AN ACT

AMENDING TITLE 20, CHAPTER 4, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-826.05; AMENDING TITLE 20, CHAPTER 4, ARTICLE 9, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1057.18; AMENDING TITLE 20, CHAPTER 6, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1342.07; AMENDING TITLE 20, CHAPTER 6, ARTICLE 5, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1406.10; RELATING TO HEALTH INSURANCE.

(TEXT OF BILL BEGINS ON NEXT PAGE)
Be it enacted by the Legislature of the State of Arizona:

Section 1. Title 20, chapter 4, article 3, Arizona Revised Statutes, is amended by adding section 20-826.05, to read:

20-826.05. Infertility treatment coverage; definitions

A. Any subscription contract that is issued to a subscriber and that includes maternity benefits shall include coverage for the medically necessary expenses of diagnosis and treatment of infertility, including the following:

1. Intrauterine insemination or IUI.
2. In vitro fertilization.
3. Sperm, egg and inseminated egg procurement and processing.
4. Bank of sperm, egg or inseminated eggs.
5. Intracytoplasmic sperm injection.
6. Assisted hatching.
7. Cryopreservation of eggs, embryos and sperm.
8. Procedures, including surgical procedures, for the purposes of exploration, diagnoses or correction of disease or conditions of the reproductive system, including:
   (a) Endometriosis.
   (b) Disorder affecting the function of the fallopian tubes.
   (c) Testicular failure and other disorders affecting the male reproductive tract.
   (d) Uterine anomalies.
   (e) Pelvic adhesive disease.

B. Any subscription contract that is issued to a subscriber and that includes maternity benefits shall include coverage for medically necessary expenses for fertility preservation services if a necessary medical treatment may directly or indirectly cause iatrogenic infertility.

C. Coverage for in vitro fertilization shall be provided to a subscriber if the person has not been able to attain or sustain a successful pregnancy to live birth after reasonable attempts with other types of fertility treatments that are covered by insurance, unless in vitro fertilization is the only medically indicated treatment. In vitro fertilization is limited to three complete cycles and may be either fresh or frozen embryo transfers. There is no limit on frozen transfers if frozen embryos are available from a prior retrieval. In vitro fertilization shall follow the American Society for Reproductive Medicine guidelines and be performed at medical facilities that conform to the guidelines of the American Society for Reproductive Medicine and the American Congress of Obstetricians and Gynecologists.

D. Any subscription contract that provides prescription drug coverage shall include prescription drugs for infertility diagnosis and treatment. A corporation may not impose any exclusions, limitations or other restrictions on coverage of infertility drugs that are different from those imposed on any other prescription drugs and may not impose
DEDUCTIBLES, COPAYMENTS, COINSURANCE, BENEFIT MAXIMUMS, WAITING PERIODS OR OTHER LIMITATIONS ON COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF INFERTILITY THAT ARE DIFFERENT FROM THOSE IMPOSED ON BENEFITS FOR SERVICES NOT RELATED TO INFERTILITY.

E. THIS SECTION DOES NOT APPLY TO EXPERIMENTAL INFERTILITY TREATMENTS, SURROGACY OR THE REVERSAL OF VOLUNTARY STERILIZATIONS.

F. FOR THE PURPOSES OF THIS SECTION:
   1. "IATROGENIC INFERTILITY" MEANS AN IMPAIRMENT OF FERTILITY THAT IS CAUSED BY SURGERY, RADIATION OR CHEMOTHERAPY OR ANY OTHER MEDICAL TREATMENT.
   2. "INFERTILITY" MEANS THE CONDITION OF AN INDIVIDUAL WHO IS UNABLE TO CONCEIVE OR PRODUCE CONCEPTION DURING A PERIOD OF TWELVE MONTHS IF THE INDIVIDUAL IS THIRTY-FIVE YEARS OF AGE OR YOUNGER OR SIX MONTHS IF THE INDIVIDUAL IS OLDER THAN THIRTY-FIVE YEARS OF AGE. IF AN INDIVIDUAL CONCEIVES BUT IS UNABLE TO CARRY THAT PREGNANCY TO LIVE BIRTH, THE PERIOD OF TIME SPENT ATTEMPTING TO CONCEIVE BEFORE ACHIEVING THAT PREGNANCY SHALL BE INCLUDED IN THE CALCULATION OF THE TWELVE-MONTH OR SIX-MONTH PERIOD, AS APPLICABLE.
   3. "REASONABLE ATTEMPTS" MEANS NOT MORE THAN THREE TREATMENT CYCLES OF OVULATION INDUCTION OR INTRAUTERINE INSEMINATIONS.

Sec. 2. Title 20, chapter 4, article 9, Arizona Revised Statutes, is amended by adding section 20-1057.18, to read:

20-1057.18. Infertility treatment coverage; definitions

A. ANY EVIDENCE OF COVERAGE THAT IS ISSUED TO AN ENROLLEE AND THAT INCLUDES MATERNITY BENEFITS SHALL INCLUDE COVERAGE FOR THE MEDICALLY NECESSARY EXPENSES OF DIAGNOSIS AND TREATMENT OF INFERTILITY, INCLUDING THE FOLLOWING:
   1. INTRAUTERINE INSEMINATION OR IUI.
   2. IN VITRO FERTILIZATION.
   3. SPERM, EGG AND INSEMINATED EGG PROCUREMENT AND PROCESSING.
   4. BANK OF SPERM, EGG OR INSEMINATED EGGS.
   5. INTRACYTOPLASMIC SPERM INJECTION.
   6. ASSISTED HATCHING.
   7. CRYOPRESERVATION OF EGGS, EMBRYOS AND SPERM.
   8. PROCEDURES, INCLUDING SURGICAL PROCEDURES, FOR THE PURPOSES OF EXPLORATION, DIAGNOSES OR CORRECTION OF DISEASE OR CONDITIONS OF THE REPRODUCTIVE SYSTEM, INCLUDING:
      (a) ENDOMETRIOSIS.
      (b) DISORDER AFFECTING THE FUNCTION OF THE FALLOPIAN TUBES.
      (c) TESTICULAR FAILURE AND OTHER DISORDERS AFFECTING THE MALE REPRODUCTIVE TRACT.
      (d) UTERINE ANOMALIES.
      (e) PELVIC ADHESIVE DISEASE.
B. Any evidence of coverage that is issued to an enrollee and that includes maternity benefits shall include coverage for medically necessary expenses for fertility preservation services if a necessary medical treatment may directly or indirectly cause iatrogenic infertility.

C. Coverage for in vitro fertilization shall be provided to an enrollee if the person has not been able to attain or sustain a successful pregnancy to live birth after reasonable attempts with other types of fertility treatments that are covered by insurance, unless in vitro fertilization is the only medically indicated treatment. In vitro fertilization is limited to three complete cycles and may be either fresh or frozen embryo transfers. There is no limit on frozen transfers if frozen embryos are available from a prior retrieval. In vitro fertilization shall follow the American Society for Reproductive Medicine guidelines and be performed at medical facilities that conform to the guidelines of the American Society for Reproductive Medicine and the American Congress of Obstetricians and Gynecologists.

D. Any evidence of coverage that provides prescription drug coverage shall include prescription drugs for infertility diagnosis and treatment. A health care services organization may not impose any exclusions, limitations or other restrictions on coverage of infertility drugs that are different from those imposed on any other prescription drugs and may not impose deductibles, copayments, coinsurance, benefit maximums, waiting periods or other limitations on coverage for the diagnosis and treatment of infertility that are different from those imposed on benefits for services not related to infertility.

E. This section does not apply to experimental infertility treatments, surrogacy or the reversal of voluntary sterilizations.

F. For the purposes of this section:

1. "IATROGENIC INFERTILITY" means an impairment of fertility that is caused by surgery, radiation or chemotherapy or any other medical treatment.

2. "INFERTILITY" means the condition of an individual who is unable to conceive or produce conception during a period of twelve months if the individual is thirty-five years of age or younger or six months if the individual is older than thirty-five years of age. If an individual conceives but is unable to carry that pregnancy to live birth, the period of time spent attempting to conceive before achieving that pregnancy shall be included in the calculation of the twelve-month or six-month period, as applicable.

3. "REASONABLE ATTEMPTS" means not more than three treatment cycles of ovulation induction or intrauterine inseminations.
Sec. 3. Title 20, chapter 6, article 4, Arizona Revised Statutes, is amended by adding section 20-1342.07, to read:

20-1342.07. Infertility treatment coverage; definitions

A. Any disability insurance policy that is issued to an insured and that includes maternity benefits shall include coverage for the medically necessary expenses of diagnosis and treatment of infertility, including the following:

1. Intrauterine insemination or IUI.
2. In vitro fertilization.
3. Sperm, egg and inseminated egg procurement and processing.
4. Bank of sperm, egg or inseminated eggs.
5. Intracytoplasmic sperm injection.
6. Assisted hatching.
7. Cryopreservation of eggs, embryos and sperm.
8. Procedures, including surgical procedures, for the purposes of exploration, diagnoses or correction of disease or conditions of the reproductive system, including:
   (a) Endometriosis.
   (b) Disorder affecting the function of the fallopian tubes.
   (c) Testicular failure and other disorders affecting the male reproductive tract.
   (d) Uterine anomalies.
   (e) Pelvic adhesive disease.

B. Any disability insurance policy that is issued to an insured and that includes maternity benefits shall include coverage for medically necessary expenses for fertility preservation services if a necessary medical treatment may directly or indirectly cause iatrogenic infertility.

C. Coverage for in vitro fertilization shall be provided to an insured if the person has not been able to attain or sustain a successful pregnancy to live birth after reasonable attempts with other types of fertility treatments that are covered by insurance, unless in vitro fertilization is the only medically indicated treatment. In vitro fertilization is limited to three complete cycles and may be either fresh or frozen embryo transfers. There is no limit on frozen transfers if frozen embryos are available from a prior retrieval. In vitro fertilization shall follow the American Society for Reproductive Medicine guidelines and be performed at medical facilities that conform to the guidelines of the American Society for Reproductive Medicine and the American Congress of Obstetricians and Gynecologists.

D. Any disability insurance policy that provides prescription drug coverage shall include prescription drugs for infertility diagnosis and treatment. A disability insurer may not impose any exclusions, limitations or other restrictions on coverage of infertility drugs that are different from those imposed on any other prescription drugs and may not impose deductibles, copayments, coinsurance, benefit maximums, waiting
PERIODS OR OTHER LIMITATIONS ON COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF INFERTILITY THAT ARE DIFFERENT FROM THOSE IMPOSED ON BENEFITS FOR SERVICES NOT RELATED TO INFERTILITY.

E. THIS SECTION DOES NOT APPLY TO EXPERIMENTAL INFERTILITY TREATMENTS, SURROGACY OR THE REVERSAL OF VOLUNTARY STERILIZATIONS.

F. FOR THE PURPOSES OF THIS SECTION:

1. "IATROGENIC INFERTILITY" MEANS AN IMPAIRMENT OF FERTILITY THAT IS CAUSED BY SURGERY, RADIATION OR CHEMOTHERAPY OR ANY OTHER MEDICAL TREATMENT.

2. "INFERTILITY" MEANS THE CONDITION OF AN INDIVIDUAL WHO IS UNABLE TO CONCEIVE OR PRODUCE CONCEPTION DURING A PERIOD OF TWELVE MONTHS IF THE INDIVIDUAL IS THIRTY-FIVE YEARS OF AGE OR YOUNGER OR SIX MONTHS IF THE INDIVIDUAL IS OLDER THAN THIRTY-FIVE YEARS OF AGE. IF AN INDIVIDUAL CONCEIVES BUT IS UNABLE TO CARRY THAT PREGNANCY TO LIVE BIRTH, THE PERIOD OF TIME SPENT ATTEMPTING TO CONCEIVE BEFORE ACHIEVING THAT PREGNANCY SHALL BE INCLUDED IN THE CALCULATION OF THE TWELVE-MONTH OR SIX-MONTH PERIOD, AS APPLICABLE.

3. "REASONABLE ATTEMPTS" MEANS NOT MORE THAN THREE TREATMENT CYCLES OF OVULATION INDUCTION OR INTRAUTERINE INSEMINATIONS.

Sec. 4. Title 20, chapter 6, article 5, Arizona Revised Statutes, is amended by adding section 20-1406.10, to read:

20-1406.10. Infertility treatment coverage; definitions

A. ANY GROUP OR BLANKET DISABILITY INSURANCE POLICY THAT IS ISSUED TO AN INSURED AND THAT INCLUDES MATERNITY BENEFITS SHALL INCLUDE COVERAGE FOR THE MEDICALLY NECESSARY EXPENSES OF DIAGNOSIS AND TREATMENT OF INFERTILITY, INCLUDING THE FOLLOWING:

1. INTRAUTERINE INSEMINATION OR IUI.

2. IN VITRO FERTILIZATION.

3. SPERM, EGG AND INSEMINATED EGG PROCUREMENT AND PROCESSING.

4. BANK OF SPERM, EGG OR INSEMINATED EGGS.

5. INTRACYTOPLASMIC SPERM INJECTION.

6. ASSISTED HATCHING.

7. CRYOPRESERVATION OF EGGS, EMBRYOS AND SPERM.

8. PROCEDURES, INCLUDING SURGICAL PROCEDURES, FOR THE PURPOSES OF EXPLORATION, DIAGNOSES OR CORRECTION OF DISEASE OR CONDITIONS OF THE REPRODUCTIVE SYSTEM, INCLUDING:

   (a) ENDOMETRIOSIS.

   (b) DISORDER AFFECTING THE FUNCTION OF THE FALLOPIAN TUBES.

   (c) TESTICULAR FAILURE AND OTHER DISORDERS AFFECTING THE MALE REPRODUCTIVE TRACT.

   (d) UTERINE ANOMALIES.

   (e) PELVIC ADHESIVE DISEASE.

B. ANY GROUP OR BLANKET DISABILITY INSURANCE POLICY THAT IS ISSUED TO AN INSURED AND THAT INCLUDES MATERNITY BENEFITS SHALL INCLUDE COVERAGE FOR MEDICALLY NECESSARY EXPENSES FOR FERTILITY PRESERVATION SERVICES IF A
NECESSARY MEDICAL TREATMENT MAY DIRECTLY OR INDIRECTLY CAUSE IATROGENIC INFERTILITY.

C. COVERAGE FOR IN VITRO FERTILIZATION SHALL BE PROVIDED TO AN INSURED IF THE PERSON HAS NOT BEEN ABLE TO ATTAIN OR SUSTAIN A SUCCESSFUL PREGNANCY TO LIVE BIRTH AFTER REASONABLE ATTEMPTS WITH OTHER TYPES OF FERTILITY TREATMENTS THAT ARE COVERED BY INSURANCE, UNLESS IN VITRO FERTILIZATION IS THE ONLY MEDICALLY INDICATED TREATMENT. IN VITRO FERTILIZATION IS LIMITED TO THREE COMPLETE CYCLES AND MAY BE EITHER FRESH OR FROZEN EMBRYO TRANSFERS. THERE IS NO LIMIT ON FROZEN TRANSFERS IF FROZEN EMBRYOS ARE AVAILABLE FROM A PRIOR RETRIEVAL. IN VITRO FERTILIZATION SHALL FOLLOW THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE GUIDELINES AND BE PERFORMED AT MEDICAL FACILITIES THAT CONFORM TO THE GUIDELINES OF THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE AND THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS.

D. ANY GROUP OR BLANKET DISABILITY INSURANCE POLICY THAT PROVIDES PRESCRIPTION DRUG COVERAGE SHALL INCLUDE PRESCRIPTION DRUGS FOR INFERTILITY DIAGNOSIS AND TREATMENT. A GROUP OR BLANKET DISABILITY INSURER MAY NOT IMPOSE ANY EXCLUSIONS, LIMITATIONS OR OTHER RESTRICTIONS ON COVERAGE OF INFERTILITY DRUGS THAT ARE DIFFERENT FROM THOSE IMPOSED ON ANY OTHER PRESCRIPTION DRUGS AND MAY NOT IMPOSE DEDUCTIBLES, COPAYMENTS, COINSURANCE, BENEFIT MAXIMUMS, WAITING PERIODS OR OTHER LIMITATIONS ON COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF INFERTILITY THAT ARE DIFFERENT FROM THOSE IMPOSED ON BENEFITS FOR SERVICES NOT RELATED TO INFERTILITY.

E. THIS SECTION DOES NOT APPLY TO EXPERIMENTAL INFERTILITY TREATMENTS, SURROGACY OR THE REVERSAL OF VOLUNTARY STERILIZATIONS.

F. FOR THE PURPOSES OF THIS SECTION:

1. "IATROGENIC INFERTILITY" MEANS AN IMPAIRMENT OF FERTILITY THAT IS CAUSED BY SURGERY, RADIATION OR CHEMOTHERAPY OR ANY OTHER MEDICAL TREATMENT.

2. "INFERTILITY" MEANS THE CONDITION OF AN INDIVIDUAL WHO IS UNABLE TO CONCEIVE OR PRODUCE CONCEPTION DURING A PERIOD OF TWELVE MONTHS IF THE INDIVIDUAL IS THIRTY-FIVE YEARS OF AGE OR YOUNGER OR SIX MONTHS IF THE INDIVIDUAL IS OLDER THAN THIRTY-FIVE YEARS OF AGE. IF AN INDIVIDUAL CONCEIVES BUT IS UNABLE TO CARRY THAT PREGNANCY TO LIVE BIRTH, THE PERIOD OF TIME SPENT ATTEMPTING TO CONCEIVE BEFORE ACHIEVING THAT PREGNANCY SHALL BE INCLUDED IN THE CALCULATION OF THE TWELVE-MONTH OR SIX-MONTH PERIOD, AS APPLICABLE.

3. "REASONABLE ATTEMPTS" MEANS NOT MORE THAN THREE TREATMENT CYCLES OF OVULATION INDUCTION OR INTRAUTERINE INSEMINATIONS.