

**ALBANY IVF, FERTILITY AND GYNECOLOGY**

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**NYS INSURANCE COVERAGE MANDATE**

**Senate Bill 6257-B and Assembly bill 9759-B, Part K**

**(This section of the bill applies to the infertility mandate)**

This law requires insurance policies that provide coverage for surgical and medical care to cover diagnosis and treatment of infertility. The law specifically includes diagnostic tests and procedures as well as prescriptions. It specifically excludes coverage for in vitro fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT) and reversal of sterilization among others.

It specifies that a person must be covered under a policy for 12 months before qualifying for the therapy and the determination of infertility must be in accordance with American College of Ob-Gyn (ACOG) and American Society of Reproductive Medicine (ASRM) guidelines. Most interesting in this mandate is the creation of a \$10 million fund for 2002 to be administered by the Commissioner of Health in the form of grants to providers to improve access to uncovered infertility services, treatments and procedures that utilize assisted reproductive technologies (ART).

Mandated coverage specific include:

All group policies

Diagnosis and treatment

Medications that are FDA approved

Surgery

Limited to patients whose ages range from 21-44

Co-pays, co-insurance must be similar to other disease states

Individual must be covered by a policy(previous or current) for 12 months

The following must follow ACOG and ASRM guidelines:

-Definition of infertility

-Identification of experimental procedures

-Standards for health care providers

-Determination of appropriate medical candidates

Specifically excluded in the mandate are:

In vitro fertilization (IVF)

Gamete intra fallopian transfer (GIFT)

Zygote intra fallopian transfer (ZIFT)

Diagnosis and treatment of infertility in connection with

-Reversal of elective sterilization

-Sex change operations

-Cloning

-Experimental services or procedures

The law also exempts the self-insured, unions and programs regulated by the federal government.

This mandate is in effect as of September 1, 2002. However, patients will be covered as of the effective date of their insurance policy renewal.

If you have any further questions on how this mandate will effective your coverage, we encourage you to contact your insurance company directly.

You can view and print a copy of the bill at the following web site:

<http://public.leginfo.state.ny.us/menugetf.cgi>

Once at this site type in the bill #S4650 and click "text" and search.  
The infertility mandate section is "Part K" starts on page 63.

**NYS Mandate 01.09.04 [PMH]**