



Rep. Margaret Croke

**Filed: 3/18/2021**

10200HB3709ham001

LRB102 04399 BMS 23789 a

1 AMENDMENT TO HOUSE BILL 3709

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3709 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 changing Section 356m as follows:

6 (215 ILCS 5/356m) (from Ch. 73, par. 968m)

7 Sec. 356m. Infertility coverage.

8 (a) No group policy of accident and health insurance  
9 providing coverage for more than 25 employees that provides  
10 pregnancy related benefits may be issued, amended, delivered,  
11 or renewed in this State after the effective date of this  
12 amendatory Act of the 99th General Assembly unless the policy  
13 contains coverage for the diagnosis and treatment of  
14 infertility including, but not limited to, in vitro  
15 fertilization, uterine embryo lavage, embryo transfer,  
16 artificial insemination, gamete intrafallopian tube transfer,

1 zygote intrafallopian tube transfer, and low tubal ovum  
2 transfer.

3 (b) The coverage required under subsection (a) is subject  
4 to the following conditions:

5 (1) Coverage for procedures for in vitro  
6 fertilization, gamete intrafallopian tube transfer, or  
7 zygote intrafallopian tube transfer shall be required only  
8 if:

9 (A) the covered individual has been unable to  
10 attain a viable pregnancy, maintain a viable  
11 pregnancy, or sustain a successful pregnancy through  
12 reasonable, less costly medically appropriate  
13 infertility treatments for which coverage is available  
14 under the policy, plan, or contract;

15 (B) the covered individual has not undergone 4  
16 completed oocyte retrievals, except that if a live  
17 birth follows a completed oocyte retrieval, then 2  
18 more completed oocyte retrievals shall be covered; and

19 (C) the procedures are performed at medical  
20 facilities that conform to the American College of  
21 Obstetric and Gynecology guidelines for in vitro  
22 fertilization clinics or to the American Fertility  
23 Society minimal standards for programs of in vitro  
24 fertilization.

25 (2) The procedures required to be covered under this  
26 Section are not required to be contained in any policy or

1 plan issued to or by a religious institution or  
2 organization or to or by an entity sponsored by a  
3 religious institution or organization that finds the  
4 procedures required to be covered under this Section to  
5 violate its religious and moral teachings and beliefs.

6 (c) As used in ~~For purpose of~~ this Section, "infertility"  
7 means a disease, condition, or status characterized by: ~~the~~  
8 ~~inability to conceive after one year of unprotected sexual~~  
9 ~~intercourse, the inability to conceive after one year of~~  
10 ~~attempts to produce conception, the inability to conceive~~  
11 ~~after an individual is diagnosed with a condition affecting~~  
12 ~~fertility, or the inability to sustain a successful pregnancy.~~

13 (1) a failure to establish a pregnancy or to carry a  
14 pregnancy to live birth after 12 months of regular,  
15 unprotected sexual intercourse if the woman is 35 years of  
16 age or younger, or after 6 months of regular, unprotected  
17 sexual intercourse if the woman is over 35 years of age;  
18 conceiving but having a miscarriage does not restart the  
19 12-month or 6-month term for determining infertility;

20 (2) a person's inability to reproduce either as a  
21 single individual or with a partner without medical  
22 intervention; or

23 (3) a licensed physician's findings based on a  
24 patient's medical, sexual, and reproductive history, age,  
25 physical findings, or diagnostic testing.

26 (d) A policy, contract, or certificate may not impose any

1 exclusions, limitations, or other restrictions on coverage of  
2 fertility medications that are different from those imposed on  
3 any other prescription medications, nor may it impose any  
4 exclusions, limitations, or other restrictions on coverage of  
5 any fertility services based on a covered individual's  
6 participation in fertility services provided by or to a third  
7 party, nor may it impose deductibles, copayments, coinsurance,  
8 benefit maximums, waiting periods, or any other limitations on  
9 coverage for the diagnosis of infertility, treatment for  
10 infertility, and standard fertility preservation services,  
11 except as provided in this Section, that are different from  
12 those imposed upon benefits for services not related to  
13 infertility.

14 (Source: P.A. 99-421, eff. 1-1-16.)".