

107TH CONGRESS  
1ST SESSION

# H. R. 389

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

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 31, 2001

Mr. WEINER (for himself, Mr. BENTSEN, Mr. ANDREWS, Mr. ENGEL, Mr. FRANK, Mr. GUTIERREZ, Mr. PRICE of North Carolina, Ms. WOOLSEY, Mr. DAVIS of Illinois, Ms. ESHOO, Mr. FROST, Mrs. LOWEY, Mr. MEEHAN, Mr. SANDERS, and Mr. WYNN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Government Reform, 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

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## A BILL

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and chapter 89 of title 5, 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 2001”.

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

23 “(I) conforms to the standards of  
24 the American Society for Reproductive  
25 Medicine; and

1                   “(II) is in compliance with any  
2                   standards set by an appropriate Fed-  
3                   eral agency.

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

15                  “(3) REVIEW BY THE SECRETARY OF HEALTH  
16                  AND HUMAN SERVICES.—Not later than 5 years  
17                  after the date of enactment of the Family Building  
18                  Act of 2001, the Secretary of Health and Human  
19                  Services, in consultation with the American Society  
20                  for Reproductive Medicine, RESOLVE, and the Na-  
21                  tional Infertility Association shall review the require-  
22                  ments for treatment of infertility established under  
23                  paragraphs (1) and (2).

24                  “(c) LIMITATION.—Deductibles, coinsurance, and  
25                  other cost-sharing or other limitations for infertility ther-

1 apy may not be imposed to the extent they exceed the  
2 deductibles, coinsurance, and limitations that are applied  
3 to similar services under the group health plan or health  
4 insurance coverage.

5 “(d) PROHIBITIONS.—A group health plan, and a  
6 health insurance issuer offering group health insurance  
7 coverage in connection with a group health plan, may  
8 not—

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

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

20 “(3) prohibit a provider from discussing with a  
21 participant or beneficiary infertility treatment tech-  
22 niques or medical treatment options relating to this  
23 section; or

24 “(4) penalize or otherwise reduce or limit the  
25 reimbursement of a provider because such provider

1 provided infertility treatments to a qualified partici-  
 2 pant or beneficiary in accordance with this section.

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

6 “(f) NOTICE.—A group health plan under this part  
 7 shall comply with the notice requirement under section  
 8 713(b) of the Employee Retirement Income Security Act  
 9 of 1974 with respect to the requirements of this section  
 10 as if such section applied to such plan.

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

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

21 (B) Section 2723(c) of such Act (42 U.S.C.  
 22 300gg–23(c)) is amended by striking “section 2704”  
 23 and inserting “sections 2704 and 2707”.

24 (2) ERISA AMENDMENT.—(A) Subpart B of  
 25 part 7 of subtitle B of title I of the Employee Re-

1       tirement Income Security Act of 1974 is amended by  
2       adding at the end the following new section:

3       **“SEC. 714. STANDARDS RELATING TO BENEFITS FOR**  
4               **TREATMENT OF INFERTILITY.**

5       “(a) IN GENERAL.—A group health plan and a health  
6       insurance issuer offering group health insurance coverage  
7       in connection with such a plan shall comply with the re-  
8       quirements of section 2707 of the Public Health Service  
9       Act, and such requirements shall be deemed to be incor-  
10      porated into this subsection.

11      “(b) NOTICE.—A health insurance issuer offering  
12      health insurance coverage in connection with a group  
13      health plan shall comply with the notice requirement  
14      under section 713(b) with respect to the requirements re-  
15      ferred to in subsection (a) as if such section applied to  
16      such issuer and such issuer were a group health plan.”.

17              (B) Section 732(a) of such Act (29 U.S.C.  
18      1191a(a)) is amended by striking “section 711” and  
19      inserting “sections 711 and 714”.

20              (C) The table of contents in section 1 of such  
21      Act is amended by inserting after the item relating  
22      to section 713 the following new item:

“Sec. 714. Standards relating to benefits for treatment of infertility.”.

23      (b) INDIVIDUAL HEALTH INSURANCE.—(1) Part B  
24      of title XXVII of the Public Health Service Act is amend-



1 ed by inserting after section 2752 the following new sec-  
 2 tion:

3 **“SEC. 2753. STANDARD RELATING TO BENEFITS FOR**  
 4 **TREATMENT OF INFERTILITY.**

5 “(a) IN GENERAL.—The provisions of section 2707  
 6 shall apply to health insurance coverage offered by a  
 7 health insurance issuer in the individual market in the  
 8 same manner as they apply to health insurance coverage  
 9 offered by a health insurance issuer in connection with a  
 10 group health plan in the small or large group market.

11 “(b) NOTICE.—A health insurance issuer under this  
 12 part shall comply with the notice requirement under sec-  
 13 tion 713(b) of the Employee Retirement Income Security  
 14 Act of 1974 with respect to the requirements referred to  
 15 in subsection (a) as if such section applied to such issuer  
 16 and such issuer were a group health plan.”.

17 (2) Section 2762(b)(2) of such Act (42 U.S.C.  
 18 300gg–62(b)(2)) is amended by striking “section 2751”  
 19 and inserting “sections 2751 and 2753”.

20 (c) EFFECTIVE DATES.—

21 (1) GROUP HEALTH PLANS AND GROUP  
 22 HEALTH INSURANCE COVERAGE.—Subject to para-  
 23 graph (3), the amendments made by subsection (a)  
 24 apply with respect to group health plans for plan  
 25 years beginning on or after January 1, 2002.

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

6           (3) COLLECTIVE BARGAINING EXCEPTION.—In  
7       the case of a group health plan maintained pursuant  
8       to 1 or more collective bargaining agreements be-  
9       tween employee representatives and 1 or more em-  
10      ployers ratified before the date of enactment of this  
11      Act, the amendments made by subsection (a) shall  
12      not apply to plan years beginning before the later  
13      of—

14                (A) the date on which the last collective  
15                bargaining agreements relating to the plan ter-  
16                minates (determined without regard to any ex-  
17                tension thereof agreed to after the date of en-  
18                actment of this Act), or

19                (B) January 1, 2002.

20       For purposes of subparagraph (A), any plan amend-  
21       ment made pursuant to a collective bargaining  
22       agreement relating to the plan which amends the  
23       plan solely to conform to any requirement added by  
24       subsection (a) shall not be treated as a termination  
25       of such collective bargaining agreement.

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

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

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

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

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

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