. For the
35 purposes of this subsection, "religious employer" means an
36 employer that is a church, convention or association of churches or
37 any group or entity that is operated, supervised or controlled by or
38 in connection with a church or a convention or association of
39 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
40 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

41 c. This section shall apply to those medical service corporation
42 contracts in which the medical service corporation has reserved the
43 right to change the premium.

44 d. The provisions of this section shall not apply to a medical
45 service corporation contract which, pursuant to a contract between
46 the medical service corporation and the Department of Human
47 Services, provides benefits to persons who are eligible for medical
48 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ

1 FamilyCare Program established pursuant to P.L.2005, c.156
2 (C.30:4J-8 et al.), or any other program administered by the
3 Division of Medical Assistance and Health Services in the
4 Department of Human Services.
5 (cf: P.L.2017, c.48, s.2)
6

7 3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended
8 to read as follows:

9 3. a. A health service corporation contract which provides
10 hospital or medical expense benefits for groups with more than 50
11 persons, which includes pregnancy-related benefits, shall not be
12 delivered, issued, executed or renewed in this State, or approved for
13 issuance or renewal in this State by the Commissioner of Banking
14 and Insurance on or after the effective date of this act unless the
15 contract provides coverage for persons covered under the contract
16 for medically necessary expenses, as determined by a physician,
17 incurred in the diagnosis and treatment of infertility as provided
18 pursuant to this section. The health service corporation contract
19 shall provide coverage for any services related to infertility that is
20 recommended by a physician, which includes, but is not limited to【,
21 the following services related to infertility】: diagnosis and
22 diagnostic tests; medications; surgery; intrauterine insemination; in
23 vitro fertilization; genetic testing; embryo transfer; artificial
24 insemination; 【gamete intra fallopian transfer; zygote intra
25 fallopian transfer;】 intracytoplasmic sperm injection; 【and】 four
26 completed egg retrievals 【per lifetime of the covered person】; and
27 unlimited embryo transfers, in accordance with guidelines from the
28 American Society for Reproductive Medicine, using single embryo
29 transfer when recommended and deemed medically appropriate by a
30 physician. The health service corporation may provide that
31 coverage for in vitro fertilization【, gamete intra fallopian transfer
32 and zygote intra fallopian transfer】 shall be limited to a covered
33 person who【: a.】 has used all reasonable, less expensive and
34 medically appropriate treatments , as determined by a licensed
35 physician, and is still unable to become pregnant or carry a
36 pregnancy to a live birth【; b. has not reached the limit of four
37 completed egg retrievals; and c. is 45 years of age or younger】.
38 Coverage for infertility services provided to partners of persons
39 who have successfully reversed a voluntary sterilization shall not be
40 excluded.

41 【For purposes of】b. As used in this this section【,】:

42 "Infertility" means a disease 【or】 condition, or status
43 characterized by: 【that results in the abnormal function of the
44 reproductive system, as determined pursuant to American Society
45 for Reproductive Medicine practice guidelines by a physician who
46 is Board Certified or Board Eligible in Reproductive Endocrinology

1 and Infertility or in Obstetrics and Gynecology or that the patient
2 has met one of the following conditions:

- 3 (1) A male is unable to impregnate a female;
- 4 (2) A female with a male partner and under 35 years of age is
5 unable to conceive after 12 months of unprotected sexual
6 intercourse;
- 7 (3) A female with a male partner and 35 years of age and over is
8 unable to conceive after six months of unprotected sexual
9 intercourse;
- 10 (4) A female without a male partner and under 35 years of age
11 who is unable to conceive after 12 failed attempts of intrauterine
12 insemination under medical supervision;
- 13 (5) A female without a male partner and over 35 years of age
14 who is unable to conceive after six failed attempts of intrauterine
15 insemination under medical supervision;
- 16 (6) Partners are unable to conceive as a result of involuntary
17 medical sterility;
- 18 (7) A person is unable to carry a pregnancy to live birth; or
- 19 (8) A previous determination of infertility pursuant to this
20 section **】** (1) the failure to establish a pregnancy or carry a
21 pregnancy to term;

22 (2) a person's inability to reproduce as a single individual or
23 with a partner of the individual without medical intervention; or

24 (3) a physician's recommendation, diagnosis, treatment plan, or
25 prescription based on a patient's medical, sexual, and reproductive
26 history, age, physical findings or diagnostic testing.

27 "Treatment of infertility" means the recommended treatment
28 plan or prescribed procedures, services, and medications as directed
29 by a licensed physician for fertility as defined in this section.

30 The benefits shall be provided to the same extent as for other
31 **【**pregnancy-related procedures**】** medical conditions under the
32 contract, except that the services provided for in this section shall
33 be performed at facilities that conform to standards established by
34 the American Society for Reproductive Medicine or the American
35 College of Obstetricians and Gynecologists. The same copayments,
36 deductibles and benefit limits shall apply to the diagnosis and
37 treatment of infertility pursuant to this section as those applied to
38 other medical or surgical benefits under the contract. **【**Infertility
39 resulting from voluntary sterilization procedures shall be excluded
40 under the contract for the coverage required by this section**】**
41 Infertility resulting from a voluntary unreversed sterilization
42 procedure may be excluded if the voluntary unreversed sterilization
43 is the sole cause of infertility, provided, however, that coverage for
44 infertility services shall not be excluded if the voluntary
45 sterilization is successfully reversed. A contract shall not impose
46 any exclusions, limitations, or restrictions on coverage of any
47 fertility services provided by or to a third party.

1 b. A religious employer may request, and a hospital service
2 corporation shall grant, an exclusion under the contract for the
3 coverage required by this section for in vitro fertilization, embryo
4 transfer, artificial insemination, zygote intra fallopian transfer and
5 intracytoplasmic sperm injection, if the required coverage is
6 contrary to the religious employer's bona fide religious tenets. The
7 hospital service corporation that issues a contract containing such
8 an exclusion shall provide written notice thereof to each prospective
9 subscriber or subscriber, which shall appear in not less than 10
10 point type, in the contract, application and sales brochure. For the
11 purposes of this subsection, "religious employer" means an
12 employer that is a church, convention or association of churches or
13 any group or entity that is operated, supervised or controlled by or
14 in connection with a church or a convention or association of
15 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
16 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

17 c. This section shall apply to those health service corporation
18 contracts in which the health service corporation has reserved the
19 right to change the premium.

20 d. The provisions of this section shall not apply to a health
21 service corporation contract which, pursuant to a contract between
22 the health service corporation and the Department of Human
23 Services, provides benefits to persons who are eligible for medical
24 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ
25 FamilyCare Program established pursuant to P.L.2005, c.156
26 (C.30:4J-8 et al.), or any other program administered by the
27 Division of Medical Assistance and Health Services in the
28 Department of Human Services.
29 (cf: P.L.2017, c.48, s.3)

30
31 4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended
32 to read as follows:

33 4. a. A group health insurance policy which provides hospital
34 or medical expense benefits for groups with more than 50 persons,
35 which includes pregnancy-related benefits, shall not be delivered,
36 issued, executed or renewed in this State, or approved for issuance
37 or renewal in this State by the Commissioner of Banking and
38 Insurance on or after the effective date of this act unless the policy
39 provides coverage for persons covered under the policy for
40 medically necessary expenses , as determined by a physician,
41 incurred in the diagnosis and treatment of infertility as provided
42 pursuant to this section. The policy shall provide coverage for any
43 services related to infertility that is recommended by a physician,
44 which includes, but is not limited to **【**, the following services related
45 to infertility**】**: diagnosis and diagnostic tests; medications; surgery;
46 intrauterine insemination; in vitro fertilization; genetic testing;
47 embryo transfer; artificial insemination; **【**gamete intra fallopian
48 transfer; zygote intra fallopian transfer;**】** intracytoplasmic sperm

1 injection; **[and]** four completed egg retrievals **[per lifetime of the**
2 **covered person]**; and unlimited embryo transfers, in accordance
3 with guidelines from the American Society for Reproductive
4 Medicine, using single embryo transfer when recommended and
5 deemed medically appropriate by a physician. The policy may
6 provide that coverage for in vitro fertilization**[, gamete intra**
7 **fallopian transfer and zygote intra fallopian transfer]** shall be
8 limited to a covered person who**[: a.]** has used all reasonable, less
9 expensive and medically appropriate treatments , as determined by a
10 licensed physician, and is still unable to become pregnant or carry a
11 pregnancy to a live birth**[; b. has not reached the limit of four**
12 **completed egg retrievals; and c. is 45 years of age or younger].**
13 Coverage for infertility services provided to partners of persons
14 who have successfully reversed a voluntary sterilization shall not be
15 excluded.

16 **[For purposes of]**b. As used in this this section[,]:

17 "Infertility" means a disease **[or],** condition, or status
18 characterized by: **[that results in the abnormal function of the**
19 **reproductive system, as determined pursuant to American Society**
20 **for Reproductive Medicine practice guidelines by a physician who**
21 **is Board Certified or Board Eligible in Reproductive Endocrinology**
22 **and Infertility or in Obstetrics and Gynecology or that the patient**
23 **has met one of the following conditions:**

24 (1) A male is unable to impregnate a female;

25 (2) A female with a male partner and under 35 years of age is
26 unable to conceive after 12 months of unprotected sexual
27 intercourse;

28 (3) A female with a male partner and 35 years of age and over is
29 unable to conceive after six months of unprotected sexual
30 intercourse;

31 (4) A female without a male partner and under 35 years of age
32 who is unable to conceive after 12 failed attempts of intrauterine
33 insemination under medical supervision;

34 (5) A female without a male partner and over 35 years of age
35 who is unable to conceive after six failed attempts of intrauterine
36 insemination under medical supervision;

37 (6) Partners are unable to conceive as a result of involuntary
38 medical sterility;

39 (7) A person is unable to carry a pregnancy to live birth; or

40 (8) A previous determination of infertility pursuant to this
41 section **[(1) the failure to establish a pregnancy or carry a**
42 **pregnancy to term;**

43 (2) a person's inability to reproduce as a single individual or
44 with a partner of the individual without medical intervention; or

45 (3) a physician's recommendation, diagnosis, treatment plan, or
46 prescription based on a patient's medical, sexual, and reproductive
47 history, age, physical findings or diagnostic testing.

1 “Treatment of infertility” means the recommended treatment
2 plan or prescribed procedures, services, and medications directed by
3 a licensed physician for infertility as defined in this section.

4 The benefits shall be provided to the same extent as for other
5 **【pregnancy-related procedures】** medical conditions under the
6 policy, except that the services provided for in this section shall be
7 performed at facilities that conform to standards established by the
8 American Society for Reproductive Medicine or the American
9 College of Obstetricians and Gynecologists. The same copayments,
10 deductibles and benefit limits shall apply to the diagnosis and
11 treatment of infertility pursuant to this section as those applied to
12 other medical or surgical benefits under the contract. **【Infertility**
13 **resulting from voluntary sterilization procedures shall be excluded**
14 **under the contract for the coverage required by this section】**
15 Infertility resulting from a voluntary unreversed sterilization
16 procedure may be excluded if the voluntary unreversed sterilization
17 is the sole cause of infertility, provided, however, that coverage for
18 infertility services shall not be excluded if the voluntary
19 sterilization is successfully reversed. A policy shall not impose any
20 exclusions, limitations, or restrictions on coverage of any fertility
21 services provided by or to a third party.

22 b. A religious employer may request, and a hospital service
23 corporation shall grant, an exclusion under the contract for the
24 coverage required by this section for in vitro fertilization, embryo
25 transfer, artificial insemination, zygote intra fallopian transfer and
26 intracytoplasmic sperm injection, if the required coverage is
27 contrary to the religious employer's bona fide religious tenets. The
28 hospital service corporation that issues a contract containing such
29 an exclusion shall provide written notice thereof to each prospective
30 subscriber or subscriber, which shall appear in not less than 10
31 point type, in the contract, application and sales brochure. For the
32 purposes of this subsection, "religious employer" means an
33 employer that is a church, convention or association of churches or
34 any group or entity that is operated, supervised or controlled by or
35 in connection with a church or a convention or association of
36 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
37 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

38 c. This section shall apply to those insurance policies in which
39 the insurer has reserved the right to change the premium.

40 d. The provisions of this section shall not apply to a group
41 health insurance policy which, pursuant to a contract between the
42 insurer and the Department of Human Services, provides benefits to
43 persons who are eligible for medical assistance under P.L.1968,
44 c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program established
45 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
46 administered by the Division of Medical Assistance and Health
47 Services in the Department of Human Services.

48 (cf: P.L.2017, c.48, s.4)

1 5. Section 5 of P.L.2001. c.236 (C.26:2J-4.23) is amended to
2 read as follows:

3 5. a. No certificate of authority to establish and operate a health
4 maintenance organization in this State shall be issued or continued
5 on or after the effective date of this act unless the health
6 maintenance organization provides health care services, to groups
7 of more than 50 enrollees, for medically necessary expenses, as
8 determined by a physician, incurred in the diagnosis and treatment
9 of infertility as provided pursuant to this section. A health
10 maintenance organization shall provide enrollee coverage for any
11 services related to infertility that is recommended by a physician,
12 which includes, but is not limited to **【**, the following services related
13 to infertility**】**: diagnosis and diagnostic tests; medications; surgery;
14 intrauterine insemination; in vitro fertilization; genetic testing;
15 embryo transfer; artificial insemination; **【**gamete intra fallopian
16 transfer; zygote intra fallopian transfer;**】** intracytoplasmic sperm
17 injection; **【and】** four completed egg retrievals **【**per lifetime of the
18 covered person**】**; and unlimited embryo transfers, in accordance
19 with guidelines from the American Society for Reproductive
20 Medicine, using single embryo transfer when recommended and
21 deemed medically appropriate by a physician. A health maintenance
22 organization may provide that coverage for in vitro fertilization **【**,
23 gamete intra fallopian transfer and zygote intra fallopian transfer**】**
24 shall be limited to a covered person who **【**: a. **】** has used all
25 reasonable, less expensive and medically appropriate treatments, as
26 determined by a licensed physician, and is still unable to become
27 pregnant or carry a pregnancy to a live birth**【**; b. has not reached the
28 limit of four completed egg retrievals; and c. is 45 years of age or
29 younger**】**. Coverage for infertility services provided to partners of
30 persons who have successfully reversed a voluntary sterilization
31 shall not be excluded.

32 **【**For purposes of **】** b. As used in this this section**【,】**:

33 "Infertility" means a disease **【or】**, condition, or status
34 characterized by: **【**that results in the abnormal function of the
35 reproductive system, as determined pursuant to American Society
36 for Reproductive Medicine practice guidelines by a physician who
37 is Board Certified or Board Eligible in Reproductive Endocrinology
38 and Infertility or in Obstetrics and Gynecology or that the patient
39 has met one of the following conditions:

40 (1) A male is unable to impregnate a female;

41 (2) A female with a male partner and under 35 years of age is
42 unable to conceive after 12 months of unprotected sexual
43 intercourse;

44 (3) A female with a male partner and 35 years of age and over is
45 unable to conceive after six months of unprotected sexual
46 intercourse;

1 (4) A female without a male partner and under 35 years of age
2 who is unable to conceive after 12 failed attempts of intrauterine
3 insemination under medical supervision;

4 (5) A female without a male partner and over 35 years of age
5 who is unable to conceive after six failed attempts of intrauterine
6 insemination under medical supervision;

7 (6) Partners are unable to conceive as a result of involuntary
8 medical sterility;

9 (7) A person is unable to carry a pregnancy to live birth; or

10 (8) A previous determination of infertility pursuant to this
11 section **】** (1) the failure to establish a pregnancy or carry a
12 pregnancy to term;

13 (2) a person's inability to reproduce as a single individual or
14 with a partner of the individual without medical intervention; or

15 (3) a physician's recommendation, diagnosis, treatment plan, or
16 prescription based on a patient's medical, sexual, and reproductive
17 history, age, physical findings or diagnostic testing.

18 "Treatment of infertility" means the recommended treatment
19 plan or prescribed procedures, services, and medications directed by
20 a licensed physician for infertility as defined in this section.

21 The benefits shall be provided to the same extent as for other
22 **【**pregnancy-related procedures**】** medical conditions under the
23 contract, except that the services provided for in this section shall
24 be performed at facilities that conform to standards established by
25 the American Society for Reproductive Medicine or the American
26 College of Obstetricians and Gynecologists. The same copayments,
27 deductibles and benefit limits shall apply to the diagnosis and
28 treatment of infertility pursuant to this section as those applied to
29 other medical or surgical benefits under the contract. **【**Infertility
30 resulting from voluntary sterilization procedures shall be excluded
31 under the contract for the coverage required by this section**】**
32 Infertility resulting from a voluntary unreversed sterilization
33 procedure may be excluded if the voluntary unreversed sterilization
34 is the sole cause of infertility, provided, however, that coverage for
35 infertility services shall not be excluded if the voluntary
36 sterilization is successfully reversed. A contract shall not impose
37 any exclusions, limitations, or restrictions on coverage of any
38 fertility services provided by or to a third party.

39 b. A religious employer may request, and a health maintenance
40 organization shall grant, an exclusion under the contract for the
41 coverage required by this section for in vitro fertilization, embryo
42 transfer, artificial insemination, zygote intra fallopian transfer and
43 intracytoplasmic sperm injection, if the required coverage is
44 contrary to the religious employer's bona fide religious tenets. The
45 hospital service corporation that issues a contract containing such
46 an exclusion shall provide written notice thereof to each prospective
47 subscriber or subscriber, which shall appear in not less than 10
48 point type, in the contract, application and sales brochure. For the

1 purposes of this subsection, "religious employer" means an
2 employer that is a church, convention or association of churches or
3 any group or entity that is operated, supervised or controlled by or
4 in connection with a church or a convention or association of
5 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
6 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

7 c. The provisions of this section shall apply to those contracts
8 for health care services by health maintenance organizations under
9 which the right to change the schedule of charges for enrollee
10 coverage is reserved.

11 d. The provisions of this section shall not apply to a contract
12 for health care services by a health maintenance organization
13 which, pursuant to a contract between the health maintenance
14 organization and the Department of Human Services, provides
15 benefits to persons who are eligible for medical assistance under
16 P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program
17 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any
18 other program administered by the Division of Medical Assistance
19 and Health Services in the Department of Human Services.
20 (cf: P.L.2017, c.48, s.5)

21
22 6. (New section) a. Every individual health benefits plan that
23 provides hospital or medical expense benefits and is delivered,
24 issued, executed or renewed in this State pursuant to P.L.1992,
25 c.161 (C.17B:27A-2 et seq.), or approved for issuance or renewal in
26 this State on or after the effective date of this act, shall provide
27 benefits to any person covered thereunder for medically necessary
28 expenses incurred in the diagnosis and treatment of infertility as
29 provided pursuant to this section. The individual health benefits
30 plan shall provide for any services related to infertility that is
31 recommended by a physician, which includes, but is not limited to:
32 diagnosis and diagnostic tests; medications; surgery; intrauterine
33 insemination; in vitro fertilization; genetic testing; embryo transfer;
34 artificial insemination; intracytoplasmic sperm injection; four
35 completed egg retrievals; and unlimited embryo transfers, in
36 accordance with guidelines from the American Society for
37 Reproductive Medicine, using single embryo transfer when
38 recommended and deemed medically appropriate by a physician.
39 The plan may provide that coverage for in vitro fertilization shall be
40 limited to a covered person who has used all reasonable, less
41 expensive and medically appropriate treatments, as determined by a
42 licensed physician, and is still unable to become pregnant or carry a
43 pregnancy to a live birth. Coverage for infertility services provided
44 to partners of persons who have successfully reversed a voluntary
45 sterilization shall not be excluded.

46 b. As used in this this section:

47 "Infertility" means a disease, condition, or status characterized
48 by:

1 (1) the failure to establish a pregnancy or carry a pregnancy to
2 term;

3 (2) a person's inability to reproduce as a single individual or
4 with a partner of the individual without medical intervention; or

5 (3) a physician's recommendation, diagnosis, treatment plan, or
6 prescription based on a patient's medical, sexual, and reproductive
7 history, age, physical findings or diagnostic testing.

8 "Treatment of infertility" means the recommended treatment
9 plan or prescribed procedures, services, and medications directed by
10 a licensed physician for infertility as defined in this section.

11 The benefits shall be provided to the same extent as for other
12 medical conditions under the health benefits plan, except that the
13 services provided for in this section shall be performed at facilities
14 that conform to standards established by the American Society for
15 Reproductive Medicine or the American College of Obstetricians
16 and Gynecologists. The same copayments, deductibles and benefit
17 limits shall apply to the diagnosis and treatment of infertility
18 pursuant to this section as those applied to other medical or surgical
19 benefits under the plan. Infertility resulting from a voluntary
20 unreversed sterilization procedure may be excluded if the voluntary
21 unreversed sterilization is the sole cause of infertility, provided,
22 however, that coverage for infertility services shall not be excluded
23 if the voluntary sterilization is successfully reversed. A plan shall
24 not impose any exclusions, limitations, or restrictions on coverage
25 of any fertility services provided by or to a third party.

26 c. A religious employer may request, and a health maintenance
27 organization shall grant, an exclusion under the contract for the
28 coverage required by this section for in vitro fertilization, embryo
29 transfer, artificial insemination, zygote intra fallopian transfer and
30 intracytoplasmic sperm injection, if the required coverage is
31 contrary to the religious employer's bona fide religious tenets. The
32 hospital service corporation that issues a contract containing such
33 an exclusion shall provide written notice thereof to each prospective
34 subscriber or subscriber, which shall appear in not less than 10
35 point type, in the contract, application and sales brochure. For the
36 purposes of this subsection, "religious employer" means an
37 employer that is a church, convention or association of churches or
38 any group or entity that is operated, supervised or controlled by or
39 in connection with a church or a convention or association of
40 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
41 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

42 d. This section shall apply to all individual health benefit plans
43 in which the carrier has reserved the right to change the premium.

44 e. The provisions of this section shall not apply to an
45 individual health benefit plan contract which, pursuant to a contract
46 between the individual health benefit plan and the Department of
47 Human Services, provides benefits to persons who are eligible for
48 medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the

1 NJ FamilyCare Program established pursuant to P.L.2005, c.156
2 (C.30:4J-8 et al.), or any other program administered by the
3 Division of Medical Assistance and Health Services in the
4 Department of Human Services.

5
6 7. (New section) a. Every small employer health benefits plan
7 that provides hospital or medical expense benefits and is delivered,
8 issued, executed or renewed in this State pursuant to P.L.1992,
9 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
10 in this State on or after the effective date of this act, shall provide to
11 any person covered thereunder for medically necessary expenses
12 incurred in the diagnosis and treatment of infertility as provided
13 pursuant to this section. The health benefits plan shall provide for
14 any services related to infertility that is recommended by a
15 physician, which includes, but is not limited to: diagnosis and
16 diagnostic tests; medications; surgery; intrauterine insemination; in
17 vitro fertilization; genetic testing; embryo transfer; artificial
18 insemination; intracytoplasmic sperm injection; four completed egg
19 retrievals; and unlimited embryo transfers, in accordance with
20 guidelines from the American Society for Reproductive Medicine,
21 using single embryo transfer when recommended and deemed
22 medically appropriate by a physician. The health benefits plan may
23 provide that coverage for in vitro fertilization shall be limited to a
24 covered person who has used all reasonable, less expensive and
25 medically appropriate treatments, as determined by a licensed
26 physician, and is still unable to become pregnant or carry a
27 pregnancy to a live birth. Coverage for infertility services provided
28 to partners of persons who have successfully reversed a voluntary
29 sterilization shall not be excluded.

30 b. As used in this this section:

31 "Infertility" means a disease, condition, or status characterized
32 by:

33 (1) the failure to establish a pregnancy or carry a pregnancy to
34 term;

35 (2) a person's inability to reproduce as a single individual or
36 with a partner of the individual without medical intervention; or

37 (3) a physician's recommendation, diagnosis, treatment plan, or
38 prescription based on a patient's medical, sexual, and reproductive
39 history, age, physical findings or diagnostic testing.

40 "Treatment of infertility" means the recommended treatment
41 plan or prescribed procedures, services, and medications directed by
42 a licensed physician for infertility as defined in this section.

43 The benefits shall be provided to the same extent as for other
44 medical conditions under the health benefits plan, except that the
45 services provided for in this section shall be performed at facilities
46 that conform to standards established by the American Society for
47 Reproductive Medicine or the American College of Obstetricians
48 and Gynecologists. The same copayments, deductibles and benefit

1 limits shall apply to the diagnosis and treatment of infertility
2 pursuant to this section as those applied to other medical or surgical
3 benefits under the plan. Infertility resulting from a voluntary
4 unreversed sterilization procedure may be excluded if the voluntary
5 unreversed sterilization is the sole cause of infertility, provided,
6 however, that coverage for infertility services shall not be excluded
7 if the voluntary sterilization is successfully reversed. A plan shall
8 not impose any exclusions, limitations, or restrictions on coverage
9 of any fertility services provided by or to a third party.

10 c. A religious employer may request, and a health maintenance
11 organization shall grant, an exclusion under the contract for the
12 coverage required by this section for in vitro fertilization, embryo
13 transfer, artificial insemination, zygote intra fallopian transfer and
14 intracytoplasmic sperm injection, if the required coverage is
15 contrary to the religious employer's bona fide religious tenets. The
16 hospital service corporation that issues a contract containing such
17 an exclusion shall provide written notice thereof to each prospective
18 subscriber or subscriber, which shall appear in not less than 10
19 point type, in the contract, application and sales brochure. For the
20 purposes of this subsection, "religious employer" means an
21 employer that is a church, convention or association of churches or
22 any group or entity that is operated, supervised or controlled by or
23 in connection with a church or a convention or association of
24 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies
25 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

26 d. The provisions of this section shall apply to all health
27 benefit plans in which the carrier has reserved the right to change
28 the premium.

29 e. The provisions of this section shall not apply to a small
30 employer health benefits plan contract which, pursuant to a contract
31 between the small employer health benefits plan and the
32 Department of Human Services, provides benefits to persons who
33 are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-
34 1 et seq.), the NJ FamilyCare Program established pursuant to
35 P.L.2005, c.156 (C.30:4J-8 et al.), or any other program
36 administered by the Division of Medical Assistance and Health
37 Services in the Department of Human Services.

38

39 **【6】** 8. Section 6 of P.L.2017, c.48 (C.52:14-17.29y) is amended
40 to read as follows:

41 6. The State Health Benefits Commission shall ensure that
42 every contract under the State Health Benefits Program shall
43 provide coverage for medically necessary expenses , as determined
44 by a physician, incurred in the diagnosis and treatment of infertility
45 as provided pursuant to this section. The State Health Benefits
46 Program shall provide coverage for any services related to
47 infertility that is recommended by a physician, which includes, but
48 is not limited to**【**, the following services related to infertility**】**:

1 diagnosis and diagnostic tests; medications; surgery; intrauterine
2 insemination; in vitro fertilization; genetic testing; embryo transfer;
3 artificial insemination; **【**gamete intra fallopian transfer; zygote intra
4 fallopian transfer;**】** intracytoplasmic sperm injection; **【and】** four
5 completed egg retrievals **【per lifetime of the covered person】**; and
6 unlimited embryo transfers, in accordance with guidelines from the
7 American Society for Reproductive Medicine, using single embryo
8 transfer when recommended and deemed medically appropriate by a
9 physician. The State Health Benefits Commission may provide that
10 coverage for in vitro fertilization**【**, gamete intra fallopian transfer
11 and zygote intra fallopian transfer**】** shall be limited to a covered
12 person who**【**: a**】** has used all reasonable, less expensive and
13 medically appropriate treatments , as determined by a licensed
14 physician, and is still unable to become pregnant or carry a
15 pregnancy to a live birth**【**; b. has not reached the limit of four
16 completed egg retrievals; and c. is 45 years of age or younger**】**.
17 Coverage for infertility services provided to partners of persons
18 who have successfully reversed a voluntary sterilization shall not be
19 excluded.

20 **【For purposes of】** b. As used in this this section【.】:

21 "Infertility" means a disease **【or】**, condition, or status
22 characterized by: 【that results in the abnormal function of the
23 reproductive system, as determined pursuant to American Society
24 for Reproductive Medicine practice guidelines by a physician who
25 is Board Certified or Board Eligible in Reproductive Endocrinology
26 and Infertility or in Obstetrics and Gynecology or that the patient
27 has met one of the following conditions:

28 (1) A male is unable to impregnate a female;

29 (2) A female with a male partner and under 35 years of age is
30 unable to conceive after 12 months of unprotected sexual
31 intercourse;

32 (3) A female with a male partner and 35 years of age and over is
33 unable to conceive after six months of unprotected sexual
34 intercourse;

35 (4) A female without a male partner and under 35 years of age
36 who is unable to conceive after 12 failed attempts of intrauterine
37 insemination under medical supervision;

38 (5) A female without a male partner and over 35 years of age
39 who is unable to conceive after six failed attempts of intrauterine
40 insemination under medical supervision;

41 (6) Partners are unable to conceive as a result of involuntary
42 medical sterility;

43 (7) A person is unable to carry a pregnancy to live birth; or

44 (8) A previous determination of infertility pursuant to this
45 section **【** (1) the failure to establish a pregnancy or carry a
46 pregnancy to term;

1 (2) a person’s inability to reproduce as a single individual or
2 with a partner of the individual without medical intervention; or

3 (3) a physician’s recommendation, diagnosis, treatment plan, or
4 prescription based on a patient’s medical, sexual, and reproductive
5 history, age, physical findings or diagnostic testing.

6 “Treatment of infertility” means the recommended treatment
7 plan or prescribed procedures, services, and medications directed by
8 a licensed physician for infertility as defined in this section.

9 The benefits shall be provided to the same extent as for other
10 **【pregnancy-related procedures】** medical conditions under the
11 contract, except that the services provided for in this section shall
12 be performed at facilities that conform to standards established by
13 the American Society for Reproductive Medicine or the American
14 College of Obstetricians and Gynecologists. The same copayments,
15 deductibles and benefit limits shall apply to the diagnosis and
16 treatment of infertility pursuant to this section as those applied to
17 other medical or surgical benefits under the contract. **【Infertility**
18 **resulting from voluntary sterilization procedures shall be excluded**
19 **under the contract for the coverage required by this section】**
20 Infertility resulting from a voluntary unreversed sterilization
21 procedure may be excluded if the voluntary unreversed sterilization
22 is the sole cause of infertility, provided, however, that coverage for
23 infertility services shall not be excluded if the voluntary
24 sterilization is successfully reversed. A contract shall not impose
25 any exclusions, limitations, or restrictions on coverage of any
26 fertility services provided by or to a third party.

27 (cf: P.L.2017, c.48, s.6)

28
29 **【7】** 9. Section 7 of P.L.2017, c.48 (C.52:14-17.46.6g) is
30 amended to read as follows:

31 7. The School Employees Health Benefits Commission shall
32 ensure that every contract under the School Employees Health
33 Benefits Program shall provide coverage for medically necessary
34 expenses , as determined by a physician, incurred in the diagnosis
35 and treatment of infertility as provided pursuant to this section. The
36 School Employees Health Benefits Program contract shall provide
37 coverage for any services related to infertility that is recommended
38 by a physician, which includes, but is not limited to**【,** the following
39 services related to infertility**】**: diagnosis and diagnostic tests;
40 medications; surgery; intrauterine insemination; in vitro
41 fertilization; genetic testing; embryo transfer; artificial
42 insemination; **【gamete intra fallopian transfer; zygote intra**
43 **fallopian transfer;】** intracytoplasmic sperm injection; **【and】** four
44 completed egg retrievals **【per lifetime of the covered person】**; and
45 unlimited embryo transfers, in accordance with guidelines from the
46 American Society for Reproductive Medicine, using single embryo
47 transfer when recommended and deemed medically appropriate by a

1 physician. The School Employees Health Benefits Commission
2 may provide that coverage for in vitro fertilization[, gamete intra
3 fallopian transfer and zygote intra fallopian transfer] shall be
4 limited to a covered person who[: a.] has used all reasonable, less
5 expensive and medically appropriate treatments , as determined by a
6 licensed physician, and is still unable to become pregnant or carry a
7 pregnancy to a live birth[: b. has not reached the limit of four
8 completed egg retrievals; and c. is 45 years of age or younger].
9 Coverage for infertility services provided to partners of persons
10 who have successfully reversed a voluntary sterilization shall not be
11 excluded.

12 **[For purposes of] b. As used in this this section[.]:**

13 "Infertility" means a disease **[or],** condition, or status
14 characterized by: **[that results in the abnormal function of the**
15 **reproductive system, as determined pursuant to American Society**
16 **for Reproductive Medicine practice guidelines by a physician who**
17 **is Board Certified or Board Eligible in Reproductive Endocrinology**
18 **and Infertility or in Obstetrics and Gynecology or that the patient**
19 **has met one of the following conditions:**

20 (1) A male is unable to impregnate a female;

21 (2) A female with a male partner and under 35 years of age is
22 unable to conceive after 12 months of unprotected sexual
23 intercourse;

24 (3) A female with a male partner and 35 years of age and over is
25 unable to conceive after six months of unprotected sexual
26 intercourse;

27 (4) A female without a male partner and under 35 years of age
28 who is unable to conceive after 12 failed attempts of intrauterine
29 insemination under medical supervision;

30 (5) A female without a male partner and over 35 years of age
31 who is unable to conceive after six failed attempts of intrauterine
32 insemination under medical supervision;

33 (6) Partners are unable to conceive as a result of involuntary
34 medical sterility;

35 (7) A person is unable to carry a pregnancy to live birth; or

36 (8) A previous determination of infertility pursuant to this
37 section] (1) the failure to establish a pregnancy or carry a
38 pregnancy to term;

39 (2) a person's inability to reproduce as a single individual or
40 with a partner of the individual without medical intervention; or

41 (3) a physician's recommendation, diagnosis, treatment plan, or
42 prescription based on a patient's medical, sexual, and reproductive
43 history, age, physical findings or diagnostic testing.

44 "Treatment of infertility" means the recommended treatment
45 plan or prescribed procedures, services, and medications directed by
46 a licensed physician for infertility as defined in this section.

1 The benefits shall be provided to the same extent as for other
2 **【pregnancy-related procedures】** medical conditions under the
3 contract, except that the services provided for in this section shall
4 be performed at facilities that conform to standards established by
5 the American Society for Reproductive Medicine or the American
6 College of Obstetricians and Gynecologists. The same copayments,
7 deductibles and benefit limits shall apply to the diagnosis and
8 treatment of infertility pursuant to this section as those applied to
9 other medical or surgical benefits under the contract. **【Infertility**
10 **resulting from voluntary sterilization procedures shall be excluded**
11 **under the contract for the coverage required by this section】**
12 Infertility resulting from a voluntary unreversed sterilization
13 procedure may be excluded under the contract if the voluntary
14 unreversed sterilization is the sole cause of infertility, provided,
15 however, that coverage for infertility services shall not be excluded
16 if the voluntary sterilization is successfully reversed. A contract
17 shall not impose any exclusions, limitations, or restrictions on
18 coverage of any fertility services provided by or to a third party.
19 (cf: P.L.2017, c.48, s.7)

20
21 **【8】 10.** This act shall take effect immediately and shall apply
22 to contracts issued or renewed on or after the effective date.

23 24 25 STATEMENT

26
27 This bill updates current law on health insurance coverage of
28 infertility by requiring health insurance carriers (which include
29 hospital service corporations, medical service corporations, health
30 service corporations, health maintenance organizations authorized
31 to issue health benefits plans in New Jersey, individual and small
32 employer health benefits plans, and any entities contracted to
33 administer health benefits in connection with the State Health
34 Benefits Program and School Employees' Health Benefits Program)
35 to cover infertility services for a partner of a person who has
36 successfully reversed a voluntary sterilization. The bill also
37 requires health insurance carriers to cover certain infertility services
38 including intrauterine insemination, genetic testing, unlimited
39 embryo transfers, in accordance with guidelines from the American
40 Society for Reproductive Medicine, and any other services related to
41 infertility recommended by a physician. Additionally, the bill revises
42 the current statutory definition of "infertility" and adds a definition of
43 "treatment of infertility."

44 Finally, the bill excludes coverage for infertility services if an
45 individual's infertility resulted solely from a voluntary unreversed
46 sterilization; provided, however, that coverage for infertility
47 services shall not be excluded if the voluntary sterilization is
48 successfully reversed.

Appendix II

Nellie Pou
Chair

Joseph Cryan
Vice-Chair

Gordon M. Johnson
Jon M. Bramnick
Robert W. Singer



NEW JERSEY STATE LEGISLATURE

SENATE COMMERCE COMMITTEE

STATE HOUSE ANNEX • P.O. BOX 068 • TRENTON, NJ
08625-0068
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Christian H.
Weisenbacher
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609-847-3845
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October 4, 2023

New Jersey Mandated Health Benefits Advisory Commission
P.O. Box 325
Trenton, NJ 08625

Dear Members of the Commission:

As the Chair of the Senate Commerce Committee, I respectfully request the Commission to review and prepare a written report of Senate Bill 3627, sponsored by Senator Vitale. The bill would revise health benefits coverage for the treatment of infertility.

If you have any questions, please do not hesitate to contact Abbey Harris, Esq., Counsel to the Commerce Committee and Chief Counsel of the Senate Majority Office, at 609-847-3700. Thank you for your immediate attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Nellie Pou".

Nellie Pou
Senator, 35th District

CC: Abbey True Harris, Esq., MPP
Chief Counsel
Senate Majority Office