**South Carolina General Assembly**

122nd Session, 2017-2018

**S. 10**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Reese, Johnson and McLeod

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Introduced in the Senate on January 10, 2017

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Infertility diagnosis and treatment coverage

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/13/2016 Senate Prefiled

12/13/2016 Senate Referred to Committee on **Banking and Insurance**

1/10/2017 Senate Introduced and read first time ([Senate Journal‑page 22](file:///h:\sj\20170110.docx))

1/10/2017 Senate Referred to Committee on **Banking and Insurance** ([Senate Journal‑page 22](file:///h:\sj\20170110.docx))

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**VERSIONS OF THIS BILL**

[12/13/2016](file:///p:\pprever\2017-18\10_20161213.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑295 SO AS TO REQUIRE HEALTH INSURANCE PROVIDERS TO PROVIDE COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF INFERTILITY, WITH EXCEPTIONS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑295. (A) Subject to the limitations set forth in subsection (B)(1) and except as provided in subsection (C), every health maintenance organization, individual and group health insurance policy, or contract issued or renewed in this State on or after January 1, 2018, must provide coverage for the medically necessary expenses of the diagnosis and treatment of infertility including, but not limited to, ovulation induction, intrauterine insemination, in vitro fertilization, sperm donation, embryo transfer, and low tubal ovum transfer.

(B)(1) A policy described in subsection (A) may:

(a) limit coverage to an individual until the date of the individual’s fortieth birthday;

(b) limit coverage for ovulation induction to a lifetime maximum benefit of four cycles;

(c) limit coverage for intrauterine insemination to a lifetime maximum benefit of three cycles;

(d) limit coverage for sperm donation to a lifetime maximum benefit of three cycles;

(e) limit lifetime benefits to a maximum of two cycles, with not more than two embryo implantations per cycle, for in vitro fertilization or low tubal ovum transfer, provided each fertilization or transfer must be credited toward the maximum as one cycle;

(f) limit coverage for in vitro fertilization and low tubal ovum transfer to those individuals who have been unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatments or procedures covered under the policy; however, nothing in this subitem may be construed to deny the coverage required by this section to any individual who foregoes a particular infertility treatment or procedure if the individual’s physician determines that the treatment or procedure is likely to be unsuccessful;

(g) limit coverage if an individual has undergone elective sterilization; and

(h) require that covered infertility treatment or procedures be performed at facilities that conform to the standards and guidelines developed by the American Society of Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility.

(2) The coverage limitations allowed pursuant to item (1) do not apply to oncofertility patients, except that the coverage may be limited for an oncofertility patient who is forty years of age or older, pursuant to subitem (a), and for an oncofertility patient who undergoes elective sterilization before receiving a cancer diagnosis, pursuant to subitem (g).

(C)(1) Any insurance company, hospital or medical service corporation, or health care center may issue to a religious employer an individual health insurance policy that excludes coverage for methods of diagnosis and treatment of infertility that are contrary to the religious employer’s bona fide religious tenets.

(2) Upon the written request of an individual who states in writing that methods of diagnosis and treatment of infertility are contrary to the individual’s religious or moral beliefs, any insurance company, hospital or medical service corporation, or health care center may issue to or on behalf of the individual a policy or rider that excludes coverage for those methods.

(D) Any health insurance policy issued pursuant to subsection (C)(1) must provide written notice to each insured or prospective insured that methods of diagnosis and treatment of infertility are excluded from coverage. The notice must appear, in not less than ten‑point type, in the policy, application, and sales brochure for the policy.

(E) As used in this section:

(1) ‘Infertility’ means the condition of a presumably healthy individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one‑year period.

(2) ‘Religious employer’ means an employer that is a ‘qualified church‑controlled organization’, as defined in 26 U.S.C. 3121 or a church‑affiliated organization.”

SECTION 2. This act takes effect upon approval by the Governor.

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