

110TH CONGRESS
1ST SESSION

H. R. 2892

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, chapter 89 of title 5, United States Code, and title 10, United States Code, to require coverage for the treatment of infertility.

IN THE HOUSE OF REPRESENTATIVES

JUNE 27, 2007

Mr. WEINER (for himself and Ms. WASSERMAN SCHULTZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, Oversight and Government Reform, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, chapter 89 of title 5, United States Code, and title 10, United States Code, to require coverage for the treatment of infertility.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Family Building Act of 2007”.

1 (b) FINDINGS.—Congress makes the following find-
2 ings:

3 (1) Infertility is a disease affecting more than
4 6,000,000 American women and men, about 10 per-
5 cent of the reproductive age population.

6 (2) Recent improvements in therapy make preg-
7 nancy possible for more couples than in past years.

8 (3) The majority of group health plans do not
9 provide coverage for infertility therapy.

10 (4) A fundamental part of the human experi-
11 ence is fulfilling the desire to reproduce.

12 **SEC. 2. STANDARDS RELATING TO BENEFITS FOR TREAT-**
13 **MENT OF INFERTILITY.**

14 (a) GROUP HEALTH PLANS.—

15 (1) PUBLIC HEALTH SERVICE ACT AMEND-
16 MENT.—(A) Subpart 2 of part A of title XXVII of
17 the Public Health Service Act is amended by adding
18 at the end the following new section:

19 **“SEC. 2707. STANDARDS RELATING TO BENEFITS FOR**
20 **TREATMENT OF INFERTILITY.**

21 **“(a) REQUIREMENTS FOR COVERAGE OF TREAT-**
22 **MENT OF INFERTILITY.—**

23 **“(1) IN GENERAL.—**In a case in which a group
24 health plan, and a health insurance issuer offering
25 group health insurance coverage provides coverage

1 for obstetrical services, such plan or issuer shall in-
2 clude (consistent with this section) coverage for
3 treatment of infertility.

4 “(2) INFERTILITY DEFINED.—For purposes of
5 this section, the term ‘infertility’ means a disease or
6 condition that results in the abnormal function of
7 the reproductive system, which results in—

8 “(A) the inability to conceive after 1 year
9 of unprotected intercourse, or

10 “(B) the inability to carry a pregnancy to
11 live birth.

12 “(b) REQUIRED COVERAGE.—

13 “(1) IN GENERAL.—A group health plan, and a
14 health insurance issuer offering group health insur-
15 ance coverage shall provide coverage for treatment
16 of infertility deemed appropriate by a participant or
17 beneficiary and the treating physician. Such treat-
18 ment shall include ovulation induction, artificial in-
19 semination, in vitro fertilization (IVF), gamete
20 intrafallopian transfer (GIFT), zygote intrafallopian
21 transfer (ZIFT), intracytoplasmic sperm injection
22 (ICSI), and any other treatment provided it has
23 been deemed as ‘non-experimental’ by the Secretary
24 of Health and Human Services after consultation
25 with appropriate professional and patient organiza-

1 tions such as the American Society for Reproductive
2 Medicine, RESOLVE, and the American College of
3 Obstetricians and Gynecologists.

4 “(2) LIMITATION ON COVERAGE OF ASSISTED
5 REPRODUCTIVE TECHNOLOGY.—

6 “(A) IN GENERAL.—In the case of assisted
7 reproductive technology, coverage shall be pro-
8 vided if—

9 “(i) the participant or beneficiary has
10 been unable to bring a pregnancy to a live
11 birth through less costly medically appro-
12 priate infertility treatments for which cov-
13 erage is available under the insured’s pol-
14 icy, plan, or contract;

15 “(ii) the participant or beneficiary has
16 not undergone 4 complete oocyte retrievals,
17 except that if a live birth follows a com-
18 pleted oocyte retrieval, then at least 2
19 more completed oocyte retrievals shall be
20 covered, with a lifetime cap of 6 retrievals;
21 and

22 “(iii) the treatment is performed at a
23 medical facility that—

1 “(I) conforms to the standards of
2 the American Society for Reproductive
3 Medicine; and

4 “(II) is in compliance with any
5 standards set by an appropriate Fed-
6 eral agency.

7 “(B) DEFINITION OF ASSISTED REPRO-
8 DUCTIVE TECHNOLOGY.—For purposes of this
9 paragraph, the term ‘assisted reproductive tech-
10 nology’ includes all treatments or procedures
11 that involve the handling of human egg and
12 sperm for the purpose of helping a woman be-
13 come pregnant. Types of Assisted Reproductive
14 Technology include in vitro fertilization, gamete
15 intrafallopian transfer, zygote intrafallopian
16 transfer, embryo cryopreservation, egg or em-
17 bryo donation, and surrogate birth.

18 “(3) REVIEW BY THE SECRETARY OF HEALTH
19 AND HUMAN SERVICES.—Not later than 5 years
20 after the date of enactment of the Family Building
21 Act of 2007, the Secretary of Health and Human
22 Services, in consultation with the American Society
23 for Reproductive Medicine and RESOLVE: the Na-
24 tional Infertility Association, shall review the re-

1 requirements for treatment of infertility established
2 under paragraphs (1) and (2).

3 “(c) LIMITATION.—Deductibles, coinsurance, and
4 other cost-sharing or other limitations for infertility ther-
5 apy may not be imposed to the extent they exceed the
6 deductibles, coinsurance, and limitations that are applied
7 to similar services under the group health plan or health
8 insurance coverage.

9 “(d) PROHIBITIONS.—A group health plan, and a
10 health insurance issuer offering group health insurance
11 coverage in connection with a group health plan, may
12 not—

13 “(1) deny to a participant or beneficiary eligi-
14 bility, or continued eligibility, to enroll or to renew
15 coverage under the terms of the plan, solely for the
16 purpose of avoiding the requirements of this section;

17 “(2) provide incentives (monetary or otherwise)
18 to a participant or beneficiary to encourage such
19 participant or beneficiary not to be provided infer-
20 tility treatments to which they are entitled under
21 this section or to providers to induce such providers
22 not to provide such treatments to qualified partici-
23 pants or beneficiaries;

24 “(3) prohibit a provider from discussing with a
25 participant or beneficiary infertility treatment tech-

1 niques or medical treatment options relating to this
2 section; or

3 “(4) penalize or otherwise reduce or limit the
4 reimbursement of a provider because such provider
5 provided infertility treatments to a qualified partici-
6 pant or beneficiary in accordance with this section.

7 “(e) RULE OF CONSTRUCTION.—Nothing in this sec-
8 tion shall be construed to require a participant or bene-
9 ficiary to undergo infertility therapy.

10 “(f) NOTICE.—A group health plan under this part
11 shall comply with the notice requirement under section
12 713(b) of the Employee Retirement Income Security Act
13 of 1974 with respect to the requirements of this section
14 as if such section applied to such plan.

15 “(g) LEVEL AND TYPE OF REIMBURSEMENTS.—
16 Nothing in this section shall be construed to prevent a
17 group health plan or a health insurance issuer offering
18 group health insurance coverage from negotiating the level
19 and type of reimbursement with a provider for care pro-
20 vided in accordance with this section.

21 “(h) PREEMPTION.—The provisions of this section do
22 not preempt State law relating to health insurance cov-
23 erage to the extent such State law provides greater bene-
24 fits with respect to infertility treatments or prevention.”.

1 (1) GROUP HEALTH PLANS AND GROUP
2 HEALTH INSURANCE COVERAGE.—Subject to para-
3 graph (3), the amendments made by subsection (a)
4 apply with respect to group health plans for plan
5 years beginning on or after the date occurring 6
6 months after the date of the enactment of this Act.

7 (2) INDIVIDUAL HEALTH INSURANCE COV-
8 ERAGE.—The amendments made by subsection (b)
9 apply with respect to health insurance coverage of-
10 fered, sold, issued, renewed, in effect, or operated in
11 the individual market on or after such date.

12 (3) COLLECTIVE BARGAINING EXCEPTION.—In
13 the case of a group health plan maintained pursuant
14 to one or more collective bargaining agreements be-
15 tween employee representatives and one or more em-
16 ployers ratified before the date of enactment of this
17 Act, the amendments made by subsection (a) shall
18 not apply to plan years beginning before the later
19 of—

20 (A) the date on which the last collective
21 bargaining agreements relating to the plan ter-
22 minates (determined without regard to any ex-
23 tension thereof agreed to after the date of en-
24 actment of this Act), or

1 (B) the date occurring 6 months after the
2 date of the enactment of this Act.

3 For purposes of subparagraph (A), any plan amend-
4 ment made pursuant to a collective bargaining
5 agreement relating to the plan which amends the
6 plan solely to conform to any requirement added by
7 subsection (a) shall not be treated as a termination
8 of such collective bargaining agreement.

9 **SEC. 3. AMENDMENT TO TITLE 5, UNITED STATES CODE.**

10 (a) IN GENERAL.—Section 8902 of title 5, United
11 States Code, is amended by adding at the end the fol-
12 lowing new subsection:

13 “(p)(1) Each contract under this chapter which pro-
14 vides obstetrical benefits shall also provide (in a manner
15 consistent with section 2707 of the Public Health Service
16 Act) coverage for the diagnosis and treatment of infertility
17 (as defined by such section).

18 “(2) Subsection (m)(1) shall not, with respect to any
19 contract under this chapter, prevent the inclusion of any
20 terms which, under paragraph (1), are required by reason
21 of section 2707(h) of the Public Health Service Act.”.

22 (b) EFFECTIVE DATE.—The amendment made by
23 this section shall apply with respect to contracts entered
24 into or renewed for contract years beginning at least 6
25 months after the date of enactment of this Act.

1 **SEC. 4. DEFENSE HEALTH CARE PLANS.**

2 (a) IN GENERAL.—(1) Chapter 55 of title 10, is
3 amended by inserting after section 1099 the following new
4 section:

5 **“§ 1099a. Health care plans: obstetrical and infertility**
6 **benefits**

7 “(a) IN GENERAL.—Any health care plan under this
8 chapter that provides obstetrical benefits shall also provide
9 (in a manner consistent with section 2707 of the Public
10 Health Service Act) coverage for the diagnosis and treat-
11 ment of infertility (as defined by such section).

12 “(b) REGULATIONS.—The Secretary of Defense shall
13 prescribe any regulations necessary to carry out this sec-
14 tion.”.

15 (2) The table of sections at the beginning of such
16 chapter is amended by adding at the end the following
17 new item:

“1099a. Health care plans: obstetrical and infertility benefits.”.

18 (b) EFFECTIVE DATE.—The amendment made by
19 this section shall apply with respect to contracts entered
20 into or renewed for contract years beginning at least 6
21 months after the date of enactment of this Act.

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