ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672
4565 HHES HB 427 - HB 440 (FILE 2)

HB

427

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

House Hess:

February 25, 1988

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

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May, 1988

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Mary Van Nimwegen

House Hess:

March 9, 1988

(7)

HOUSE COMMITTEE REPORT

Date referred: 2/3/88 FURTHER REFERRALS: Finance

DATE: 3-16-88

The Health, Education and Social Services Committee has considered HB 428

"An Act making a special appropriation to the Department of Health and Social Services for payment as grants to the Alaska Treatment Center; and providing for an effective date."

RECOMMENDS:

[ ] replace with _____ [ ] the same title

[ ] attached amendment(s) [ ] a new title

[X] do pass

[ ] do not pass

[ ] no recommendation

[ ] individual recommendations

[ ] additional referral to the _____ Committee

ADOPTS: [X] H. HESS letter of intent

ATTACHES NEW FISCAL NOTE(s):

[ ] fiscal impact

[ ] zero fiscal note

[ ] zero with analysis

[ ] same as previous fiscal note published _____

[ ] same as previous zero fiscal note published _____

SIGNING DO PASS:

Bill Hudson

Bruce Hanley

Alfred Gruenberg

J. L. Ellis

SIGNING OTHER RECOMMENDATIONS:

Dave Donley (NO REC)

Ole Kvasnikoff (no rec)

J. L. Ellis

Co-Chairman's signature

Ole Kvasnikoff

ALASKA TREATMENT CENTER
Medical Rehabilitation Services

COMPREHENSIVE OUTPATIENT REHABILITATION SERVICES

The Alaska Treatment Center provides outpatient medical rehabilitation treatment with programs as outlined below. ATC is the only comprehensive rehab facility in the state, and serves all Alaskans who require its services.

Day Rehabilitation Hospital

The Day Rehabilitation Hospital promotes the restoration of function following debilitating disease or traumatic accident. Services include:

* Nursing services
* Social services
* Physical, occupational, speech-language and recreation therapy
* Community re-orientation training
* Family conferences/education
* Audiology
* Pool therapy

The most common diagnoses appropriate for the Day Rehabilitation Hospital include: head injury; spinal cord injury; amputation; stroke; and degenerative diseases such as arthritis, diabetes, multiple sclerosis, and neurological disorders.

Head Injury Rehabilitation

The Head Injury Rehabilitation Program maximizes psychosocial and vocational adjustment for brain-injured adults. Services available in this program include:

* Cognitive retraining
* Psychotherapy
* Community skills retraining
* Recreation therapy
* Supervised work placement
* Physical/occupational therapy
* Speech-language therapy
* Independent living skills

Patients typically have experienced an injury to the brain which affects reasoning, memory and concentration abilities.

Pediatric Therapy

The Pediatric Therapy Program serves children from birth to 21 years of age. Special emphasis is placed on infant through preschool age children.

Population: Children with conditions affecting development, such as:

* Cerebral palsy
* Sensorimotor/sensory integrative dysfunction
* Hearing impairment
* Down's syndrome
* Orthopedic problems
* Juvenile rheumatoid arthritis
* Stuttering
* Speech-language delay

****Turn this page over for more ATC programs.****

3710 E. 20th Avenue, Anchorage, AK 99508 (907) 272-0586

Comprehensive Back Services

The Comprehensive Back Program provides therapy for people with acute, ongoing or recurrent back pain and dysfunction. Treatment includes full physical therapy evaluations and treatment, as well as a structured 4-hour daily program called Back to Basics. The goal of Back to Basics is to return injured persons (or persons with chronic problems) to work.

Orthopedic/Sports Therapy

The Orthopedic/Sports Therapy Program provides comprehensive physical therapy to people with limitations in strength/range of motion, or who are limited due to pain or neuromuscular dysfunction. Treatment includes:

* Hot and cold therapies
* Functional electric stimulation
* Transcutaneous nerve stimulation
* Ultrasound
* Gait training
* Mobility training
* Traction (cervical, pelvic, manual)
* Isokinetic exercise (Cybex/swim bench/Orthotron)

Patients demonstrate orthopedic or sports injuries, arthritis, or neurological deficits.

Driver Education

The Driver Education Program provides a comprehensive range of driver education services for individuals with physical disabilities.

Communication Services

The Communication Services Program provides communicatively impaired or hearing impaired persons with evaluation and therapy to improve communication abilities. Services include comprehensive speech therapy and audiology.

Therapeutic Pool

The Treatment Center's therapeutic pool provides an environment for therapeutic exercise in warm water. Individual pool therapy is done by a licensed hysical therapist.

Alaska Pain Management

A chronic pain management program, Alaska Pain Management provides treatment and rehabilitation of disabling back pain and other pain-related disorders.

ALASKA
TREATMENT
CENTER

Medical Rehabilitation Services

I. BACKGROUND

The Alaska Treatment Center, founded in 1946 as the Alaska Crippled Children's Association, has for forty-two years provided comprehensive outpatient medical rehabilitation to injured and disabled Alaskans.

A not-for-profit medical facility, ATC treats all Alaskans who require its services, regardless of their ability to pay.

II. CURRENT NEED

ATC is a fee-for-service facility; public monies are not historically part of its funding base. United Way and the ATC volunteer Guild have helped to underwrite the costs of 1) uncompensated (charity) care and 2) basic services which operate at a loss. These include pediatrics, day hospital (strokes and spinal cord injuries), and head injury rehab.

ATC now has serious financial difficulties. In December, 1987 eight positions (20% of the staff) were cut. Included were three revenue-producing physical therapists.

The effects on ATC of Alaska's economic downturn have been multiplied by four main factors: Increases in uncompensated treatment and charity care ($80,000 FY 86, $100,000 FY 87, $120,000 FY 88); United Way cuts and declines in volunteerism; for-profit sector direct competition in those program areas with good revenue potential; national economic trends which work against small hospitals and medical facilities.

III. HOW THIS LEGISLATION WILL HELP

A. Senate Bill 381 and House Bill 428 call for a direct appropriation. The legislation combines a capital pay back and a direct grant. It enables ATC to rehire three physical therapists, to serve patients on the waiting lists, and to keep the doors open through calendar year 1988.

B. Frank Ferguson Endowment (SB 382 and HB 427). A dollar-for-dollar match of private donations. This trust will be used solely for long term underwriting of charity care for patients who have no insurance or who cannot otherwise afford to pay for medical rehabilitation. This endowment will enable ATC to regain stability, to compete in the marketplace and to attain long term self sufficiency.

3710 E. 20th Avenue, Anchorage, AK 99508 (907) 272-0586

ATC Clinical Programs

Pediatrics
Comprehensive Back Services
Day Hospital
Chronic Pain (Alaska Pain Management)
Ortho/Sports
Head Injury Rehab
Audiology
Therapeutic Pool
Disabled Drivers Training

Clinical Services

Physical Therapy
Occupational Therapy
Speech Therapy
Skilled Nursing
Social Services
Neuropsychology
Child Psychology

Major Patient Groups

Stroke Victims
Neuro/Spinal Cord Injury, Disease Victims (para/quadriplegics)
Pediatric Patients
Head Injury Victims
Orthopedic/Sports Injury Patients
Chronic Back Pain Patients
Hearing Impaired
Muscular Dystrophy Patients
Cerebral Palsy Patients

ALASKA TREATMENT CENTER
Medical Rehabilitation Services

Patient Statistics FY 87

Patients treated:	1,441
Patient visits	19,422

From Anchorage area (includes Mat-Su)	75%
From other areas of the state (primarily Kenai Peninsula and Bus communities)	24%
Outside	1%

Ages

0 - 14	15%
15 - 44	48%
45 - 65	15%
>65	22%

Ethnic Groups

Not Noted	5%
Caucasian	38%
Native	3%
Black/Asian/Other	54%

Major Diagnosis

Pediatrics
- Orthopedic (bone, muscle) disabilities
- Movement disabilities
- Speech and language disorders
- Cerebral Palsy

Day Hospital
- Strokes
- Multiple Sclerosis
- Severe injuries from auto and industiral accidents
- Cerebral Palsy
- Quadriplegic and paraplegic disabilities

3710 E. 20th Avenue, Anchorage, AK 99508 (907) 272-0586

Major Diagnoses (Continued)

Head Injury
- Brain injury
- Strokes
- Severe concussion

Comprehensive Back Services
- Severe or chronic back pain
- Spine and disc dysfunctions and degenerative diseases

Ortho/Sports
- Bone and muscle injuries or disabilities
- Sports injuries

Communication Services
- Hearing impairment
- Aphasia
- Speech, throat, tongue, language disorders

Therapeutic Pool
- Arthritis, rheumatism
- Bone and muscle disabilities

ALASKA TREATMENT CENTER

Medical Rehabilitation Services

"A TYPICAL YEAR"

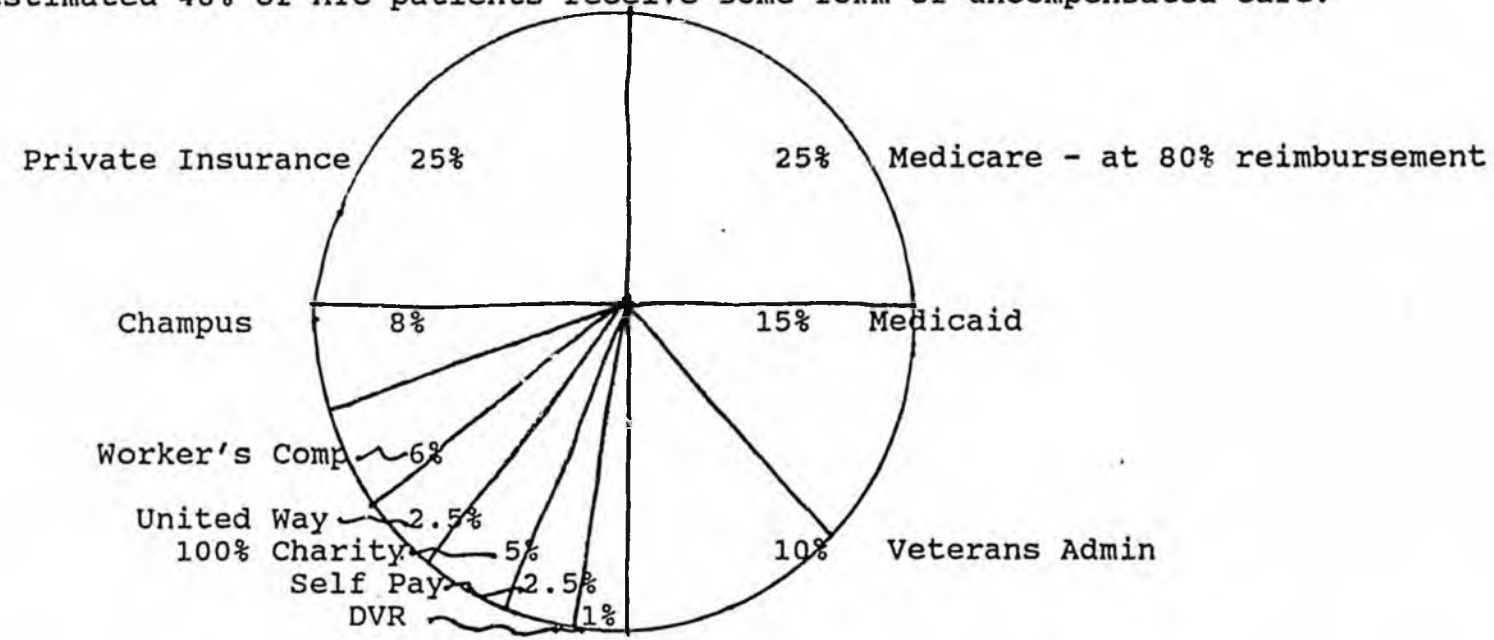
	# People Served	# Visits	# Units of Therapy (15 minutes)	Geographical	Diagnosis or Problem Background
Children's Therapy (0-14 years)	167	3650	12,250	70% Anchorage 30% non-Anch.	Orthopedic condition Movement difficulty Speech difficulty Cerebral palsy
Day Rehab Hospital (15-65+ years)	52	1660	15,861	90% Anchorage 10% non-Anch.	Stroke (CVA) Multiiple sclerosis Paralysis
Head Injury Program (15-44 years)	35	1174	17,282	71% Anchorage 29% non-Anch.	Traumatic brain injury Brain syndromes
Disabled Drivers Ed Program (18+ years)	8	59	234	75% Anchorage 25% non-Anch.	Brain injury Stroke Para/Quadriplegia Amputation
Comprehensive Back Program (15-44 years)	215	5224	36,328	80% Anchorage 20% non-Anch.	Low back pain Upper back pain Neck pain
Audiology & Speech (15-65+ years)	608	1005	7,299	67% Anchorage 33% non-Anch.	Sensory Neural hearing loss
Ortho/Sports (16-65+ years)	357	6650	16,625	88% Anchorage 12% non-Anch.	Joint conditions Sprains, strains Fractures, arthritis Sports injuries
Center Summary	1441	19,422	105,879		

ALASKA TREATMENT CENTER

Annual Budget: $ 2.2 million

Charity care: FY 87 - $100,000 which represents 5% of the potential patient revenue;
estimate $120,000 for FY 88

An estimated 48% of ATC patients receive some form of uncompensated care.



The Alaska Treatment Center <u>currently</u> receives no grant funding through the Municipality of Anchorage (Social Services Block Grant) or the State of Alaska. (In FY 86 & 87 - DVR head injury grant)

As an employer: 45 employees (30 involved in direct patient care)

Speech Therapist	5	Physical Therapist	10
Occupational Therapist	5	Audiologist	2
Medical Social Worker	2	Registered Nurse	1
Recreational Therapist	1	Aide/Other	4

Annual payroll of $ 1.2 million (55% operating expense is salary)

March 7, 1988

Representative Walt Furnace:

I am writing to request your active support and that of your constituents of HB 428 on Wednesday, March 9.

My name is Sam Wright and I am from the community of Hoonah. In a freak accident, I was left a quadriplegic. I have been forced to seek rehabilitation services in Anchorage at the Alaska Treatment Center; the only comprehensive, outpatient rehab facility in the State of Alaska.

Without the treatment Center, many Alaskans would be forced to seek therapy outside the State, leave institutions or go without needed therapy. Please, do your best to pass this bill. For all Alaskans. Thank you!

Samuel Wright

Dear Senator Halford,

My name is Colleen Hellebrandt. I am the mother of a six year old who has been Treated with Integration Therapy at The Alaska Treatment Center (ATC).

I am writing to you in the hope of impressing upon you the importance of your active support for Senate Bills 381 and 382. Anchorage needs to stand behind the ATC and the unique services they provide Alaskans. Two of their services that I have required are their ability to provide my son with medical treatment that was not available elsewhere; and ATC's policy of accepting patients who cannot afford Treatment.

My son is numbered among the fortunate few who have found an answer to their Treatment problem at ATC who no one else in town could. (Some schools have physical therapy programs — but only the most severely handicapped individual can qualify) My son's disability does not show itself like that of a wheel chair victim, or someone stricken with cerebral palsey. His Attention Deficit Disorder is a submerged time bomb waiting to be Triggered. While other professionals and MD's in town advocated that I drug my son, ATC heralded a physical Therapy plan that was not only drugless — but effective! Before Integration Therapy, my son was being labeled at school by

Teachers and peers as; "unmotivated", "uncooperative", "weird", "a space cadet", "lazy", "Thick", or "loner". He has become a vivacious, enthusiastic child - interacting more with the world and learning to cope (also compensate) with his disabilities. (A.D.D. IN EXPLANATION: does not allow the child to sort and thus react to incoming sensory stimuli - so their brain overloads forcing the child to either "turn off" or explode in hyperactivity.) Without treatment he would have continued to be misunderstood by his Teachers and peers, and possibly loose any future chance to become an interactive member of the world around him. I repeat, ATC is the only Alaskan organization that offered my son this chance.

I also fall into the category of those who need special consideration in a payment plan. My insurance company does not recognize my sons treatment as an acceptable claim, according to their standards. While I am in the process of appealing this, my son does not ~~loose~~ important ground or suffer setbacks that may occur if treatment were interupted. Attempting to pay for the treatment without insurance would simply not be possible.

You can see why I support ATC and the unique services they offer Alaskans. I

hope that my voice and many others will be combined to impress upon you the great significance of the role the Alaska Treatment Center plays here in Alaska. I would appreciate a response to my request for your active support in this matter in what your plan is for helping these bills to pass in 1988.

Thankyou for your concern.

Sincerely,

Collin Hollibaugh
6517 Cinnamon Cir
Anchorage, AK
99504

7535 E 20th. Ave
Anchorage, Ak. 99504
March 6, 1988

P.O. Box W
Juneau, Ak. 99811

Senator Bill Halford:

I am writing to ask you to support senate bills 381 and 382. I feel that these bills are critical to the continued operation of the Alaska Treatment Center. The Alaska Treatment Center provides medical rehabilitation services unavailable elsewhere in the state. Without these services many Alaskans would have to seek rehabilitative care outside of the state. If patients are required to leave the state unnecessary family and financial hardships would be experienced. I hope that I can count on your support.

Sincerely,

Donald Lyon

7535 East 20th Ave.
Anchorage, AK 99504
March 4, 1988

P.O. Box V
Juneau AK 99811

Representative Johnny Ellis:

As an occupational therapist at the Alaska Treatment Center I am writing to request your active support of House Bills 427 and 428. These bills would help to assure the continuation of the quality medical rehabilitation services for all Alaskans, as provided by Alaska Treatment Center. ATC is the only facility of its kind in Alaska. The need for ATC's comprehensive services remains critical despite the dwindling financial resources of many Alaskans. As always ATC is committed to providing services to patients regardless of their ability to pay.

I was first employed as a pediatric occupational therapist at ATC in 1977. I have witnessed exciting growth and expansion of our services over the past 11 years. Our program provides the only comprehensive, clinic based pediatric services for ages birth to 21 years in the state. Most of our clients do not qualify for services through state or school district programs and thus would go unserved without our program.

I am proud to be a part of the Alaska Treatment Center and its mission to serve the people of Alaska. Please support House Bills 427 and 428 to help assure the continuation of our unique services.

I look forward to hearing from you regarding your plans to support these bills.

Sincerely,

Edna Rhodes OTR/L

SR 1706 Eagle River Road
Eagle River, Alaska
March 5, 1985

Senator Rick Halford
P.O Box V
Juneau, Alaska 99811

Dear Senator Halford,

I am writing to you because I feel you are a legislator who listens to their local constituents, and because you are on the finance Committee. I ask and hope that you will actively support SBs 381 and 382 which will provide financial support to the Alaska Treatment Cente. I worked for the Alaska Treatment Center for eight years and now have a handicapped child who receives therapy at ATC, so I have a good understanding of the services ATC provides to the community. ATC provides services that are available no where else in Anchorage, and many services not available elsewhere in Alaska. In particular: direct therapy services for children, services to people who <u>cannot</u> pay, and comprehensive rehab outpatient services. Alaska cannot give quality medical care without these services. I urge you and your committee to support these bills.

Thank you.

Sincerely,
Donna Gothard

cc: Johnny Ellis re: HBs 427 & 428

923 KATHY PLACE
ANCHORAGE, AK 99504
March 4, 1988

Senator Joe Josephson
Representative Walt Furnace
P.O. Box V
Juneau, AK 99811

Re: SBs 381 and 382
HBs 427 and 428

Dear Senator Josephson and Representative Furnace:

I am a patient currently receiving treatment at the Alaska Treatment Center and would like to ask and thank you for your active support of the above mentioned bills.

ATC provides the comprehensive rehabilitative services that are not available elsewhere in Alaska and I am fortunate enough to have the insurance to cover the cost of these services. For others less fortunate than I, ATC still provides these services but this endowment fund (as presented by these bills) would help keep ATC a viable option for services in Alaska and keep patients in Alaska rather than having to go Outside for treatment.

Thank you.

Sincerely,

Coree McClain

(907) 337-2523

3-7-88
303-F Freshwater Rd
N. Richardson AK
99502

Representative Walt Furnace,

I am writing to ask you to actively support and champion HBS 427 and 428.

The Alaska Treatment Center provides services to the community that are not available anywhere else in the state of Alaska. The Alaska Treatment Center provides these services to patients regardless of their ability to pay.

Besides being an employee of the Alaska Treatment Center I am the mother of a patient. My son is 3 yrs old and has been diagnosed has having attention Deficit Disorder. He has been in speech therapy at the center. He has made real progress in his speech behavior and his attention span has lengthened.

With us being a military family we can't receive this service at the Air Force hospital so we need the Alaska Treatment Center. Also they have been a big help in setting up payments for us since Champus won't pay for it.

I would like you to respond to my request and let me know

your plans for helping these bills pass in '88.

Sincerely,
Linda Curtis

Senator Joe Josephson
Representative Walt Furnace
P.O. Box ~~E~~ V
Juneau, AK 99811

Re: SB 381
SB 382
HB 427
HB 428

3/4/88

Senator Josephson and Representative Furnace:

My husband is a patient in ATC. I know ~~the~~ ATC needs $150,000 endowment fund to pay for charity cases because ATC accept all patients regardless of their ability to pay monies or their available medical insurances to cover expenses.

To where else in Alaska is there a peds rehab program, a day rehab program, therapeutic pools, a head injury program

and ~~the~~ pain management Clinic. Obviously, there is an overwhelming need for ATC. ~~[illegible]~~.

Please support the above mentioned bills.

Thank you and
Sincerely
Saundra Anne Mayo

923 KATHY PLACE
ANCHORAGE, AK 99504
(907) 337-2523

HB

440

file 1

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

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May, 1988

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Mary Van Nimwegen

House Hess:

April 7, 1988

April 21, 1988

April 26, 1988

April 28, 1988

6 +ft

Anchorage Obstetrics & Gynecology

Richard T. Nist, M.D.
Diplomate of the American Board,
Fellow American College
of Obstetrics and Gynecology

Robert G. Thompson, M.D.
Diplomate of the American Board
of Obstetrics & Gynecology

March 16, 1988

The Honorable Dave Donnely
P.O. Box V
Juneau AK 99811

RE: House Bill No. 440

Dear Representative Donnely:

I am sending this letter as a physician's statement in support of House Bill No. 440 entitled "An Act Relating to Insurance Company Coverage for the Treatment of Infertility", which is currently before the Alaska State Legislature.

WHEREAS one out of every six couples of childbearing age in the State of Alaska, consistent with elsewhere in the United States, is currently unable to conceive for one year of regular sexual relations, defined as infertility or having an infertility problem, and

WHEREAS 15% of couples of usual childbearing age from 22-40 are currently unable to conceive after one year of effort, and

WHEREAS over 90% of single mothers today are retaining their babies instead of considering adoption, making less babies available for adoption as an option for the fertility or completion of families in these particular couples, and

WHEREAS most of these couples are currently employed and paying for insurance with pregnancy-related coverage which they may never be able to utilize, and

WHEREAS the diagnosis and treatment of infertility is no longer considered experimental in any way, shape, or form in modern medical practice with overall success rates of 70-80% in treatment of some medical problems related to fertility including a 50% success rate after three attempts of in-vitro fertilization, indicating a significant resolution of a large number of fertility cases, and

WHEREAS involuntary childlessness creates a tremendous social impact on society, pervading every waking moment, making the couples' decisions for the future nearly impossible, and creating stressful events that significantly threaten their well-being and psychosocial health, and

WHEREAS most problems related to infertility or inability to conceive are related to specific medical treatments that may otherwise be covered in most circumstances or specific medical instances, e.g. endometriosis; however, in the case of the patient trying to conceive where her chart reveals that the treatment of this condition is related to fertility, insurance companies may

have the right or the option to deny payment or reimbursement for such treatment, and

WHEREAS the insurance companies' current ability to discriminate against the patients with a diagnosis of infertility in selective payment of their medical costs represents an outright injustice in their fair treatment of medical problems which may normally be covered and may have come to light only with the onset of evaluation for fertility reasons in many cases, in addition to the fact mentioned above that these patients are paying for coverage which they are not able to utilize, i.e. pregnancy-related coverage.

BE IT RESOLVED THEREFORE, that it is my opinion that the legislators of the State of Alaska should strongly consider support of House Bill No. 440, which is receiving the same overwhelming support in other states as it originally received in the State of Massachusetts where a similar bill was passed in 1987. This bill states that infertility is defined, and correctly so, that basically the individual who is unable to conceive and has been attempting to do so for at least one year and is now under medical treatment, which may in some cases be required to achieve a successful conception, must be covered by her insurance company to the same extent that she would be covered for the cost of medical care that she would be receiving if she were pregnant and under a physician's care.

LET IT BE FURTHER RESOLVED that these patients, as stated above, are currently paying for pregnancy-related coverage which they may not be able to utilize in many cases. Medical insurance companies' ability to discriminate against these people in regards to receiving medical care for the diagnosis and treatment of their fertility-related condition is an outright injustice and implies discrimination, specifically against these couples.

LET IT BE FURTHER RESOLVED that it is quite clear that any choice but to support this legislation would be considered supporting the discrimination of selective reimbursement by insurance companies against one-sixth of couples in the State of Alaska whose mere problem is that they want to have a baby.

FINALLY, LET IT BE RESOLVED that the diagnosis and treatment of infertility or fertility problems does not imply specifically that there is a serious or life threatening problem for this particular couple but merely a problem with which medical therapy or specific treatment, and in some cases surgery, may help them to successfully enjoy the blessings of completing their Alaskan family. I encourage you to consider this bill carefully and hope that you will arrive at the same conclusion that I have outlined above, that this bill needs to be supported and passed.

Sincerely,

Robert G. Thompson, M.D.

DIST: Editor, Anchorage Times
Editor, Daily News

RGT:smc

(7)

HOUSE COMMITTEE REPORT

Date referred: 2/26/88 FURTHER REFERRALS: Judiciary

DATE: 4-28-88

The Health, Education and Social Services Committee has considered HB 440

"An Act relating to insurance coverage for treatment of infertility."

RECOMMENDS:

[✓] replace with CS HB440 (HESS) [✓] the same title

[ ] attached amendment(s) [ ] a new title

- [ ] do pass
- [ ] do not pass
- [✓] no recommendation
- [ ] individual recommendations
- [ ] additional referral to the _____ Committee

ADOPTS: [ ] _____ letter of intent

ATTACHES NEW FISCAL NOTE(s):

- [ ] fiscal impact
- [ ] zero fiscal note
- [ ] zero with analysis
- [ ] same as previous fiscal note published _____
- [✓] same as previous zero fiscal note published _____

SIGNING DO PASS:

Rick Kosmo

Rose E. Ellis

SIGNING OTHER RECOMMENDATIONS:

Bill Fitzgerald - NO REC

Mike Greenberg / do pass with amendment #4

Dave Duley (no REC)

Jay Ellis (no rec)

Alyce Hanley (no-rec)

Jay Ellis

Chairman's signature

Rick Kosmo

AMENDMENT # 1 TO CSHB 440 (HESS)

Page 3, line 1

Delete the "infertility" insert <u>infertility and pregnancy</u>

AMENDMENT # 2 TO CSHB 440 (HESS)

Page 1, line 23

after the word "hospital" insert service corporation

Page 2, 8

after the word "hospital" insert service corporation

Page 2, line 22

after the word "hospital" insert service

after the words "medical service" insert ,

Page 4, line 16

after the word "hospital" insert service subscriber

AMENDMENT # 3 TO CSHB 440 (HESS)

Page 3, line 7-8

delete "the American Infertility Society or"

Page 3, line 15-16

delete "the American Infertility Society or"

AMENDMENT #1 TO CSHB 440 (HESS)

Page 3, Lines 10-13

(e) (3) Delete this subsection

Insert

(3) "infertility" means the condition of a presumably healthy individual who is unable to conceive or produce coneption. It shall be conclusively presumed that a person is infertile if they have been unable to conceive or produce conception after a year of unprotected intercourse, or if they are diagnosed by a physician as being unable to conceive or produce conception without treatment.

AMENDMENT # 5 TO CSHB 440 (HESS)

Page 1, line 12

After "renew a" insert group

Page 2, lines 20-26 through "(2)"

Delete all language

AMENDMENT # 6 TO CSHB 440 (HESS)

Page 2, line 2

after the word "period" insert
regarding fertility benefits

Page 2, line 4

after the word "coverage" insert
regarding infertility benefits

5-1772X
Ford
4/21/88

Original sponsor: Menard

IN THE HOUSE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR HOUSE BILL NO. 440 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

FIFTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to insurance coverage for pregnancy and infertility."

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

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

Sec. 21.42.365. COVERAGE FOR PREGNANCY AND INFERTILITY. (a) An insurer authorized under AS 21.09 to offer, issue for delivery, deliver, or renew a disability insurance policy for medical coverage on an expense incurred basis in the state, or a hospital or medical service corporation authorized under AS 21.87 to offer or renew a subscriber's contract for medical coverage in the state, that provides coverage for hospital and surgical expenses, shall also provide, to the same extent that benefits are provided for medical conditions other than pregnancy and infertility, coverage for

(1) medically necessary expenses of prenatal care, childbirth, and postpartum care; and

(2) all nonexperimental infertility procedures, including artificial insemination, in vitro fertilization, and embryo placement.

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

(1) limit coverage for pregnancy or infertility-related drugs unless the limitation is imposed on other prescription drugs;

(2) exclude from coverage costs associated with sperm, egg, or inseminated egg procurement, processing, and banking, if the donor is the covered spouse;

(3) impose a preexisting condition exclusion or preexisting condition waiting period;

(4) use a prior diagnosis of, or prior treatment for infertility to exclude, limit, or restrict coverage;

(5) impose a deductible, copayment, coinsurance, benefit maximum, or waiting period that is different than that imposed on benefits provided for coverage of other medical expenses.

(c) The insurer, hospital, or medical service corporation may

(1) deny coverage for

(A) an experimental infertility procedure, including but not limited to, gamete intra-fallopian transfer;

(B) surrogacy;

(C) reversal of voluntary sterilization;

(D) the fourth or greater in vitro fertilization cycle;

(2) establish eligibility requirements related to the covered person's medical history;

(3) establish standards relating to provider contracts.

(d) Notwithstanding (a) of this section

(1) if the disability insurance policy is not a group insurance policy but is provided to an individual, the insurer, hospital, or medical service corporation is not required to provide infertility or pregnancy coverage specified in (a) of this section to the insured or subscriber but shall offer that coverage to the insured or subscriber; and

(2) if the disability insurance is a group policy and the insured is an employer with fewer than 15 permanent, full-time employees for each working day during each of at least 20 calendar workweeks in the preceding 12 months, the insurer is not required to

provide the infertiltiy coverage specified in (a) of this section to the insured but shall offer that coverage to the insured.

(e) In this section

(1) "covered person" means the insured or subscriber or the insured or subscriber's covered spouse or dependent child;

(2) "experimental infertility procedure" means a procedure not yet recognized as generally accepted or nonexperimental by the American Fertility Society or the American College of Obstetrics and Gynecology;

(3) "infertility" means the condition of a presumably healthy individual who is unable to conceive or produce conception for a period of at least one year of unprotected intercourse before diagnosis and treatment for infertility;

(4) "nonexperimental infertility procedure" means a procedure recognized as generally accepted or nonexperimental by the American Fertility Society or the American Society of Obstetrics and Gynecology.

* Sec. 2. AS 21.87.340 is amended to read:

Sec. 21.87.340. OTHER PROVISIONS APPLICABLE. In addition to the provisions contained or referred to previously in this chapter, the following chapters and provisions of this title also apply with respect to service corporations to the extent applicable and not in conflict with the express provisions of this chapter and the reasonable implications of the express provisions, and for the purposes of the application the corporations shall be considered to be mutual "insurers":

(1) AS 21.03

(2) AS 21.06

(3) AS 21.09, except AS 21.09.090

(4) AS 21.18.010

(5) AS 21.18.030

(6) AS 21.18.040

(7) AS 21.18.120

(8) AS 21.21.321

(9) AS 21.36

(10) AS 21.69.400

(11) AS 21.69.520

(12) AS 21.69.600, 21.69.620, and 21.69.630

(13) AS 21.78

(14) AS 21.90

(15) AS 21.42.345 - 21.42.365 [AS 21.42.345 AND 21.42.355]

(16) AS 21.89.040

(17) AS 21.89.050.

* Sec. 3. AS 21.42.365, enacted by sec. 1 of this Act, applies to disability insurance policies and to hospital or medical service subscriber contracts entered into or renewed on or after the effective date of this Act.

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

P.O. Box Y, State Capitol
Juneau, Alaska 99811-3100
Mail Stop 3100
(907) 465-3991

April 25, 1988

MEMORANDUM

TO: Representative Niilo Koponen

ATTN: Lisa McLaren

FROM: Patricia Brawley PB
Legislative Analyst

RE: Infertility Treatments--Costs and Success Rates
Research Request 88.222 (Supplemental Information)

You wished to know 1) if those states which mandated maternity coverage after the federal Pregnancy Discrimination Act of 1978 extended that coverage to groups of 15 or fewer employees (small groups), 2) if states which mandate coverage for infertility and maternity extend that coverage to small groups, and 3) if coverage in those states extends to costs of surrogacy and/or adoption.

As you may know, the federal Pregnancy Discrimination Act of 1978 is an amendment to the Civil Rights Act of 1964. As a result of its placement in that law, the Pregnancy Discrimination Act contains three significant loopholes: it applies only to employment related group policies and does not apply to self-insured groups or to individuals; it applies only to employees and spouses and thereby excludes coverage for dependents; and it applies only to groups of more than 15 employees and thereby excludes coverage for small groups.

According to Greg Scandlen's "State Mandated Health Care Coverage Laws (Enacted Through June, 1987)," Office of Government Relations, State Services Department, Blue Cross and Blue Shield Association, four states--Massachusetts, Ohio, Tennessee, and Wisconsin--have mandated maternity coverage since passage of the 1978 act. Discussions with Mr. Scandlen and Department of Insurance representatives from the states have shown that the chart is misleading in its lack of specificity. Guy Ford, Legislative Liaison for Ohio's Division of Insurance, checked with the Ohio Civil Rights Commission and indicated that, to the best of his knowledge,

Ohio has no specific maternity laws. Sharon Robeson of the Tennessee Division of Insurance indicated that Tennessee requires that maternity coverage be offered to all groups of eight employees or more. Wisconsin law, according to a representative of the Wisconsin Division of Insurance, provides that for all groups with maternity benefits, coverage will extend to spouses and dependent children. Massachusetts law, by all accounts, extends maternity benefits to all groups and to individuals. Information on which states have mandated maternity coverage for small groups has proven elusive within the time frame of this request; nevertheless, an interesting statistic was supplied by Rachel Gold, Associate for Policy Analysis with the Alan Guttmacher Institute: a Small Business Administration survey conducted in 1987 showed that only 18 percent of small group policies offered nationwide do not include maternity coverage.

Representatives from each of the five states which currently mandate insurance coverage for in vitro fertilization--Arkansas, Hawaii, Maryland, Massachusetts, and Texas--indicated that though no specific language addresses coverage for small groups, in each state, all groups are covered.

Laws in Arkansas, Hawaii, Maryland, and Texas are silent on the questions of coverage for adoption and/or surrogacy expenses, and benefits are considered not included. The law in Massachusetts does not address adoption expenses, and benefits are considered not included; in recent regulations, however, Massachusetts specifically excluded surrogacy from the list of covered benefits.

HEALTH INSURANCE ASSOCIATION OF AMERICA
POSITION PAPER IN OPPOSITION TO HB440

April 21, 1988

My name is Gordon Evans and I represent the Health Insurance Association of America ("HIAA"), which is a national trade association of the private health insurance industry. Its members include more than 330 companies writing over 85% of the health insurance policies written by private insurance companies in the United States. Blue Cross and Blue Shield plans are not HIAA members.

HIAA opposes enactment of HB440, which would mandate coverage of in vitro fertilization. While it is true that in vitro fertilization procedures have advanced in the past five years to the point where they are no longer considered experimental or investigational, requiring insurance coverage of this procedure just isn't good public policy -- particularly in light of increased public concern over health care costs.

HIAA strongly opposes mandated coverage of in vitro fertilization for a number of reasons:

* First, passage of an in vitro fertilization mandate would increase health care costs for employers, employees and other consumers while benefiting only a very small segment of the population. As with all mandates, this mandate would deny consumers the right to purchase coverages that conform with their values and with their ability to pay.

* In vitro fertilization procedures are expensive, particularly since, in most cases, multiple attempts are needed to achieve pregnancy and live birth. Success rates differ among facilities performing in vitro fertilization, but the average success rate is estimated at between 21 to 25 percent. Tests and treatment involved can cost between $3,000 and $7,000 per procedure. Thus, considering the cost of each procedure and the number of procedures required before successful pregnancy is achieved, the cost per couple could reach between $12,000 and $35,000 for the procedures alone.

* An even more important reason for opposing mandated coverage of in vitro fertilization is that it is not really treatment of an illness or injury. Rather it is an elective procedure. The five-step procedure -- patient selection, induction of ovulation and monitoring, ova aspiration or retrieval, fertilization of the ova under strictly controlled laboratory conditions, and transfer of the embryo into the uterus -- is considered primarily a service procedure.

* Finally, mandating coverage of in vitro fertilization is contrary to the continuing efforts on the part of labor, business, health insurers, consumer groups, and local, state and federal government bodies to contain health care costs. Mandating coverage of this procedure could motivate

employers to self-insure in order to avoid the added costs imposed by mandates. Essentially, when state law requires the purchase of certain benefits, whether they are wanted or not, the cost of those benefits becomes a non-negotiable item. The employee must take them, the employer must buy them, and the carrier must sell them, even if nobody wants them. The amount of money thus committed by law is unavailable to pay for other benefits which employees may want much more and which employers may feel are more important to provide. In other words, the added cost of requiring certain benefits in group health insurance policies could force employers either to drop other benefits for which there is greater demand or to become self insured and therefore exempt from providing the mandated levels.

At a time when the marketplace is involved in cost containment activities, it is disturbing and counter productive for the State Legislature to foster cost increases by mandating health care benefits.

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

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April 19, 1988

MEMORANDUM

TO: Representative Niilo Koponen

ATTN: Lisa McLaren

FROM: Patricia Brawley PB
Legislative Analyst

RE: Infertility Treatments--Costs and Success Rates
Research Request 88.222 (Revised)

You asked this agency to provide information on the success rates of various infertility treatments, the success rates of individual clinics offering such treatments, and the costs involved. You also requested a comparison of costs and coverage for states which mandate infertility insurance coverage. Finally, you wished to know which states mandate pregnancy/maternity insurance.

Infertility Treatments--Success Rates of Procedures and Clinics

Several procedures for the treatment of infertility are currently being tested, many of them involving donors or surrogates. The most common nonexperimental procedures which do not necessarily involve donors of sperm or eggs are hormonal treatments, in vitro fertilization (IVF) and artificial insemination by husband (AIH). Neither IVF nor AIH will be successful, of course, if the fertility problem is with the male. According to current data, "when the causes of a couple's infertility are investigated, a male problem is found primarily responsible forty percent of the time, a female problem forty percent of the time, and a combination twenty percent of the time."[1]

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[1]Lori B. Andrews, J.D., New Conceptions: A Consumer's Guide to the Newest Infertility Treatments, Including In Vitro Fertilization, Artificial Insemination, and Surrogate Motherhood (New York: St. Martin's, 1984), p. 3.

The American Fertility Society recently established a national registry of IVF, embryo transfer (ET), and related practices. The main purpose of the IVF/ET Registry is to document pregnancy and birth outcomes (not, however, by individual clinic). Accurate, meaningful statistics would enable providers to identify optimal treatments for different patient groups, and to detect and measure possible adverse health effects on patients and their offspring. "In Vitro Fertilization/Embryo Transfer in the United States: 1985 and 1986 Results from the National IVF/ET Registry," published in the February 1988 issue of Fertility and Sterility, summarizes the first data collected and analyzed through a survey of clinics which perform these procedures in the U.S. (Attachment A). Forty-one clinics supplied the voluntary data and therefore serve as the basis for the result summary. Participation is voluntary, criteria may vary, and there is no form of peer review involved at any level. According to the author, Richard P. Marrs, M.D., the "statistics . . . should be interpreted with caution, due mainly to the restrictive nature of the data collection forms used."

Because there are no federal standards for IVF programs and no reporting requirements, establishing meaningful success rates for either individual treatments or for individual clinics is not currently possible. Criteria for judging success rates may differ with each clinic.

> The figures a clinic quotes can be misleading in a number of ways. Some cite success rates achieved by the best IVF programs instead of their own. Others may state the number of 'chemical' pregnancies, determined by a very early blood test; many of these never go on to become 'clinical' pregnancies, which involve the presence of a fetal heartbeat. Even when success rates are described in terms of live births, it is crucial to know the denominator for that figure: is it the total number of women who have been accepted by the program? [And what are the acceptance criteria?] Is it only the group from whom eggs have been retrieved? Those in whom an embryo has been implanted? The same clinic's success rate can vary tremendously--from perhaps five percent to almost thirty percent--depending on which criteria are used... 'IVF has become a terribly competitive field,' says Dr. Alan DeCherney, director of reproductive endocrinology at Yale University Hospital's IVF clinic, 'and the means by which the clinics compete is by statistics.'[2]

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[2]"The Grueling Baby Chase," Newsweek, November 30, 1987, pp. 79-81. For an excellent discussion of the issue of success rates, see Chris Anne Raymond's "In Vitro Fertilization Enters Stormy Adolescence as Experts Debate the Odds," Journal of the American Medical Association, January 22 - 29, 1988, p. 464 (3)--Attachment B.

Joyce Zeitz, Public Relations Coordinator of the American Fertility Society, indicates that there are approximately 260 clinics worldwide which are actively engaged in providing IVF treatments; 170 of them are in the U.S. (Attachment C). Of these, the American Fertility Society recognizes 64 as "accepted"--or meeting their minimal standards criteria. (See Attachment D for list and minimal standards.) Criteria include that at least one staff member has the "experience and training required for board certification in reproductive endocrinology." The American Board of Obstetrics and Gynecology lists 262 individuals as having reproductive endocrinology subspecialty certification (Attachment E).

The insurance industry predicts that the number of clinics will continue to grow as the infertility rate continues to increase and insurance coverage becomes available. Without some form of standard accreditation and review, however, a ready availability may not truly serve consumers.

Cost of Infertility Treatments

Treatment expenses vary sharply. "A typical charge for one artificial insemination is $75. Usually, two or three are performed during each monthly cycle, and four of every five couples achieve a pregnancy within six months. Women who take Pergonal, a fertility drug, are on a $1,000-a-month regimen."[3] Each IVF procedure costs between $4,000 and $6,000, and several tries are often necessary. Also, IVF treatments frequently require that couples find lodging close to the clinic for the ten days required for each cycle.

Mandatory Insurance Coverage for Infertility by States--Costs and Coverage

In spite of the success rate dilemma, three clinics are generally considered to be responsible for the majority of all IVF live births in this country: the Jones Institute for Reproductive Medicine in Norfolk, Virginia; the Cedars-Sinai Medical Center in Los Angeles; and the Northern Nevada Fertility Center in Reno, Nevada. Monash University's Queen Victoria Medical Centre in Melbourne, Australia, is frequently cited as the world's most successful IVF center. According to a December, 1985 interview with Alan Trounson, lead researcher at the clinic, research

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[3]Lewis J. Lord, et al., "Desperately Seeking Baby: Ten Million Americans are Struggling to Have Children," U.S. News & World Report, October 5, 1987, p. 58 (6).

techniques--including embryo freezing--used in Australia were at that time far in advance of those being used in the United States, and success rates were also far higher. At that time, the Queen Victoria clinic reportedly had produced more live IVF births than all of the IVF clinics in the U.S.[4] I was unable to locate statistics on the current Australian success rates, but as with the U.S. clinics, criteria used are determined by the clinic, and comparisons may not be useful.

Arkansas, Hawaii, Maryland, Massachusetts, and Texas all currently mandate insurance coverage for infertility. (California is once again considering the possibility.) In 1985 Maryland became the first state to mandate coverage for infertility; the other states enacted such legislation in 1987, and are currently in the process of incorporating the coverage. Because statistics on costs and utilization of coverage are not available for states other than Maryland, I will provide the available Maryland figures and a brief comparative analysis of the coverage provided by the different states.[5]

The laws in each of these four states say that insurers will provide, to the same extent that benefits are provided for other pregnancy-related procedures, coverage for infertility. Beyond that, they vary in several ways. Texas law covers group, but not individual, policies; and coverage is not actually mandated, it is a mandated option. Insurers must offer the coverage; however, employers need not accept it. Coverage is for IVF only. To qualify, a couple must have a continuous five-year history of infertility, unless the infertility is associated with endometriosis, exposure in utero to diethylstilbestrol (DES), blockage or one or both fallopian tubes, or oligospermia (a scarcity of sperm in the semen). They must have tried less costly procedures. Treatments must be performed in medical facilities which conform to the American College of Obstetricians and Gynecologists' guidelines for such clinics, or to the American Fertility Society's minimal standards for such programs. (See Attachment F for full text.)

The law in Hawaii provides for both individual and group coverage. The condition of oligospermia is broadened to "abnormal male factors contributing to the infertility"; however, there is a restriction in IVF that the sperm must be supplied by the husband of the patient. Because "abnormal male factors" are the cause of 40 percent of couple infertility, this restriction may become a problem. The most distinctive feature of Hawaii's statute is its limiting of IVF coverage to one procedure. (See Attachment G for full text.)

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[4]Robert Weil, "Alan Trounson: Interview," Omni, December 1985, p. 82 (8) .

[5]This comparison will exclude Arkansas: the Insurance Department Legislative Liaison was unable to provide any information about it within the time constraints of this project.

Unlike the laws in Texas and Hawaii, "infertility" in Massachusetts is defined as "the condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year." Thus, diagnosis and treatments are available to both sexes without the five year wait. Problems may arise due to the lack of limits to the number of IVF procedures allowed. Also of concern to insurers is the Division of Insurance regulation that procedures currently defined as experimental will automatically be covered at such time as their definitions are changed to nonexperimental. Procedures are defined as experimental or nonexperimental by the American College of Obstetricians and Gynecologists. Insurers believe that the connection between receiving payment for services and the classification of treatment is a conflict of interest situation, and they would prefer that treatments receive their classification from a more neutral party such as the Department of Public Health. (See Attachment H for full text.)

More narrow in its coverage than Massachusetts, Maryland law provides for IVF treatments and artificial insemination by husband (AIH) only. Criteria for eligibility are very strict and focus primarily on female infertility. Criteria include that the woman be married; that the sperm used be her husband's; and that she and her husband, as a couple, have a history of infertility of at least five years' duration unless the infertility is associated with endometriosis, exposure in utero to DES, and/or blockage or surgical removal of one or both fallopian tubes. Under this law, couples are denied treatment unless the fertility problem rests with the woman. In addition to discriminating against infertile men, this law appears to give preferential treatment to women who have undergone voluntary sterilization.[6] (See Attachment I for full text.)

Maryland's infertility benefits began in 1986. Since then, approximately 925 couples have submitted preauthorization forms (500 for IVF, 425 for AIH) through their physicians. These numbers, however, do not necessarily reflect the numbers of couples who have subsequently undergone treatment. Also, no statistics which reflect the number of procedures each couple received were available. Robert Sirian, Director of Actuarial Projects, Blue Cross-Blue Shield of Maryland--cautioning that his figures are both preliminary and tentative--indicated that in 1986 the total incurred costhad been about $312,000, resulting in a seven cent increase per covered party per month.[7] This is far below even the most conservative overall

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[6]Gail Harris, Senior Analyst in Medical Policy Development, Blue Cross-Blue Shield of Maryland indicates that no charges of discrimination have yet arisen over either aspect of the law.

[7]This figure represents costs for IVF and AIH only. Services and treatments related to these procedures, such as blood work, ultrasound, and laparoscopy--each of which costs over $1,000--would not be included in this figure because they are generally already covered and because there is no system to document the relationship to IVF or AIH.

cost predictions made by the insurance industry. Mr. Sirian indicated, however, that the number of treatment facilities is expected to increase steadily, and utilization of coverage and cost are expected to rise proportionately to a level of between $9 and $13 million annually, resulting in an increase for covered parties of $2 to $3 per month. (I will forward a copy of their just-released "Mandated Benefits Summary" to you upon its arrival.)

While Maryland's inclusion of coverage for infertility treatments appears not to have had the financial impact sometimes predicted, the potential for significant impact is still present--as it is for any state which does not set some limit to the number of IVF procedures allowed, or to the number of other costly procedures which may at some future date gain nonexperimental classification and coverage. Insurance representatives in both Maryland and Massachusetts expressed concern over the lack of such limits. In addition, the lack of a standard accreditation and review process for clinics is of wide concern. Carefully worded laws, carefully designed systems for monitoring and evaluating procedure and clinic success rates, and carefully designed systems for tracking utilization and costs of both specific treatments and related procedures might mitigate problems experienced in other states which offer infertility insurance coverage.

I have provided a listing of which states mandate pregnancy/maternity insurance coverage, entitled, "State Mandated Health Care Coverage Laws (Enacted Through June, 1987)." (See Attachment J) I have also included a report by the Alan Guttmacher Institute, entitled "Infertility Services in the United States: Need, Accessibility and Utilization," (Attachment K); a Research Note from Family Planning Perspectives, entitled "The Need and Unmet Need for Infertility Services in the United States," (Attachment L); and "Desperately Seeking Baby," from U.S. News and World Report, (Attachment M).

* * *

I hope this information is useful to you. If you have any questions, please contact this agency.

Attachments

SUBCHAPTER VI—EQUAL EMPLOYMENT OPPORTUNITIES

§ 2000e. Definitions

For the purposes of this subchapter—

(a) The term "person" includes one or more individuals, governments, governmental agencies, political subdivisions, labor unions, partnerships, associations, corporations, legal representatives, mutual companies, joint-stock companies, trusts, unincorporated organizations, trustees, trustees in cases under Title 11, or receivers.

(b) The term "employer" means a person engaged in an industry affecting commerce who has fifteen or more employees for each working day in each of twenty or more calendar weeks in the current or preceding calendar year, and any agent of such a person, but such term does not include (1) the United States, a corporation wholly owned by the Government of the United States, an Indian tribe, or any department or agency of the District of Columbia subject by statute to procedures of the competitive service (as defined in section 2102 of Title 5), or (2) a bona fide private membership club (other than a labor organization) which is exempt from taxation under section 501(c) of Title 26, except that during the first year after March 24, 1972, persons having fewer than twenty-five employees (and their agents) shall not be considered employers.

(c) The term "employment agency" means any person regularly undertaking with or without compensation to procure employees for an employer or to procure for employees opportunities to work for an employer and includes an agent of such a person.

(d) The term "labor organization" means a labor organization engaged in an industry affecting commerce, and any agent of such an organization, and includes any organization of any kind, any agency, or employee representation committee, group, association, or plan so engaged in which employees participate and which exists for the purpose, in whole or in part, of dealing with employers concerning grievances, labor disputes, wages, rates of pay, hours, or other terms or conditions of employment, and any conference, general committee, joint or system board, or joint council so engaged which is subordinate to a national or international labor organization.

(e) A labor organization shall be deemed to be engaged in an industry affecting commerce if (1) it maintains or operates a hiring hall or hiring office which procures employees for an employer or procures for employees opportunities to work for an employer, or (2) the number of its members (or, where it is a labor organization composed of other labor organizations or

Note 8

3. —— Publishing

Under this subchapter, Commission had jurisdiction over charges of sexually based discrimination by employee of nonprofit corporation which was affiliated with a church and which operated as a public publishing house engaged in business of publishing, printing, advertising and selling religious and religiously oriented materials for purpose of carrying out church denomination's work. Equal Employment Opportunity Commission (U. S. A.) v. Pacific Press Pub. Ass'n, D.C. Cal.1979, 482 F.Supp. 1291.

9. Nonreligious educational institutions

University teacher who was not rehired allegedly as a result of sex discrimination, who alleged, in addition to acts of discrimination occurring prior to effective date of amendment removing exemption for private universities from this subchapter an invidiously motivated refusal to reconsider her termination after the faculty senate hearing panel had issued a report was sufficient to make this subchapter applicable to the alleged discrimination. Weise v. Syracuse University, C.A.N.Y.1975, 522 F.2d 397.

As amended, this subchapter proscribes discriminatory preference on the basis of sex by institutions of higher learning in their hiring, compensation, promotion and termination practices with respect to faculty members. Equal Employment Opportunity Commission v. Tufts Ins. of Learning, D.C.Mass.1975, 421 F.Supp. 152.

§ 2000e-2. Unlawful employment practices

Employer practices

(a) It shall be an unlawful employment practice for an employer—

(1) to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual's race, color, religion, sex, or national origin; or

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

Employment agency practices

(b) It shall be an unlawful employment practice for an employment agency to fail or refuse to refer for employment, or otherwise to discriminate against, any individual because of his race, color, religion, sex, or national origin, or to classify or refer for employment any individual on the basis of his race, color, religion, sex, or national origin.

Labor organization practices

(c) It shall be an unlawful employment practice for a labor organization—

(1) to exclude or to expel from its membership, or otherwise to discriminate against, any individual because of his race, color, religion, sex, or national origin;

(2) to limit, segregate, or classify its membership or applicants for membership, or to classify or fail or refuse to refer

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for employment any individual, in any way which would deprive or tend to deprive any individual of employment opportunities, or would limit such employment opportunities or otherwise adversely affect his status as an employee or as an applicant for employment, because of such individual's race, color, religion, sex, or national origin; or

(3) to cause or attempt to cause an employer to discriminate against an individual in violation of this section.

Training programs

(d) It shall be an unlawful employment practice for any employer, labor organization, or joint labor-management committee controlling apprenticeship or other training or retraining, including on-the-job training programs to discriminate against any individual because of his race, color, religion, sex, or national origin in admission to, or employment in, any program established to provide apprenticeship or other training.

Businesses or enterprises with personnel qualified on basis of religion, sex, or national origin; educational institutions with personnel of particular religion

(e) Notwithstanding any other provision of this subchapter, (1) it shall not be an unlawful employment practice for an employer to hire and employ employees, for an employment agency to classify, or refer for employment any individual, for a labor organization to classify its membership or to classify or refer for employment any individual, or for an employer, labor organization, or joint labor-management committee controlling apprenticeship or other training or retraining programs to admit or employ any individual in any such program, on the basis of his religion, sex, or national origin in those certain instances where religion, sex, or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of that particular business or enterprise, and (2) it shall not be an unlawful employment practice for a school, college, university, or other educational institution or institution of learning to hire and employ employees of a particular religion if such school, college, university, or other educational institution or institution of learning is, in whole or in substantial part, owned, supported, controlled, or managed by a particular religion or by a particular religious corporation, association, or society, or if the curriculum of such school, college, university, or other educational institution or institution of learning is directed toward the propagation of a particular religion.

Members of Communist Party or Communist-action or Communist-front organizations

(f) As used in this subchapter, the phrase "unlawful employment practice" shall not be deemed to include any action or measure taken by an employer, labor organization, joint labor-management committee, or employment agency with respect to an individual who is a

dispute would hinder or obstruct commerce or the free flow of commerce and includes any activity or industry "affecting commerce" within the meaning of the Labor-Management Reporting and Disclosure Act of 1959, and further includes any governmental industry, business, or activity.

(i) The term "State" includes a State of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, Wake Island, the Canal Zone, and Outer Continental Shelf lands defined in the Outer Continental Shelf Lands Act.

(j) The term "religion" includes all aspects of religious observance and practice, as well as belief, unless an employer demonstrates that he is unable to reasonably accommodate to an employee's or prospective employee's religious observance or practice without undue hardship on the conduct of the employer's business.

(k) The terms "because of sex" or "on the basis of sex" include, but are not limited to, because of or on the basis of pregnancy, childbirth, or related medical conditions; and women affected by pregnancy, childbirth, or related medical conditions shall be treated the same for all employment-related purposes, including receipt of benefits under fringe benefit programs, as other persons not so affected but similar in their ability or inability to work, and nothing in section 2000e–2(h) of this title shall be interpreted to permit otherwise. This subsection shall not require an employer to pay for health insurance benefits for abortion, except where the life of the mother would be endangered if the fetus were carried to term, or except where medical complications have arisen from an abortion: *Provided*, That nothing herein shall preclude an employer from providing abortion benefits or otherwise affect bargaining agreements in regard to abortion.

Pub.L. 88–352, Title VII, § 701, July 2, 1964, 78 Stat. 253; Pub.L. 89–554, § 8(a), Sept. 6, 1966, 80 Stat. 662; Pub.L. 92–261, § 2, Mar. 24, 1972, 86 Stat. 103; Pub.L. 95–555, § 1, Oct. 31, 1978, 92 Stat. 2076; Pub.L. 95–598, Title III, § 330, Nov. 6, 1978, 92 Stat. 2679.

Historical Note

References in Text. The National Labor Relations Act, as amended, referred to in subsec. (e)(1), is Act July 5, 1935, c. 372, 49 Stat. 452, as amended, which is classified generally to subchapter II (section 151 et seq.) of chapter 7 of Title 29, Labor. For complete classification of this Act to the Code, see section 167 of Title 29 and Tables volume.

The Railway Labor Act, as amended, referred to in subsec. (e)(1), is Act May 20, 1926, c. 347, 44 Stat. 577, as amended, which is classified principally to chapter 8 (section 151 et seq.) of Title 45, Railroads. For complete classification of this Act to the Code, see section 151 of Title 45 and Tables volume.

The Labor-Management Reporting and Disclosure Act of 1959, referred to in subsec. (h), is Pub.L. 86–257, Sept. 14, 1959, 73 Stat. 519, which is classified principally to chapter 11 (section 401 et seq.) of Title 29, Labor. For complete classification of this Act to the Code, see Short Title note set out under section 401 of Title 29 and Tables volume.

Alaska State Legislature

Please enter into the record my testimony to the Health, Education & Social Services committee name

committee on H.B. 440 infertility bill/subject, dated April 7, 1988.

My Husband and I wholeheartedly support H.B. 440. I have been diagnosed as having endometriosis and my Husband and I have been trying to conceive for 3½ years. We are candidates for the G.I.F.T. program. Our income is slightly over $30 thou./year and the total expenses for this procedure would be around $8. thou. Without help from insurance to participate in this program would be an extraordinary burden or an impossibility for us.

As Dr. Robert Thompson said, children are a very important thing, and in our lives, our greatest hope is to have our own child. As was mentioned, today medical advances have made it possible for those like myself to conceive, where in the past there was no hope. I would deeply regret having to pass up this precious opportunity for lack of funds.

I sincerely hope for myself, and others in this situation that the bill goes through.

Thank You.

Signed: Deanna L. Cooper
Testifier

Representing (Optional)

1612 Mill Bay Rd. # 1A Kodiak, AK. 99615
Address

486-6143
Phone No.

HB

440

file 2

Curt Menard
351 W. Swanson Ave.
Wasilla, Alaska 99687
Or
P.O. Box V
Juneau, Alaska 99811
376-5315 Work
745-8122 Work
376-5855 Home
465-2679 Juneau

MEMORADUM

TO: Representative Koponen, Co-Chair
Health, Education, and Social Services Committee

FROM: Representative Menard CM

DATE: April 6, 1988

RE: Proposed CSHB440

Changes in HB440:

1. Only mandate coverage for the State of Alaska and all political subdivisions of the state.

2. Require that insurance providers offer infertility coverage.

3. Limit the definition of the diagnosis and treatment of infertility to that accepted by the American College of Obstetrics and Gynecology and The American Fertility Society (Incorporate their guidelines for experimental and non-experimental procedures).

4. Mandate the coverage for (up to) three in vitro fertilization cycles--additional cycles will be at the discretion of the insurance provider.

5-1772B ✓
Ford
4/1/88

Original sponsor: Menard

Menard

IN THE HOUSE

CS FOR HOUSE BILL NO. 440 ( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

FIFTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to insurance coverage for treatment of infertility."

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

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

Sec. 21.42.365. COVERAGE FOR TREATMENT OF INFERTILITY. (a) An insurer authorized under AS 21.09 to offer, issue for delivery, deliver, or renew a disability insurance policy for medical coverage on an expense incurred basis in the state, or a hospital or medical service corporation authorized under AS 21.87 to offer or renew a subscriber's contract for group medical coverage in the state, that provides coverage for pregnancy-related expenses complications of preg. ← mandatory offer shall to the same extent that benefits are provided for pregnancy-related expenses, provide benefits for all nonexperimental infertility procedures, including artificial insemination and in vitro fertilization and embryo placement, if the policy is provided to the state, a municipality, or a political subdivision of the state. If the policy is not provided to the state, a municipality, or a political subdivision of the state, the benefits specified in this subsection shall be offered to the insured.

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

(1) limit coverage for infertility-related drugs unless the limitation is imposed on other prescription drugs;

(2) exclude from coverage costs associated with sperm, egg, or inseminated egg procurement, processing, and banking, if the donor

is the covered spouse;

(3) impose a preexisting condition exclusion or preexisting condition waiting period;

(4) use a prior diagnosis of, or prior treatment for infertility to exclude, limit, or restrict coverage;

(5) impose a deductible, copayment, coinsurance, benefit maximum, or waiting period that is different than that imposed on benefits provided for coverage of pregnancy-related expenses.

(c) The insurer, hospital, or medical service corporation may

(1) deny coverage for

(A) an experimental infertility procedure, including but not limited to, gamete intra-fallopian transfer;

(B) surrogacy;

(C) reversal of voluntary sterilization;

(D) the fourth or greater in vitro fertilization cycle;

(2) establish eligibility requirements related to the covered person's medical history;

(3) establish standards relating to provider contracts.

(d) In this section

(1) "covered person" means the insured or subscriber or the insured or subscriber's covered spouse or dependent child;

(2) "experimental infertility procedure" means a procedure not yet recognized as generally accepted or nonexperimental by the American Fertility Society or the American College of Obstetrics and Gynecology;

(3) "infertility" means the condition of a presumably healthy individual who is unable to conceive or produce conception for a period of at least one year of unprotected intercourse before diagnosis and treatment for

infertility;

(4) "nonexperimental infertility procedure" means a procedure recognized as generally accepted or nonexperimental by the American Fertility Society or the American Society of Obstetrics and Gynecology.

* Sec. 2. AS 21.87.340 is amended to read:

Sec. 21.87.340. OTHER PROVISIONS APPLICABLE. In addition to the provisions contained or referred to previously in this chapter, the following chapters and provisions of this title also apply with respect to service corporations to the extent applicable and not in conflict with the express provisions of this chapter and the reasonable implications of the express provisions, and for the purposes of the application the corporations shall be considered to be mutual "insurers":

(1) AS 21.03

(2) AS 21.06

(3) AS 21.09, except AS 21.09.090

(4) AS 21.18.010

(5) AS 21.18.030

(6) AS 21.18.040

(7) AS 21.18.120

(8) AS 21.21.321

(9) AS 21.36

(10) AS 21.69.400

(11) AS 21.69.520

(12) AS 21.69.600, 21.69.620, and 21.69.630

(13) AS 21.78

(14) AS 21.90

(15) <u>AS 21.42.345 - 21.42.365</u> [AS 21.42.345 AND 21.42.355]

(16) AS 21.89.040

(17) AS 21.89.060.

* Sec. 3. AS 21.42.365, enacted by sec. 1 of this Act, applies to disability insurance policies and to hospital or medical service subscriber contracts entered into or renewed on or after the effective date of this Act.

211 CMR 37.00

INFERTILITY BENEFITS

Section:

37.01: AUTHORITY

This regulation is issued under the authority of M.G.L. c. 175; M.G.L. c. 176A; M.G.L. c. 176B; M.G.L. c. 176D; and M.G.L. 176G.

37.02: PURPOSE

The purpose of this regulation is to implement Chapter 394 of the Acts of 1987, an Act Providing a Medical Definition of Infertility.

37.03: DEFINITIONS

The following words as used in this regulation shall be defined as follows:

Commissioner: The Commissioner of Insurance or his or her designee.

Experimental infertility procedure: A procedure not yet recognized as generally accepted or non-experimental by the American Fertility Society (AFS) or the American College of Obstetrics and Gynecology (ACOG) or another infertility expert recognized as such by the Commissioner.

Infertility: The condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one (1) year.

Insured: A subscriber, member, policy holder, certificate holder or his or her covered spouse or other covered dependent.

Insurer: Any company as defined in M.G.L. c. 175, §1 and authorized to write accident and health insurance; any hospital service corporation as defined in M.G.L. c. 176A, §1; any medical service corporation as defined in M.G.L. c. 176B, §1; or any health maintenance organization as defined in M.G.L. c. 176G, §1.

Non-experimental infertility procedure: A procedure recognized as generally accepted or non-experimental by the American Fertility Society or the American College of Obstetrics and Gynecology or another fertility expert recognized as such by the Commissioner.

37.04: SCOPE OF COVERAGE

Insurers shall provide benefits for required infertility procedures, as described in 37.05, which are furnished to an insured ,covered spouse and/or other covered dependent.

Insurers shall not be required to provide benefits for services furnished to a spouse or dependent if the spouse or dependent is not otherwise covered by the insurer.

37.05: REQUIRED INFERTILITY BENEFITS

(1) Subject to any reasonable limitations as described in subsection 37.08 below, insurers shall provide benefits for all non-experimental infertility procedures including, but not limited to:

(A) Artificial Insemination (AI);

(B) In Vitro Fertilization and Embryo Placement (IVF-EP).

(2) The required benefits provided by 37.05(1) shall include any costs associated with the attendant sperm, egg and/or inseminated egg procurement, processing and banking only if the donor is the covered spouse.

37.06: PRESCRIPTION DRUGS

Insurers shall not impose exclusions, limitations or other restrictions on coverage for infertility-related drugs that are different from those imposed on any other prescription drugs.

37.07: OPTIONAL INFERTILITY BENEFITS

No insurer shall be required to provide benefits for:

(1) Any experimental infertility procedure, including but not limited to, Gamete Intra-Fallopian Transfer (GIFT), until the procedure becomes recognized as non-experimental and is so designated by the Commissioner;

(2) Procurement, processing and/or banking of donor egg(s) and/or sperm, except as provided for by 37.05(2);

(3) Surrogacy;

(4) Reversal of Voluntary Sterilization.

37.08: PROHIBITED LIMITATIONS ON COVERAGE

(1) No insurer shall impose deductibles, copayments, coinsurance, benefit maximums, waiting periods or any other limitations on coverage for required infertility benefits which are different from those imposed upon benefits for services not related to infertility.

(2) No insurer shall impose pre-existing condition exclusions or pre-existing condition waiting periods on coverage for required infertility benefits. No insurer shall use any prior diagnosis of or prior treatment for infertility as a basis for excluding, limiting or otherwise restricting the availability of coverage for required infertility benefits.

37.09: PERMISSIBLE LIMITATIONS ON COVERAGE

Insurers may establish reasonable eligibility requirements, based upon the insured's medical history, and reasonable provider contracting standards. These requirements and standards shall be maintained in written form and shall be available to any insured and/or the Commissioner upon request. Standards or guidelines developed by the American Fertility Society or the American College of Obstetrics and Gynecology may serve as a basis for these eligibility and contracting requirements.

37.10: EFFECTIVE DATE

This regulation shall apply to any contract, policy or plan offering hospital, surgical or medical expense coverage as

described in M.G.L. c. 175, §§108 and 110, M.G.L. c. 176A, M.G.L. 176B, and M.G.L. c. 176G, and which is issued or renewed, within or without the Commonwealth, on or after January 6, 1988. The immediate promulgation of this regulation is necessary to preserve the public health, safety and general welfare and to afford full coverage to those with an immediate need for infertility benefits, thereby implementing the public policy of the Commonwealth as evidenced by Chapter 394 of the Acts of 1987.

37.11: SEVERABILITY

If any section or portion of a section of this regulation or the applicability thereof to any person, entity or circumstance is held invalid by a court, the remainder of this regulation or the applicability of such provision to other persons, entities or circumstances shall not be affected thereby.

BLUE CROSS & BLUE SHIELD OF MASSACHUSETTS
ESTIMATED PURE PREMIUM ASSOCIATED WITH
ENACTMENT OF C.394
(INFERTILITY)

	ITEM	DATA		SOURCE
1. a.	Married Couples in Massachusetts, 1985 (married females aged 18 - 44)	709,234		1980 Census Data, Massachusetts - Table 205 Massachusetts Data Center, 1985
b.	Percent of Married Couples who are Infertile	17.2%		National Center for Health Statistics
c.	Percent of Infertile Couples who might seek treatment for Infertility in a year	14.3%		Research Estimate
d.	Number of Infertile Couples who might seek treatment for Infertility in a year	17,444		Item 1a x Item 1b x Item 1c
2. a.	Percent of Infertile Couples using the In Vitro Fertilization Technique	4.0%		Machelle Seibel, MD Beth Isreal Hospital
b.	Number of Infertile Couples using the In Vitro Fertilization Technique	698		Item 1d x Item 2a
c.	Cost per Case for In Vitro Fertilization	$14,605		Research Estimate
d.	Total Additional Liability Associated with Mandating Benefits for In Vitro Fertilization	$10,194,290		Item 2b x Item 2c
3. a.	Percent of Infertile Couples using Hormone Therapy	25.0%		Machelle Seibel, MD Beth Isreal Hospital
b.	Number of Infertile Couples using Hormone Therapy	4,361		Item 1d x Item 3a
c.	Cost per Case for Hormone Therapy	$1,375		Research Estimate
d.	Total Additional Liability Associated with Mandating Benefits for Hormone Therapy	$5,996,375		Item 3b x Item 3c
4. a.	Percent of Infertile Couples using Artificial Insemination	30.0%		Machelle Seibel, MD Beth Isreal Hospital
b.	Number of Infertile Couples using Artificial Insemination	5,233		Item 1d x Item 4a
c.	Cost per Case for Artificial Insemination	$150		Research Estimate (1 - 3 attempts @ $75)
d.	Total Additional Liability Associated with Mandating Benefits for Artificial Insemination	$784,950		Item 4b x Item 4c
5. a.	Total Additional Annual Liability Associated with Enactment of C.394	$16,975,615		Item 2d + Item 3d + Item 4d
b.	Total Massachusetts Population, Ages 19 - 64	3,575,615		Massachusetts Data Center, 1985
c.	Additional Annual Liability per Adult	$4.748		Item 5a /Item 5b
d.	Additional Monthly Liability per Adult	$0.396		Item 5c /12
6. a.	Individual Contract Rate	$0.40		Item 5d
b.	Family Contract Rate	$0.80		Item 5d x 2
		Individual	Family	
7. a.	Blue Cross Costs for Infertility	$0.32	$0.64	Research Estimate
b.	Blue Shield Costs for Infertility	$0.08	$0.16	

5-1772L
Ford
4/6/88

Original sponsor: Menard

IN THE HOUSE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR HOUSE BILL NO. 440 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

FIFTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to insurance coverage for pregnancy and infertility."

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

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

Sec. 21.42.365. COVERAGE FOR PREGNANCY AND INFERTILITY. An insurer authorized under AS 21.09 to offer, issue for delivery, deliver, or renew a disability insurance policy for medical coverage on an expense incurred basis in the state, or a hospital or medical service corporation authorized under AS 21.87 to offer or renew a subscriber's contract for medical coverage in the state, that provides coverage for hospital and surgical expenses, shall also provide to the same extent that benefits are provided for medical conditions not related to pregnancy or infertility, coverage for medically necessary expenses of prenatal care, childbirth, postpartum care, and diagnosis and treatment of infertility. In this section, "infertility" means the condition of a presumably healthy individual who is unable to conceive or produce conception for a period of at least one year before diagnosis and treatment for infertility.

* Sec. 2. AS 21.87.340 is amended to read:

Sec. 21.87.340. OTHER PROVISIONS APPLICABLE. In addition to the provisions contained or referred to previously in this chapter, the following chapters and provisions of this title also apply with respect to service corporations to the extent applicable and not in conflict with the express provisions of this chapter and the

reasonable implications of the express provisions, and for the purposes of the application the corporations shall be considered to be mutual "insurers":

(1) AS 21.03

(2) AS 21.06

(3) AS 21.09, except AS 21.09.090

(4) AS 21.18.010

(5) AS 21.18.030

(6) AS 21.18.040

(7) AS 21.18.120

(8) AS 21.21.321

(9) AS 21.36

(10) AS 21.69.400

(11) AS 21.69.520

(12) AS 21.69.600, 21.69.620, and 21.69.630

(13) AS 21.78

(14) AS 21.90

(15) AS 21.42.345 - 21.42.365 [AS 21.42.345 AND 21.42.355]

(16) AS 21.89.040

(17) AS 21.89.060.

* Sec. 3. AS 21.42.365, enacted by sec. 1 of this Act, applies to disability insurance policies and to hospital or medical service subscriber contracts entered into or renewed on or after the effective date of this Act.

5-1772B ✓
Ford
4/1/88

Original sponsor: Menard

IN THE HOUSE

CS FOR HOUSE BILL NO. 440 ( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

FIFTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to insurance coverage for treatment of infertility."

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

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

Sec. 21.42.365. COVERAGE FOR TREATMENT OF INFERTILITY. (a) An insurer authorized under AS 21.09 to offer, issue for delivery, deliver, or renew a disability insurance policy for medical coverage on an expense incurred basis in the state, or a hospital or medical service corporation authorized under AS 21.87 to offer or renew a subscriber's contract for medical coverage in the state, that provides coverage for pregnancy-related expenses, shall to the same extent that benefits are provided for pregnancy-related expenses, provide benefits for all nonexperimental infertility procedures, including artificial insemination and in vitro fertilization and embryo placement, if the policy is provided to the state, a municipality, or a political subdivision of the state. If the policy is not provided to the state, a municipality, or a political subdivision of the state, the benefits specified in this subsection shall be offered to the insured.

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

(1) limit coverage for infertility-related drugs unless the limitation is imposed on other prescription drugs;

(2) exclude from coverage costs associated with sperm, egg, or inseminated egg procurement, processing, and banking, if the donor

is the covered spouse;

(3) impose a preexisting condition exclusion or preexisting condition waiting period;

(4) use a prior diagnosis of, or prior treatment for infertility to exclude, limit, or restrict coverage;

(5) impose a deductible, copayment, coinsurance, benefit maximum, or waiting period that is different than that imposed on benefits provided for coverage of pregnancy-related expenses.

(c) The insurer, hospital, or medical service corporation may

(1) deny coverage for

(A) an experimental infertility procedure, including but not limited to, gamete intra-fallopian transfer;

(B) surrogacy;

(C) reversal of voluntary sterilization;

(D) the fourth or greater in vitro fertilization cycle;

(2) establish eligibility requirements related to the covered person's medical history;

(3) establish standards relating to provider contracts.

(d) In this section

(1) "covered person" means the insured or subscriber or the insured or subscriber's covered spouse or dependent child;

(2) "experimental infertility procedure" means a procedure not yet recognized as generally accepted or nonexperimental by the American Fertility Society or the American College of Obstetrics and Gynecology;

(3) "infertility" means the condition of a presumably healthy individual who is unable to conceive or produce conception for a period of at least one year before diagnosis and treatment for

infertility;

(4) "nonexperimental infertility procedure" means a procedure recognized as generally accepted or nonexperimental by the American Fertility Society or the American Society of Obstetrics and Gynecology.

* Sec. 2. AS 21.87.340 is amended to read:

Sec. 21.87.340. OTHER PROVISIONS APPLICABLE. In addition to the provisions contained or referred to previously in this chapter, the following chapters and provisions of this title also apply with respect to service corporations to the extent applicable and not in conflict with the express provisions of this chapter and the reasonable implications of the express provisions, and for the purposes of the application the corporations shall be considered to be mutual "insurers":

(1) AS 21.03

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(3) AS 21.09, except AS 21.09.090

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(6) AS 21.18.040

(7) AS 21.18.120

(8) AS 21.21.321

(9) AS 21.36

(10) AS 21.69.400

(11) AS 21.69.520

(12) AS 21.69.600, 21.69.620, and 21.69.630

(13) AS 21.78

(14) AS 21.90

(15) <u>AS 21.42.345 - 21.42.365</u> [AS 21.42.345 AND 21.42.355]

(16) AS 21.89.040

(17) AS 21.89.060.

Sec. 3. AS 21.42.365, enacted by sec. 1 of this Act, applies to disability insurance policies and to hospital or medical service subscriber contracts entered into or renewed on or after the effective date of this Act.

• Insurance - mandated benefits

617-722-2130
Mass. House Health Care Committee

Jennifer Kelley

Mass. Div. of Insurance
617-727-1895
Nancy Turnbull

STATE MANDATED HEALTH CARE COVERAGE LAWS

(ENACTED THROUGH JUNE, 1987)

PREPARED BY THE OFFICE OF
GOVERNMENT RELATIONS,
STATE SERVICES DEPARTMENT,
BLUE CROSS AND BLUE SHIELD
ASSOCIATION

CONTACT PERSONS:
GREG SCANDLEN
BRENDA LARSEN
AUGUST, 1987

MANDATED COVERAGES

	AL	AK	AZ	AR	CA	CO	CT	DE	FL	GA
ALL LICENSED HEALTH PROFESSIONALS				75						
NURSES						87				
NURSE MIDWIVES		83	85				84		83	
NURSE PRACTITIONERS			85				84			
NURSE ANESTHETISTS			85				84			
PHYSICAL THERAPISTS		87					75			
OCCUPATIONAL THERAPISTS		87			78		82			
SPEECH/HEARING THERAPISTS				85	78					
PROFESSIONAL COUNSELORS					80/81					
PSYCHOLOGISTS	82		83/87	75	80	79	75			80
PSYCHIATRIC NURSES					82		84			
SOCIAL WORKER					76		79			
DENTISTS	75	83	77		76		75			
ORAL SURGEONS										
OPTOMETRISTS	67	83			80		75	X*	74	
PODIATRISTS	76			75	76			X*	74	
CHIROPRACTORS	75	83	83/87		76		71	X*	76/86	80
OSTEOPATHS		83								
NATUROPATHS		87					75			
ALCOHOLISM	79		79	87	78	76	74/77		79	
DRUG ABUSE			79				76		79	
MENTAL HEALTH			79	83	73	76	75/82		76/83	81/84
BREAST RECONSTRUCTION			81	78	78					
MATERNITY				76	76	75	76			78
PRESCRIPTION DRUGS							75			
ORTHOTIC AND/OR PROSTHETIC DEVICES					85					
CLEFT PALATE						87				
DIABETIC EDUCATION					81					
DIABETIC OUTPATIENT										
SECOND OPINION										
HOME HEALTH			82		78	84	75/76			
HOSPICE						84	76			
LONG TERM CARE										
INVITRO FERTILIZATION				87						
AMBULATORY SURGERY			71						77	
ANTI-ABORTION						85	82			
PUBLIC INSTITUTIONS										
AMBULANCE/TRANSPORT FOR NEWBORNS										
PREVENTIVE CARE FOR CHILDREN/INFANTS					74				86	
OTHER HEALTH CENTERS										
DEPENDENT STUDENTS							82			79
ADOPTED CHILDREN			85						85	
NEWBORNS	75	75	74	75/83	71	75	74	74	80/84	74
MENTALLY/PHYSICALLY HANDICAPPED			77	69	71		71		70	72
NON-CUSTODIAL CHILDREN							84			
CONVERSION PRIVILEGE			85	79/85	83		75			
CONTINUATION FOR DEPENDENTS			85	85	76		75/76			80/81
CONTINUATION FOR EMPLOYEES				85	77/84	86			75	86
CATASTROPHIC COVERAGE										
MANDATE EVALUATION			85						87	

X = Year unknown

* = Commercials only

Bold Print = Mandated offerings

MANDATED COVERAGES

	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD
ALL LICENSED HEALTH PROFESSIONALS			82							83
NURSES										
NURSE MIDWIVES								84		78
NURSE PRACTITIONERS										79
NURSE ANESTHETISTS										84
PHYSICAL THERAPISTS										
OCCUPATIONAL THERAPISTS										
SPEECH/HEARING THERAPISTS										
PROFESSIONAL COUNSELORS										
PSYCHOLOGISTS	84			85		74		75	75	73
PSYCHIATRIC NURSES									83	83
SOCIAL WORKER						82			83	77
DENTISTS	74			74		73		74	75	
ORAL SURGEONS										
OPTOMETRISTS			80	74	83	73			82	73
PODIATRISTS			81	74		73				73
CHIROPRACTORS				74	86	73	80/86	75	86	73
OSTEOPATHS										73
NATUROPATHS										
ALCOHOLISM				76		86	78	80	74	82 80
DRUG ABUSE						78/86		80	83	78
MENTAL HEALTH			74/77			78/86	86	75	79/83	73/86
BREAST RECONSTRUCTION			80							
MATERNITY	74								75	75
PRESCRIPTION DRUGS									83	
ORTHOTIC AND/OR PROSTHETIC DEVICES										78
CLEFT PALATE		85		85						82
DIABETIC EDUCATION					84					
DIABETIC OUTPATIENT										
SECOND OPINION										85
HOME HEALTH							82		77	79
HOSPICE										82
LONG TERM CARE							86			
INVITRO FERTILIZATION	87									85
AMBULATORY SURGERY	74						78			
ANTI-ABORTION							78			
PUBLIC INSTITUTIONS										67
AMBULANCE/TRANSPORT FOR NEWBORNS								80		
PREVENTIVE CARE FOR CHILDREN/INFANTS										
OTHER HEALTH CENTERS				85					79	76
DEPENDENT STUDENTS								78		79
ADOPTED CHILDREN			81							79
NEWBORNS	74	74	75	76	74	74	76	73	76	77
MENTALLY/PHYSICALLY HANDICAPPED	68	72	67	69/86				72		X
NON-CUSTODIAL CHILDREN										
CONVERSION PRIVILEGE			83		86	78/80	74		82	79
CONTINUATION FOR DEPENDENTS			76/85		86	78/84	80			77
CONTINUATION FOR EMPLOYEES	74	75	84		86	84	80	83	83/86	79
CATASTROPHIC COVERAGE										78
MANDATE EVALUATION	87									

X = Year unknown

* = Commercials only

Bold Print = Mandated offerings

08/87

MANDATED COVERAGES

	MA	MI	MN	MS	MO	MT	NE	NV	NH	NJ
ALL LICENSED HEALTH PROFESSIONALS										
NURSES								85		84
NURSE MIDWIVES			83	80		87	84			82
NURSE PRACTITIONERS				80		87			85	
NURSE ANESTHETISTS			83	80						
PHYSICAL THERAPISTS										75
OCCUPATIONAL THERAPISTS										
SPEECH/HEARING THERAPISTS					84					
PROFESSIONAL COUNSELORS						85/87			83	
PSYCHOLOGISTS	75	68*	75	74	83	81	74	80	75	77
PSYCHIATRIC NURSES	86									
SOCIAL WORKER	82					85			83	
DENTISTS	75		73	74	78	83	75	75		79
ORAL SURGEONS		85							75	
OPTOMETRISTS			73	66	78		69	75		67
PODIATRISTS			73		78		69	75		
CHIROPRACTORS		79	73	80	78		67	82		80
OSTEOPATHS							67	75		
NATUROPATHS										
ALCOHOLISM	73	74/82	73/82	74	77/85	79	80	83		77
DRUG ABUSE		74/82	73/82		80	81		83		
MENTAL HEALTH	73/82		75		80	81			75/83	
BREAST RECONSTRUCTION		85	80					83		83
MATERNITY	in effect '86		73		73			77		
PRESCRIPTION DRUGS										
ORTHOTIC AND/OR PROSTHETIC DEVICES		85								
CLEFT PALATE										
DIABETIC EDUCATION										
DIABETIC OUTPATIENT										
SECOND OPINION										80
HOME HEALTH	86					81		75		
HOSPICE		84						83		
LONG TERM CARE										
INVITRO FERTILIZATION	in effect '87									
AMBULATORY SURGERY		84/85	76		75/81					
ANTI-ABORTION					83					
PUBLIC INSTITUTIONS			73			73	84			
AMBULANCE/TRANSPORT FOR NEWBORNS				79						
PREVENTIVE CARE FOR CHILDREN/INFANTS										
OTHER HEALTH CENTERS										
DEPENDENT STUDENTS							76			
ADOPTED CHILDREN	75		83							
NEWBORNS	74		73	74	74	73	75	76	75	75
MENTALLY/PHYSICALLY HANDICAPPED	56	66	69	72		71		76	69	66
NON-CUSTODIAL CHILDREN										
CONVERSION PRIVILEGE	76		77		81	81	78	80		
CONTINUATION FOR DEPENDENTS			73/77		69		80	80	81	76/80
CONTINUATION FOR EMPLOYEES			73		85	81	79			82
CATASTROPHIC COVERAGE			76							
MANDATE EVALUATION							86			

* according to Dpt. of Ins. in Mass.

X = Year unknown

* = Commercials only

Bold Print = Mandated offerings

08/87

MANDATED COVERAGES

	NH	NY	NC	ND	OH	OK	OR	PA	RI	SC
ALL LICENSED HEALTH PROFESSIONALS										
NURSES		**84**						86		
NURSE MIDWIVES	85	82			84	71		82		
NURSE PRACTITIONERS				**84**			80	86		
NURSE ANESTHETISTS								86		
PHYSICAL THERAPISTS		73								
OCCUPATIONAL THERAPISTS										
SPEECH/HEARING THERAPISTS										
PROFESSIONAL COUNSELORS										
PSYCHOLOGISTS	77	71	77	87	74	71	76	78		
PSYCHIATRIC NURSES										
SOCIAL WORKER		85								
DENTISTS	77	75			73	71	71			
ORAL SURGEONS										
OPTOMETRISTS	77	X			80	71	76	78		85
PODIATRISTS	77	X			80	71				72
CHIROPRACTORS	84	X	73	79	80	71		81	87	80
OSTEOPATHS	77				80					
NATUROPATHS										
ALCOHOLISM	83	82/83	84	75/87	78		75/81	86	80	
DRUG ABUSE			84	75/87					87	
MENTAL HEALTH		77		75/87	83		73			
BREAST RECONSTRUCTION		75								
MATERNITY		76			79		73			
PRESCRIPTION DRUGS										
ORTHOTIC AND/OR PROSTHETIC DEVICES										
CLEFT PALATE			82							
DIABETIC EDUCATION										
DIABETIC OUTPATIENT										
SECOND OPINION		76							83*	
HOME HEALTH	77	72/75							84*	
HOSPICE		85								
LONG TERM CARE										
INVITRO FERTILIZATION										
AMBULATORY SURGERY		X				76				
ANTI-ABORTION				79				82		
PUBLIC INSTITUTIONS			75		76					
AMBULANCE/TRANSPORT FOR NEWBORNS	75									
PREVENTIVE CARE FOR CHILDREN/INFANTS		82								
OTHER HEALTH CENTERS		X								
DEPENDENT STUDENTS										
ADOPTED CHILDREN										
NEWBORNS	75	77	73	79	74	84	75	76		76
MENTALLY/PHYSICALLY HANDICAPPED	69	65	69/73	82	71			68		70
NON-CUSTODIAL CHILDREN										
CONVERSION PRIVILEGE	83	71/81	82	83	75/84		77		78	78
CONTINUATION FOR DEPENDENTS	83	81	83	87					83	78
CONTINUATION FOR EMPLOYEES				80						
CATASTROPHIC COVERAGE									74	
MANDATE EVALUATION							85	86		

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MANDATED COVERAGES

	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
ALL LICENSED HEALTH PROFESSIONALS	80									71
NURSES							81			
NURSE MIDWIVES	80			79			81	83		
NURSE PRACTITIONERS	80						81			
NURSE ANESTHETISTS										
PHYSICAL THERAPISTS						87				
OCCUPATIONAL THERAPISTS										
SPEECH/HEARING THERAPISTS			83							
PROFESSIONAL COUNSELORS						87				
PSYCHOLOGISTS	86	74	77	75		77				85
PSYCHIATRIC NURSES								77		
SOCIAL WORKER		85	87	75		79/87				
DENTISTS		74	83						75	
ORAL SURGEONS										
OPTOMETRISTS		65	79	75		77			75	
PODIATRISTS		65	77	75		79	83		75	
CHIROPRACTORS		81	79	75		79*	83		76/87	
OSTEOPATHS			58			77				71
NATUROPATHS										
ALCOHOLISM	79	79	81	81	82/85	77/80	74/87	82	74/85	
DRUG ABUSE			81			77/80			74/85	
MENTAL HEALTH		79/80	81		76	76/77	83	77*	74/86	
BREAST RECONSTRUCTION							83/85			
MATERNITY		84	77			78			82	
PRESCRIPTION DRUGS										
ORTHOTIC AND/OR PROSTHETIC DEVICES										
CLEFT PALATE										
DIABETIC EDUCATION									84	
DIABETIC OUTPATIENT				84					82	
SECOND OPINION										
HOME HEALTH			87		76		83		78	
HOSPICE							83			
LONG TERM CARE								86		
INVITRO FERTILIZATION			87							
AMBULATORY SURGERY				76						
ANTI-ABORTION										
PUBLIC INSTITUTIONS									80	75
AMBULANCE/TRANSPORT FOR NEWBORNS										
PREVENTIVE CARE FOR CHILDREN/INFANTS										
OTHER HEALTH CENTERS			83						75	
DEPENDENT STUDENTS										
ADOPTED CHILDREN	83			85						
NEWBORNS	76	74	73	77	76	76	74/84	75	76	75
MENTALLY/PHYSICALLY HANDICAPPED		69	81	75		74	69		75	71
NON-CUSTODIAL CHILDREN										
CONVERSION PRIVILEGE	79	80	77	79		82	84		80	83
CONTINUATION FOR DEPENDENTS	80	86	79		84		80	83	80	
CONTINUATION FOR EMPLOYEES							73	82	73/80	
CATASTROPHIC COVERAGE										
MANDATE EVALUATION							84			

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MANDATED COVERAGES

Miscellaneous

AZ - Maternity benefits for natural mother of an adopted child on adopted parents policy (86)

CA - Sterilization (70); Prenatal Care (76,79); Acupuncture (84); Psychiatric Health Facility (84)

CT - Notice of Termination (82); most passed under comprehensive health care act of 1975; HMO Rehabilitation Facilities (82); Emergency Ambulance Services (83); Home Health Aides; (84) Home Health Aides under Medicare supplement policies (86)

CO - Anti abortion mandate for state group only (85)

HI - Prepaid Health Care Plans (74)

ID - Complications of Pregnancy (76)

IL - Raped or Sexual Assault (75,82); Psychologists Mandated Through Regulation (76); Liver Transplants (84);

KY - Newborn Nursery Care (80); Nursing Home (86)

LA - Non-group to age 65 (74)

MA - Cardiac rehabilitation (86) Mammography & Pap Smear (87)

MD - Partial Psychiatric Hospitalization (76); Blood Products (75); Orthopedic Braces (78); OP benefits resulting from UR program (85)

MI - Non-group Medicare Complimentary Coverage (85); Mental Hospitals (83)

MS - Pre-existing Conditions (82)

MO - Pharmacists (78)

MT - Denturists (85)

NY - Chinese Medicine (75)

NJ - Diagnostic X-rays by Chiropractors (76)

NY - Pre-admission Testing (76); Ambulance Cancer Treatment (82); Nursing Home Option (X)

ND - Continued Coverage after HMO Selections (83)

NH - Practitioner Mandates of 1977 do not apply to Plan; Lay Midwives (85)

OH - OP Dialysis (72)