



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

SB1764

Introduced 2/20/2015, by Sen. Don Harmon

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356m

from Ch. 73, par. 968m

Amends the Illinois Insurance Code. Provides that insurers offering accident and health insurance to groups of more than 25 employees provide coverage for infertility treatments to covered individuals unable to attain a viable pregnancy or maintain a viable pregnancy (previously covered just those unable to sustain a successful pregnancy). Expands definition of infertility to include individuals unable to conceive after one year of attempting to produce conception and those unable to conceive after diagnosis with a condition affecting fertility.

LRB099 09375 MLM 29581 b

1 AN ACT concerning insurance.

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 ~~the effective date~~
13 ~~of this amendatory Act of 1991~~ unless the policy contains
14 coverage for the diagnosis and treatment of infertility
15 including, but not limited to, in vitro fertilization, uterine
16 embryo lavage, embryo transfer, artificial insemination,
17 gamete intrafallopian tube transfer, zygote intrafallopian
18 tube transfer, and low tubal ovum 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 more
11 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 religious
22 institution or organization that finds the procedures
23 required to be covered under this Section to violate its
24 religious and moral teachings and beliefs.

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

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

5 (Source: P.A. 89-669, eff. 1-1-97.)