

---

SENATE BILL 6735

---

State of Washington

56th Legislature

2000 Regular Session

By Senators Fraser, Kline and Thibaudeau

Read first time 01/25/2000. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to infertility diagnosis and treatment; and adding  
2 a new section to chapter 48.43 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW  
5 to read as follows:

6 (1) The definitions in this subsection apply to this section,  
7 unless the context clearly requires otherwise.

8 (a) "Pregnancy-related benefits" means benefits that cover any  
9 medical condition that may be associated with pregnancy, including  
10 complications of pregnancy.

11 (b) "Infertility" means a disease or condition affecting the  
12 reproductive system that interferes with the ability of a man or a  
13 woman to achieve a pregnancy or of a woman to carry a pregnancy to live  
14 birth. The duration of the failure to conceive must be twelve or more  
15 months before an investigation is undertaken unless medical history and  
16 physical findings dictate earlier evaluation and treatment.

17 (c) "Nonexperimental procedure" means any clinical treatment or  
18 procedure whose safety and efficacy is recognized as such by the

1 American society for reproductive medicine or the American college of  
2 obstetricians and gynecologists.

3 (2) A health plan issued to individuals or groups that provides  
4 benefits for pregnancy-related services shall not exclude coverage for  
5 the diagnosis or treatment of infertility, including all  
6 nonexperimental assisted reproductive technology procedures.

7 (3) Except as provided in subsection (4) of this section, a health  
8 carrier shall not create or impose disincentives for utilization of the  
9 benefits required by subsection (2) of this section.

10 (4) Nothing in this section shall be construed as:

11 (a) Preventing a health carrier from imposing deductibles,  
12 coinsurance, other cost-sharing requirements, or other limitations in  
13 relation to providing infertility services, provided that such  
14 deductible, coinsurance, other cost-sharing requirement, or other  
15 limitation is not greater than or different from the deductible,  
16 coinsurance, other cost-sharing requirement, or other limitation for  
17 pregnancy-related services covered under the plan;

18 (b) Requiring a health carrier to cover experimental fertility  
19 treatment; or

20 (c) Requiring coverage for procedures for in vitro fertilization,  
21 gamete intrafallopian transfer, or zygote intrafallopian transfer  
22 unless:

23 (i) The covered person has been unable to bring a pregnancy to live  
24 birth through less costly, medically appropriate infertility treatments  
25 for which coverage is available under the health plan;

26 (ii) The covered individual has not undergone four completed oocyte  
27 retrievals, except that if a live birth followed a completed oocyte  
28 retrieval, then two more completed oocyte retrievals shall be covered,  
29 with a lifetime cap of six retrievals;

30 (iii) The procedures are performed at medical facilities that  
31 conform to the standards of the American society for reproductive  
32 medicine, the society for assisted reproductive technology, or the  
33 American college of obstetricians and gynecologists; and

34 (iv) The laboratory or facility has received accreditation from the  
35 college of American pathologists' reproductive laboratory accreditation  
36 program.

37 (5) This section applies to health plans issued or renewed on or  
38 after January 1, 2001.

1        NEW SECTION.    **Sec. 2.**    If any provision of this act or its  
2 application to any person or circumstance is held invalid, the  
3 remainder of the act or the application of the provision to other  
4 persons or circumstances is not affected.

--- END ---