

**ALASKA**

**LEGISLATURE**

**COMMITTEE FILES**

**1991-1992**

**8672**

**7081**

**HOUSE**

**LABOR & COMMERCE**

I'll introduce it as a L&C  
Com bill or a personal bill  
Many parts of this bill seem  
to specific and wish to  
consider raising them  
to regulatory

Electrical-Worker Safety Standards

Sec. \_\_\_\_ A person shall require the person's employees to comply with the following safety requirements while on the job:

(1) The employee and any conducting object shall not be closer to an energized line or conducting object than the distances established in (a), unless the energized line or conducting object is carrying less than 5,000 kilovolts of electricity and the employee is using approved protective equipment in an approved manner.

(a) Voltage Range Phase to Phase Distance

(2) The employee shall use approved rubber gloves or approved hot sticks when removing a tree limb or conducting object from contact with high voltages, and when a tree limb or conducting object is within the distance established in (1)(a).

(3) The employee shall wear approved rubber gloves or approved hot sticks when the employee is closer to (or in touch) an energized line or conducting object than the distance established in (1)(a).

(4) The employee may use approved rubber gloves, linen hoses, rubber blankets, and other approved protective equipment, as well as approved hot sticks, on an energized line or conducting object carrying less than 5,000 kilovolts of electricity.

(5) The employee may use conductor support tools such as line sticks, strain carriers, and insulator cradles, if the clear insulation is at least as long as the insulator string or the minimum distance established in (1)(a) for the operating voltage.

(6) The employee shall not use the live-line, bare-handed technique on an energized line or conducting object carrying 750 or more volts of electricity.

(7) The employee shall use approved rubber gloves or approved hot sticks when placing protective equipment on or around energized conductors of voltages of 750 to 5,000 volts of electricity.

(8) The employee shall use approved hot sticks when the employee is working on an energized line or conducting object carrying 5,000 or more kilovolts of electricity.

(9) The employee shall maintain a distance of at least \_\_\_\_\_ feet from an energized line or conducting object carrying 1,000 kilovolts or more of electricity. The employee shall maintain this distance through the use of approved hot line tools.

(10) The employee shall not use a defective hot line tool. The employee shall mark as defective, and turn in for repair or replacement, any hot line tool which appears defective.

Sec. A person who employs a person to repair, maintain or install electrical systems shall:

(1) The employer shall visually inspect, and wipe clean, each hot line tool the employee uses each day, before the tool is used.

(2) The employer shall inspect all hot line tools and ropes each day before use. Hot line tools and ropes shall be stored and maintained and used in such a manner as to prevent damage. Hot line tools and ropes shall not be used for purposes other than line work. Wood hot sticks shall be maintained with a surface coating of varnish or other approved treatment to prevent the absorption of moisture into the stick. The maintenance, inspection, storage, and use of such equipment shall be in conformance with the methods and standards recognized by manufacturers and the industry.

### Definitions

( ) For the purposes of these sections, "protective equipment" means hot sticks, rubber gloves, line boxes, rubber blankets, guards, or other barriers to the conduction of electricity.

( ) For the purposes of these sections, "hot line tool" means...

( ) For the purposes of these sections, "approved" means the manufacturer certifies that the equipment/tool does not conduct electricity when it is exposed to the following conditions:

(a) 100,000 volts of electricity per foot of length for 5 minutes, if the equipment is constructed of fiberglass;

(b) 75,000 volts of electricity per foot of length for 3 minutes, if the equipment is constructed of wood; or

(c) Other tests which equal or exceed (a) and (b).

( ) For the purposes of these sections, a high voltage switch or disconnect is not considered de-energized if the remainder of the switch or disconnect remains energized, unless approved barriers are erected which will prevent the employe from coming into contact with the remaining energized part.

Sec.3 A person who violates the provisions of Sec.1 or Sec.2 is subject to the following penalties...

Larry Depeal - bus. rep. at IBEW  
272-67546571

---

1. 5,000 kv

Prohibited for ~~you~~ employees

State OSHA approving agency

---

look at  
OSHA fines

OSHA shall define  
stds for rubber gloves

Injuries

- ① direct current
- ② units explode when damaged  
hot sticks  
5 feet stick

The following is a conversation between Bud Garrison (President & Lineman Business Rep) and Randy Vallee (Shop Steward for AVEC) regarding the electrocution of Richard Armstrong:

Garrison: --what happened here?

Vallee: Well, basically, take a listen to it, and see what you think:

Garrison: --Armstrong, who was electrocuted in a village north of Bethel. Randy will explain, basically, the time and date and what happened and, basically, what knowledge he's accumulated since the accident.

Vallee: Well, as far as I can tell, Richard Armstrong was working on a pole in the village of Kasigaluk, west of Bethel. He was repairing a service drop that he had had disconnected and de-energized. For some reason, he came back down the pole, talked to his groundman, went back up the pole, after he had decided he wasn't going to shut the power off, to work on the primary (7200 volt). From that point, it's speculative. Based on a couple of other witnesses we talked to, he reached up and grabbed a primary tap that goes to a cut-out, and at that point stayed hooked up for about five minutes before he finally burned loose. Based on a couple of people we talked to, and evidence, he had a ground kit in a sled right next to the pole. He had the leathers on, four hot gloves, but the rubber inserts were not in the gloves, and he knew (based on his field reports, and our investigation) where to disconnect the power at for de-energizing the highline that he was attempting to begin working on. We have no idea why he was going to work on that line; and his groundman that was with him has no idea why he was going to work on it. He just said he didn't want to shut the power off to work on that line.

Accident  
28<sup>th</sup> Dec.  
E: 7:00 - 7:15

Garrison: This is the report of the Shop Steward for AVEC (the village co-op) -- Randy Vallee.

Bonnie, go ahead and type this up as a rough draft until such time as Larry DePeal gets back and we will review this further and contact Mr. Vallee.

Thank you.

296-45-6507

Safety Standards—Electrical Workers

Mandatory use of Hot sticks on voltages of 5,000KV between phases

volts  
KV

WAC 296-45-65027 General requirements. (1) The live-line bare-handed technique is prohibited on voltages of 750 or more volts or more.

(2) ~~Number of men required to do work safely.~~

(a) Two competent electrical workers shall be required when performing work on energized high voltage lines or equipment or within the distances in Table 1. One of them shall serve principally as a standby man who shall be so located that he may physically reach the other employee in the event of an accident either with his hand or with a hot stick. The stand-by shall be so positioned as to be able to observe the other employee, his bodily movements, and verbally warn of any impending dangers. In no case when working in pairs shall employees work simultaneously on energized wires or parts of different phases or polarity.

(b) In cases of necessity the stand-by man may temporarily assist the other employee provided that they both work on wires or parts of the same phase or polarity. Both employees shall so position themselves so that the presence of the second man does not increase the hazard.

(c) While on patrol at night and operating a motor vehicle on public highways, there shall be two employees, at least one of whom shall be a journeyman lineman or otherwise a competent or qualified employee. If repair to line or equipment is found to be of such nature as to require two linemen, work shall not proceed until additional help has been obtained provided that in cases of emergency where delay would increase the danger to life, limb, or substantial property, one employee may clear the hazard without assistance.

(3) When only one qualified employee is available and he is required to work on high voltage, these circuits shall be de-energized while the work is performed except for emergencies.

(4) The provisions of subsection (2) of this section do not apply in the following circumstances:

(a) When re-fusing circuits or equipment with a hot stick.

(b) When operating switches by means of operating handle or switch sticks.

(c) When installing or removing a hot line clamp connection with an approved hot stick on single phase line or apparatus, providing that the connection or disconnection does not interrupt or pick up a load.

(5) Initial determination.

(a) Before any work is performed, the location of energized lines and their condition, the location and condition of energized equipment, the condition of the poles, the location of circuits and equipment including power communication lines, CATV and fire alarm circuits, shall be determined as shall any other particular hazard of a particular work site.

(b) No work shall be performed on energized lines or parts until the voltage of such equipment and lines is determined.

(6) Employees shall not stand on or otherwise come in contact with transformer cases or similar equipment while working on energized lines or equipment.

(7) Employees and conducting objects shall not come within the minimum distances as set forth in Table 1 of energized lines or conductors, except:

(a) When working on voltages of 5 Kv between phases or less employees may come within the distances as set forth in Table 1 if and so long as the employees are wearing approved rubber gloves, or use approved line hoses, rubber blankets, guards or barriers or similar approved protective equipment in such a manner as to protect against accidental contact, if the rubber gloves and other protective equipment is used in an approved manner.

(b) Nothing contained herein shall prevent the use of approved hot sticks on any voltage.

(8) Rubber gloves shall be worn or hot sticks used when placing protective equipment on or around energized conductors of voltages of 750 to 5,000 volts.

(9) Rubber gloves shall be worn or hot sticks used when removing tree branches, limbs, or similar objects from contact with high voltages or when such branch, branches, limbs or other conducting object is within the prohibited distance of Table 1. Rubber gloves shall be worn whenever the employee can touch or come within the prohibited distances as provided in Table 1.

(10) Employees should not wear rubber gloves while ascending or descending a pole until such time as the employee becomes so positioned that he is likely or capable of touching voltages of 750 or more.

(11) Rubber gloves, line hoses, rubber blankets, and other recognized protective equipment are barriers when used. Such barriers can be used on voltages of 5,000 or less between phases.

(12) It shall not be permissible to consider one part of a high voltage switch or disconnect as de-energized for the purpose of doing work on it if the remainder of the switch or disconnect remains energized unless approved barriers are erected which will prevent employees who are doing the work on such equipment from coming in direct contact with the energized parts.

(13) Conductor support tools such as link sticks, strain carriers, and insulator cradles may be used: Provided, That the clear insulation is at least as long as the insulator string or the minimum distance specified in Table 1 for the operating voltage.

(14) ON voltages of 5,000 KV between phases or above, the minimum working distances from Table 1 shall be maintained with the use of approved hot line tools.

(15)

Safety Standards--Electrical Workers

296-45-65029

(14) TABLE 1:

Voltage Range (phase to phase) Kilovolt	Minimum Working and Clear Hot Stick Distance
.75 up to 15 <sup>00</sup>	2 ft. 0 in.
15 up to 35	2 ft. 4 in.
35 up to 46	2 ft. 6 in.
46 up to 72.5	3 ft. 0 in.
72.5 up to 121	3 ft. 4 in.
121 up to 145	3 ft. 6 in.
145 up to 169	3 ft. 8 in.
169 up to 242	5 ft. 0 in.
242 up to 362	7 ft. 0 in. <sup>1</sup>
362 up to 552	11 ft. 0 in. <sup>1</sup>
552 up to 765 <sup>000</sup>	15 ft. 0 in. <sup>1</sup>

<sup>1</sup>Note: For these voltages of 242 and up, the minimum working distances and the minimum clear hot stick distance at the work location may be reduced when and so long as such distances are not less than the shortest distance between the energized part and grounded surface.

(15) Foreign operations. All foreign operations as defined within this chapter conducted on or near power lines or energized equipment shall maintain clearance according to the provisions of WAC 296-24-24019. [Order 76-38, § 296-45-65027, filed 12/30/76.]

**WAC 296-45-65029 Overhead Lines. (1) General.**

(a) When working on or with overhead lines, this section shall be complied with as well as the applicable divisions of any other section.

(2) Strength of span and its support.

(a) Precautions shall be taken to determine that the span and the supports thereof are of a strength so as to safely bear the weight of the employee(s) and the equipment used thereon.

(b) Before an employee climbs a pole, it shall be inspected or tested to determine that such pole is safe, both above and below the ground level. If the pole is found to be unsafe for climbing, it must be guyed or braced or otherwise supported in such a manner as to allow the employees to safely perform their work.

(c) Before moving conductors there shall be a thorough inspection for strength and good condition of the adjacent supporting poles, structures, and conductor supporting hardware. Approved safeguards shall be installed on such adjacent poles or structures as may be necessary to prevent unexpected or uncontrolled movement of these adjacent poles, structures or conductors supporting equipment or conductors.

(3) When setting, moving or removing poles using cranes, derricks, gin poles, A-frames, or similar equipment near energized lines or equipment, minimum clearances shall be maintained, as provided by Table 1 except when approved barriers or other line protecting devices have been installed.

(4) Temporary guard poles or structures. Guard poles, towers, or other guard structures installed for the purpose of protecting employees, lines, conductors or equipment during the course of construction shall be installed at the same clearance requirements as for permanent construction and with strength and safety factors as required to safely support the loads that may normally be imposed on them during their use.

(5) The safest possible working position shall be assumed before starting work in the vicinity of energized wires, lines, transformers or similar energized equipment.

(6) No work should be performed in inclement weather on high voltage equipment when conditions are such as to materially increase the hazards to the employees excepting emergency work necessary to restore service.

(7) While work is being performed overhead, tools and materials shall be placed in proper receptacles when not being used. Tools and materials shall not be thrown to or from the employees on the pole or other elevated position(s) but shall be raised and lowered by means of a handline and/or tool bag. Tools and loose materials shall not be left on poles, crossarms, ladders or other elevated structures or positions.

(8) Employees shall not work in elevated positions unless secured so as to prevent accidental falling. They shall be secured by a safety belt or other approved means except when ascending, descending or moving from one location to another while in an elevated position. Before an employee throws his weight on a belt, the employee shall determine that the snap or fasteners are properly engaged.

(9) When winches, trucks, or tractors are being used to raise poles, materials, to pull in wires, to pull slack or in any other operation, there shall be an operator at the controls unless the machinery or process is stopped.

(10) Foremen shall designate an employee to give signals when required.

(11) Raising poles, towers or fixtures in the close proximity of high voltage conductors shall be done under the supervision of a qualified employee.

(r) Line hose or similar type of equipment shall not be used on voltages in phase unless the manufacturer specifies otherwise. d from

(s) All protective hats shall be in accordance with the specifications of A ial Pro-  
ective Helmets for Electrical Workers, Class B, and shall be worn at the jobsite by employees who are exposed to overhead or electrical hazards.

(2) Personal climbing equipment. All lineman body belts, safety straps, lanyards, hooks, and other similar equipment shall comply to this chapter. This rule shall not apply to personal climbing equipment in use at the effective date of this chapter during its lifetime provided such equipment is maintained in good condition and in accordance with the applicable safety rule and requirement in effect at the time such equipment was obtained.

(a) Safety lines shall not be used for shock loading and shall be used only for emergency rescue. All safety lines shall be a minimum one-half inch diameter and three- or four-strand first grade manila or its equivalent in strength (2,650 pounds) and durability.

(b) Defective ropes shall not be used and shall be replaced.

(c) Employees, when working from a hook ladder, must either belt themselves securely to the ladder, attach themselves to the structures by means of a safety line, or belt themselves to ladder safety equipment, which shall consist of a safety rope or belting threaded through the rungs or secured to the ladder at intervals of not more than three feet.

(d) Body belts with straps or lanyards shall be worn by employees working at an elevated position such as on poles, towers, or similar structures: *Provided*, That body belts and lanyards need not be used by employees while erecting transmission towers. Body belts and straps shall be inspected each day for defects before use. Defective body belts and straps shall not be used.

(e) Safety straps shall not be placed around poles above the cross-arm except where it is not possible for the strap to slide or be slipped over the top of the pole by inadvertence of the employee. Neither end of the strap shall be allowed to hang loose or dangle while the employee is ascending or descending poles or other structures.

(f) Body belts and safety straps shall not be stored with sharp-edged tools or near sharp objects. When a body belt, safety strap and climbers are kept in the same container, they shall be stored in such a manner as to avoid cutting or puncturing the material of the body belt or safety strap with the gaffs or climbers.

(g) Employees shall not attach metal hooks or other metal devices to body belts. Leather straps or rawhide thongs shall have hardwood or fibre crossbars. Leather straps and rawhide thongs shall not have metal or other conductive crossbars on them.

(h) Climbing gaffs shall be kept properly sharpened and shall be at least 1-1/8 inches in length.

(3) Ladders.

(a) Portable metal or other portable conductive ladders shall not be used on or near energized line or equipment except where nonconductive ladders present a greater electrical hazard than conductive ladders. A greater electrical hazard would be static electricity such as might be found in extra high voltage substations. All conductive or metal ladders shall be prominently marked and identified as being conductive and shall be grounded when used near energized lines or equipment.

(b) All ladders including hook type ladders used in structures shall be secured to prevent the ladder from being accidentally displaced.

(c) All ladders shall be handled and stored in such a manner as to prevent damage to the ladder.

(d) When ascending or descending a ladder, the employee shall face the ladder and have free use of both hands.

(e) All defective ladders shall be taken out of service and labeled as defective.

(f) When a ladder is being used which is not fixed or otherwise secured, there shall be an attendant to hold the ladder and watch traffic when the work is being done on streets, alleys, sidewalks, or in industrial plants or other places where there exists the possibility of accidental contact with the ladder by third persons or vehicles.

(g) When working on the ladder, employees shall, where possible, tie the top of the ladder to a substantial object to prevent falling unless the ladder is equipped with approved hooks which may be used for the same purpose.

(h) Portable ladders shall not be moved with employees on the ladder.

(i) No employee shall ascend or descend a rolling ladder while it is moving.

(j) No employee shall stand on the top two steps of a step ladder.

(k) No employee shall use a step ladder as a straight ladder.

(l) All ladders shall be of sufficient strength for the use to which they are placed.

(m) Ladders shall always be placed on a secure footing with both legs resting firmly on the lower surface.

(n) Ladders made by fastening cleats or similar devices across a single rail shall not be used.

(4) Hot line tools.

(15) (a) Only hot line tools having manufacturer's certification of withstanding the following minimum tests shall be used:

(i) 100,000 volts per foot of length for 5 minutes when the tool is made of fiberglass; or

(ii) 75,000 volts per foot of length for 3 minutes when the tool is made of wood; or

(iii) Other tests which equal or exceed (i) and (ii) of this subsection.

(b) All hot line tools shall be visually inspected each day before use. All hot line tools shall be wiped clean before being used.

## Safety Standards--Electrical Workers

296-45-65021

(c) Defective hot line tools shall not be used and shall be marked as defective and turned in for repair or replacement.

(d) Hot line tools and ropes shall be inspected each day before use. They shall be stored and maintained and used in such a manner as to prevent damage. Hot line tools and ropes shall not be used for purposes other than line work. Wood hot sticks shall be maintained with a surface coating of varnish or other approved treatment to prevent the absorption of moisture into the stick. The maintenance, inspection, storage, and use of such equipment shall be in conformance with the methods and standards recognized by manufacturers and the industry.

(5) Measuring ropes and tapes.

(a) Measuring ropes or measuring tapes which are metal or certain conductive strands shall not be used when working on or near energized lines or parts.

(6) Hand tools.

(a) All power hand tool switches shall comply with the provisions of WAC 296-24-650 through 296-24-67005.

(i) Be equipped with three-wire cord having the ground wire permanently connected to the tool frame and having means for grounding the other end of the cord except when such three-wire cord increases the hazard to the employer or where the hand held tool is double insulated and permanently labeled "double insulated."

(ii) Be connected to the power supply by means of an isolating transformer, or other isolated power supply.

(b) All hydraulic tools which are used on or around energized lines or equipment shall use nonconductive hoses having approved strength for the normal operating pressures. The provisions of WAC 296-155-360 (4)(a) and (b) are mandatory.

(c) All pneumatic tools which are used on or around energized lines or equipment shall:

(i) Have nonconducting hoses having approved strength for the normal operating pressures, and

(ii) Have an accumulator on the compressor to collect moisture.

(7) Hand axes shall not be used when working overhead.

(8) Small tools carried in body belts shall be placed so as to present the least danger of coming into accidental contact with live parts.

(9) All tools carried in workers' body belts shall be sheathed: *Provided*, That tower erectors need not comply with this rule except when working on or above electric power equipment or lines.

(10) Tools other than those which are carried in workers' body belts shall not be carried up or lowered down poles or similar structures in belts but shall be raised and lowered by means of an approved container or hand line.

(11) All tools shall be kept in good working condition and shall be properly stored. Defective tools shall be taken out of service.

(12) Tools and loose material shall not be left at the top of poles or structures.

(13) Tools shall be placed where they will not be the cause of injury due to stepping or tripping on them.

(14) The surface and surface preservation of wood tools such as ladders, pike poles, switch sticks, insulating platforms used in electrical work shall be maintained. Only transparent preservatives shall be used. Where ladders and pike poles are not used on or near energized lines and are inspected monthly by qualified inspectors, they may be painted.

(15) Scaffolds shall be constructed and used in conformance with the general safety and health standards (WAC 296-24-82503) and the safety standards for construction work (WAC 296-155-485) of the state of Washington.

(16) Wearing apparel.

(a) Goggles, rubber gloves, respirators, and other such personal protective devices shall not be interchanged among employees unless they have been sanitized.

(b) Workers shall wear clothing appropriate to the season and the kind of work being performed: *Provided*, That shirts or jumpers with full length sleeves rolled down and protective hats shall be worn when working on or near live parts or while climbing poles.

(c) When working on or near energized parts, employees shall not wear loose dangling watch chains, key chains, or unnecessary metal of any type, and should not wear coats with metal zippers.

(17) When working at night, spotlights or portable lights for emergency lighting shall be provided and used as is necessary to perform work safely.

(18) Sanitary facilities. The requirements of WAC 296-24-120 through 296-24-130(13) shall be complied with.

(19) Industrial hygiene. The requirements of chapter 296-62 WAC are mandatory unless they are inconsistent with this chapter.

(20) Fire extinguishers. Employees should know the location and how to operate fire extinguishers in the worksite vicinity.

(21) Foreign attachments and placards. Nails and unauthorized attachments should be removed before climbing above such attachments. When through bolts present a hazard to climbing, they shall be trimmed to a safe length.

(22) Working near or over water. When employees are engaged in work over or near water and when the danger of drowning exists, suitable flotation protection shall be provided and worn as required by WAC 296-24-086. [Order 76-38, § 296-45-65021, filed 12/30/76.]

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**Title 18  
Chapters 18.71 to End**

**Title 19  
Chapters 19.01 to 19.31**

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T. 18 (18.71 to End) to 19 (19.01 to 19.31) Wash. Code—1  
1991 P.P.

16

CHAPTER 19.28—ELECTRICIANS AND ELECTRICAL INSTALLATIONS

Cross References Factory built housing and commercial structures, health and safety rules, consideration of standards in this chapter, see § 49.28.490.

19.28.120. License required—General or specialty licenses—Fees—Application—Bond—Cash deposit in lieu of bond

Notes of Decisions electrical service lines on the homeowner's property, even when ownership of the service lines will revert to a utility.

2. Licensing exemptions One must be a licensed electrical contractor, or certified as an electrician, to contract with a homeowner to install the electrical service lines on the homeowner's property, even when ownership of the service lines will revert to a utility for operation and maintenance. AGO 1988, No. 22.

19.28.200. Licensing—Exemptions

Notes of Decisions electrical service lines on the homeowner's property, even when ownership of the service lines will revert to a utility.

1. In general One must be a licensed electrical contractor, or certified as an electrician, to contract with a homeowner to install the electrical service lines on the homeowner's property, even when ownership of the service lines will revert to a utility for operation and maintenance. AGO 1988, No. 22.

19.28.210. Inspections—Notice to repair and change—Disconnection—Entry—Concealment—Connection to utility—Permits, fees

(1) The director shall cause an inspector to inspect all wiring, appliances, devices, and equipment to which this chapter applies. Nothing contained in this chapter may be construed as providing any authority for any subdivision of government to adopt by ordinance any provisions contained or provided for in this chapter except those pertaining to cities and towns pursuant to RCW 19.28.010(2).

(2) Upon request, electrical inspections will be made by the department within forty-eight hours, excluding holidays, Saturdays, and Sundays. If, upon written request, the electrical inspector fails to make an electrical inspection within twenty-four hours, the serving utility may immediately connect electrical power to the installation if the necessary electrical work permit is displayed: Provided, That if the request is for an electrical inspection that relates to a mobile home installation, the applicant shall provide proof of a current building permit issued by the local government agency authorized to issue such permits as a prerequisite for inspection approval or connection of electrical power to the mobile home.

(3) Whenever the installation of any wiring, device, appliance, or equipment is not in accordance with this chapter, or is in such a condition as to be dangerous to life or property, the person, firm, partnership, corporation, or other entity owning, using, or operating it shall be notified by the department and shall within fifteen days, or such further reasonable time as may upon request be granted, make such repairs and changes as are required to remove the danger to life or property and to make it conform to this chapter. The director, through the inspector, is hereby empowered to disconnect or order the discontinuance of electrical service to conductors or equipment that are found to be in a dangerous or unsafe condition and not in accordance with this chapter. Upon making a disconnection the inspector shall attach a notice stating that the conductors have been found dangerous to life or property and are not in accordance with this chapter. It is unlawful for any person to reconnect such defective conductors or

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equipment without the approval of the department, and until the conductors and equipment have been placed in a safe and secure condition, and in a condition that complies with this chapter.

(4) The director, through the electrical inspector, has the right during reasonable hours to enter into and upon any building or premises in the discharge of his or her official duties for the purpose of making any inspection or test of the installation of new construction or altered electrical wiring, electrical devices, equipment, or material contained in or on the buildings or premises. No electrical wiring or equipment subject to this chapter may be concealed until it has been approved by the inspector making the inspection.

(5) Persons, firms, partnerships, corporations, or other entities making electrical installations shall obtain inspection and approval from an authorized representative of the department as required by this chapter before requesting the electric utility to connect to the installations. Electric utilities may connect to the installations if approval is clearly indicated by certification of the electrical work permit required to be affixed to each installation or by equivalent means, except that increased or relocated services may be reconnected immediately at the discretion of the utility before approval if an electrical work permit is displayed. The permits shall be furnished upon payment of the fee to the department.

(6) The director, subject to the recommendations and approval of the board, shall set by rule a schedule of license and electrical work permit fees that will cover the costs of administration and enforcement of this chapter. The rules shall be adopted in accordance with the administrative procedure act, chapter 34.06 RCW. No fee may be charged for plug-in mobile homes, recreational vehicles, or portable appliances.

Amended by Laws 1989, ch. 344, § 1.

Historical and Statutory Notes

1989 Legislation

Laws 1989, ch. 344, § 1, inserted subsection designations; then, in subsec. (2), at the end of the last sentence, added the proviso; and, in subsec. (6), in the next-to-last sentence, updated the reference to the Administrative Procedure Act.

to the permit and inspection requirements of the Department of Labor and Industries. AGO 1988, No. 22.

Notes of Decisions

Inspections, generally 5

5. Inspections, generally

Contracts to install electrical service lines on homeowner property are subject

19.28.610. Exemptions from RCW 19.28.610 through 19.28.620

Notes of Decisions

Employees 1

1. Employees

One must be a licensed electrical contractor, or certified as an electrician, to

contract with a homeowner to install the electrical service lines on the homeowner's property, even when ownership of the service lines will revert to a utility for operation and maintenance. AGO 1988, No. 22.

It shall be unlawful for any officer, agent, or city or other political corporation, or person, to maintain, or use, or allow to be used in the rules:

Rule 1. No wire shall be run more than seven hundred feet from any city or town insulator the center line of any pole. Any pole to which any wire or cable is attached shall be at least six inches from the pole; nor to any wire or cable pole or fixture structure and the any jumper wire or other appliance on any pole which is attached to the pole; nor to any wire or cable on which it originally was installed; nor to any wire or cable on which no wire are maintained, no case maintain aerial cable is p

Rule 2. No wire shall be run, placed, or attached at a distance of less than five feet from any wire or cable on a pole top fixture cable between fixture thereon and the point jumper wire or other appliance or cable is run on the end

Rule 3. No wire shall be run, placed, or attached to any cable carrying more than fifty volts of electrical energy

## CHAPTER 19.29—ELECTRICAL CONSTRUCTION

## 19.29.010. Rules for use of electrical apparatus or construction

It shall be unlawful from and after the passage of this chapter for any officer, agent, or employee of the state of Washington, or of any county, city or other political subdivision thereof, or for any other person, firm or corporation, or its officers, agents or employees, to run, place, erect, maintain, or use any electrical apparatus or construction, except as provided in the rules of this chapter.

Rule 1. No wire or cable, except the neutral, carrying a current of less than seven hundred fifty volts of electricity within the corporate limits of any city or town shall be run, placed, erected, maintained or used on any insulator the center of which is less than thirteen inches from the center line of any pole. And no such wire, except the neutral, shall be run past any pole to which it is not attached at a distance of less than thirteen inches from the center line thereof. This rule shall not apply to any wire or cable where the same is run from under ground and placed vertically on the pole; nor to any wire or cable where the same is attached to the top of the pole; nor to a pole top fixture as between it and the same pole; nor to any wire or cable between the points where the same is made to leave any pole or fixture thereon for the purpose of entering any building or other structure and the point of attachment to such building or structure; nor to any jumper wire or cable carrying a current or connected with a transformer or other appliance on the same pole; nor to bridle or jumper wires on any pole which are attached to or connected with signal wires on the same pole; nor to any aerial cable as between such cable and any pole upon which it originates or terminates; nor to exclusive telephone or telegraph toll lines; nor to aerial cables containing telephone, telegraph, or signal wires, or wires continuing from same, where the cable is attached to poles on which no wires or cables other than the wires continuing from said cable are maintained, provided, that electric light or power wires or cables are in no case maintained on the same side of the street or highway on which said aerial cable is placed.

Rule 2. No wire or cable used to carry a current of over seven hundred fifty volts of electricity within the corporate limits of any city or town shall be run, placed, erected, maintained or used on any insulator the center of which is nearer than twenty-four inches to the center line of any pole. And no such wire or cable shall be run past any pole to which it is not attached at a distance of less than twenty-four inches from the center line thereof. *Provided*, That this shall not apply to any wire or cable where the same is run from under ground and placed vertically on the pole; nor to any wire or cable where the same is attached to the top of the pole; nor to a pole top fixture, as between it and the same pole; nor to any wire or cable between the points where the same is made to leave any pole or fixture thereon for the purpose of entering any building or other structure, and the point of attachment to said building or structure; nor to any jumper wire or cable carrying a current or connected with transformers or other appliances on the same pole. *Provided further*, That where said wire or cable is run vertically, it shall be rigidly supported and where possible run on the ends of the cross-arms.

Rule 3. No wire or cable carrying a current of more than seven hundred fifty volts, and less than seventy-five hundred volts of electricity, shall be run, placed, erected, maintained or used within three feet of any wire or cable carrying a current of seven hundred fifty volts or less of electricity; and no wire or cable carrying a current of more than seventy-five hundred volts of electricity shall be run, placed, erected, maintained, or used within

seven feet of any wire or cable carrying less than seventy-five hundred volts: *Provided*, That the foregoing provisions of this paragraph shall not apply to any wire or cable within buildings or other structures; nor where the same are run from under ground and placed vertically upon the pole; nor to any service wire or cable where the same is made to leave any pole or fixture thereon for the purpose of entering any building or other structure, and the point of attachment to said building or structure; nor to any jumper wire or cable carrying a current or connected with a transformer or other appliance on the same pole: *Provided*, That where run vertically, wires or cables shall be rigidly supported, and where possible run on the ends of the cross-arms: *Provided further*, That as between any two wires or cables mentioned in Rules 1, 2 and 3 of this section, only the wires or cables last in point of time so run, placed, erected or maintained, shall be held to be in violation of the provisions thereof.

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Rule 4. No wire or cable used for telephone, telegraph, district messenger, or call bell circuit, fire or burglar alarm; or any other similar system, shall be run, placed, erected, maintained or used on any pole at a distance of less than three feet from any wire or cable carrying a current of over three hundred volts of electricity; and in all cases (except those mentioned in exceptions to Rules 1, 2 and 3) where such wires or cables are run, above or below; or cross over or under electric light or power wires, or a trolley wire, a suitable method of construction, or insulation or protection to prevent contact shall be maintained as between such wire or cable and such electric light, power or trolley wire; and said methods of construction; insulation or protection shall be installed by, or at the expense of the person owning the wire last placed in point of time: *Provided*, That telephone, telegraph or signal wires or cables operated for private use and not furnishing service to the public, may be placed less than three feet from any line carrying a voltage of less than seven hundred and fifty volts.

Rule 5. Transformers, either single or in bank, that exceed a total capacity of over ten K.W. shall be supported by a double cross-arm, or some fixture equally as strong. No transformer shall be placed, erected, maintained or used on any cross-arm or other appliance on a pole upon which is placed a series electric arc lamp or arc light: *Provided*, This shall not apply to a span wire supporting a lamp only. All aerial and underground transformers used for low potential distribution shall be subjected to an insulation test in accordance with the standardized rules of the American Institute of Electrical Engineers. In addition to this each transformer shall be tested at rated line voltage prior to each installation and shall have attached to it a tag showing the date on which the test was made, and the name of the person making the test.

Rule 6. No wire or cable, other than ground wires, used to conduct or carry electricity, shall be placed, run, erected, maintained or used vertically on any pole without causing such wire or cable to be at all times sufficiently insulated the full length thereof to insure the protection of anyone coming in contact with said wire or cable.

Rule 7. The neutral point or wire of all transformer secondaries strung or erected for use in low potential distributing systems shall be grounded in all cases where the normal maximum difference of potential between the ground and any point in the secondary circuit will not exceed one hundred and fifty volts. When no neutral point or wire is accessible one side of the secondary circuit shall be grounded in the case of single phase transformers, and any one common point in the case of interconnected polyphase bank or banks of transformers: Where the maximum difference of potential between the ground and any point in the secondary circuit will, when

grounded, exceed one hundred fifty volts, grounding shall be permitted. Such grounding shall be done in the manner provided in Rule 80.

Rule 8. In all cases where a wire or cable larger than No. 14 B.W.G. originates or terminates on insulators attached to any pin or other appliance, said wire or cable shall be attached to at least two insulators; *Provided however*, That this section shall not apply to service wires to buildings, nor to wires run vertically on a pole, nor to wires originating or terminating on strain insulators or circuit breakers, nor to telephone, telegraph or signal wires outside the limits of any incorporated city or town.

Rule 9. Fixtures placed or erected for the support of wires on the roofs of buildings shall be of sufficient strength to withstand all strains to which they may be subjected, due to the breaking of all wires on one side thereof, and except where insulated wires or cables are held close to fire walls by straps or rings, shall be of such height and so placed that all of the wires supported by such fixtures shall be at least seven feet above any point of roofs less than one-quarter pitch over which they pass or may be attached, and no roof fixtures or wire shall be so placed that they will interfere with the free passage of persons upon, over, to or from the roofs.

Rule 10. No guy wire or cable shall be placed, run, erected, maintained or used within the incorporate limits of any city or town on any pole or appliance to which is attached any wire or cable used to conduct electricity without causing said guy wire or cable to be efficiently insulated with circuit breakers at all times at a distance of not less than eight feet nor more than ten feet measured along the line of said guy wire or cable from each end thereof; *Provided*, No circuit breaker shall be required at the lower end of the guy wire or cable where the same is attached to a ground anchor, nor shall any circuit breaker be required where said guy wire or cable runs direct from a grounded messenger wire to a grounded anchor rod.

Rule 11. In all span wires used for the purpose of supporting trolley wires or series arc lamps there shall be at least two circuit breakers, one of which shall at all times be maintained no less than four feet nor more than six feet distant from the trolley wire or series arc lamp, and in cases where the same is supported by a building or metallic pole, the other circuit breaker shall be maintained at the building or at the pole; *Provided*, That in span wires which support two or more trolley wires no circuit breaker shall be required in the span wire between any two of the trolley wires; *Provided further*, That in span wires supporting trolley wires attached to wooden poles only the circuit breaker adjacent to the trolley wire shall be required.

Rule 12. At all points where in case of a breakdown of trolley span wires, the trolley wire would be liable to drop within seven feet of the ground, there shall be double span wires and hangers placed at such points.

Rule 13. All energized wires or appliances installed inside of any building or vault, for the distribution of electrical energy, shall be sufficiently insulated, or so guarded, located, or arranged as to protect any person from injury.

Rule 14. The secondary circuit of current transformers, the casings of all potential regulators and arc light transformers, all metal frames of all switch boards, metal oil tanks used on oil switches except where the tank is part of the conducting system, all motor and generator frames, the entire frame of the crane and the tracks of all traveling cranes and hoisting devices, shall be thoroughly grounded, as provided in Rule 30.

Rule 15. All generators and motors having a potential of more than three hundred volts shall be provided with a suitable insulated platform or mat so arranged as to permit the attendant to stand upon such platform or mat when working upon the live parts of such generators or motors.

Rule 16. Suitable insulated platforms or mats shall be provided for the use of all persons while working on any live part of switchboards on which any wire or appliance carries a potential in excess of three hundred volts.

Rule 17. Every generator, motor, transformer, switch or other similar piece of apparatus and device used in the generation, transmission or distribution of electrical energy in stations or substations, shall be, either provided with a name plate giving the capacity in volts and amperes, or have this information stamped thereon in such a manner as to be clearly legible.

Rule 18. When lines of seven hundred fifty volts or over are cut out at the station or substation to allow employees to work upon them, they shall be short-circuited and grounded at the station, and shall in addition, if the line wires are bare, be short-circuited, and where possible grounded at the place where the work is being done.

Rule 19. All switches installed with overload protection devices, and all automatic overload circuit breakers must have the trip coils so adjusted as to afford complete protection against overloads and short circuits, and the same must be so arranged that no pole can be opened manually without opening all the poles, and the trip coils shall be instantly operative upon closing.

Rule 20. All feeders for electric railways must, before leaving the plant or substation, be protected by an approved circuit breaker which will cut off the circuit in case of an accidental ground or short circuit.

Rule 21. There shall be provided in all distributing stations a ground detecting device.

Rule 22. There shall be provided in all stations, plants, and buildings herein specified warning cards printed on red cardboard not less than two and one-quarter by four and one-half inches in size, which shall be attached to all switches opened for the purpose of linemen or other employees working on the wires. The person opening any line switch shall enter upon said card the name of the person ordering the switch opened, the time opened, the time line was reported clear and by whom, and shall sign his own name.

Rule 23. No manhole containing any wire carrying a current of over three hundred volts shall be less than six feet from floor to inside of roof; if circular in shape it shall not be less than six feet in diameter; if square it shall be six feet from wall to wall. Provided however, That this paragraph shall not apply to any manhole in which it shall not be required that any person enter to perform work. Provided further, That the foregoing provisions of this paragraph shall not apply where satisfactory proof shall be submitted to the proper authorities that it is impracticable or physically impossible to comply with this law within the space or location designated by the proper authorities.

Rule 24. All manholes containing any wires or appliances carrying electrical current shall be kept in a sanitary condition, free from stagnant water or seepage or other drainage which is offensive or dangerous to health, either by sewer connection or otherwise, while any person is working in the same.

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Rule 25. No manhole shall have an opening to the outer air of less than twenty-six inches in diameter, and the cover of same shall be provided with vent hole or holes equivalent to three square inches in area.

Rule 26. No manhole shall have an opening which is, at the surface of the ground, within a distance of three feet at any point from any rail of any railway or street car track: *Provided*, That this shall not apply where satisfactory proof shall be submitted to the proper authorities that it is impracticable or physically impossible to comply with the provisions of this paragraph: *Provided*, That in complying with the provisions of this rule only the construction, last in point of time performed; placed or erected shall be held to be in violation thereof.

Rule 27. Whenever persons are working in any manhole whose opening to the outer air is less than three feet from the rail of any railway or street car track, a watchman or attendant shall be stationed on the surface at the entrance of such manhole at all times while work is being performed therein.

Rule 28. All persons employed in manholes shall be furnished with insulated platforms so as to protect the workers while at work in the manholes: *Provided*, That this paragraph shall not apply to manholes containing only telephone, telegraph or signal wires or cables.

Rule 29. No work shall be permitted to be done on any live wire, cable or appliance carrying more than seven hundred fifty volts of electricity by less than two competent and experienced persons, who, at all times while performing such work shall be in the same room, chamber, manhole or other place in which, or on the same pole on which, such work is being done: *Provided*, That in districts where only one competent and experienced person is regularly employed, and a second competent and experienced person cannot be obtained without delay at prevailing rate of pay in said district, such work shall be permitted to be done by one competent and experienced person and a helper who need not be on the same pole on which said work is being done.

No work shall be permitted to be done in any manhole or subway on any live wire, cable or appliance carrying more than three hundred volts of electricity by less than two competent and experienced persons, who at all times while performing such work shall be in the same manhole or subway in which such work is being done.

Rule 30. The grounding provided for in these rules shall be done in the following manner: By connecting a wire or wires not less than No. 6 B. & S. gauge to a water pipe of a metallic system outside of the meter, if there is one, or to a copper plate one-sixteenth inch thick and not less than three feet by six feet area buried in coke below the permanent moisture level, or to other device equally as efficient. The ground wire or wires of a direct current system of three or more wires shall not be smaller than the neutral wire at the central station, and not smaller than a No. 6 B. & S. gauge elsewhere: *Provided*, That the maximum cross section area of any ground wire or wires at the central station need not exceed one million circular mils. The ground wires shall be carried in as nearly a straight line as possible, and kinks, coils and short bends shall be avoided: *Provided*, That the provisions of this rule shall not apply as to size to ground wires run from instrument transformers or meters.

Amended by laws 1989, ch. 12, § 3.

NATIONAL CONFERENCE OF STATE LEGISLATURES  
1560 Broadway  
Suite 700  
Denver, Colorado 80202  
Phone: (303)830-2200  
FAX No.: (303)863-8003



Telecopy to: Katherine Reardon  
Representative Finkelstein's Office

From: Bob Boerner  
Labor and Insurance

Message: I have discovered no relevant state statutes or  
regulations regarding "hot sticks."

You might want to call the following:  
National Regulatory Research  
Institute (614) 292-9404

Number of Pages Telecopied (including cover sheet): 1

Date Sent: 11-29-91

Please place fax number and authorization code on reverse side.

National Association of  
Regulatory Commissioners  
(202) 628-7324

International Brotherhood of  
Electrical Workers  
(202) 833-7000



L I N E M E N

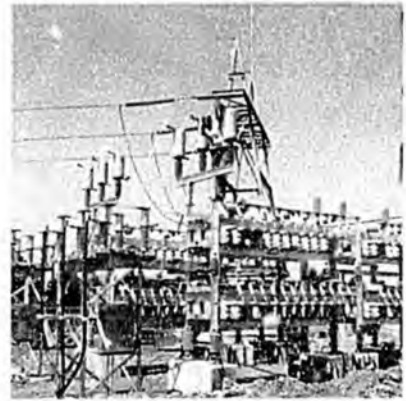
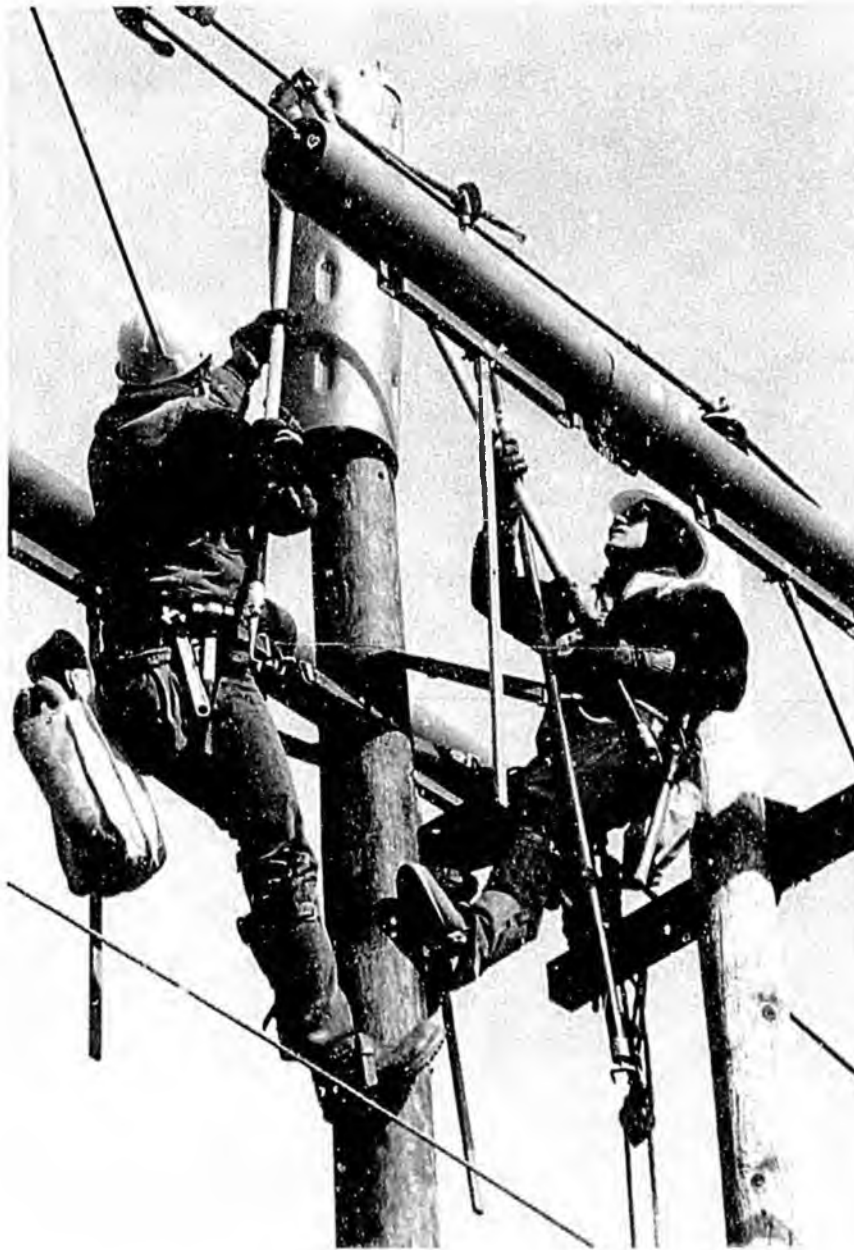
**Build Your Career in the  
Outside Electrical Industry.**

# **FROM THE GROUND UP.**

This Program prepares you for the challenges and rewards of a career in the Outside Electrical Industry—building and maintaining America's electric power line systems—from the ground up.



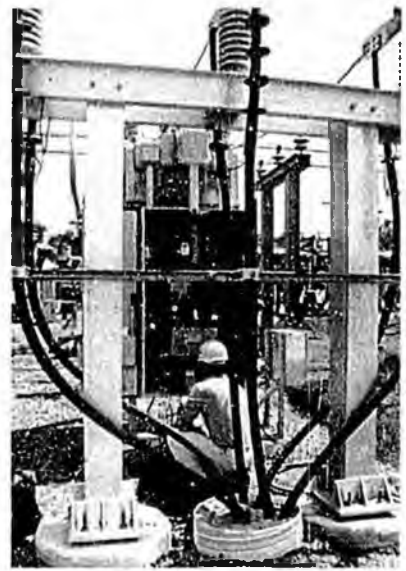
**Sponsored by  
the Northeastern Joint  
Apprenticeship and Training  
Committee for the  
Outside Electrical Industry**



The work of a lineman is hard and it is risky. But it is also challenging. If you enjoy working outdoors; if you want a diversified non-routine job where you use both your head and your hands; if you can accept the challenge of lineman's work, then join the Apprentice Training Program. And earn the rewards.

Pictures of hot sticks  
+ rubber gloves a  
use

# THE REWARDS



Apprentice lineman training builds skills—from the ground up. Your skills will enable you to participate in all phases of construction and maintenance in the Outside Electrical Industry. Your trade is one of the very few which builds an entire construction project from start to finish. In other types of construction, specialized trades participate in the project for varying lengths of time. But you will enjoy the satisfaction of building the entire project; doing something different every day, building something where

there was nothing. It's a great feeling. And you will be helping to solve America's urgent electric power needs.

Upon completion of apprentice training you will have acquired an education basically comparable to the technical program of a two year community college. It's an education which you can take anywhere in the United States—anywhere in the world—wherever there is work. Your International Brotherhood of Electrical Workers Union membership will be honored

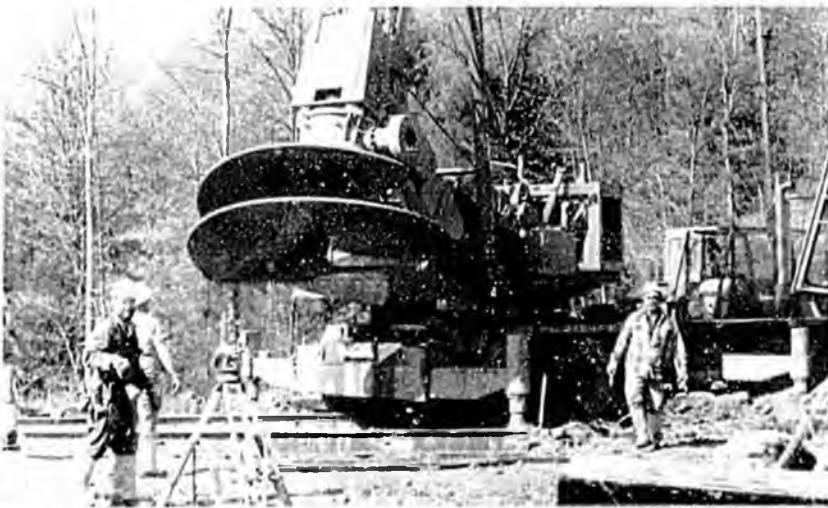
wherever you go. Self-reliance and travel are yours as a lineman.

And the pay is great! In the course of your apprentice training you will be paid far more than the cost of a four year college education. Beginning pay for apprentices is 60% of a journeyman's union wages. You receive 5% increases as you complete various phases of your training program, until finally you receive full journeyman's pay. Pay rates vary between local union jurisdictions, with excellent fringe and retirement benefits.

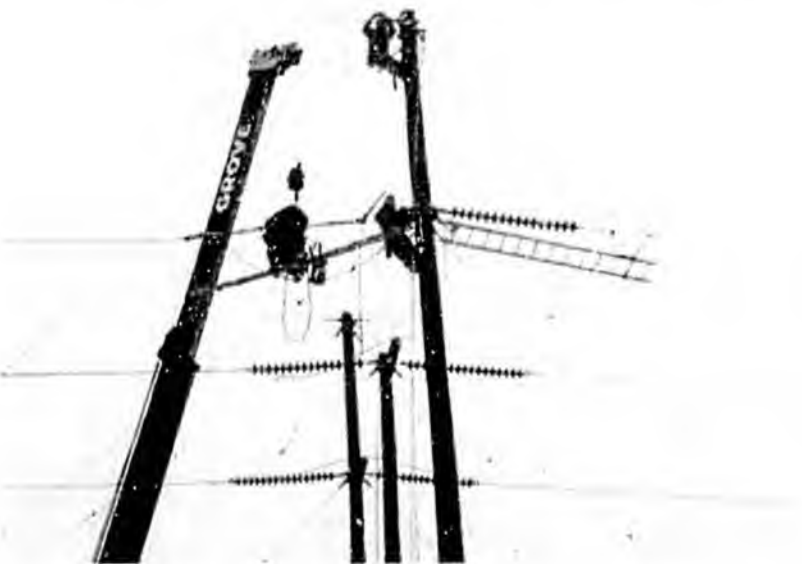


Learn to build foundations, erect poles and towers, string wires, build substations, install street lighting systems, and make underground installations—on all kinds of terrain—in all kinds of weather.

Learn to maintain existing electrical service; to replace poles, conductors, insulators, transformers and other apparatus—even while lines are energized.



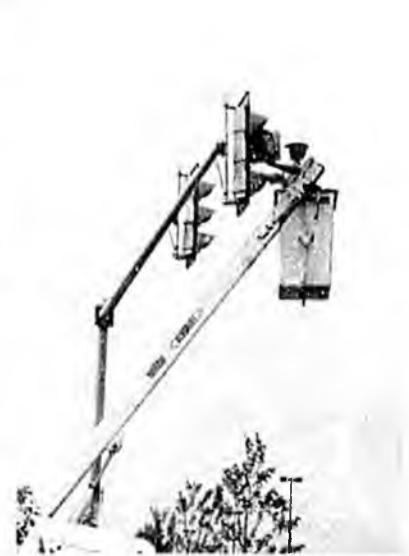
Learn through on-the-job training, through at-home study of instruction manuals, and through occasional classroom instruction. Your Northeastern Apprentice Training Program is carefully organized, consisting of 7000 hours of study, training and examinations, requiring approximately 3½ years to complete. When you finish, you will understand electric power transmission and distribution—from the ground up.



Upon satisfactory completion of the Northeastern Apprentice Training Program, the International Brotherhood of Electrical Workers Union will accept you as a Journeyman Lineman. Your Northeastern Joint Apprenticeship and Training Committee for the Outside Electrical Industry is composed of representatives of the union and outside electrical contractors.

**EARN WHILE  
YOU LEARN**

# THE CHALLENGES



These are some of the many activities of a Journeyman Lineman, activities which you will master in the course of your apprentice training. You will learn, in addition to electrical work, elements of foundation construction, welding, heavy equipment operation, surveying, first aid, CPR, rigging, and other skills. Mastery of the lineman's trade makes you a very versatile and self-reliant individual.

- Haul poles, towers, and materials over varied terrain with heavy equipment, rigging, and old fashioned ingenuity
- Dig holes for poles, anchors and foundations, and dig

trenches for underground systems, using powered equipment and manual tools

- Construct concrete foundations for towers
- Assemble and erect towers. Linemen climb wood poles to 125 ft., steel poles to 200 ft., and steel towers to 500 ft.; whatever heights may be required
- String, splice, sag, and dead-end wires and cables
- Install new wires and cables overhead, underground and on poles in circuits energized from 110 volts to 15,000 volts, with proper use of protective clothing and equipment

- Install transformers in new and on existing construction, without service interruption
- Install electrical service lines to customer facilities
- Install street lights and traffic signals
- Build substations
- Repair electric facilities under stormy weather conditions
- Align poles and towers with surveyor's transit
- Operate line construction equipment. Employ special lineman's tools to best advantage
- Participate in safety programs

## POLICE REPORT

### Wasilla man electrocuted

A lineman for the Alaska Village Electrical Cooperative was killed Saturday about 4 p.m. by an electric shock while working on a power pole in the village of Kasigiuk. Richard R. Armstrong, 36, of Wasilla, was transported to the Yukon-Kuskokwim Hospital in Bethel and officially pronounced dead at 5 p.m., after attempts to revive him failed, said Alaska State Trooper Rick Roberts. Details of the accident are still under investigation. Armstrong's hands and one foot were badly burned, Roberts said, suggesting the path of the fatal charge through his body.

### Families escape house fires

Two adults and two children escaped unharmed Saturday night from a fire that caused \$25,000 damage to their Eureka Street trailer. The fire started when aluminum wiring under the trailer shorted out, according to the Anchorage Fire Department. Another Anchorage family, alerted by a smoke alarm, escaped injury as their Bannister Drive home filled with potentially deadly fumes from a burning living room chair, a fire department spokeswoman said. Five fire trucks responded to the alarm. The fire did an estimated \$10,000 worth of damage.

### Trooper injured by electrical shock

An Alaska State Trooper stationed in the village of St. Marys is recovering from an electrical shock caused when a charge entered the back of his head and exited his eye. Trooper David Asplund, 36, was struck down at 11:10 a.m. Friday when he turned on the ignition of a snowmobile while parked under an overhead high-voltage wire, said AST spokesman Rick Roberts. "Nobody can guess how it happened," Roberts said. "All he knows is he got smacked in the back of the head. Apparently the electrical energy came out his eye. He sustained a blind spot in that eye, but we learned a few hours ago that that is diminishing. He is expected to have full recovery."

Daily News staff reports

HB

412

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

Revision Date: February 11, 1992  
Title: An Act relating to insurance for infertility.

Department Affected: Administration  
BRU: Retirement and Benefits

Component: Retirement and Benefits

Sponsor: Koponen  
Requestor: House Labor & Commerce

COMPONENT SERIAL NO. 64

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE:	0	0	0	0	0	0
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FUNDING: (Thousands of dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

POSITIONS

FULL-TIME:	0	0	0	0	0	0
PART-TIME:	0	0	0	0	0	0
TEMPORARY:	0	0	0	0	0	0

Estimate of current year impact: none

ANALYSIS: (attach a separate page if necessary.) This bill will not increase the operating expenses of the Division of Retirement and Benefits.

Prepared By: Gary Bader  
Division: Retirement and Benefits

Phone: 465-4470  
Date: February 11, 1992

Approved by Commissioner: Nancy Bear Usara  
Agency: Department of Administration

Date: 2/18/92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB & Impacted Agency(ies).  
Rev 10/90

FISCAL NOTE

BILL NO. SSHB 412

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

Revision Date: February 11, 1992  
Title: An Act relating to insurance for infertility.

Department Affected: All State  
BRU: All State

Sponsor: Koponen  
Requestor: House Labor & Commerce

Component: All State  
COMPONENT SERIAL NO. \_\_\_\_\_

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	10.1	24.3	24.3	24.3	24.3	24.3
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	10.1	24.3	24.3	24.3	24.3	24.3

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE:	0	0	0	0	0	0
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FUNDING: (Thousands of dollars)

GENERAL FUND	9.1	22.0	22.0	22.0	22.0	22.0
FEDERAL FUNDS	0.5	1.1	1.1	1.1	1.1	1.1
OTHER FUNDSOURCE	0.5	1.2	1.2	1.2	1.2	1.2
TOTAL	10.1	24.3	24.3	24.3	24.3	24.3

POSITIONS

FULL-TIME:	0	0	0	0	0	0
PART-TIME:	0	0	0	0	0	0
TEMPORARY:	0	0	0	0	0	0

Estimate of current year impact: none

ANALYSIS: (attach a separate page if necessary.) This bill mandates insurance coverage currently not provided under the State's plan. The increased health benefit will increase the cost of State employee insurance as shown above. The cost of health insurance for retirees and participating political subdivisions will also increase but not by a measurable amount. Please see attached analysis for details.

Prepared By: Gary Bader  
Division: Retirement and Benefits

Phone: 465-4470  
Date: February 11, 1992

Approved by Commissioner: Nancy Bear Userra  
Agency: Department of Administration

Date: 2/18/92

Sponsor Substitute House Bill 412

Analysis of Financial Impact

Prepared by the Division of Retirement and Benefits

Department of Administration

February 11, 1992

Page 2 of 2

This bill will not result in additional operations cost for the Division of Retirement and Benefits. The cost shown on page 1 is the result of the estimated increase to the State's health plan due to the increase in benefits.

This increase is estimated to be \$.15 per month per active employee. The total estimated cost to the State is calculated as follows:

Active State employees beginning in the last five months of FY 93 and continuing each year

The increase of \$.15 per month per employee times the number of employees (13500).....	<u>FY 93</u>	<u>FY 94</u>
	\$10,125	\$24,300

There will also be an increase in cost to political subdivisions and school districts for their employees that participate in the health plan administered by the State. The increase for all entities is negligible.

Passage of this bill is estimated to result in an increase to the PERS unfunded liability of \$256,000 which would not result in any measurable increase in employer contributions. The unfunded liability of the TRS would increase by \$97,000 which would not result in any measurable increase in school district contributions.

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB412

Introduced: 1/21/92  
Title: An Act Relating to Insurance for Infertility

Department Affected: University of Alaska  
BRU: Personal Services  
Component: Statewide Services

Sponsor: Reps Koponen, Gruenberg  
Requestor: Reps Koponen, Gruenberg

COMPONENT SERIAL NO. 730

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES	261.0	261.0	261.0	261.0	261.0	261.0
TRAVEL						
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	261.0	261.0	261.0	261.0	261.0	261.0

CAPITAL						
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REVENUE FD SOURCE						
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FUNDING: (Thousands of Dollars)	FY93	FY94	FY95	FY96	FY97	FY98
GENERAL FUND	261.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS						
OTHER						
TOTAL FUNDING	261.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:	FY93	FY94	FY95	FY96	FY97	FY98
FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary) Currently prescription drugs (relating to fertility) are covered if used to diagnose a direct cause. Coverage required in bill would include travel, office visits & procedures specified. Estimate above is based on 10 individuals, effective 7/1/92 following an average procedure (\$26.0+), including required travel, pre-treatment and procedure. Expenses would be considered covered as under current policy (i.e. 80%, to maximum out of pocket, thereafter 100%). Cost would increase each fiscal year.

Prepared by: Marsha Hubbard, Director *Marsha Hubbard* Phone: 474-7593  
 Division: Statewide Budget Office Date: 3/6/92  
 Approved by: Brian Rogers, Vice President for Finance *Brian Rogers*  
 Agency: University of Alaska Date: 3/6/92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

FISCAL NOTE

BILL NO. SSHB 412

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

Revision Date: February 11, 1992  
Title: An Act relating to insurance for infertility.

Department Affected: All State  
BRU: All State

Sponsor: Koponen  
Requestor: House Labor & Commerce

Component: All State

COMPONENT SERIAL NO. \_\_\_\_\_

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	10.1	24.3	24.3	24.3	24.3	24.3
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	10.1	24.3	24.3	24.3	24.3	24.3

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE:	0	0	0	0	0	0
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FUNDING: (Thousands of dollars)

GENERAL FUND	9.1	22.0	22.0	22.0	22.0	22.0
FEDERAL FUNDS	0.5	1.1	1.1	1.1	1.1	1.1
OTHER FUND SOURCE	0.5	1.2	1.2	1.2	1.2	1.2
TOTAL	10.1	24.3	24.3	24.3	24.3	24.3

POSITIONS

FULL-TIME:	0	0	0	0	0	0
PART-TIME:	0	0	0	0	0	0
TEMPORARY:	0	0	0	0	0	0

Estimate of current year impact: none

**ANALYSIS:** (attach a separate page if necessary.) This bill mandates insurance coverage currently not provided under the State's plan. The increased health benefit will increase the cost of State employee insurance as shown above. The cost of health insurance for retirees and participating political subdivisions will also increase but not by a measurable amount. Please see attached analysis for details.

Prepared By: Gary Bader *Mary M Bader*  
Division: Retirement and Benefits

Phone: 465-4470  
Date: February 11, 1992

Approved by Commissioner: Nancy Bear Userra  
Agency: Department of Administration

Date: 2/18/92

Sponsor Substitute House Bill 412

Analysis of Financial Impact

Prepared by the Division of Retirement and Benefits

Department of Administration

February 11, 1992

Page 2 of 2

This bill will not result in additional operations cost for the Division of Retirement and Benefits. The cost shown on page 1 is the result of the estimated increase to the State's health plan due to the increase in benefits.

This increase is estimated to be \$.15 per month per active employee. The total estimated cost to the State is calculated as follows:

Active State employees beginning in the last five months of FY 93 and continuing each year

	<u>FY 93</u>	<u>FY 94</u>
The increase of \$.15 per month per employee times the number of employees (13500).....	\$10,125	\$24,300

There will also be an increase in cost to political subdivisions and school districts for their employees that participate in the health plan administered by the State. The increase for all entities is negligible.

Passage of this bill is estimated to result in an increase to the PERS unfunded liability of \$256,000 which would not result in any measurable increase in employer contributions. The unfunded liability of the TRS would increase by \$97,000 which would not result in any measurable increase in school district contributions.

FISCAL NOTE

BILL NO. SSHB 412

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

Revision Date: February 11, 1992  
Title: An Act relating to insurance for infertility.

Department Affected: Administration  
BRU: Retirement and Benefits

Sponsor: Koponen  
Requestor: House Labor & Commerce

Component: Retirement and Benefits

COMPONENT SERIAL NO. 64

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE:	0	0	0	0	0	0
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FUNDING: (Thousands of dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

POSITIONS

FULL-TIME:	0	0	0	0	0	0
PART-TIME:	0	0	0	0	0	0
TEMPORARY:	0	0	0	0	0	0

Estimate of current year impact: none

ANALYSIS: (attach a separate page if necessary.) This bill will not increase the operating expenses of the Division of Retirement and Benefits.

Prepared By: Gary Bader  
Division: Retirement and Benefits

Phone: 465-4470  
Date: February 11, 1992

Approved by Commissioner: Nancy Bear Usora  
Agency: Department of Administration

Date: 2/18/92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB & Impacted Agency(ies).  
Rev 10/90

Alaska State Legislature  
Representative Niilo Koponen


Pouch V  
Juneau, Alaska 99811  
(907) 465-4992

House District 21

119 N. Cushman, Suite 207  
Fairbanks, Alaska 99701  
(907) 456-8172

M E M O R A N D U M

To: Representative David Finkelstein  
Chairperson Labor and Commerce Committee

From: Representative Niilo Koponen 

Re: SSHB 412 "Relating to Insurance for Infertility"

Date: March 9, 1992

---

I would like to make a request for the Labor and Commerce Committee to schedule House Bill 412 for a floor hearing at it's earliest convenience.

HB 412 is a bill that would mandate insurance coverage for infertility treatment. The growing problem of infertility affects one in six Alaskan couples of childbearing age. However, with proven medical technologies now available, physicians can help a large percentage of these couples achieve parenthood. Unfortunately, access is restricted in many cases due to inequities in health care insurance coverage.

If you have any questions, please feel free to contact me.

Thank you,

Rep. Niilo Koponen  
NK/O'M

Alaska State Legislature  
Representative Niilo Koponen

Pouch V  
Juneau, Alaska 99811  
(907) 465-4992

House District 21

119 N. Cushman, Suite 207  
Fairbanks, Alaska 99701  
(907) 456-8172

**SPONSOR STATEMENT**

**SSHB 412: "An Act relating to insurance for infertility."**

Infertility is a disease. It is a gynecological problem -- a medical problem. The American Fertility Society defines infertility as the failure of a couple to conceive after one year of regular sexual relations without contraception, or the inability to carry pregnancy to a live birth. This disease affects every aspect of an infertile couple's life, and often has a negative impact on the couple's general health, marriage, extended family relationships, job performance, and social interaction.

Approximately one out of every six couples in Alaska in their childbearing years are infertile. Physicians can help a large percentage of these couples achieve parenthood with proven medical technologies now available. Alaskans should not be denied the experience of parenthood because they cannot afford available and effective, but uninsured medical treatment.

Adoption, once a viable solution for infertile couples, is becoming increasingly difficult. There has been a decline in the number of infants available for adoption because more single mothers are choosing to keep their babies instead of putting them up for adoption. Waiting periods can be as long as 2 to 6 years, and the cost for a single adoption can be as high as \$25,000.

Among infertile couples seeking treatment, 85-90% are treated with conventional medical and surgical therapy. Few of the remaining 10% will actually pursue in vitro fertilization (IVF). It is important to remember that infertility is not synonymous with IVF.

Maryland, Hawaii, Arkansas, Massachusetts, Rhode Island, Illinois, California, Connecticut, Texas and New York mandate some form of insurance coverage for infertility treatment. Blue Cross/Blue Shield in both Iowa and Delaware are now providing coverage of infertility treatment including IVF and gamete intra-fallopian transfer (GIFT). In states that mandate comprehensive infertility coverage, the average cost of treatment is less than \$1 per couple per month. Insurance companies pay for cancer and heart diseases, despite the contribution of smoking and drinking. Many causes of infertility, if undiagnosed and untreated, can lead to serious illness and in some cases death. The American Fertility Society and a number of courts have concluded that infertility is a disease.

The right to procreate should be a basic, fundamental human right. The aim of this bill is to help infertile couples achieve this right by requiring certain insurers and hospital or medical service corporations to provide specified infertility coverage, to the same extent that benefits are offered for medical conditions other than infertility.

**DIVISION OF LEGAL SERVICES**

**LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA**

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101

240 Main Street, Suite 500  
Juneau, Alaska 99801-2101

**MEMORANDUM**

April 10, 1992

**SUBJECT:** Sectional analysis - (SSHB 412)

**TO:** Representative Niilo Koponen

**FROM:** Michael F. Ford *M.F. Ford*  
Legislative Counsel

The following is a section by section analysis of SSHB 412:

Section 1 - Requires certain insurers and hospital or medical service corporations to provide specified infertility coverage, to the same extent that benefits are offered for medical conditions other than infertility. Imposes certain restrictions on benefits, coverage, and eligibility for coverage.

Section 2 - Applicability section.

MFF:gc  
92-299.glc

## Update on Infertility Insurance

- AETNA & D.O.A. have not yet come up with a revised (higher) fiscal note. That may occur before the next committee

When Admin revises its fiscal, the University may be encouraged to get its too large fiscal in line w/ Admin

- I have an amendment which adds 2 sections from the final version of Menard's 1988 bill. The 2 provisions say that coverage must be offered only - in individual policies or group policies for under 15 employees.

A M E N D M E N T

OFFERED IN THE HOUSE

BY THE HOUSE LABOR AND COMMERCE COMMITTEE

TO: SSHB 412

Page 2, after line 21:

Insert a new subsection to read:

"(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 service corporation, or medical service corporation is not required to provide infertility 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 infertility coverage specified in (a) of this section to the insured but shall offer that coverage to the insured."

Reletter the following subsection accordingly.

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

BY REPRESENTATIVES KOPONEN, Gruenberg

Introduced:

Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to insurance for infertility."

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

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

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

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

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

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

5 (3) impose a preexisting condition exclusion or preexisting condition waiting  
6 period regarding infertility benefits;

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

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

12 *don't delete* (c) The insurer, hospital service corporation, or medical service corporation may

13 (1) deny coverage for

14 (A) an experimental infertility procedure;

15 (B) surrogacy;

16 (C) reversal of voluntary sterilization;

17 *Comp?* (D) the fourth or greater in vitro fertilization cycle;

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

20 (3) establish standards relating to provider contracts.

21 (d) In this section,

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

24 (2) "experimental infertility procedure" means a procedure not yet recognized as  
25 generally accepted or nonexperimental by the American Fertility Society or the American College  
26 of Obstetricians and Gynecologists;

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

30 (4) "nonexperimental infertility procedure" means a procedure recognized as  
31 generally accepted or nonexperimental by the American Fertility Society or the American College

1 of Obstetricians and Gynecologists.

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

SPONSOR:

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

BILL HEADING:

CS FOR HOUSE BILL NO. 440 (HESS)  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
FIFTEENTH LEGISLATURE - SECOND SESSION  
A BILL

TITLE:

"AN ACT RELATING TO INSURANCE COVERAGE FOR PREGNANCY  
AND INFERTILITY."

TEXT:

AS 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 SERVICE CORPORATION 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, CHILD-BIRTH, AND POSTPARTUM CARE; AND

(2) ALL NONEXPERIMENTAL INFERTILITY PROCEDURES, INCLUDING ARTIFICIAL INSEMINATION, IN VITRO FERTILIZATION, AND EMBRYO PLACEMENT.

(B) THE INSURER, HOSPITAL SERVICE CORPORATION, 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 REGARDING INFERTILITY BENEFITS;

(4) USE A PRIOR DIAGNOSIS OF, OR PRIOR TREATMENT FOR INFERTILITY TO EXCLUDE, LIMIT, OR RESTRICT COVERAGE REGARDING INFERTILITY

BENEFITS;

(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 SERVICE CORPORATION, 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;

(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 SERVICE CORPORATION, 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 INFERTILITY AND PREGNANCY 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 21.89.040

.....  
\* SEC. 3. AS 21.42.365, ENACTED BY SEC. 1 OF THIS ACT, APPLIES TO  
DISABILITY INSURANCE POLICIES AND TO HOSPITAL SERVICE SUBSCRIBER OR MEDICAL  
SERVICE SUBSCRIBER CONTRACTS ENTERED INTO OR RENEWED ON OR AFTER THE EFFEC-  
TIVE DATE OF THIS ACT.

'601 \* END OF DOCUMENTS IN LIST - ENTER RETURN OR ANOTHER COMMAND.

March 23, 1992

Patty:

The \$26,000 represents 3 cycles, which is what Jeanne used for each of the 10 individuals.

One cycle would be approx. as follows:

\$3,000 per cycle before Seattle (includes pre-treatment by doctor and necessary drugs)

The in vitro fertilization runs approx. \$4300 to \$6000 per clinical treatment.

GIFT (gamet intrafalopian transfer) runs approx. \$4800 to \$6000

Travel would run approx. \$700 per trip.

Sperm (other than husband's) costs \$96 and requires straws at \$150. Husband's sperm costs \$246.00 for each treatment, plus office visits.

Sperm bank is at Swedish Hospital and costs \$134; each additional visit is \$75.00; recommend 4-5 times. There is a \$75 yearly storage fee.

*Source:*

*Dr in Anchorage  
Fairbanks*

*Swedish  
hospital in Seattle  
# of experience on inquiries  
based on queries*

Add to file

1407 Annapolis Drive  
Anchorage, AK 99508  
January 24, 1992

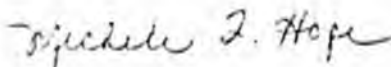
Honorable Niilo Koponen  
House of Representatives  
State Capitol  
Juneau, AK 99801-1182

Dear Representative Koponen:

I am writing to voice my opposition to House Bill 412 which you recently introduced. House Bill 412, which would require insurance companies operating in Alaska to cover medical bills for infertility problems, would drive up the cost of already exorbitant health insurance fees.

Current health insurance is woefully inadequate to assist parents with maintenance costs of critically ill children. Infertility, while unfortunate, is not a life-threatening problem. At this point, adding the costs of infertility treatment to an already over-burdened health care system would be unfair to the general public. Medically supervised obesity programs, cosmetic surgery, and other perfectly legitimate medical procedures are not covered by medical insurance. I believe fertility treatment falls into that category. Fertility treatment is a luxury, not a right, and should not be confused with the "pro-choice" issue.

Sincerely,



Michele L. Hope

cc:

✓ Rep. David Finkelstein, Chair  
Labor and Commerce Committee

Rep. Pat Carney, Co-Chair  
Rep. Georgianna Lincoln, Co-Chair  
Health, Education, and Social Services Committee

Rep. Eileen McLean, Co-Chair  
Rep. Mike Navarre, Co-Chair  
Finance Committee

Senator Arliss Sturgulewski, Chair  
Senate Health, Education and Social Services Committee



**RESOLVE**  
National Office

**Infertility: Education Advocacy Support**  
1310 Broadway, Somerville, MA 02144-1731  
*Business Office* 617/623-1156  
*Helpline* 617/623-0701 *Fax* 617/623-0252

March 3, 1992

Representative David Finkelstein  
House Labor and Commerce Committee  
State of Alaska  
P.O. Box V  
Juneau, Alaska 99811

Dear Representative Finkelstein:

I am writing to ask you for your support for HR 412 dealing with health insurance for infertility. RESOLVE is a national membership organization that addresses the needs of consumers who are experiencing infertility.

As infertility is a medical problem, classified as a disease, RESOLVE supports the right of the infertile individuals to receive reimbursements from health insurance plans for:

- all aspects of an infertility work-up,
- all drugs prescribed for infertility treatment, and
- all medical procedures designed to either cure the cause of the infertility or to assist the couple in the conception of a child.

Many couples are being denied a chance to build families simply because they cannot afford to pay for available and effective, but uninsured medical treatment. Since infertile couples subsidize pregnancy benefits for fertile couples, fairness should dictate that infertile couples should receive coverage for their treatment too.

Your support of and vote for HR 412 will help Alaskan couples build their families and thereby shape the future of your great state.

Sincerely,

Diane D. Aronson  
Executive Director

# **NFIB** Alaska

National Federation of  
Independent Business

POSITION PAPER

OF

NATIONAL FEDERATION OF INDEPENDENT BUSINESS  
(NFIB/ALASKA)

ON

HB 412

AN ACT RELATING TO INSURANCE FOR INFERTILITY.

9159 Skywood Lane  
Juneau, AK 99801



The Guardian of  
Small Business

Chairman, members of the Committee, my name is Resa Jerrel, and I am the State Director for the National Federation of Independent Business/Alaska - NFIB/Alaska.

The broad issue of mandated benefits is of great concern to the members of NFIB/Alaska. On the 1990 ballot, we polled our members regarding their views on a similar issue, mandated mental nervous disorders. The ballot results clearly show that small business owners overwhelmingly - 93% - oppose the government imposing such mandates on them. Any employee benefit package should be worked out between the employer and employee.

In recent years there has been an explosion of states passing laws requiring health insurance policies to cover specific diseases and specific health care services. Collectively, these mandates have added considerably to the cost of health insurance and they prevent employers from purchasing no-frills insurance at a reasonable price.

As concern about the negative impact mandates has increased, so, too, have restrictions on their scope and growth. Between 1989 and July 1991, 19 states have enacted laws permitting insurers to offer limited, "no frills" health insurance contracts, stripped of some or all mandates. This is in direct response to a growing awareness of the special problems that small businesses and individuals face in buying health insurance and the role of mandated benefits in increasing those costs.

Our members believe in the freedom of choice in health insurance. This means being able to buy a health insurance policy tailored to individual, family and employee needs. With this in mind, we would offer an ALTERNATIVE to mandating this coverage: have the insurance companies offer this coverage as an option. With the ability to pick and CHOOSE a person can purchase it or CHOOSE not to purchase it.

Chairman, members of the Committee, thank you for the opportunity to present our views on this issue. If you have any questions I would be happy to try and answer them.

## REFERENCES

- A. STATE LAWS ON INFERTILITY INSURANCE COVERAGE
- B. INSURANCE COSTS FOR MASSACHUSETTS, MARYLAND AND DELAWARE
- C. BASIC FACTS ABOUT INFERTILITY
- D. WHAT IS INFERTILITY?
- E. FACTS ABOUT ADOPTION
- F. INFERTILITY COSTS WILL NOT DRIVE INSURANCE PREMIUMS WAY UP
- G. MOST INFERTILE COUPLES REQUIRE LESS EXPENSIVE CONVENTIONAL THERAPY RATHER THAN ADVANCED MEDICAL TECHNIQUES SUCH AS IVF
- H. WHAT IS THE FUTURE OF INFERTILITY INSURANCE?
- I. THE AMERICAN FERTILITY SOCIETY'S SUPPORT STATEMENT AND MEDICAL DEFINITIONS
- J. A SAMPLE OF A PATIENT'S INFERTILITY TREATMENT COSTS

STATE LAWS ON INFERTILITY INSURANCE COVERAGE

State	Date enacted	Mandate to cover	Mandate to offer	Diagnosis & treatment incl. IVF	Diagnosis & treatment excl. IVF	IVF Only
Maryland	1985	X				X
Arkansas	1987	X				X*
Texas	1987		X			X
Hawaii	1987	X				X+
Massachusetts	1987	X		X		
Connecticut	1989		X	X		
Rhode Island	1989	X		X		
California	1989		X		X**	
New York	1989	X			X++	
Illinois	1991	X		X***		

October 1991

- \* Includes a lifetime maximum benefit of not less than \$15,000.
- + Provides a one-time only benefit for all out patient expenses arising from IVF.
- \*\* Excludes IVF, but defines IVF as "the laboratory medical procedures involving the actual in vitro fertilization process." Covers gamete Intrafallopian transfer (GIFT).
- ++ Provides coverage for the "diagnosis and treatment of correctable medical conditions."
- \*\*\* Limits first time attempts to 4 complete oocyte retrievals. If a child is born, 2 complete oocyte retrievals for a second birth shall be covered. Excludes businesses with 25 or less employees.

Prepared by: The American Fertility Society  
 Office of Government Relations  
 (202) 863-2494/2576

## STATE LAWS ON INFERTILITY INSURANCE COVERAGE

### MARYLAND

This act requires health insurance contracts or policies which provide pregnancy-related benefits and are delivered in the state or cover those who reside in and work in the state to include benefits for in vitro fertilization (IVF) procedures performed on the policyholder or on the dependent's spouse. Benefits shall be provided to the same extent as those provided for other pregnancy-related procedures. This law requires that:

- the patient or the patient's spouse be the subscriber or policy holder.
- the patient's oocytes are fertilized with the spouse's sperm.
- the patient and the patient's spouse have a history of infertility of at least five years, or the infertility is associated with endometriosis, in utero exposure to diethylstilbestrol (DES), or the blockage of, or surgical removal of one or both fallopian tubes.
- The IVF procedures must be performed at medical facilities that conform to the American College of Obstetricians and Gynecologists (ACOG) guidelines for IVF clinics and the American Fertility Society's (AFS) minimal standards for programs of IVF.

Benefits will only be provided if the patient has not been able to attain a successful pregnancy by any less costly insurance-covered means. The statute took effect on July 1, 1985.

Note: The following statutes enacted in Arkansas, Hawaii, and Texas include the requirements listed in the bullets for the state of Maryland. Additional requirements for these states are noted separately.

### ARKANSAS

Each individual, group or blanket disability insurance policy issued, renewed or delivered in the state of Arkansas and each certificate of disability insurance issued to a resident of the state under a group disability policy issued outside of the state which provides pregnancy-related benefits shall include as a covered expense in vitro fertilization. The Insurance Commissioner has the authority to suspend or revoke the certificate of authority of any insurance company that fails to comply with the law. Regulations implementing the law became effective on December 31, 1987. The Arkansas statute requires that the couple must have a history of unexplained infertility of at least two years duration rather than five as included in the Maryland statute. The Arkansas statute also includes coverage for abnormal male factors contributing to infertility but excludes coverage for blockage of or removal of one or both of the fallopian tubes due to voluntary sterilization. The policy or certificate may include a lifetime maximum benefit of not less than \$15,000. Insurers may cover other infertility procedures or treatments and include these procedures as benefits payable under the maximum allowable IVF benefit. Cryopreservation of embryos is covered as an IVF procedure.

### TEXAS

This act requires insurers, nonprofit hospitals and medical service plan corporations, health maintenance organizations (subject to the Texas HMO Act) and self-funded or self-insured welfare or benefit plans, programs, or arrangements that otherwise provide pregnancy-related benefits to offer and make available to the insured coverage for services and benefits for in vitro fertilization procedures. Enacted in 1987, this law includes the bulleted requirements listed for the state of Maryland. The statute also includes oligospermia as a condition of infertility which would warrant coverage. Patients will only be covered by the provisions of the bill if they are unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the policy. Religious organizations with contrary beliefs are exempt from offering coverage of IVF. This act became effective on September 1, 1987 and applies to all policies issued for delivery or renewed on and after January 1, 1988.

## HAWAII

All individual and group health insurance policies which provide pregnancy-related benefits shall include in addition to any other benefits for treating infertility, a one-time only benefit for all outpatient expenses arising from in vitro fertilization procedures performed on the insured or the insured's dependent spouse. The bulleted requirements for the state of Maryland also apply to Hawaii. In addition, the Hawaii statute stipulates that coverage for IVF will apply only if the patient has been unable to attain a successful pregnancy through other applicable infertility treatments for which coverage is available under the insurance contract. Regulations implementing the law became effective after June 26, 1987.

## MASSACHUSETTS

Any individual or group medical service agreements, except certificates which provide supplemental coverage to Medicare or other governmental programs, which are delivered, issued for delivery or renewed in the Commonwealth of Massachusetts shall provide as a benefit for all individual subscribers or members within the Commonwealth to the same extent that benefits are provided for pregnancy-related procedures, coverage for the medically necessary expenses of the diagnosis and treatment of infertility. Infertility is defined in the statute as the condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year. The regulations implementing the law list non-experimental infertility procedures that must be covered. These procedures include artificial insemination, IVF and embryo placement, gamete intrafallopian transfer (GIFT), and sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor's insurer. Insurers may, but are not required to cover experimental procedures, surrogacy, reversal of voluntary sterilization or cryopreservation of eggs. Guidelines and standards developed by ACOG or AFS may serve as a basis for eligibility and contracting requirements.

## CONNECTICUT

Signed into law on May 23, 1989, this act requires any insurance company, hospital service corporation or medical service corporation authorized to do the business of health insurance in the state of Connecticut to offer to its employees insurance coverage of the medically necessary expenses of the diagnosis and treatment of infertility, including in vitro fertilization procedures. Infertility is defined in the law " as the condition of a presumably healthy individual who is unable to conceive or produce conception, or retain a pregnancy during a one-year period."

## RHODE ISLAND

The Rhode Island statute requires health insurance contracts, plans, or policies providing pregnancy-related benefits and delivered, issued, or renewed after December 1, 1989, except those providing supplemental coverage to Medicare or other governmental programs, to provide coverage for the expenses of the diagnosis and treatment of infertility. Co-payment by the insured is not to exceed 20%. This act was signed by the governor on July 10, 1989.

## CALIFORNIA

The California statute requires health care insurance plans which are issued, amended, or renewed on and after January 1, 1990 that cover hospital, medical, or surgical expenses on a group basis to offer coverage for infertility treatment, excluding in vitro fertilization. This law only requires insurance companies to offer coverage to group contractholders with at least 20 employees to whom the plan is offered. The law defines infertility to mean either "the presence of a demonstrated condition recognized by a licensed medical physician as a cause of infertility or the inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception." Under the law, treatment for infertility includes but is not limited to, diagnosis, diagnostic tests, medication, surgery, and GIFT. IVF is defined in the bill as "the laboratory medical procedures involving the actual in vitro fertilization process".

The provisions of the law are not intended to deny or restrict any existing right or benefit to coverage and treatment of infertility under an existing law, plan or policy. The law does not require any employer that is a religious organization to offer coverage for types of infertility treatment in a manner inconsistent with the religious organization's religious and ethical principles. California's statute was approved by the governor on September 21, 1989.

#### NEW YORK

On July 30, 1990, Governor Mario Cuomo signed into law a bill that requires every policy which provides coverage for hospital care, surgical and medical care, to not exclude coverage for hospital care for the diagnosis and treatment of correctable medical conditions otherwise covered by the policy solely because the medical condition results in infertility. The bill is not intended to require or prohibit coverage for the reversal of a voluntary sterilization, any procedure considered or recognized by medical authorities to be experimental or any procedure intended solely to induce pregnancy. The law became effective on January 1, 1991 and authorized the insurance commissioner to promulgate regulations to implement the provisions of the act. The regulations have not yet been written.

#### ILLINOIS

Signed into law on September 23, 1991, this statute requires that any group policy providing coverage for more than 25 employees and that provides pregnancy related benefits, must contain coverage for the diagnosis and treatment of infertility including, but not limited to in vitro fertilization (IVF), uterine embryo lavage, embryo transfer, gamete intrafallopian tube transfer (GIFT), zygote intrafallopian tube transfer (ZIFT), and low tubal ovum transfer. Coverage for IVF, GIFT, and ZIFT shall be required only if:

- the patient has exhausted all reasonable and less expensive medically appropriate infertility treatments and is still unable to sustain a successful pregnancy.
- the patient has not undergone 4 complete oocyte retrievals, except in the case in which a live birth follows a complete oocyte retrieval; 2 more completed oocyte retrievals shall be covered for a second child.
- All procedures are to be performed at medical facilities that conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.

Religious organizations with contrary beliefs are exempt from offering coverage of IVF. This act becomes effective January 1, 1992.

## The move toward IVF coverage

To make infertility treatment more affordable, a growing number of state legislatures are mandating that insurers

cover infertility treatments, including still controversial procedures like in vitro fertilization. But the going isn't easy for such legislation.

In Virginia, home of America's first IVF clinic, an infertility coverage plan was defeated earlier this year by the state's Committee on Insurance and Banking.

Proponents of mandated coverage contend that because IVF is so expensive—about \$7,000 per attempt—and the cost of performing the procedure is relatively fixed, the best way to make it accessible to many infertile couples is to have insurers foot the bill.

Ten states mandate some

form of insurance coverage for infertility treatment (six of those are considering upgrades) and eight states are currently considering mandating coverage.

For most infertile couples, however, and therefore for their Ob/Gyns as well, the insurance picture isn't bright.

"The offensive thing to me is the way the insurance companies seem to play with our patients," says John F. Stangel, medical director of the IVF Australia program at United Hospital in Port Chester, N.Y. "I've had many patients tell me that insurance companies won't pay for in vitro fertilization be-

cause it's not a cure.

"For example, if a male is oligospermic and we can achieve a pregnancy using IVF, the position of the insurance company is that the male still has a low count, therefore we haven't cured the condition."

Stangel points out that insurers will cover treatment for a disease such as diabetes, even though the therapy falls short of a cure.

Insurance companies argue that they shouldn't have to cover all approved treatments for infertility because IVF is a technology that's being marketed before it's ready.

Health insurers also argue that requiring IVF coverage would cause premium costs to climb by 40 percent or more. Such an increase, they say, would hit small businesses the hardest.

But states that mandate coverage have found that policyholders experienced

### Who's mandating infertility coverage?

Ten states currently mandate some form of insurance coverage for infertility treatment. They range from a Massachusetts requirement of coverage for all procedures, including IVF and GIFT, to laws in California and Connecticut that merely call for insurers to offer infertility-treatment coverage. Six of those 10 states are looking at bills that would further enhance infertility coverage, and eight states that currently have no law are formally considering mandated-coverage proposals.



Infertility coverage: state-by-state

- Some form of mandated coverage
- Some form of mandated coverage AND considering legislation to enhance coverage
- Considering legislation to mandate coverage
- No formal coverage proposals

SOURCE: THE AMERICAN FERTILITY SOCIETY

only small hikes as a result of IVF coverage. For example, the insurance cost increase per family per month after infertility treatment coverage was mandated came to 60 cents in Delaware and 59 cents in Massachusetts. In Maryland the increase was less than 50 cents.

### Medicaid rules for C-section are taking shape

A proposed bill requiring C-section peer-review boards for hospitals performing 30 or more state-paid births per year is currently before the Florida Legislature.

The legislation, prompted by a four-year study of C-section rates at the University of Florida Medical Center in Jacksonville, calls for guidelines to be applied before a C-section is performed on a Medicaid patient.

State Senator William Bankhead, a member of the state's Health and Rehabilitative Services Subcommittee on Health Care and co-sponsor of the bill, estimates that the new C-section guidelines would save Florida about \$9 million per year in Medicaid payments by promoting less expensive vaginal deliveries.

"If you're going to perform deliveries that are paid for with taxpayers' dollars, you should make a reasonable effort to ensure that a more expensive procedure is not used, unless it is actually medically necessary and not merely a convenience," says Bankhead. "If we could take those same dollars and put them into prenatal care we'd have a much better return on the investment."

Using what it calls a "centralized approach to intrapartum decision making"

that included input from a peer-review panel, Jacksonville's University Medical Center reduced its C-section rate for first-time deliveries from 19.5 percent in 1986 to 8.5 percent in 1990. The rate of repeat C-section deliveries fell by nearly 50 percent over the same period.

Government oversight of C-sections may be desirable from a state budget perspective, but it gets little support from Florida's Ob/Gyns. Amy Young, legislative consultant for the Florida Obstetric and Gynecologic Society, says that statutorily mandated medical guidelines are unworkable, in part because updates would be required every year based on advances in technology and methodology and changes at individual hospitals.

For example, the proposed guidelines call for a scalp pH sample, if the equipment is available, before a C-section is performed. But, says Young, it can take 15 minutes or more to get the equipment to the delivery room and additional time to analyze the sample and give a prognosis.

"If the fetus is in distress," she says, "that delay could easily jeopardize the baby's health."

Although no overt penalties are written into the bill for failure to comply with the proposed guidelines, Young says Ob/Gyns could be hurt in malpractice suits by the proposed legislation:

"If an Ob/Gyn decides to deliver vaginally and the hospital records show he didn't follow to a 'T' the guidelines to determine whether or not he should have done a C-section, then the patient might well be able to sue."

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COMMISSIONER OF INSURANCE

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION  
DIVISION OF INSURANCE  
280 FRIEND STREET, BOSTON 02114  
(617) 727-7189

February 8, 1989

Donna Ulman  
Resolve, Inc.  
5 Water Street  
Arlington, MA 02174

Dear Ms. Ulman:

I am writing in response to Resolve's request for any available data on the impact on insurance premiums of the Massachusetts infertility services mandated benefit. Although the Division has not done a systematic study of this issue, we do have relevant data filed by insurers and HMOs. Based on these data, the cost impact appears to have been minimal.

Blue Cross and Blue Shield of Massachusetts is the dominant health insurer in the state, with approximately 50 percent of the group market. In its group premiums for the first quarter of 1989, BC/BS estimated the total cost of the infertility mandated benefit to be \$0.59 per family contract per month; this represented less than two-tenths of one percent of the total monthly family premium. It is interesting to note that BC/BS has reduced its estimate of the premium impact of the infertility mandate from \$0.80 per family contract per month in 1988.

The impact on HMO premiums also appears to have been minimal. The average incremental cost per family contract per month for the HMOs for which data are available is approximately \$1.00 - \$1.50; this represents less than one-half of one percent of total monthly family premium.

Although insurers and HMOs expressed considerable concern about the potential cost of mandating infertility services, this concern appears to have been largely unfounded. According to rate filings by Blue Cross and Blue Shield, the infertility mandate has had significantly less impact on costs than other recent mandates in Massachusetts, including mammograms and pap

Donna Ulman  
Page two  
February 8, 1989

smears (\$2.57 per family contract per month), chiropractic services (\$7.55), preventive services for children (\$1.57) and lead screening (\$0.80).

Please let me know if you have any questions.

Sincerely,

*Nancy C. Turnbull*  
Nancy C. Turnbull  
Deputy Commissioner and  
Health Policy Director

NCT:ma

cc: Ann Cavanaugh Rood  
Resolve, Inc.  
19 Ridgewood Road  
Willington, CT 06279

APR-13-92 MON 10:10

ACOG

FAX NO. 2024845107

P. 12

John A. Picciotto  
Vice President and  
Chief Legal Officer



Blue Cross  
Blue Shield  
of Maryland

700 East Joppa Road, Baltimore, Maryland 21204 • (301) 494-5949

April 24, 1990

Daniel M. Clements, Esquire  
Israelson, Salsbury, Clements & Sekman  
Suite 600 Jefferson Building  
2 East Fayette Street  
Baltimore, Maryland 21202

Dear Dan:

In response to your letter of April 18, our latest figures show that we paid approximately \$550,000 for in vitro services in calendar year 1988. Based on current enrollment, I would estimate that the cost per contract per year is approximately one dollar.

If you should have any questions concerning this matter, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to be 'JAP', written over a horizontal line.

John A. Picciotto

JAP/ljm

0167F



TIMOTHY H. GARLEY  
COMMISSIONER OF INSURANCE

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION  
DIVISION OF INSURANCE  
280 FRIEND STREET, BOSTON 02114  
(617) 727-7189

December 31, 1990

Susan L. Crockin  
Attorney at Law  
Suite 601 West  
One Gateway Center  
Newton, MA 02158

Dear Ms. Crockin:

I am responding to your December 19, 1990 request for information on the cost to Blue Cross and Blue Shield (BC/BS) of providing coverage for infertility treatment benefits. In its group premiums for Master Medical for the fourth quarter of 1990, BC/BS estimated the total cost of the infertility mandated benefit to be \$1.70 per family contract per month. This cost represented three-tenths of one percent of the total monthly family premium. I have enclosed a copy of the pertinent sections of BC/BS's fourth quarter Master Medical premium rate filing.

I hope this information is helpful.

Sincerely,

*Nancy C. Turnbull*

Nancy C. Turnbull  
Deputy Commissioner and  
Health Policy Director

0082h

# WHAT EVERYONE SHOULD KNOW ABOUT THE STRUGGLE OF INFERTILITY

| c |

## PSYCHOLOGICAL IMPACT OF INFERTILITY

Although most people assume they can have children, many find their dreams shattered and their lives disrupted. Infertility is a silent epidemic. Too many people suffer from infertility in too many aspects of their lives. Infertility is a major life crisis. It is a unique grief and loss issue. For most people it is a spiritual, emotional, marital and financial crisis.

In a report published in the April 1990 issue of *Fertility and Sterility*, it was stated that 80% of an infertile sample described infertility as "stressful or extremely stressful and 63% thought infertility was more stressful than divorce when they had experienced both. . . . 49% of their female sample considered infertility the most upsetting experience in their lives."

## DEFINITION

Infertility is the inability to conceive a pregnancy after one year of unprotected intercourse or the inability to carry a pregnancy to a live birth.

In July 1990, the American Fertility Society stated that the diagnosis "infertility" meets the criteria to be categorized as a disease.

## POPULATION DEFINED

At least one in twelve couples, and as many as one in seven couples in their 30s, will personally experience the frustration of infertility.

According to information made available by the National Center for Health Statistics, in 1988 there were 2.3 million married couples in the United States who were then experiencing infertility problems.

Of those 2.3 million U.S. infertile couples, 1 million (43%) suffered with primary infertility and 2.3 million (57%) had secondary infertility (the inability to conceive or carry a pregnancy after having successfully conceived and carried one or more pregnancies).

An estimated 51% of couples with primary infertility and 22% with secondary infertility will seek treatment.

The common age of infertile couples is 25-40, which generally tends to be the most active time in their career and community.

## CAUSES / PREVENTION / DIAGNOSIS

Stress exhibited by infertile couples is a result of their infertility, not the cause of it.

The three most common problems contributing to infertility in women are: problems in ovulation, blocked or scarred fallopian tubes and endometriosis. The most common problems for men are abnormal sperm or too few sperm.

Preventing infertility is difficult as most infertility is caused by endometriosis and other problems such as low sperm counts, etc. which very little is known about. Only 20% of infertility is estimated to be the result of sexually transmitted disease, and thus only an estimated 20% of infertility – that caused by sexually transmitted diseases – is clearly amenable to prevention strategies. Infertility is not a self-inflicted health problem.

An accurate diagnosis on the cause(s) for infertility is now possible for 90% of all patients, with 40% being female related, 40% male related, and 10% occurring in both.

-OVER-

## PURSUIING INFERTILITY TREATMENT

Only 1.35 million (or 59%) of the entire infertile population sought treatment in 1988. Many couples do not pursue treatment as a result of prohibitive costs and the intrusive and stressful nature of many procedures.

Sixty percent (60%) to 70% of infertile couples can expect a successful therapeutic outcome.

## ADOPTION

Adoption is not an option for everyone. It is not cheaper, nor is it an easier means of building a family.

The fees charged by adoption agencies will vary. Private agency fees for infant adoptions range from \$3,000 to over \$17,000 for domestic adoptions. In addition to agency fees, you may have to pay legal, medical and transportation fees.

Not everyone is eligible for every program; many have age, marriage or religious restrictions (e.g., must be under the age of 40 at the time of placement; couples must be married at least three years; the family cannot have more than one child already in the home).

Relatively few white babies are available for adoption in comparison with the number of families who want to adopt. If you want to adopt a white infant, you will probably have to wait at least one year from the time the home study is completed, and more frequently two or more years. Often times the length of your wait is determined by the amount of money you are willing to spend in the adoption process. Black applicants wishing to adopt black infants will have a shorter wait.

## WHERE DOES ALL THE MONEY GO?

Infertility-related expenses account for less than 0.1% of the nation's total health care costs.

In 1987, only 7% of the total dollars spent on infertility in the U.S. were spent on In Vitro Fertilization (IVF), leaving 93% of the total dollars spent on other forms of infertility treatment.

Among infertile couples seeking treatment, 85-90% are treated with conventional medical and surgical therapy. Few of the remaining 10% will actually pursue IVF. Infertility is not synonymous with IVF.

In December 1990, Blue Cross/Blue Shield of Massachusetts estimated its total cost in providing infertility coverage under that state's mandate to be \$1.70 per family contract per month. This figure represented three-tenths of one percent (0.3%) of the total monthly family premium and is far from exorbitant, especially when considering that Massachusetts' mandate is the most comprehensive mandate existing to date.

There are currently ten states which have passed legislation mandating that insurance companies provide coverage, or at a minimum offer coverage, on infertility diagnosis and treatment.

## HIDDEN COSTS

Along with the known costs in infertility health care come hidden costs - those related to the time spent in regular (sometime weekly) doctor visits; time away from work as a result of surgery (sometimes as much as five weeks); travel time/overnight accommodations for those who live outside the immediate area.

The anxiety associated with infertility is distracting and reduces productivity both at home and at work. Life must be rearranged around a schedule of often humiliating and painful medical treatments whose timing is dictated by a monthly cycle. For the infertile couple, desperate and alone, life goes "on hold" while they try to cope with their loss and search for a solution.

**update**

# **I Infertility Insurance**

INFERTILITY INSURANCE



*The ability to bear children, to create a family, is central to the plans of most couples and is assumed to be a natural part of life. Yet one in twelve couples of child-bearing age in the United States is affected by the heartbreaking disease of infertility. This disease colors every aspect of an infertile couple's life and can impact negatively the couple's general health, marriage, extended family relationships, job performance and social interactions. Added to the emotional and physical toll exacted by infertility is the financial burden carried by couples seeking treatment.*

## What is infertility? Who is affected by this disease?

Experts define infertility as the failure of a couple to conceive after one year of regular sexual relations without contraception, or the inability to carry pregnancy to a live birth. The physical causes of infertility are numerous and can occur in either husband or wife, or the couple may share a combination of problems.

### Causes of infertility

**Female-factor  
(40% of cases)**

- congenital abnormalities
- hormonal imbalances
- immunologic infertility
- iatrogenically-induced conditions
- infection
- sexual dysfunction
- endometriosis
- tumors and/or cysts
- scarring
- irregular ovulation
- tubal damage
- luteal phase defect

**Male-factor  
(40% of cases)**

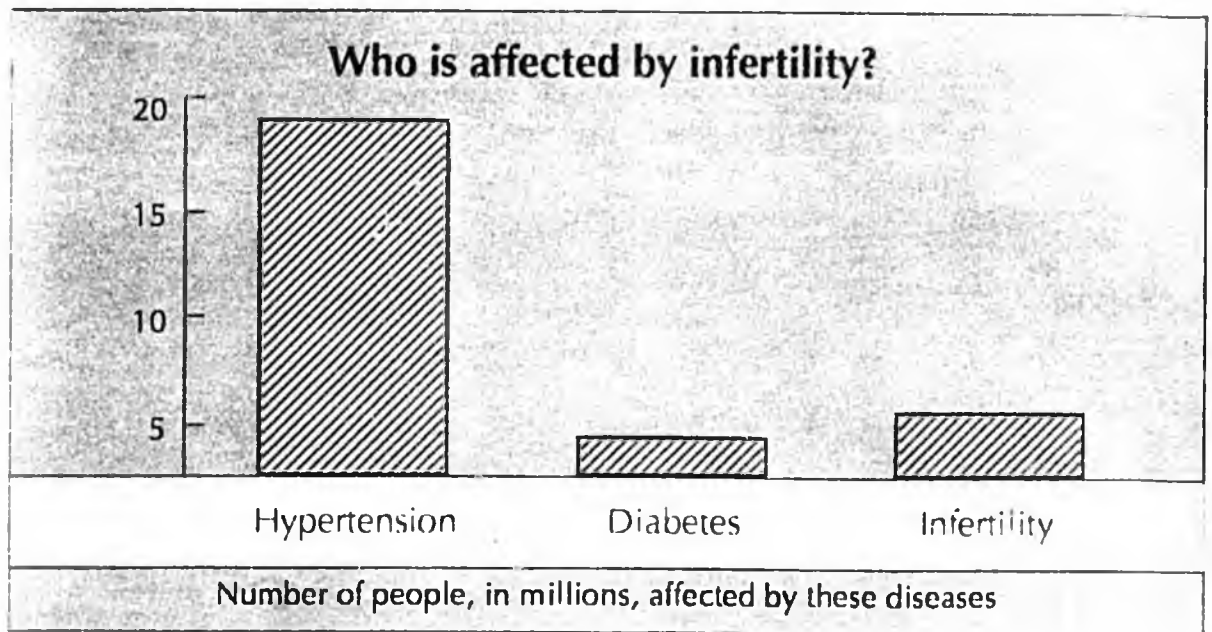
- congenital abnormalities
- hormonal imbalances
- immunologic infertility
- iatrogenically-induced conditions
- infection
- sexual dysfunction
- varicocele
- trauma

For the remaining 20% of the infertile population the causes are a combination of problems of both husband and wife or are unexplained.

Roughly 2.4 million married couples in the United States - 8.5% of couples in their childbearing years - are infertile.<sup>1</sup> Slightly fewer than 1 million of these couples, or 31.4% of the infertile population, sought treatment in 1982.<sup>2</sup>

<sup>1</sup> Office of Technology Assessment (OTA). Report of the U.S. Congress, 1988. "Infertility: Medical and Social Choices," Washington, DC: U.S. Govt. Printing Office, ch. 1, p.3, and Bernstein, J. & Mattox, J.H., 1982. "Overview of Infertility," *JOGN Nursing* v. 11 (5), pp. 309-314.

<sup>2</sup> OTA report, *op. cit.*, ch. 3, p. 56, and Fuchs, V.R. & Perreault, L., 1986. "Expenditures for reproduction-related health care." *JAMA*, v. 255 (1), pp. 76-81.



Infertility can be diagnosed and treated by a family physician, gynecologist, urologist, or by a specialist in Andrology or Reproductive Endocrinology. With treatment, especially with the recent advances in infertility medical care, many infertile couples will achieve pregnancy. Accurate diagnosis is now possible for 90% of patients,<sup>3</sup> and 60% to 70% of couples can expect a successful therapeutic outcome.<sup>4</sup> Procedures that were once experimental, such as in vitro fertilization (IVF) and gamete intra-fallopian transfer (GIFT), are now considered accepted and effective therapy. Yet many couples cannot seek the medical care appropriate to them because of the expense.

### **W**hat does infertility cost society?

The loss to society caused by infertility is enormous, for couples in their most active years (between ages 20 and 40) are distracted by the financial and emotional hardships of their disease. Infertile couples experience depression, anger and helplessness. The anxiety associated with infertility is distracting and reduces productivity both at home and at work. Life must be rearranged around a schedule of often humiliating and painful medical treatments whose timing is dictated by a monthly cycle. Moreover, infertility is a private and embarrassing disease that is not shared easily with friends or even family. For the infertile couple, desperate and alone, life goes "on hold" while they try to cope with their loss and search for a solution.

3. Bernstein & Mattox, *op. cit.*

4. Fuchs & Perreault, *op. cit.*, and Anki, E.N., 1988. "Bill on infertility-care insurance gains," *L.A. Times*, April 20, Part 1, p. 23.

## What does infertility treatment cost?

Expenditures for infertility treatment constitute only a tiny fraction — roughly 0.1% — of the total healthcare budget.<sup>5</sup> For the individual couple, costs vary with the diagnosis and may be minimal or substantial. Health insurance policies written by many insurers flatly exclude coverage for any costs of infertility diagnosis or treatment. Other insurers deny coverage for certain procedures, including those which represent the only hope for many couples.

### What does infertility treatment cost?

Diagnosis:	\$500 to \$2000/couple
Medical Therapy:	\$500 to \$3000/couple depending upon treatment
Surgical Therapy:	\$3,000 to \$10,000/couple
IVF or GIFT:	\$3,500 to \$7000/attempt

(from: Office of Technology Assessment<sup>6</sup>)

The purpose of health insurance is to spread the burden of medical expenses across society. Hence, infertile couples pay for maternity care and sterilization procedures for fertile couples; yet they are forced to shoulder their own treatment costs alone.

## Why have insurers denied or limited coverage for infertility in the past?

Because infertility is a private, complex illness with a host of causes and effects, many myths have influenced insurers' decisions to provide or deny coverage.

### **Myth #1: Infertility treatment is elective. Why should society help pay for couples to achieve pregnancy?**

Infertility is not an elective condition, but a debilitating and serious illness. The American Fertility Society, a highly respected professional organization, "considers the right to procreate to be a fundamental human right . . . Society has a moral obligation to provide . . . access to health services for treatment of infertility."<sup>7</sup>

5. Fuchs & Perreault, *op. cit.*

6. OTA report, *op. cit.*, ch. 8, pp. 39-46.

7. American Fertility Society, 1986. *News*.

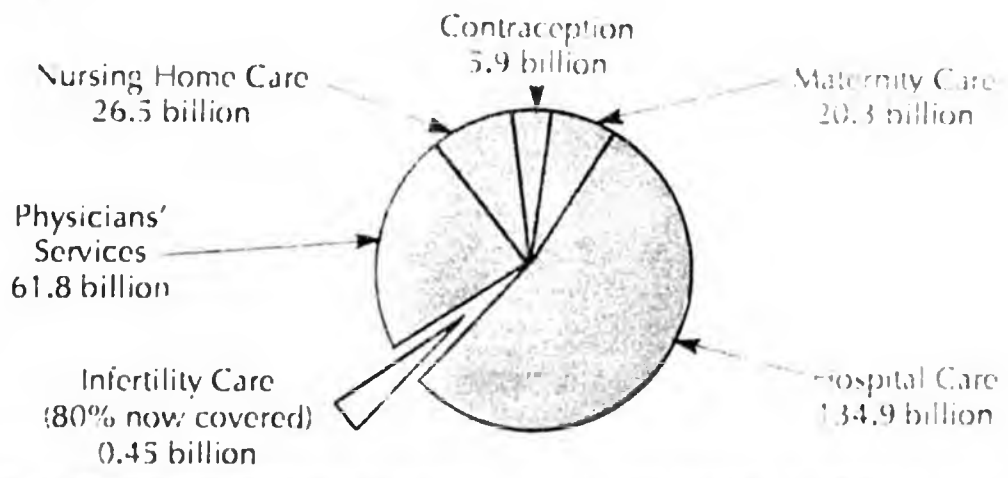
Treatment of infertility is never a luxury, nor is it cosmetic, for there are serious health risks associated with the underlying disease (i.e., ectopic pregnancy, increased cancer risk). And, as Representative Pat Schroeder (D, Colorado) has stated, "When couples decide they want children, our policies should support their decision."<sup>8</sup>

**Myth #2: If couples really want children, they can just adopt.**

Adoption, once an obvious course of action for the infertile couple, has become increasingly difficult. The number of infants available for adoption has declined dramatically in recent years. With increased demand for infants, agencies often reject couples if even one of the partners is "too old" (over 40 years of age). Waiting periods for healthy infants are as long as 2 to 6 years, and costs can run as high as \$25,000 for a single adoption. The many older and special needs children waiting for adoption need special parents able to give them appropriate care, an ability not shared by all infertile couples.

**Myth #3: Infertility costs will drive insurance premiums way up.**

**Not so!** In 1987, roughly \$1 billion was spent nationwide to combat infertility; this accounts for only 0.1% of total healthcare costs.<sup>9</sup> Moreover, between 70% and 80% of all infertility treatment is already covered by insurers, albeit inconsistently.<sup>10</sup>



**Infertility Services & Total Healthcare Budget**  
 (Data for 1982 - 1985; compiled by RESOLVE, Inc. 1988)<sup>11</sup>

8. Schroeder, P., 1988. "Infertility and the world outside." *Fertility & Sterility*, v. 49 (5), pp. 763-767.  
 9. OTA report, *op. cit.*, ch. 8, p. 148, and Fuens & Perreault: *op. cit.*  
 10. OTA report, *op. cit.*, ch. 8, p. 149-153.  
 11. RESOLVE, Inc. 1988. *The Advocacy Guide*, p. 31.

In Maryland, where coverage for IVF has been provided since 1985, policy-holders paid \$0.08 per family contract per month in 1988.<sup>12</sup> In Massachusetts, where legislation requiring infertility coverage was passed in 1987, insurers claimed that costs would increase by \$175 million annually; actual costs for the first year of operation were estimated by the Division of Insurance at \$1.1 million.<sup>13</sup> In 1990, Massachusetts policyholders paid \$1.70/family contract/month for infertility, which represents 0.3% of the total monthly family premium.<sup>14</sup>

Insurers actually incur increased costs when infertility is left untreated or when treatment choice is made inappropriately. Couples who want to conceive have elected more expensive surgery that is covered (tuboplasty, at \$10,000 per surgery) over treatment that is not (in vitro fertilization, averaging \$6,000 per attempt), even when the uncovered treatment may be more successful.<sup>15</sup>

***Myth #4: Infertility is extremely expensive to treat, requiring advanced, experimental technologies like in vitro fertilization.***

Only 5% to 15% of all infertile couples require advanced medical techniques.<sup>16</sup> The majority of couples require less expensive conventional therapy and for most of these couples treatment results in a child. Despite the publicity it receives, IVF is only one small part of infertility treatment, and it has been considered non-experimental therapy since 1985,<sup>17</sup> and GIFT has been considered non-experimental since 1988. National IVF pregnancy rates of 20% per cycle equal the chance that normal, fertile couples have of conceiving in any given month (15% to 20%); GIFT pregnancy rates of 32% in fact surpass nature.<sup>18</sup>

12. Letter to D. Clements from J. Picciotto, Vice Pres. Blue Cross/Blue Shield of Maryland, April 24, 1990.

13. N. Turnbull, Dep. Comm., Mass. Division of Insurance, pers. comm.

14. Letter to S. Crockin from N. Turnbull, Dep. Comm., Mass. Division of Insurance, December 31, 1990.

15. Holst, N., et al., 1991. "Handling of tubal infertility after introduction of in vitro fertilization: changes and consequences," *Fertility and Sterility*, v. 55 (1), pp. 140-143.

16. Aoki, *op. cit.*, and OTA report, *op. cit.*, ch. 1, p. 7.

17. American Fertility Society, *op. cit.*

18. MRI, SART, and AIS, 1991. "In vitro fertilization-embryo transfer (IVF-ET) in the United States: 1989 results from the IVF-ET Registry." *Fertility and Sterility*, v. 55 (1), pp. 14-23.

***Myth #5: Insurance companies should just offer coverage of infertility as a "Rider" to policies.***

Although as many as 8.5% of couples in the U.S. today are infertile, this number is not large enough to motivate employers to provide an infertility Rider. Moreover, infertility is a private, often embarrassing disease. Asking infertile couples to confront their employers with requests for coverage of their infertility is cruel. For female employees, this request would mean not only admitting their infertility to employers, but also admitting their desire to achieve pregnancy.

## **W**hat is the future of infertility insurance?

Maryland, Hawaii, Arkansas, Massachusetts, Rhode Island, Illinois, California, Connecticut, Texas and New York already have passed Family Building bills requiring insurers to cover infertility treatment to varying degrees; a number of other states are considering similar legislation. In the face of such legislation, Blue Cross/Blue Shield in both Iowa and Delaware are now providing coverage of infertility including IVF and GIFT. A recent court finding in Iowa has stipulated that infertility is a disease requiring treatment and that not providing infertility coverage is discriminatory.<sup>19</sup>

Infertile couples should not be denied access to medical procedures because they cannot afford them. As one Rhode Island legislator said of the Family Building Act in that state, "This is humane legislation," and, in Maryland, a legislator called the Family Building bill, "One of the best bills we have ever passed."<sup>20</sup> Infertile couples hope that insurers will begin to cover treatment of this disease voluntarily, rather than to wait until coverage is mandated. Insurers are beginning to recognize that providing coverage of infertility treatment is inevitable and appropriate.

<sup>19</sup> *Witcraft v. Sundstrand Health and Disability Group Benefit Plan*, 420 N.W. 2d 785 (Iowa 1988).

<sup>20</sup> Rep. Arthur Read (RI), pers. comm., and Rep. Cas Taylor (MD), pers. comm.

## **H**ow will employers benefit by providing infertility insurance coverage?

- improve employee morale
- aid employee recruitment
- gain favorable publicity
- avoid last-minute compliance when coverage is mandated

## **H**ow will society benefit by providing infertility insurance coverage?

- improve economic, emotional and physical health of millions of infertile couples
- determine true costs of treatments no longer hidden under other diagnoses
- lower the high cost of care for childless elderly individuals

For further information, call:

Serono Symposia, USA  
800-283-8088

RESOLVE, Inc.  
617-323-0744

American Fertility Society  
205-933-8494

Written by: Janet Stroup Fox  
Produced by: Serono Symposia, USA



(205) 930 8494  
FAX (205) 930 9934

# THE AMERICAN FERTILITY SOCIETY

## NEWS

2140 Eleventh Avenue South  
Suite 200  
Birmingham, Alabama 35205-2800

For additional information, please contact Joyce Zeitz, Public Relations coordinator.

Fair and consistent access to medically accepted procedures for the evaluation and treatment of infertility was established as a priority by The American Fertility Society (AFS) in September, 1986. To that end, a position statement was issued stating "It is our (AFS) recommendation that private health insurance plans be required to cover the expenses of infertility care, including those of in vitro fertilization, which is no longer considered to be an experimental procedure." As additional procedures were recognized as acceptable clinical, i.e., nonexperimental, procedures, the original statement was modified to read, "including those assisted reproductive techniques which are accepted clinical procedures." To date, that would include in vitro fertilization, gamete intrafallopian transfer (July, 1988), zygote intrafallopian transfer (December, 1990), the use of donor oocytes and donor pre-embryos, and embryo cryopreservation (June, 1988).

In October, 1990, the following definition was adopted by the Board of Directors of The American Fertility Society:

Infertility is a disease (any deviation from or interruption of the normal structure or function of any part, organ, or system, or combination thereof, of the body that is manifested by a characteristic set of symptoms and signs, and whose etiology, pathology, and prognosis may be known or unknown: Dorland's Medical Dictionary: 481, 1988). It is defined as failure to conceive after twelve months of unprotected intercourse.

The American Fertility Society is the fastest growing subspecialty group in the medical field, representing over 10,500 gynecologists, reproductive endocrinologists, obstetricians, urologists, scientists, and allied health professionals from every state in the union.

July, 1991



## THE AMERICAN FERTILITY SOCIETY

For additional information, please contact Joyce Zeitz, Public Relations Coord.

The growing problem of infertility affects one in twelve American couples of childbearing age. However, with proven medical technologies now available, physicians can help a large percentage of these couples to achieve parenthood. Unfortunately, access is restricted in many cases due to inequities in health insurance coverage.

Provision of fair and consistent access to medically accepted procedures for the evaluation and treatment of infertility has been established as a priority by The American Fertility Society.

To this end, the following position statement was adopted in September, 1986:

The American Fertility Society, representing over 10,000 physicians and scientists involved in the care of infertile couples as well as basic and clinical research in reproductive science, considers the right to procreate to be a fundamental human right. Further, we believe that society has a moral obligation to provide, either directly or indirectly, access to health services for the treatment of infertility.

It is therefore our recommendation that private health insurance plans be required to cover the expenses of infertility care, including those assisted reproductive techniques which are accepted clinical procedures.



# THE AMERICAN FERTILITY SOCIETY

2140 ELEVENTH AVENUE SOUTH, SUITE 200 • BIRMINGHAM, ALABAMA 35209-2800  
TEL 205/933-8484 • FAX 205/930-9504

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The diagnosis "Infertility" meets the criteria to be categorized as a disease. A disease is defined as any deviation from or interruption of the normal structure or function of any part, organ, or system, or combination thereof, of the body that is manifested by a characteristic set of symptoms and signs and whose etiology, pathology, and prognosis may be known or unknown (Dorland's Medical Dictionary, 1988 p.481).

Approved by the Board of Directors of The American Fertility Society, July 20, 1990.



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2140 ELEVENTH AVENUE SOUTH, SUITE 200 • BIRMINGHAM, ALABAMA 35205-2600  
TEL 205/933-8484 • FAX 205/930-9804

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*Director of Government Relations*  
Porter Building, 408 13th St. S.W.  
Washington, D.C. 20024-2788  
TEL (202) 863-3578  
FAX (202) 863-2488

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The following statement was approved by the Board of Directors of The American Fertility Society, December 13, 1990:

ZIFT (Zygote Intrafallopian Transfer) is now an appropriate established medical treatment and is no longer investigational/experimental.

INFERTILITY SUPPORT NETWORK  
of Anchorage  
P.O. Box 243234  
Anchorage, AK 99524  
(907)333-7849

A POSITION PAPER SUBMITTED TO SUPPORT THE PASSAGE OF HOUSE  
BILL 412 MANDATING INSURANCE COVERAGE FOR INFERTILITY  
PATIENTS

The Infertility Support Network of Anchorage strongly  
supports House Bill 412 requiring insurance companies to  
provide coverage for infertility treatments. In addition, we  
would like to express our appreciation to Rep. Niilo Koponen  
for his action in presenting this legislation.

Infertility is a disease-- a devastating life altering  
ailment that robs approximately 8.5% of all Alaskan couples  
of childbearing age of their natural right to conceive and  
bear children without medical intervention. This disease  
causes men and women to de-personalize this private,  
intimate human act into a public, medical production.  
Infertility causes men and women to not only suffer medical  
prodding but the emotional devastation of struggling to have  
children and living with shattered dreams to nurture and  
love a child. The resulting feelings of this life trauma are  
depression, anger and helplessness. These emotions are  
impacting not only the personal lives but also the  
professional lives of all Alaskans fighting infertility.  
This hardship will inevitably result in reduced productivity  
in the home and workplace.

INFERTILITY SUPPORT NETWORK  
of Anchorage  
P.O. Box 243234  
Anchorage, AK 99524  
(907)333-7849

Yet our pain does not end there. We Alaskans are further victimized by infertility with the denial of medical coverage by our insurance companies. The majority of medications and medical treatments are expensive and can financially devastate individuals with infertility problems. Current statistics indicate that 60-70% of couples with infertility can now attain therapeutic success. Only 5-15% of those couples will actually need high technological procedures such as In-Vitro Fertilization (IVF) to achieve conception.

In addition to paying our own infertility bills, we infertile victims are paying for the maternity care and sterilization procedures of others. Yet no one is assisting us Alaskans in our medical coverage. We deserve equal health services--we deserve our fair share. That is all we are asking for --our fair share.

Eleven states in the US have mandated such insurance coverage. Elected officials in these states have reduced the discrimination of persons fighting infertility. Now Alaska has just that chance. You as elected representatives of Alaskans fighting infertility have the opportunity to support us in such a manner. Your vote in favor of this bill will end discrimination of Alaskans victimized by infertility. Your vote will release some of the burden on

INFERTILITY SUPPORT NETWORK  
of Anchorage  
P.O. Box 243234  
Anchorage, AK 99524  
(907)333-7849

Alaskans facing infertility. Your vote of support will make  
available the fair medical coverage we deserve in our  
struggle to conceive a child.

Sharon S. Steed

Legislative Affairs, Chairperson

Infertility Support Network of Anchorage