



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

SB2639

Introduced 11/7/2023, by Sen. Michael E. Hastings

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356m

from Ch. 73, par. 968m

Amends the Illinois Insurance Code. Provides that, for a group policy of accident and health insurance providing coverage for more than 25 employees that provides pregnancy related benefits that is issued, amended, delivered, or renewed in this State after the effective date of the amendatory Act, if a covered individual obtains, from a physician licensed to practice medicine in all its branches, a recommendation approving the covered individual to seek in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer based on any of the following: the covered individual's medical, sexual, and reproductive history; the covered individual's age; physical findings; or diagnostic testing, then the procedure shall be covered without any other restrictions or requirements.

LRB103 35235 RPS 65226 b

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 (1.5) For a group policy of accident and health  
19 insurance providing coverage for more than 25 employees  
20 that provides pregnancy related benefits that is issued,  
21 amended, delivered, or renewed in this State after the  
22 effective date of this amendatory Act of the 103rd General  
23 Assembly, if the requirements of paragraph (1) are met or  
24 if the covered individual obtains, from a physician  
25 licensed to practice medicine in all its branches, a  
26 recommendation approving the covered individual to seek in

1 vitro fertilization, gamete intrafallopian tube transfer,  
2 or zygote intrafallopian tube transfer based on any of the  
3 following: (i) the covered individual's medical, sexual,  
4 and reproductive history; (ii) the covered individual's  
5 age; (iii) physical findings; or (iv) diagnostic testing,  
6 then the procedure shall be covered without any other  
7 restrictions or requirements.

8 (2) The procedures required to be covered under this  
9 Section are not required to be contained in any policy or  
10 plan issued to or by a religious institution or  
11 organization or to or by an entity sponsored by a  
12 religious institution or organization that finds the  
13 procedures required to be covered under this Section to  
14 violate its religious and moral teachings and beliefs.

15 (c) As used in this Section, "infertility" means a  
16 disease, condition, or status characterized by:

17 (1) a failure to establish a pregnancy or to carry a  
18 pregnancy to live birth after 12 months of regular,  
19 unprotected sexual intercourse if the woman is 35 years of  
20 age or younger, or after 6 months of regular, unprotected  
21 sexual intercourse if the woman is over 35 years of age;  
22 conceiving but having a miscarriage does not restart the  
23 12-month or 6-month term for determining infertility;

24 (2) a person's inability to reproduce either as a  
25 single individual or with a partner without medical  
26 intervention; or

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

4           (d) A policy, contract, or certificate may not impose any  
5           exclusions, limitations, or other restrictions on coverage of  
6           fertility medications that are different from those imposed on  
7           any other prescription medications, nor may it impose any  
8           exclusions, limitations, or other restrictions on coverage of  
9           any fertility services based on a covered individual's  
10          participation in fertility services provided by or to a third  
11          party, nor may it impose deductibles, copayments, coinsurance,  
12          benefit maximums, waiting periods, or any other limitations on  
13          coverage for the diagnosis of infertility, treatment for  
14          infertility, and standard fertility preservation services,  
15          except as provided in this Section, that are different from  
16          those imposed upon benefits for services not related to  
17          infertility.

18          (Source: P.A. 102-170, eff. 1-1-22.)