

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by
5 changing Section 356m as follows:

6 (215 ILCS 5/356m) (from Ch. 73, par. 968m)

7 Sec. 356m. Infertility coverage.

8 (a) No group policy of accident and health insurance
9 providing coverage for more than 25 employees that provides
10 pregnancy related benefits may be issued, amended, delivered,
11 or renewed in this State after the effective date of this
12 amendatory Act of the 99th General Assembly unless the policy
13 contains coverage for the diagnosis and treatment of
14 infertility including, but not limited to, in vitro
15 fertilization, uterine embryo lavage, embryo transfer,
16 artificial insemination, gamete intrafallopian tube transfer,
17 zygote intrafallopian tube transfer, and low tubal ovum
18 transfer.

19 (b) The coverage required under subsection (a) is subject
20 to the following conditions:

21 (1) Coverage for procedures for in vitro
22 fertilization, gamete intrafallopian tube transfer, or
23 zygote intrafallopian tube transfer shall be required only

1 if:

2 (A) the covered individual has been unable to
3 attain a viable pregnancy, maintain a viable
4 pregnancy, or sustain a successful pregnancy through
5 reasonable, less costly medically appropriate
6 infertility treatments for which coverage is available
7 under the policy, plan, or contract;

8 (B) the covered individual has not undergone 4
9 completed oocyte retrievals, except that if a live
10 birth follows a completed oocyte retrieval, then 2
11 more completed oocyte retrievals shall be covered; and

12 (C) the procedures are performed at medical
13 facilities that conform to the American College of
14 Obstetric and Gynecology guidelines for in vitro
15 fertilization clinics or to the American Fertility
16 Society minimal standards for programs of in vitro
17 fertilization.

18 (2) The procedures required to be covered under this
19 Section are not required to be contained in any policy or
20 plan issued to or by a religious institution or
21 organization or to or by an entity sponsored by a
22 religious institution or organization that finds the
23 procedures required to be covered under this Section to
24 violate its religious and moral teachings and beliefs.

25 (c) As used in ~~For purpose of~~ this Section, "infertility"
26 means a disease, condition, or status characterized by: the

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

6 (1) a failure to establish a pregnancy or to carry a
7 pregnancy to live birth after 12 months of regular,
8 unprotected sexual intercourse if the woman is 35 years of
9 age or younger, or after 6 months of regular, unprotected
10 sexual intercourse if the woman is over 35 years of age;
11 conceiving but having a miscarriage does not restart the
12 12-month or 6-month term for determining infertility;

13 (2) a person's inability to reproduce either as a
14 single individual or with a partner without medical
15 intervention; or

16 (3) a licensed physician's findings based on a
17 patient's medical, sexual, and reproductive history, age,
18 physical findings, or diagnostic testing.

19 (d) A policy, contract, or certificate may not impose any
20 exclusions, limitations, or other restrictions on coverage of
21 fertility medications that are different from those imposed on
22 any other prescription medications, nor may it impose any
23 exclusions, limitations, or other restrictions on coverage of
24 any fertility services based on a covered individual's
25 participation in fertility services provided by or to a third
26 party, nor may it impose deductibles, copayments, coinsurance,

1 benefit maximums, waiting periods, or any other limitations on
2 coverage for the diagnosis of infertility, treatment for
3 infertility, and standard fertility preservation services,
4 except as provided in this Section, that are different from
5 those imposed upon benefits for services not related to
6 infertility.

7 (Source: P.A. 99-421, eff. 1-1-16.)