

Assembly Bill No. 912

Passed the Assembly September 10, 2013

Chief Clerk of the Assembly

Passed the Senate September 6, 2013

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2013, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to add Section 1374.551 to the Health and Safety Code, and to add Section 10119.61 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 912, Quirk-Silva. Health care coverage: fertility preservation.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Under existing law, a health care service plan and a health insurer are required to offer group coverage for the treatment of infertility, as defined.

This bill would require a health care service plan and a health insurer to provide, on a large group basis, coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.

Because the bill would specify additional requirements for a health care service plan under the act, the willful violation of which would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 1374.551 is added to the Health and Safety Code, immediately following Section 1374.55, to read:

1374.551. (a) Every large group health care service plan that is issued, amended, or renewed on and after January 1, 2014, that provides hospital, medical, or surgical coverage shall include coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee.

(b) For purposes of this section the following terms have the following meanings:

(1) “Standard fertility preservation services” means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other reputable professional medical organizations.

(2) “May directly or indirectly cause” means treatment with a likely side effect of infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other reputable professional organizations.

(c) The department may adopt regulations to implement this section.

SEC. 2. Section 10119.61 is added to the Insurance Code, immediately following Section 10119.6, to read:

10119.61. (a) Every health insurer that issues, amends, or renews a policy on and after January 1, 2014, that covers hospital, medical, or surgical expenses on a large group basis shall include coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an insured.

(b) For purposes of this section the following terms have the following meanings:

(1) “Standard fertility preservation services” means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other reputable professional medical organizations.

(2) “May directly or indirectly cause” means treatment with a likely side effect of infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other reputable professional organizations.

(c) The department may adopt regulations to implement this section.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Approved _____, 2013

Governor