



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3709

Introduced 2/22/2021, by Rep. Margaret Croke

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356m

from Ch. 73, par. 968m

Amends the Illinois Insurance Code. Provides that coverage for the diagnosis and treatment of infertility shall be provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. Removes provisions stating that "infertility" means the inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy.

LRB102 04399 BMS 14417 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by
5 changing Section 356m as follows:

6 (215 ILCS 5/356m) (from Ch. 73, par. 968m)

7 Sec. 356m. Infertility coverage.

8 (a) No group policy of accident and health insurance
9 providing coverage for more than 25 employees that provides
10 pregnancy related benefits may be issued, amended, delivered,
11 or renewed in this State after the effective date of this
12 amendatory Act of the 99th General Assembly unless the policy
13 contains coverage for the diagnosis and treatment of
14 infertility including, but not limited to, in vitro
15 fertilization, uterine embryo lavage, embryo transfer,
16 artificial insemination, gamete intrafallopian tube transfer,
17 zygote intrafallopian tube transfer, and low tubal ovum
18 transfer.

19 (b) The coverage required under subsection (a) is subject
20 to the following conditions:

21 (1) Coverage for procedures for in vitro
22 fertilization, gamete intrafallopian tube transfer, or
23 zygote intrafallopian tube transfer shall be required only

1 if:

2 (A) the covered individual has been unable to
3 attain a viable pregnancy, maintain a viable
4 pregnancy, or sustain a successful pregnancy through
5 reasonable, less costly medically appropriate
6 infertility treatments for which coverage is available
7 under the policy, plan, or contract;

8 (B) the covered individual has not undergone 4
9 completed oocyte retrievals, except that if a live
10 birth follows a completed oocyte retrieval, then 2
11 more completed oocyte retrievals shall be covered; and

12 (C) the procedures are performed at medical
13 facilities that conform to the American College of
14 Obstetric and Gynecology guidelines for in vitro
15 fertilization clinics or to the American Fertility
16 Society minimal standards for programs of in vitro
17 fertilization.

18 (2) The procedures required to be covered under this
19 Section are not required to be contained in any policy or
20 plan issued to or by a religious institution or
21 organization or to or by an entity sponsored by a
22 religious institution or organization that finds the
23 procedures required to be covered under this Section to
24 violate its religious and moral teachings and beliefs.

25 (c) As used in ~~For purpose of~~ this Section, "infertility"
26 means ~~the inability to conceive after one year of unprotected~~

1 ~~sexual intercourse,~~ the inability to conceive after one year
2 of attempts to produce conception or ~~7~~ the inability to
3 conceive after an individual is diagnosed with a condition
4 affecting fertility, ~~or the inability to sustain a successful~~
5 ~~pregnancy.~~

6 (d) The coverage of diagnosis and treatment of infertility
7 shall be provided without discrimination on the basis of age,
8 ancestry, color, disability, domestic partner status, gender,
9 gender expression, gender identity, genetic information,
10 marital status, national origin, race, religion, sex, or
11 sexual orientation.

12 (Source: P.A. 99-421, eff. 1-1-16.)