ASSEMBLY BILL

No. 767

Introduced by Assembly Member Wicks (Principal coauthors: Assembly Members Burke and Low) (Principal coauthor: Senator Stern)

February 19, 2019

An act to amend Sections 1248 and 1374.55 of the Health and Safety Code, and to amend Section 10119.6 of the Insurance Code, relating to healthcare coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 767, as introduced, Wicks. Healthcare coverage: infertility.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and health insurers, including, among other things, a requirement that every group health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 1990, offers coverage for the treatment of infertility, except in vitro fertilization, under those terms and conditions as may be agreed upon between the group subscriber or the group policyholder and the health care service plans or the health insurers. Existing law provides that any employer that is a religious organization or health care service plans and health insurers which are a subsidiary of an entity whose owner or corporate member is a religious organization shall not be required to offer coverage for forms of treatment of infertility in a manner inconsistent

with the religious organization's religious and ethical principles, as specified.

This bill would require every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2020, to provide coverage for in vitro fertilization, as a treatment of infertility, and mature oocyte cryopreservation. The bill would delete the exemption for religiously affiliated employers, health care service plans, and health insurance policies, from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies. The bill would also delete the requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed upon terms that are communicated to all group contractholders and prospective group contractholders. By expanding the duties of health care service plans, the bill would expand the scope of an existing crime, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1248 of the Health and Safety Code is 2 amended to read:

3 1248. For purposes of this chapter, the following definitions4 shall apply:

(a) "Division" means the Medical Board of California. All
references in this chapter to the division, the Division of Licensing
of the Medical Board of California, or the Division of Medical
Quality shall be deemed to refer to the Medical Board of California
pursuant to Section 2002 of the Business and Professions Code.

(b) (1) "Outpatient setting" means any facility, clinic,
unlicensed clinic, center, office, or other setting that is not part of
a general acute care facility, as defined in Section 1250, and where
anesthesia, except local anesthesia or peripheral nerve blocks, or

14 both, is used in compliance with the community standard of

1 practice, in doses that, when administered have the probability of

2 placing a patient at risk for loss of the patient's life-preserving 3 protective reflexes.

4 (2) "Outpatient setting" also means facilities that offer in vitro 5 fertilization, as defined in *paragraph* (2) of subdivision (b) (e) of 6 Section 1374.55.

7 (3) "Outpatient setting" does not include, among other settings, 8 any setting where anxiolytics and analgesics are administered, 9 when done so in compliance with the community standard of 10 practice, in doses that do not have the probability of placing the 11 patient at risk for loss of the patient's life-preserving protective 12 reflexes.

13 (c) "Accreditation agency" means a public or private organization that is approved to issue certificates of accreditation 14 15 to outpatient settings by the board pursuant to Sections 1248.15 16 and 1248.4.

17 SEC. 2. Section 1374.55 of the Health and Safety Code is 18 amended to read:

19 1374.55. (a) On and after January 1, 1990, 2020, every health 20 care service plan contract that is issued, amended, or renewed that

21 covers hospital, medical, or surgical expenses on a group basis,

22 where the plan is not a health maintenance organization as defined

23 in Section 1373.10, shall-offer provide coverage for the treatment

24 of infertility, except including in vitro fertilization, under those

25 terms and conditions as may be agreed upon between the group

26 subscriber and the plan. Every plan shall communicate the

27 availability of that coverage to all group contractholders and to all

28 prospective group contractholders with whom they are negotiating.

29 and mature oocyte cryopreservation.

30 (b) For purposes of this section, "infertility" means either (1)

31 the presence of a demonstrated condition recognized by a licensed

32 physician and surgeon as a cause of infertility, or (2) the inability

33 to conceive a pregnancy or to carry a pregnancy to a live birth after

34 a year or more of regular sexual relations without contraception.

35 "Treatment for infertility" means procedures consistent with

36 established medical practices in the treatment of infertility by 37

licensed physicians and surgeons including, but not limited to, 38

diagnosis, diagnostic tests, medication, surgery, and gamete

intrafallopian transfer. "In vitro fertilization" means the laboratory 39

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- 2 process.
- 3 (e)

4 (b) On and after January 1, 1990, 2020, every health care service 5 plan that is a health maintenance organization, as defined in Section 6 1373.10, and that issues, renews, or amends a health care service 7 plan contract that provides group coverage for hospital, medical, 8 or surgical expenses shall offer the coverage specified in 9 subdivision (a), according to the terms and conditions that may be 10 agreed upon between the group subscriber and the plan to group 11 contractholders with at least 20 employees to whom the plan is 12 offered. The plan shall communicate the availability of the 13 coverage to those group contractholders and prospective group

- 14 contractholders with whom the plan is negotiating.
- 15 (d)

16 (c) This section shall not be construed to deny or restrict in any 17 way any existing right or benefit to coverage and treatment of 18 infertility under an existing law, plan, or policy.

19 (e) This section shall not be construed to require any employer

20 that is a religious organization to offer coverage for forms of 21 treatment of infertility in a manner inconsistent with the religious

22 organization's religious and ethical principles.

23 (f) (1) This section shall not be construed to require any plan,

- 24 which is a subsidiary of an entity whose owner or corporate
- 25 member is a religious organization, to offer coverage for treatment 26 of infertility in a manner inconsistent with that religious
- 27 organization's religious and ethical principles.
- 28

(2) For purposes of this subdivision, "subsidiary" of a specified 29 corporation means a corporation more than 45 percent of the voting

30 power of which is owned directly, or indirectly through one or

31 more subsidiaries, by the specified corporation.

32 (g)

33 (d) Consistent with Section 1365.5, coverage for the treatment 34 of infertility shall be offered and, if purchased, provided without discrimination on the basis of age, ancestry, color, disability, 35 36 domestic partner status, gender, gender expression, gender identity, 37 genetic information, marital status, national origin, race, religion, 38 sex, or sexual orientation. Nothing in this subdivision shall be 39 construed to interfere with the clinical judgment of a physician

40 and surgeon.

1 (e) The following definitions shall apply for purposes of this 2 section:

3 (1) "Infertility" means the presence of a demonstrated condition 4 recognized by a licensed physician and surgeon as a cause of 5 infertility.

6 (2) "In vitro fertilization" means the laboratory medical 7 procedures involving the in vitro fertilization process.

8 (3) "Mature oocyte cryopreservation" means the procedures 9 consistent with established medical practices, including laboratory 10 medical procedures, involving ovulation induction, egg retrieval, 11 and freezing of the egg.

(4) "Preventative fertility care treatment" means procedures
consistent with established medical practices in the treatment of
fertility care, which is rendered by a licensed physician and
surgeon, to prevent the inability to conceive a child.

16 (5) "Treatment for infertility" means procedures consistent 17 with established medical practices in the treatment of infertility 18 by a licensed physician and surgeon, including, but not limited to, 19 diagnosis, diagnostic tests, medication, surgery, gamete 20 intrafallopian transfer, and in vitro fertilization.

21 SEC. 3. Section 10119.6 of the Insurance Code is amended to

21 SEC. 5. Section 10119.0 of the insurance Code is amended 22 read:

23 10119.6. (a) On and after January 1, 1990, 2020, every insurer 24 issuing, renewing, or amending a policy of disability insurance 25 that covers hospital, medical, or surgical expenses on a group basis shall-offer provide coverage of infertility treatment, except 26 27 including in vitro fertilization, under those terms and conditions 28 as may be agreed upon between the group policyholder and the 29 insurer. Every insurer shall communicate the availability of that 30 coverage to all group policyholders and to all prospective group 31 policyholders with whom they are negotiating. and mature oocyte 32 cryopreservation.

33 (b) For purposes of this section, "infertility" means either (1)

34 the presence of a demonstrated condition recognized by a licensed

35 physician and surgeon as a cause of infertility, or (2) the inability

36 to conceive a pregnancy or to carry a pregnancy to a live birth after

37 a year or more of regular sexual relations without contraception.

38 "Treatment for infertility" means procedures consistent with

39 established medical practices in the treatment of infertility by

40 licensed physicians and surgeons, including, but not limited to,

1 diagnosis, diagnostic tests, medication, surgery, and gamete

2 intrafallopian transfer. "In vitro fertilization" means the laboratory

3 medical procedures involving the actual in vitro fertilization

4 process.

5 (c)

6 (b) This section shall not be construed to deny or restrict in any

7 way any existing right or benefit to coverage and treatment of 8 infertility under an existing law, plan, or policy.

9 (d) This section shall not be construed to require any employer

10 that is a religious organization to offer coverage for forms of

11 treatment of infertility in a manner inconsistent with the religious

12 organization's religious and ethical principles.

13 (e) (1) This section shall not be construed to require any insurer,

14 which is a subsidiary of an entity whose owner or corporate

- 15 member is a religious organization, to offer coverage for treatment
- of infertility in a manner inconsistent with that religious
 organization's religious and ethical principles.

18 (2) For purposes of this subdivision, "subsidiary" of a specified
 19 corporation means a corporation more than 45 percent of the voting

20 power of which is owned directly, or indirectly through one or

- 21 more subsidiaries, by the specified corporation.
- 22 (f)

23 (c) This section applies to every disability insurance policy that

is issued, amended, or renewed to residents of this state regardlessof the situs of the contract.

26 (g)

(d) Consistent with Section 10140, coverage for the treatment
of infertility shall be offered and, if purchased, provided without
discrimination on the basis of age, ancestry, color, disability,
domestic partner status, gender, gender expression, gender identity,
genetic information, marital status, national origin, race, religion,
sex, or sexual orientation. Nothing in this subdivision shall be
construed to interfere with the clinical judgment of a physician

- 34 and surgeon.
- (e) The following definitions shall apply for purposes of thissection:
- 37 (1) "Infertility" means the presence of a demonstrated condition
- 38 recognized by a licensed physician and surgeon as a cause of 39 infertility.

1 (2) "In vitro fertilization" means the laboratory medical 2 procedures involving the in vitro fertilization process.

3 (3) "Mature oocyte cryopreservation" means the procedures
4 consistent with established medical practices, including laboratory
5 medical procedures, involving ovulation induction, egg retrieval,
6 and freezing of the egg.

7 (4) "Preventative fertility care treatment" means procedures
8 consistent with established medical practices in the treatment of
9 fertility care, which is rendered by a licensed physician and
10 surgeon, to prevent the inability to conceive a child.

11 (5) "Treatment for infertility" means procedures consistent

with established medical practices in the treatment of infertilityby a licensed physician and surgeon, including, but not limited to,

14 diagnosis, diagnostic tests, medication, surgery, gamete

15 *intrafallopian transfer, and in vitro fertilization.*

16 SEC. 4. No reimbursement is required by this act pursuant to

17 Section 6 of Article XIIIB of the California Constitution because18 the only costs that may be incurred by a local agency or school

19 district will be incurred because this act creates a new crime or

20 infraction, eliminates a crime or infraction, or changes the penalty

for a crime or infraction, within the meaning of Section 17556 of

22 the Government Code, or changes the definition of a crime within

23 the meaning of Section 6 of Article XIII B of the California

24 Constitution.

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