

**SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 412  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
SEVENTEENTH LEGISLATURE - SECOND SESSION**

**BY REPRESENTATIVES KOPONEN, Gruenberg**

**Introduced: 2/7/92**

**Referred: Labor & Commerce, Health, Education & Social Services, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to insurance for infertility."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 **\* Section 1. AS 21.42 is amended by adding a new section to read:**

4           **Sec. 21.42.357. COVERAGE FOR INFERTILITY. (a) An insurer authorized under**  
5 **AS 21.09 to offer, issue for delivery, deliver, or renew a disability insurance policy for medical**  
6 **coverage on an expense incurred basis in the state, or a hospital service corporation or medical**  
7 **service corporation authorized under AS 21.87 to offer or renew a subscriber's contract for**  
8 **medical coverage in the state, that provides coverage for hospital and surgical expenses, shall also**  
9 **provide, to the same extent that benefits are provided for medical conditions other than infertility,**  
10 **coverage for all nonexperimental diagnostic and therapeutic infertility procedures, including**  
11 **artificial insemination, in vitro fertilization and embryo placement, and gamete intra-fallopian**  
12 **transfer.**

13           **(b) The insurer, hospital service corporation, or medical service corporation providing**  
14 **benefits to a covered person under this section may not**

- 1                   (1) ~~limit coverage for infertility related drugs unless the limitation is imposed on~~
- 2                   other prescription drugs;
- 3                   (2) exclude from coverage costs associated with sperm, egg, or inseminated egg
- 4                   procurement, processing, and banking if the donor is the covered spouse;
- 5                   (3) impose a preexisting condition exclusion or preexisting condition waiting
- 6                   period regarding infertility benefits;
- 7                   (4) use a prior diagnosis of or prior treatment for infertility to exclude, limit, or
- 8                   restrict coverage regarding infertility benefits;
- 9                   (5) impose a deductible, copayment, coinsurance, benefit maximum, or waiting
- 10                  period that is different than that imposed on benefits provided for coverage of other medical
- 11                  expenses.
- 12                  (c) The insurer, hospital service corporation, or medical service corporation may
- 13                   (1) deny coverage for
- 14                   (A) an experimental infertility procedure;
- 15                   (B) surrogacy;
- 16                   (C) reversal of voluntary sterilization;
- 17                   (D) the fourth or greater in vitro fertilization cycle;
- 18                  (2) establish eligibility requirements related to the covered person's medical
- 19                  history;
- 20                  (3) establish standards relating to provider contracts.
- 21                  (d) In this section,
- 22                   (1) "covered person" means the insured or subscriber or the insured or
- 23                   subscriber's covered spouse or dependent child;
- 24                   (2) "experimental infertility procedure" means a procedure not yet recognized as
- 25                   generally accepted or nonexperimental by the American Fertility Society or the American College
- 26                   of Obstetricians and Gynecologists;
- 27                   (3) "infertility" means the condition of a presumably healthy individual who is
- 28                   unable to conceive or produce a conception for a period of at least one year of unprotected sexual
- 29                   intercourse before diagnosis and treatment for infertility;
- 30                   (4) "nonexperimental infertility procedure" means a procedure recognized as
- 31                   generally accepted or nonexperimental by the American Fertility Society or the American College

1 of Obstetricians and Gynecologists.

2 \* Sec. 2. AS 21.42.357, enacted by sec. 1 of this Act, applies to disability insurance policies and to  
3 hospital service subscriber or medical service subscriber contracts entered into or renewed on or after  
4 the effective date of this Act.