

# A STUDY OF NEW JERSEY ASSEMBLY BILL 4027

REQUIRES HEALTH INSURANCE COVERAGE OF  
PREIMPLANTATION GENETIC TESTING WITH  
IN VITRO FERTILIZATION UNDER CERTAIN  
CONDITIONS

Report to the New Jersey Assembly

October 23, 2024

Mandated Health Benefits Advisory Commission



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## INTRODUCTION

The Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review A4027 (see Appendix I for a copy of the legislation), a bill that requires health insurance carriers to provide coverage of preimplantation genetic testing (PGT) used in conjunction with in vitro fertilization (IVF).<sup>1</sup> The bill would apply to large group coverage issued by a health service corporation, hospital service corporation, medical service corporation, commercial group health insurer, health maintenance organization, and entities contracted to administer health benefits in connection with the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP).

Specifically, A4027 would require coverage for “preimplantation genetic testing, including in vitro fertilization, where the covered persons are not infertile, for the purpose of preventing certain serious genetic conditions from being passed on to offspring.” The bill permits insurers to limit coverage to persons where:

- (1) both partners are known carriers of an autosomal recessive disorder;
- (2) one partner is a known carrier of a single gene autosomal recessive disorder and the partners have one offspring that has been diagnosed with that recessive disorder;
- (3) one partner is a known carrier of a single gene autosomal disorder;
- (4) one partner is a known carrier of a single X-linked disorder; and
- (5) the genetic condition, if passed on to the covered persons’ offspring, would result in significant health problems or severe disability.

It should be noted that the mandate that would be established under A4027 may overlap with, but would operate separately from, coverage for IVF treatment for infertility. Although genetic testing may be used in connection with IVF treatment for infertility to avoid the transmission of certain genetic conditions to offspring, and some portion of that population would be covered under the provisions of A4027, A4027 would apply to covered individuals seeking genetic testing in connection with IVF independently of whether they are seeking IVF for the treatment of infertility.

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1 et seq.) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The Act does not ask the Commission to

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<sup>1</sup> *It should be noted that, as introduced, A4027 would amend sections of law that were revised by P.L.2023, c.258, which expanded coverage requirements for infertility treatment. We note that the text of A4027 has not been updated to incorporate the provisions of P.L.2023, c.258 enactment.*

recommend whether to enact the legislation, and the Commission does not do so here. The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections. The MHBAC has sought to include information from a number of reputable sources that it found credible but recognizes that opinions and analyses may differ.

## **MEDICAL EVIDENCE**

Washington University's Fertility and Reproductive Medicine Center defines preimplantation genetic testing (PGT) as "a procedure used to identify genetic differences in embryos created with in vitro fertilization (IVF)... The goal of PGT is to significantly reduce the chances of transferring an embryo with a specific genetic condition or certain types of chromosome abnormalities."<sup>i</sup> According to the Fertility and Reproductive Medicine Center there are three types of PGT:

- **Preimplantation genetic testing for aneuploidy (PGT-A)** is performed to screen embryos for certain chromosomal abnormalities. It is common for embryos to have random chromosome abnormalities, such as a missing or extra chromosome, called aneuploidy. In most instances the chromosome abnormalities happen by chance and are not inherited from a patient or gamete donor. Embryos with aneuploidy are less likely to transfer successfully during IVF and are more likely to result in miscarriage. Some types of aneuploidies can result in the birth of babies with Down syndrome or Turner syndrome.
- **Preimplantation genetic testing for monogenic disorders (PGT-M)** is performed when a patient or the patient's partner or gamete donor has an increased risk for a specific genetic condition that could be passed to an embryo. PGT-M is appropriate when an individual is affected with a genetic condition that could be passed on to the individual's children, for individuals who are carriers for an X-linked condition, or when an individual and the individual's partner or gamete donor are both carriers for the same autosomal recessive condition.
- **Preimplantation genetic testing for structural rearrangements (PGT-SR)** is performed when a patient or the patient's partner or gamete donor has a rearrangement of chromosomes, such as a translocation or inversion. A person with a translocation or inversion is at increased risk of producing embryos with missing or extra pieces of chromosomes. Such embryos are more likely to result in miscarriage, stillbirth, or a child born with serious health issues.<sup>ii</sup>

PGT-A is frequently considered for patients who have experienced recurrent miscarriages, several unsuccessful IVF cycles, or a previous pregnancy or birth of a child with specific chromosome abnormalities. PGT-M and PGT-SR are indicated when the patient, partner, or gamete donor has genetic test results that suggest embryos produced by the patient, partner, or donor are at a greater risk of carrying a genetic disorder or identified chromosome abnormality. PGT-M in particular is used to determine if there is a higher risk of a “single gene disorder in [an embryo] such as cystic fibrosis or sickle cell anemia.”<sup>iii</sup>

With all three types of PGT the patient goes through an IVF cycle and egg retrieval. After 5 or 6 days a small number of cells are biopsied from each frozen embryo for laboratory analysis. Embryos with normal PGT findings can then be identified to be implanted as part of the IVF cycle.<sup>iv</sup>

IVF providers frequently counsel patients to transfer single chromosomally normal embryos to avoid the higher risks associated with transferring multiple embryos in one procedure and carrying multiple embryos to birth. This recommendation is consistent with the guidance of the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology.<sup>v</sup> As one study reported, “Pregnancies with multiples are at significant risk for hypertensive disorders, gestational diabetes, and maternal mortality, as well as prematurity, cerebral palsy, and neonatal and fetal demise.”<sup>vi</sup> The health care costs of multifetal pregnancies are more than five times higher than the costs associated with singleton pregnancies.<sup>vii</sup>

## **SOCIAL IMPACT**

For all New Jersey populations, an insurance coverage mandate for PGT in conjunction with IVF should result in more singleton pregnancies and births with fewer costly complications. The expanded use of PGT for beneficiaries with verified genetic conditions and traits should also result in fewer babies born with serious genetic medical conditions. This can have broad social and emotional benefits to individuals who decide to use PGT in conjunction with IVF. Specific to certain populations, studies suggest there exist racial and ethnic disparities in access to genetic testing in connection with IVF, which disparities may be reduced by a health benefits coverage mandate for testing. Moreover, a coverage mandate may improve the use of single embryo transfers, which medical experts prefer over multiple embryo transfers because of the increased risk of medical complications resulting from multiple embryo transfer and carrying multiple implanted embryos to term.

A study of the utilization of frozen embryo transfer (FET) with PGT-A among various racial and ethnic groups found significant differences in the use of PGT-A as part of IVF. For example Asian individuals were significantly more likely to use FET with PGT-A than all other groups, and African Americans and Hispanic or Latino individuals were highly significantly less likely to use the procedure than other races and ethnicities.<sup>viii</sup> Furthermore, in comparing the number

of embryos transferred after PGT-A was performed (*i.e.*, single versus multiple embryo transfer), Hispanic or Latino individuals were 47% more likely to have multiple embryos transferred compared to White individuals, while African American individuals were 68% more likely than White individuals to have multiple embryos transferred after PGT-A.<sup>ix</sup>

The study also examined the association between state-mandated insurance coverage for IVF and the use of single embryo transfer (SET) or multiple embryo transfer (MET). The analysis found that patients in states with IVF insurance coverage mandates were significantly more likely to use SET after PGT-A, the preferred standard of care, rather than MET. The authors also found that State mandated coverage “was associated with a greater difference between untested fresh and frozen embryos in rates of SET.... For all cycle types, mandated insurance was associated with decreased odds of MET.”<sup>x</sup>

In summation, the presence or absence of mandated state insurance coverage for IVF was associated with differing outcomes in the utilization of SET or MET, regardless of whether FET with PGT-A was used. Patients in states with IVF insurance coverage requirements were significantly more likely to utilize SET irrespective of whether the embryos transferred were fresh or frozen and whether they had been tested for aneuploidy.

## **OTHER STATES**

### Rhode Island

Since 2022, Rhode Island has introduced in each legislative session bills that would require insurance coverage for infertility treatment for women that would include, as part of that coverage, preimplantation genetic diagnosis in conjunction with IVF.

Specifically, in 2022, Rhode Island Senate Bill 2852 (S2852) would have mandated insurance coverage to diagnose and treat infertility for women between 25 and 42 years of age, including preimplantation genetic diagnosis in conjunction with IVF. The bill specifically excluded coverage under governmental programs. S2852 passed the Rhode Island Senate on a 38-0 vote, but did not advance in the Rhode Island House of Representatives. The bill was reintroduced in the 2024 Regular Session as S2396. Once again, it passed the Rhode Island Senate on a vote of 32-5, but failed to progress in the Rhode Island House of Representatives.

Also in the 2024 Regular Session, similar bills were introduced in both the Rhode Island Senate and House of Representatives. S2946 was referred to the Senate Health and Human Services Committee, which recommended the bill be held for further study. In the Rhode Island House, HB 7878 was introduced and referred to the Health and Human Services Committee, where it was also held for further study. As of the date of this report, the bill has not further advanced in either the Rhode Island Senate or the Rhode Island House of Representatives.

## Utah

The only state with PGT as part of its mandated insurance coverage landscape is Utah, which recently added IVF and PGT coverage to its Medicaid program as a demonstration project. Utah's Medicaid program wrote, "This benefit is intended to reduce the likelihood that beneficiaries who have a serious inherited disorder, or who carry a genetic trait associated with a serious disorder, pass the disorder on to their child." Coverage for IVF in conjunction with PGT was limited to a small subset of genetic traits. The U.S. Department of Health & Human Services' Centers for Medicare & Medicaid Services (CMS) approved Utah's amended demonstration waiver request on February 29, 2024. Unless the demonstration period is extended, it will expire on June 30, 2027.<sup>xi</sup>

To qualify for PGT in conjunction with IVF, Utah beneficiaries must have prior authorization for these services approved by Utah's Department of Health and Human Services, which administers Utah's Medicaid program. To be eligible for PGT, a beneficiary "must have a familial medical history or be in an ethnic group that has a high risk" of the genetic conditions listed below. To qualify for IVF services, beneficiaries must be between the ages of 18 and 35, have been diagnosed by a qualified health professional as having a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, or spinal muscular atrophy, and have a reproductive partner who has been diagnosed with the same trait. Medicaid coverage for IVF and PGT was also extended to beneficiaries who have been diagnosed as having the genetic trait associated with myotonic dystrophy.<sup>xii</sup> Eligible beneficiaries covered under this demonstration project may receive up to three IVF cycles per lifetime.

In 2022, Utah required its commercial insurers with more than 25,000 enrollees to collect data on their IVF and PGT claims experiences (for the five genetic conditions specified above) in the previous few years<sup>2</sup> and report their findings to the Utah Insurance Department (UID). UID then issued a report based on the responses of three carriers.<sup>xiii</sup> At a high level, the insurers found, "The average premium impact of covering the services for enrollees with the listed qualifying conditions is expected to be low." The report explained that while the specified genetic conditions were rare, extending expensive IVF and PGT services to even a limited set of enrollees would result in higher premiums and higher costs to the insurers.

The insurers also pointed to potential difficulties of using existing systems in utilizing the findings of genetic testing to identify enrollees who would qualify for IVF and PGT services, as well as linking insured members by genetic condition, even if they are covered by the same fully insured health benefit plan. These limitations would require significant changes in claims processing systems and processes, according to the insurers. One carrier expressed concern that, "The study does not take into account individuals who move from one payer to another. The

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<sup>2</sup> For the three carriers providing data for this report, one used its own claims data "over the past several years," one did not specify the timeframe of the claims and cost data used, and the last carrier used national studies and claims data "primarily" from 2016 to 2019.

PGT cost could be borne by one insurer/payer,” while the cost of IVF care “associated with one of these genetic conditions could be borne by another insurer/payer.”<sup>xiv</sup> A further caution was that treatment for individuals could be disrupted by changes in coverage between commercial plans and Medicaid.

## **DISCUSSION**

Only two states -- Rhode Island and Utah -- have considered including IVF with PGT in their state’s insurance coverage mandate. Legislation proposed in Rhode Island has failed to progress in multiple sessions, with one iteration of the legislation currently on hold in both Houses of the Rhode Island Legislature pending further study. Utah enacted coverage via a Medicaid demonstration project, but with a number of important limitations. The most significant restriction is that the demonstration itself will end after three years, on June 30, 2027, unless Utah’s Medicaid Program takes action to extend the project. The demonstration project also sets age ranges for eligibility, requires preauthorization, and requires a beneficiary to have a finding of a familial medical history or be a member of an ethnic group at high risk of a genetic trait, and limits eligible beneficiaries to three IVF cycles per lifetime. Finally, Utah’s Medicaid coverage extends to genetic testing for five specified genetic conditions, rather than a broader range of potentially qualifying genetic traits.

Some researchers stress the important link between insurance coverage and the uptake of empirically proven treatments. For example, a study published in the Journal of the American Medical Association examining how insurance mandates for fertility treatment used in conjunction with PGT-A affect the use of multiple embryo transfers argued, “the need for effective and up-to-date IVF insurance policy...to help maximize evidence-based decision-making for people with infertility given that legislative efforts to increase state-mandated insurance may be associated with improved delivery and outcomes of IVF.”<sup>xv</sup> The next section of the report examines the cost of adding a coverage mandate for PGT used in conjunction with IVF to prevent transmission of certain genetic conditions.

## **FINANCIAL IMPACT**

A number of factors influence the cost of PGT including the type of PGT performed, the number of embryos being tested, and the specific charges of the laboratories doing the testing. One fertility center described its typical PGT costs without insurance coverage as \$250 per embryo for PGT-A, \$3,675 for PGT-SR in most cases for up to 8 embryos, and \$6,000 for PGT-M for one genetic condition for up to 16 embryos. That fertility center also charges \$375 to ship the embryo biopsy samples to the laboratory.<sup>xvi</sup> Another article on the cost of IVF reported that



genetic testing can add between \$1,800 and \$6,000 to one cycle of IVF, depending on which tests are performed and which laboratory performs them.<sup>xvii</sup>

A study published in the American Journal of Obstetrics and Gynecology examining the cost effectiveness of PGT-A found that cost effectiveness of using PGT depends on who paid for the procedure as part of the IVF cycle -- a patient without insurance coverage or an insurance carrier. That study concluded that PGT-A was not cost effective for patients without insurance coverage under age 38 years. On the other hand, “From a payer perspective, the incremental cost per live birth favored preimplantation genetic testing for aneuploidy regardless of patient age.”<sup>xviii</sup>

A fuller evaluation of the financial impact of PGT must look beyond the cost of the testing and take into consideration potential savings resulting from utilizing the procedure in IVF cycles. One study reported that PGT-A “allows for better embryo selection, which improves implantation rates with single embryo transfer and reduces miscarriage rates. Pregnancy complications such as multiple gestation, preterm or low birth weight infants can be reduced with single embryo transfers...”<sup>xix</sup> The advantages of single embryo transfer were particularly apparent for IVF patients over the age of 35.<sup>xx</sup> Potential cost savings are also likely in cases where PGT is used specifically to screen embryos created by parents who have verified genetic conditions or traits. Using PGT can result in the selection for implantation of embryos without the concerning genetic conditions, thereby saving future medical care costs associated with treating the relevant genetic condition in a baby born with the condition.<sup>xxi</sup>

It is worth noting that New Jersey does not currently have a State-mandated preimplantation genetic testing coverage requirement in place that directly lines up with the coverage that would be required under A4027; however, P.L.2023, c.258 expanded the coverage requirements for various forms of infertility treatment, including IVF and associated genetic testing. Accordingly, although the potential costs of a mandate would likely not be offset by existing coverage requirements, there is the potential for some overlap with the existing infertility coverage mandate, to the extent some portion of the population that would be seeking IVF and genetic testing that would fall under the coverage mandate that would be established under A4027 is already covered under the expanded coverage implemented under P.L.2023, c.258, which would likely affect the projected cost of the mandate.

## **CONCLUSION**

A4027 would expand insurance coverage for preimplantation genetic testing and in vitro fertilization under certain conditions to those covered by certain New Jersey health insurance carriers and the SHBP and SEHBP, to the extent that coverage is not already available. As outlined in the bill, the purpose of expanding coverage is to prevent certain serious genetic medical conditions from being passed on to offspring.

For all New Jersey populations, an insurance coverage mandate for PGT in conjunction with IVF should result in more singleton pregnancies and births with fewer costly complications. The expanded use of PGT for beneficiaries with verified genetic conditions and traits should also result in fewer babies born with serious genetic medical conditions. However, it may be difficult to ascertain in the abstract the overall cost or the healthcare cost savings that would result from a coverage mandate.

Establishing an insurance coverage mandate for PGT in conjunction with IVF as proposed under A4027 has the potential to increase access to and the use of PGT, as well as promoting the use of single embryo transfer over multiple embryo transfer, which is the form of IVF generally preferred by medical experts and which may be of particular benefit to certain populations that do not currently have access to such treatment. More equitable access to the highest standard IVF procedures could lead to greater chances of successful IVF cycles, fewer high-risk pregnancies, and fewer multiple births, and would benefit populations without access to a range of IVF and genetic testing coverage.

Utah's Medicaid program implemented a demonstration project to add coverage for PGT and IVF, subject to certain limitations, including the age of the patient, the number of genetic traits for which PGT could be used, and the lifetime number of IVF cycles to be covered. Unless it is otherwise extended, the Utah Medicaid demonstration will end in June 2027. In the meantime, Utah will collect three years of data with which to assess the demonstration project's costs and outcomes.

## ENDNOTES

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<sup>i</sup> Washington University Physicians, Fertility and Reproductive Medicine Center, “Preimplantation Genetic Testing – FAQ,” 2024. Accessed 9/18/24. [Preimplantation Genetic Testing – FAQ | Fertility & Reproductive Medicine Center | Washington University in St. Louis \(wustl.edu\)](#)

<sup>ii</sup> *Ibid.*

<sup>iii</sup> *Ibid.*

<sup>iv</sup> *Ibid.*

<sup>v</sup> American Society for Reproductive Medicine, “Guidance on the Limits to the Number of Embryos to Transfer: A Committee Opinion (2021).” Accessed 10/1/24. [Guidance on the limits to the number of embryos to transfer: a committee opinion \(2021\) | American Society for Reproductive Medicine | ASRM](#)

<sup>vi</sup> Bedrick, Bronwyn S., Nickel, Katelin B., Riley, Joan K., *et al.*, “Association of State Insurance Mandates for Fertility Treatment with Multiple Embryo Transfer After Preimplantation Genetic Testing for Aneuploidy,” *JAMA Network Open*, Volume 6(1), January 27, 2023. Accessed 9/17/24. [Association of State Insurance Mandates for Fertility Treatment With Multiple Embryo Transfer After Preimplantation Genetic Testing for Aneuploidy | Obstetrics and Gynecology | JAMA Network Open | JAMA Network](#)

<sup>vii</sup> *Ibid.*

<sup>viii</sup> *Ibid.*

<sup>ix</sup> *Ibid.*

<sup>x</sup> *Ibid.*

<sup>xi</sup> Letter from Department of Health & Human Services, Centers for Medicare & Medicaid Services to Jennifer Strohecker, State Medicaid Director, Utah Department of Health & Human Services, February 29, 2024. Accessed 10/4/24. [Utah Amendment Approval 02.29.2024.pdf](#)

<sup>xii</sup> *Ibid.*

<sup>xiii</sup> Utah Insurance Department, “2022 Utah In Vitro Fertilization and Genetic Testing Report,” January 31, 2023. Accessed 10/2/24. [2022-Utah-In-Vitro-Fertilization-and-Genetic-Testing-Report.pdf](#)

<sup>xiv</sup> *Ibid.*

<sup>xv</sup> Bedrick *et al.*, *op cit.*

<sup>xvi</sup> Washington University Physicians, Fertility and Reproductive Medicine Center, *op cit.*

<sup>xvii</sup> Conrad, Marissa, “How Much Does IVF Cost?,” *Forbes Health*, August 14, 2023. Accessed 11/14/23. [How Much Does IVF Cost In 2023? – Forbes Health](#)

<sup>xviii</sup> Lee, Malinda, Lofgren, Katherine T., Thomas, Ann, *et al.*, “The Cost-Effectiveness of Preimplantation Genetic Testing for Aneuploidy in the United States; An Analysis of Cost and Birth Outcomes from 158,665 In Vitro

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Fertilization Cycles,” American Journal of Obstetrics and Gynecology, Volume 225(1), July 2021. Accessed 10/1/24. [The cost-effectiveness of preimplantation genetic testing for aneuploidy in the United States: an analysis of cost and birth outcomes from 158,665 in vitro fertilization cycles - American Journal of Obstetrics & Gynecology \(ajog.org\)](#)

<sup>xix</sup> Dayal, Molina B., Taylor, Lila, and Miller, Morgan Elizabeth, “Preimplantation Genetic Diagnosis,” Medscape, Updated December 7, 2022. Accessed 8/21/24. [emedicine.medscape.com/article/273415-print](#)

<sup>xx</sup> *Ibid.*

<sup>xxi</sup> *Ibid.*

**ASSEMBLY, No. 4027**

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**STATE OF NEW JERSEY**

**221st LEGISLATURE**

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INTRODUCED MARCH 7, 2024

**Sponsored by:**

**Assemblywoman SHAVONDA E. SUMTER**

**District 35 (Bergen and Passaic)**

**SYNOPSIS**

Requires health insurance coverage of preimplantation genetic testing with in vitro fertilization under certain conditions.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning health insurance coverage of preimplantation  
2 genetic testing and in vitro fertilization and amending various  
3 parts of the statutory law.

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. Section 1 of P.L.2001, c.236 (C.17:48-6x) is amended to  
9 read as follows:

10 1. a. A hospital service corporation contract which provides  
11 hospital or medical expense benefits for groups with more than 50  
12 persons, which includes pregnancy-related benefits, shall not be  
13 delivered, issued, executed or renewed in this State, or approved for  
14 issuance or renewal in this State by the Commissioner of Banking  
15 and Insurance on or after the effective date of this act unless the  
16 contract provides coverage for persons covered under the contract  
17 for medically necessary expenses incurred in the diagnosis and  
18 treatment of infertility, as provided pursuant to this section, and for  
19 preimplantation genetic testing, including in vitro fertilization,  
20 where the covered persons are not infertile, for the purpose of  
21 preventing certain serious genetic conditions from being passed on  
22 to offspring. The hospital service corporation contract shall provide  
23 coverage which includes, but is not limited to, the following  
24 services related to infertility: diagnosis and diagnostic tests;  
25 medications; surgery; in vitro fertilization; embryo transfer;  
26 artificial insemination; gamete intra fallopian transfer; zygote intra  
27 fallopian transfer; intracytoplasmic sperm injection; and four  
28 completed egg retrievals per lifetime of the covered person. The  
29 hospital service corporation may provide that coverage for in vitro  
30 fertilization, gamete intra fallopian transfer and zygote intra  
31 fallopian transfer shall be limited to a covered person who: a. has  
32 used all reasonable, less expensive and medically appropriate  
33 treatments and is still unable to become pregnant or carry a  
34 pregnancy; b. has not reached the limit of four completed egg  
35 retrievals; and c. is 45 years of age or younger. The hospital service  
36 corporation may also provide that coverage for preimplantation  
37 genetic testing with in vitro fertilization be limited to covered  
38 persons where:

39 (1) both partners are known carriers of an autosomal recessive  
40 disorder;

41 (2) one partner is a known carrier of a single gene autosomal  
42 recessive disorder and the partners have one offspring that has been  
43 diagnosed with that recessive disorder;

44 (3) one partner is a known carrier of a single gene autosomal  
45 disorder;

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1       (4) one partner is a known carrier of a single X-linked disorder;  
2 and

3       (5) the genetic condition, if passed on to the covered persons'  
4 offspring, would result in significant health problems or severe  
5 disability.

6       b. **【For purposes of】** As used in this section【,】:

7       **【"infertility"】** "Infertility" means a disease or condition that  
8 results in the abnormal function of the reproductive system, as  
9 determined pursuant to American Society for Reproductive  
10 Medicine practice guidelines by a physician who is Board Certified  
11 or Board Eligible in Reproductive Endocrinology and Infertility or  
12 in Obstetrics and Gynecology or that the patient has met one of the  
13 following conditions:

14       (1) A male is unable to impregnate a female;

15       (2) A female with a male partner and under 35 years of age is  
16 unable to conceive after 12 months of unprotected sexual  
17 intercourse;

18       (3) A female with a male partner and 35 years of age and over is  
19 unable to conceive after six months of unprotected sexual  
20 intercourse;

21       (4) A female without a male partner and under 35 years of age  
22 who is unable to conceive after 12 failed attempts of intrauterine  
23 insemination under medical supervision;

24       (5) A female without a male partner and over 35 years of age  
25 who is unable to conceive after six failed attempts of intrauterine  
26 insemination under medical supervision;

27       (6) Partners are unable to conceive as a result of involuntary  
28 medical sterility;

29       (7) A person is unable to carry a pregnancy to live birth; or

30       (8) A previous determination of infertility pursuant to this  
31 section.

32       "Preimplantation genetic testing" means a technique used to  
33 identify genetic defects in embryos created through in vitro  
34 fertilization before pregnancy.

35       c. The benefits shall be provided to the same extent as for other  
36 pregnancy-related procedures under the contract, except that the  
37 services provided for in this section shall be performed at facilities  
38 that conform to standards established by the American Society for  
39 Reproductive Medicine or the American College of Obstetricians  
40 and Gynecologists. The same copayments, deductibles and benefit  
41 limits shall apply to the diagnosis and treatment of infertility  
42 pursuant to this section as those applied to other medical or surgical  
43 benefits under the contract. Infertility resulting from voluntary  
44 sterilization procedures shall be excluded under the contract for the  
45 coverage required by this section.

46       **【b】** d. A religious employer may request, and a hospital service  
47 corporation shall grant, an exclusion under the contract for the  
48 coverage required by this section for in vitro fertilization, embryo

1 transfer, artificial insemination, zygote intra fallopian transfer and  
2 intracytoplasmic sperm injection, if the required coverage is  
3 contrary to the religious employer's bona fide religious tenets. The  
4 hospital service corporation that issues a contract containing such  
5 an exclusion shall provide written notice thereof to each prospective  
6 subscriber or subscriber, which shall appear in not less than 10  
7 point type, in the contract, application and sales brochure. For the  
8 purposes of this subsection, "religious employer" means an  
9 employer that is a church, convention or association of churches or  
10 any group or entity that is operated, supervised or controlled by or  
11 in connection with a church or a convention or association of  
12 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies  
13 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

14 **【c】** e. This section shall apply to those hospital service  
15 corporation contracts in which the hospital service corporation has  
16 reserved the right to change the premium.

17 **【d】** f. The provisions of this section shall not apply to a hospital  
18 service corporation contract which, pursuant to a contract between  
19 the hospital service corporation and the Department of Human  
20 Services, provides benefits to persons who are eligible for medical  
21 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ  
22 FamilyCare Program established pursuant to P.L.2005, c.156  
23 (C.30:4J-8 et al.), or any other program administered by the  
24 Division of Medical Assistance and Health Services in the  
25 Department of Human Services.

26 (cf: P.L.2017, c.48, s.1)

27

28 2. Section 2 of P.L.2001, c.236 (C.17:48A-7w) is amended to  
29 read as follows:

30 2. a. A medical service corporation contract which provides  
31 hospital or medical expense benefits for groups with more than 50  
32 persons, which includes pregnancy-related benefits, shall not be  
33 delivered, issued, executed or renewed in this State, or approved for  
34 issuance or renewal in this State by the Commissioner of Banking  
35 and Insurance on or after the effective date of this act unless the  
36 contract provides coverage for persons covered under the contract  
37 for medically necessary expenses incurred in the diagnosis and  
38 treatment of infertility, as provided pursuant to this section, and for  
39 preimplantation genetic testing, including in vitro fertilization,  
40 where the covered persons are not infertile, for the purpose of  
41 preventing certain serious genetic conditions from being passed on  
42 to offspring. The medical service corporation contract shall provide  
43 coverage which includes, but is not limited to, the following  
44 services related to infertility: diagnosis and diagnostic tests;  
45 medications; surgery; in vitro fertilization; embryo transfer;  
46 artificial insemination; gamete intra fallopian transfer; zygote intra  
47 fallopian transfer; intracytoplasmic sperm injection; and four  
48 completed egg retrievals per lifetime of the covered person. The



1 medical service corporation may provide that coverage for in vitro  
2 fertilization, gamete intra fallopian transfer and zygote intra  
3 fallopian transfer shall be limited to a covered person who: a. has  
4 used all reasonable, less expensive and medically appropriate  
5 treatments and is still unable to become pregnant or carry a  
6 pregnancy; b. has not reached the limit of four completed egg  
7 retrievals; and c. is 45 years of age or younger. The medical service  
8 corporation may also provide that coverage for preimplantation  
9 genetic testing with in vitro fertilization be limited to covered  
10 persons where:

11 (1) both partners are known carriers of an autosomal recessive  
12 disorder;

13 (2) one partner is a known carrier of a single gene autosomal  
14 recessive disorder and the partners have one offspring that has been  
15 diagnosed with that recessive disorder;

16 (3) one partner is a known carrier of a single gene autosomal  
17 disorder;

18 (4) one partner is a known carrier of a single X-linked disorder;  
19 and

20 (5) the genetic condition, if passed on to the covered persons'  
21 offspring, would result in significant health problems or severe  
22 disability.

23 b. [For purposes of] As used in this section[.]:

24 ["infertility"] "Infertility" means a disease or condition that  
25 results in the abnormal function of the reproductive system, as  
26 determined pursuant to American Society for Reproductive  
27 Medicine practice guidelines by a physician who is Board Certified  
28 or Board Eligible in Reproductive Endocrinology and Infertility or  
29 in Obstetrics and Gynecology or that the patient has met one of the  
30 following conditions:

31 (1) A male is unable to impregnate a female;

32 (2) A female with a male partner and under 35 years of age is  
33 unable to conceive after 12 months of unprotected sexual  
34 intercourse;

35 (3) A female with a male partner and 35 years of age and over is  
36 unable to conceive after six months of unprotected sexual  
37 intercourse;

38 (4) A female without a male partner and under 35 years of age  
39 who is unable to conceive after 12 failed attempts of intrauterine  
40 insemination under medical supervision;

41 (5) A female without a male partner and over 35 years of age  
42 who is unable to conceive after six failed attempts of intrauterine  
43 insemination under medical supervision;

44 (6) Partners are unable to conceive as a result of involuntary  
45 medical sterility;

46 (7) A person is unable to carry a pregnancy to live birth; or

47 (8) A previous determination of infertility pursuant to this  
48 section.

1       “Preimplantation genetic testing” means a technique used to  
2 identify genetic defects in embryos created through in vitro  
3 fertilization before pregnancy.

4       c. The benefits shall be provided to the same extent as for other  
5 pregnancy-related procedures under the contract, except that the  
6 services provided for in this section shall be performed at facilities  
7 that conform to standards established by the American Society for  
8 Reproductive Medicine or the American College of Obstetricians  
9 and Gynecologists. The same copayments, deductibles and benefit  
10 limits shall apply to the diagnosis and treatment of infertility  
11 pursuant to this section as those applied to other medical or surgical  
12 benefits under the contract. Infertility resulting from voluntary  
13 sterilization procedures shall be excluded under the contract for the  
14 coverage required by this section.

15       **[b]** d. A religious employer may request, and a medical service  
16 corporation shall grant, an exclusion under the contract for the  
17 coverage required by this section for in vitro fertilization, embryo  
18 transfer, artificial insemination, zygote intra fallopian transfer and  
19 intracytoplasmic sperm injection, if the required coverage is  
20 contrary to the religious employer's bona fide religious tenets. The  
21 medical service corporation that issues a contract containing such  
22 an exclusion shall provide written notice thereof to each prospective  
23 subscriber or subscriber, which shall appear in not less than ten  
24 point type, in the contract, application and sales brochure. For the  
25 purposes of this subsection, "religious employer" means an  
26 employer that is a church, convention or association of churches or  
27 any group or entity that is operated, supervised or controlled by or  
28 in connection with a church or a convention or association of  
29 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies  
30 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

31       **[c]** e. This section shall apply to those medical service  
32 corporation contracts in which the medical service corporation has  
33 reserved the right to change the premium.

34       **[d]** f. The provisions of this section shall not apply to a medical  
35 service corporation contract which, pursuant to a contract between  
36 the medical service corporation and the Department of Human  
37 Services, provides benefits to persons who are eligible for medical  
38 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ  
39 FamilyCare Program established pursuant to P.L.2005, c.156  
40 (C.30:4J-8 et al.), or any other program administered by the  
41 Division of Medical Assistance and Health Services in the  
42 Department of Human Services.

43 (cf: P.L.2017, c.48, s.2)

44  
45       3. Section 3 of P.L.2001, c.236 (C.17:48E-35.22) is amended  
46 to read as follows:

47       3. a. A health service corporation contract which provides  
48 hospital or medical expense benefits for groups with more than 50

1 persons, which includes pregnancy-related benefits, shall not be  
2 delivered, issued, executed or renewed in this State, or approved for  
3 issuance or renewal in this State by the Commissioner of Banking  
4 and Insurance on or after the effective date of this act unless the  
5 contract provides coverage for persons covered under the contract  
6 for medically necessary expenses incurred in the diagnosis and  
7 treatment of infertility, as provided pursuant to this section, and for  
8 preimplantation genetic testing, including in vitro fertilization,  
9 where the covered persons are not infertile, for the purpose of  
10 preventing certain serious genetic conditions from being passed on  
11 to offspring. The health service corporation contract shall provide  
12 coverage which includes, but is not limited to, the following  
13 services related to infertility: diagnosis and diagnostic tests;  
14 medications; surgery; in vitro fertilization; embryo transfer;  
15 artificial insemination; gamete intra fallopian transfer; zygote intra  
16 fallopian transfer; intracytoplasmic sperm injection; and four  
17 completed egg retrievals per lifetime of the covered person. The  
18 health service corporation may provide that coverage for in vitro  
19 fertilization, gamete intra fallopian transfer and zygote intra  
20 fallopian transfer shall be limited to a covered person who: a. has  
21 used all reasonable, less expensive and medically appropriate  
22 treatments and is still unable to become pregnant or carry a  
23 pregnancy; b. has not reached the limit of four completed egg  
24 retrievals; and c. is 45 years of age or younger. The health service  
25 corporation may also provide that coverage for preimplantation  
26 genetic testing with in vitro fertilization be limited to covered  
27 persons where:

28 (1) both partners are known carriers of an autosomal recessive  
29 disorder;

30 (2) one partner is a known carrier of a single gene autosomal  
31 recessive disorder and the partners have one offspring that has been  
32 diagnosed with that recessive disorder;

33 (3) one partner is a known carrier of a single gene autosomal  
34 disorder;

35 (4) one partner is a known carrier of a single X-linked disorder;  
36 and

37 (5) the genetic condition, if passed on to the covered persons'  
38 offspring, would result in significant health problems or severe  
39 disability.

40 **b. [For purposes of] As used in this section[,];**

41 **["infertility"] "Infertility"** means a disease or condition that  
42 results in the abnormal function of the reproductive system, as  
43 determined pursuant to American Society for Reproductive  
44 Medicine practice guidelines by a physician who is Board Certified  
45 or Board Eligible in Reproductive Endocrinology and Infertility or  
46 in Obstetrics and Gynecology or that the patient has met one of the  
47 following conditions:

48 (1) A male is unable to impregnate a female;

1 (2) A female with a male partner and under 35 years of age is  
2 unable to conceive after 12 months of unprotected sexual  
3 intercourse;

4 (3) A female with a male partner and 35 years of age and over is  
5 unable to conceive after six months of unprotected sexual  
6 intercourse;

7 (4) A female without a male partner and under 35 years of age  
8 who is unable to conceive after 12 failed attempts of intrauterine  
9 insemination under medical supervision;

10 (5) A female without a male partner and over 35 years of age  
11 who is unable to conceive after six failed attempts of intrauterine  
12 insemination under medical supervision;

13 (6) Partners are unable to conceive as a result of involuntary  
14 medical sterility;

15 (7) A person is unable to carry a pregnancy to live birth; or

16 (8) A previous determination of infertility pursuant to this  
17 section.

18 “Preimplantation genetic testing” means a technique used to  
19 identify genetic defects in embryos created through in vitro  
20 fertilization before pregnancy.

21 c. The benefits shall be provided to the same extent as for other  
22 pregnancy-related procedures under the contract, except that the  
23 services provided for in this section shall be performed at facilities  
24 that conform to standards established by the American Society for  
25 Reproductive Medicine or the American College of Obstetricians  
26 and Gynecologists. The same copayments, deductibles and benefit  
27 limits shall apply to the diagnosis and treatment of infertility  
28 pursuant to this section as those applied to other medical or surgical  
29 benefits under the contract. Infertility resulting from voluntary  
30 sterilization procedures shall be excluded under the contract for the  
31 coverage required by this section.

32 **[b]** d. A religious employer may request, and a health service  
33 corporation shall grant, an exclusion under the contract for the  
34 coverage required by this section for in vitro fertilization, embryo  
35 transfer, artificial insemination, zygote intra fallopian transfer and  
36 intracytoplasmic sperm injection, if the required coverage is  
37 contrary to the religious employer's bona fide religious tenets. The  
38 health service corporation that issues a contract containing such an  
39 exclusion shall provide written notice thereof to each prospective  
40 subscriber or subscriber, which shall appear in not less than ten  
41 point type, in the contract, application and sales brochure. For the  
42 purposes of this subsection, "religious employer" means an  
43 employer that is a church, convention or association of churches or  
44 any group or entity that is operated, supervised or controlled by or  
45 in connection with a church or a convention or association of  
46 churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies  
47 as a tax-exempt organization under 26 U.S.C. s.501(c)(3).

1       **[c]** e. This section shall apply to those health service  
2 corporation contracts in which the health service corporation has  
3 reserved the right to change the premium.

4       **[d]** f. The provisions of this section shall not apply to a health  
5 service corporation contract which, pursuant to a contract between  
6 the health service corporation and the Department of Human  
7 Services, provides benefits to persons who are eligible for medical  
8 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ  
9 FamilyCare Program established pursuant to P.L.2005, c.156  
10 (C.30:4J-8 et al.), or any other program administered by the  
11 Division of Medical Assistance and Health Services in the  
12 Department of Human Services.  
13 (cf: P.L.2017, c.48, s.3)

14  
15       4. Section 4 of P.L.2001, c.236 (C.17B:27-46.1x) is amended  
16 to read as follows:

17       4. a. A group health insurance policy which provides hospital  
18 or medical expense benefits for groups with more than 50 persons,  
19 which includes pregnancy-related benefits, shall not be delivered,  
20 issued, executed or renewed in this State, or approved for issuance  
21 or renewal in this State by the Commissioner of Banking and  
22 Insurance on or after the effective date of this act unless the policy  
23 provides coverage for persons covered under the policy for  
24 medically necessary expenses incurred in the diagnosis and  
25 treatment of infertility, as provided pursuant to this section, and for  
26 preimplantation genetic testing, including in vitro fertilization,  
27 where the covered persons are not infertile, for the purpose of  
28 preventing certain serious genetic conditions from being passed on  
29 to offspring. The policy shall provide coverage which includes, but  
30 is not limited to, the following services related to infertility:  
31 diagnosis and diagnostic tests; medications; surgery; in vitro  
32 fertilization; embryo transfer; artificial insemination; gamete intra  
33 fallopian transfer; zygote intra fallopian transfer; intracytoplasmic  
34 sperm injection; and four completed egg retrievals per lifetime of  
35 the covered person. The insurer may provide that coverage for in  
36 vitro fertilization, gamete intra fallopian transfer and zygote intra  
37 fallopian transfer shall be limited to a covered person who: a. has  
38 used all reasonable, less expensive and medically appropriate  
39 treatments and is still unable to become pregnant or carry a  
40 pregnancy; b. has not reached the limit of four completed egg  
41 retrievals; and c. is 45 years of age or younger. The insurer may  
42 also provide that coverage for preimplantation genetic testing with  
43 in vitro fertilization be limited to covered persons where:

44       (1) both partners are known carriers of an autosomal recessive  
45 disorder;

46       (2) one partner is a known carrier of a single gene autosomal  
47 recessive disorder and the partners have one offspring that has been  
48 diagnosed with that recessive disorder;

1       (3) one partner is a known carrier of a single gene autosomal  
2 disorder;

3       (4) one partner is a known carrier of a single X-linked disorder;  
4 and

5       (5) the genetic condition, if passed on to the covered persons'  
6 offspring, would result in significant health problems or severe  
7 disability.

8       **b. [For purposes of] As used in this section[.]:**

9       **["infertility"] "Infertility"** means a disease or condition that  
10 results in the abnormal function of the reproductive system, as  
11 determined pursuant to American Society for Reproductive  
12 Medicine practice guidelines by a physician who is Board Certified  
13 or Board Eligible in Reproductive Endocrinology and Infertility or  
14 in Obstetrics and Gynecology or that the patient has met one of the  
15 following conditions:

16       (1) A male is unable to impregnate a female;

17       (2) A female with a male partner and under 35 years of age is  
18 unable to conceive after 12 months of unprotected sexual  
19 intercourse;

20       (3) A female with a male partner and 35 years of age and over is  
21 unable to conceive after six months of unprotected sexual  
22 intercourse;

23       (4) A female without a male partner and under 35 years of age  
24 who is unable to conceive after 12 failed attempts of intrauterine  
25 insemination under medical supervision;

26       (5) A female without a male partner and over 35 years of age  
27 who is unable to conceive after six failed attempts of intrauterine  
28 insemination under medical supervision;

29       (6) Partners are unable to conceive as a result of involuntary  
30 medical sterility;

31       (7) A person is unable to carry a pregnancy to live birth; or

32       (8) A previous determination of infertility pursuant to this  
33 section.

34       "Preimplantation genetic testing" means a technique used to  
35 identify genetic defects in embryos created through in vitro  
36 fertilization before pregnancy.

37       **c.** The benefits shall be provided to the same extent as for other  
38 pregnancy-related procedures under the policy, except that the  
39 services provided for in this section shall be performed at facilities  
40 that conform to standards established by the American Society for  
41 Reproductive Medicine or the American College of Obstetricians  
42 and Gynecologists. The same copayments, deductibles and benefit  
43 limits shall apply to the diagnosis and treatment of infertility  
44 pursuant to this section as those applied to other medical or surgical  
45 benefits under the policy. Infertility resulting from voluntary  
46 sterilization procedures shall be excluded under the policy for the  
47 coverage required by this section.

1       **[b] d.** A religious employer may request, and an insurer  
2 shall grant, an exclusion under the policy for the coverage required  
3 by this section for in vitro fertilization, embryo transfer, artificial  
4 insemination, zygote intra fallopian transfer and intracytoplasmic  
5 sperm injection, if the required coverage is contrary to the religious  
6 employer's bona fide religious tenets. The insurer that issues a  
7 policy containing such an exclusion shall provide written notice  
8 thereof to each prospective insured or insured, which shall appear in  
9 not less than ten point type, in the policy, application and sales  
10 brochure. For the purposes of this subsection, "religious employer"  
11 means an employer that is a church, convention or association of  
12 churches or any group or entity that is operated, supervised or  
13 controlled by or in connection with a church or a convention or  
14 association of churches as defined in 26 U.S.C. s.3121(w)(3)(A),  
15 and that qualifies as a tax-exempt organization under  
16 26 U.S.C. s.501(c)(3).

17       **[c] e.** This section shall apply to those insurance policies in  
18 which the insurer has reserved the right to change the premium.

19       **[d] f.** The provisions of this section shall not apply to a group  
20 health insurance policy which, pursuant to a contract between the  
21 insurer and the Department of Human Services, provides benefits to  
22 persons who are eligible for medical assistance under P.L.1968,  
23 c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program established  
24 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any other program  
25 administered by the Division of Medical Assistance and Health  
26 Services in the Department of Human Services.  
27 (cf: P.L.2017, c.48, s.4)

28  
29       5. Section 5 of P.L.2001, c.236 (C.26:2J-4.23) is amended to  
30 read as follows:

31       5. a. No certificate of authority to establish and operate a  
32 health maintenance organization in this State shall be issued or  
33 continued on or after the effective date of this act unless the health  
34 maintenance organization provides health care services, to groups  
35 of more than 50 enrollees, for medically necessary expenses  
36 incurred in the diagnosis and treatment of infertility, as provided  
37 pursuant to this section, and for preimplantation genetic testing,  
38 including in vitro fertilization, where the covered persons are not  
39 infertile, for the purpose of preventing certain serious genetic  
40 conditions from being passed on to offspring. A health maintenance  
41 organization shall provide enrollee coverage which includes, but is  
42 not limited to, the following services related to infertility: diagnosis  
43 and diagnostic tests; medications; surgery; in vitro fertilization;  
44 embryo transfer; artificial insemination; gamete intra fallopian  
45 transfer; zygote intra fallopian transfer; intracytoplasmic sperm  
46 injection; and four completed egg retrievals per lifetime of the  
47 enrollee. The health maintenance organization may provide that  
48 health care services for in vitro fertilization, gamete intra fallopian

1 transfer and zygote intra fallopian transfer shall be limited to a  
2 covered person who: a. has used all reasonable, less expensive and  
3 medically appropriate treatments and is still unable to become  
4 pregnant or carry a pregnancy; b. has not reached the limit of four  
5 completed egg retrievals; and c. is 45 years of age or younger. The  
6 health maintenance organization may also provide that coverage for  
7 preimplantation genetic testing with in vitro fertilization be limited  
8 to covered persons where:

9 (1) both partners are known carriers of an autosomal recessive  
10 disorder;

11 (2) one partner is a known carrier of a single gene autosomal  
12 recessive disorder and the partners have one offspring that has been  
13 diagnosed with that recessive disorder;

14 (3) one partner is a known carrier of a single gene autosomal  
15 disorder;

16 (4) one partner is a known carrier of a single X-linked disorder;  
17 and

18 (5) the genetic condition, if passed on to the covered persons'  
19 offspring, would result in significant health problems or severe  
20 disability.

21 b. [For purposes of] As used in this section[, ]:

22 ["infertility"] "Infertility" means a disease or condition that  
23 results in the abnormal function of the reproductive system, as  
24 determined pursuant to American Society for Reproductive  
25 Medicine practice guidelines by a physician who is Board Certified  
26 or Board Eligible in Reproductive Endocrinology and Infertility or  
27 in Obstetrics and Gynecology or that the patient has met one of the  
28 following conditions:

29 (1) A male is unable to impregnate a female;

30 (2) A female with a male partner and under 35 years of age is  
31 unable to conceive after 12 months of unprotected sexual  
32 intercourse;

33 (3) A female with a male partner and 35 years of age and over is  
34 unable to conceive after six months of unprotected sexual  
35 intercourse;

36 (4) A female without a male partner and under 35 years of age  
37 who is unable to conceive after 12 failed attempts of intrauterine  
38 insemination under medical supervision;

39 (5) A female without a male partner and over 35 years of age  
40 who is unable to conceive after six failed attempts of intrauterine  
41 insemination under medical supervision;

42 (6) Partners are unable to conceive as a result of involuntary  
43 medical sterility;

44 (7) A person is unable to carry a pregnancy to live birth; or

45 (8) A previous determination of infertility pursuant to this  
46 section.



1       “Preimplantation genetic testing” means a technique used to  
2 identify genetic defects in embryos created through in vitro  
3 fertilization before pregnancy.

4       c. The health care services shall be provided to the same extent  
5 as for other pregnancy-related procedures under the contract, except  
6 that the services provided for in this section shall be performed at  
7 facilities that conform to standards established by the American  
8 Society for Reproductive Medicine or the American College of  
9 Obstetricians and Gynecologists. The same copayments,  
10 deductibles and benefit limits shall apply to the diagnosis and  
11 treatment of infertility pursuant to this section as those applied to  
12 other medical or surgical health care services under the contract.  
13 Infertility resulting from voluntary sterilization procedures shall be  
14 excluded under the contract for the coverage required by this  
15 section.

16       **[b]** d. A religious employer may request, and a health  
17 maintenance organization shall grant, an exclusion under the  
18 contract for the health care services required by this section for in  
19 vitro fertilization, embryo transfer, artificial insemination, zygote  
20 intra fallopian transfer and intracytoplasmic sperm injection, if the  
21 required health care services are contrary to the religious employer's  
22 bona fide religious tenets. The health maintenance organization  
23 that issues a contract containing such an exclusion shall provide  
24 written notice thereof to each prospective enrollee or enrollee,  
25 which shall appear in not less than ten point type, in the contract,  
26 application and sales brochure. For the purposes of this subsection,  
27 "religious employer" means an employer that is a church,  
28 convention or association of churches or any group or entity that is  
29 operated, supervised or controlled by or in connection with a church  
30 or a convention or association of churches as defined in 26 U.S.C.  
31 s.3121(w)(3)(A), and that qualifies as a tax-exempt organization  
32 under 26 U.S.C. s.501(c)(3).

33       **[c]** e. The provisions of this section shall apply to those  
34 contracts for health care services by health maintenance  
35 organizations under which the right to change the schedule of  
36 charges for enrollee coverage is reserved.

37       **[d]** f. The provisions of this section shall not apply to a contract  
38 for health care services by a health maintenance organization  
39 which, pursuant to a contract between the health maintenance  
40 organization and the Department of Human Services, provides  
41 benefits to persons who are eligible for medical assistance under  
42 P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare Program  
43 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), or any  
44 other program administered by the Division of Medical Assistance  
45 and Health Services in the Department of Human Services.

46 (cf: P.L.2017, c.48, s.5)

1       6. Section 6 of P.L.2017, c.48 (C.52:14-17.29v) is amended to  
2 read as follows:

3       6. a. The State Health Benefits Commission shall ensure that  
4 every contract under the State Health Benefits Program shall  
5 provide coverage for medically necessary expenses incurred in the  
6 diagnosis and treatment of infertility, as provided pursuant to this  
7 section, and for preimplantation genetic testing, including in vitro  
8 fertilization, where the covered persons are not infertile, for the  
9 purpose of preventing certain serious genetic conditions from being  
10 passed on to offspring. The State Health Benefits Program contract  
11 shall provide coverage which includes, but is not limited to, the  
12 following services related to infertility: diagnosis and diagnostic  
13 tests; medications; surgery; in vitro fertilization; embryo transfer;  
14 artificial insemination; gamete intra fallopian transfer; zygote intra  
15 fallopian transfer; intracytoplasmic sperm injection; and four  
16 completed egg retrievals per lifetime of the covered person. The  
17 State Health Benefits Commission may provide that coverage for in  
18 vitro fertilization, gamete intra fallopian transfer and zygote intra  
19 fallopian transfer shall be limited to a covered person who: a. has  
20 used all reasonable, less expensive and medically appropriate  
21 treatments and is still unable to become pregnant or carry a  
22 pregnancy; b. has not reached the limit of four completed egg  
23 retrievals; and c. is 45 years of age or younger. The State Health  
24 Benefits Commission may also provide that coverage for  
25 preimplantation genetic testing with in vitro fertilization be limited  
26 to covered persons where:

27       (1) both partners are known carriers of an autosomal recessive  
28 disorder;

29       (2) one partner is a known carrier of a single gene autosomal  
30 recessive disorder and the partners have one offspring that has been  
31 diagnosed with that recessive disorder;

32       (3) one partner is a known carrier of a single gene autosomal  
33 disorder;

34       (4) one partner is a known carrier of a single X-linked disorder;  
35 and

36       (5) the genetic condition, if passed on to the covered persons'  
37 offspring, would result in significant health problems or severe  
38 disability.

39       **b.** **【For purposes of】** As used in this section【,】:

40       **【"infertility"】** "Infertility" means a disease or condition that  
41 results in the abnormal function of the reproductive system, as  
42 determined pursuant to American Society for Reproductive  
43 Medicine practice guidelines by a physician who is Board Certified  
44 or Board Eligible in Reproductive Endocrinology and Infertility or  
45 in Obstetrics and Gynecology or any one of the following  
46 conditions:

47       (1) A male is unable to impregnate a female;

- 1 (2) A female with a male partner and under 35 years of age is  
2 unable to conceive after 12 months of unprotected sexual  
3 intercourse;
- 4 (3) A female with a male partner and 35 years of age and over is  
5 unable to conceive after six months of unprotected sexual  
6 intercourse;
- 7 (4) A female without a male partner and under 35 years of age  
8 who is unable to conceive after 12 failed attempts of intrauterine  
9 insemination under medical supervision;
- 10 (5) A female without a male partner and over 35 years of age  
11 who is unable to conceive after six failed attempts of intrauterine  
12 insemination under medical supervision;
- 13 (6) Partners are unable to conceive as a result of involuntary  
14 medical sterility;
- 15 (7) A person is unable to carry a pregnancy to live birth; or
- 16 (8) A previous determination of infertility pursuant to this  
17 section.

18 “Preimplantation genetic testing” means a technique used to  
19 identify genetic defects in embryos created through in vitro  
20 fertilization before pregnancy.

21 c. The benefits shall be provided to the same extent as for other  
22 pregnancy-related procedures under the contract, except that the  
23 services provided for in this section shall be performed at facilities  
24 that conform to standards established by the American Society for  
25 Reproductive Medicine or the American College of Obstetricians  
26 and Gynecologists. The same copayments, deductibles and benefit  
27 limits shall apply to the diagnosis and treatment of infertility  
28 pursuant to this section as those applied to other medical or surgical  
29 benefits under the contract. Infertility resulting from voluntary  
30 sterilization procedures shall be excluded under the contract for the  
31 coverage required by this section.

32 (cf: P.L.2017, c.48, s.6)

33

34 7. Section 7 of P.L.2017, c.48 (C.52:14-17.46.6g) is amended  
35 to read as follows:

36 7. a. The School Employees Health Benefits Commission shall  
37 ensure that every contract under the School Employees Health  
38 Benefits Program shall provide coverage for medically necessary  
39 expenses incurred in the diagnosis and treatment of infertility, as  
40 provided pursuant to this section, and for preimplantation genetic  
41 testing, including in vitro fertilization, where the covered persons  
42 are not infertile, for the purpose of preventing certain serious  
43 genetic conditions from being passed on to offspring. The School  
44 Employees Health Benefits Program contract shall provide coverage  
45 which includes, but is not limited to, the following services related  
46 to infertility: diagnosis and diagnostic tests; medications; surgery;  
47 in vitro fertilization; embryo transfer; artificial insemination;  
48 gamete intra fallopian transfer; zygote intra fallopian transfer;

1 intracytoplasmic sperm injection; and four completed egg retrievals  
2 per lifetime of the covered person. The School Employees Health  
3 Benefits Commission may provide that coverage for in vitro  
4 fertilization, gamete intra fallopian transfer and zygote intra  
5 fallopian transfer shall be limited to a covered person who: a. has  
6 used all reasonable, less expensive and medically appropriate  
7 treatments and is still unable to become pregnant or carry a  
8 pregnancy; b. has not reached the limit of four completed egg  
9 retrievals; and c. is 45 years of age or younger. The School  
10 Employees Health Benefits Commission may also provide that  
11 coverage for preimplantation genetic testing with in vitro  
12 fertilization be limited to covered persons where:

13 (1) both partners are known carriers of an autosomal recessive  
14 disorder;

15 (2) one partner is a known carrier of a single gene autosomal  
16 recessive disorder and the partners have one offspring that has been  
17 diagnosed with that recessive disorder;

18 (3) one partner is a known carrier of a single gene autosomal  
19 disorder;

20 (4) one partner is a known carrier of a single X-linked disorder;  
21 and

22 (5) the genetic condition, if passed on to the covered persons'  
23 offspring, would result in significant health problems or severe  
24 disability.

25 b. [For purposes of] As used in this section[,];

26 ["infertility"] "Infertility" means a disease or condition that  
27 results in the abnormal function of the reproductive system, as  
28 determined pursuant to American Society for Reproductive  
29 Medicine practice guidelines by a physician who is Board Certified  
30 or Board Eligible in Reproductive Endocrinology and Infertility or  
31 in Obstetrics and Gynecology or any one of the following  
32 conditions:

33 (1) A male is unable to impregnate a female;

34 (2) A female with a male partner and under 35 years of age is  
35 unable to conceive after 12 months of unprotected sexual  
36 intercourse;

37 (3) A female with a male partner and 35 years of age and over is  
38 unable to conceive after six months of unprotected sexual  
39 intercourse;

40 (4) A female without a male partner and under 35 years of age  
41 who is unable to conceive after 12 failed attempts of intrauterine  
42 insemination under medical supervision;

43 (5) A female without a male partner and over 35 years of age  
44 who is unable to conceive after six failed attempts of intrauterine  
45 insemination under medical supervision;

46 (6) Partners are unable to conceive as a result of involuntary  
47 medical sterility;

48 (7) A person is unable to carry a pregnancy to live birth; or

1 (8) A previous determination of infertility pursuant to this  
2 section.

3 “Preimplantation genetic testing” means a technique used to  
4 identify genetic defects in embryos created through in vitro  
5 fertilization before pregnancy.

6 c. The benefits shall be provided to the same extent as for other  
7 pregnancy-related procedures under the contract, except that the  
8 services provided for in this section shall be performed at facilities  
9 that conform to standards established by the American Society for  
10 Reproductive Medicine or the American College of Obstetricians  
11 and Gynecologists. The same copayments, deductibles and benefit  
12 limits shall apply to the diagnosis and treatment of infertility  
13 pursuant to this section as those applied to other medical or surgical  
14 benefits under the contract. Infertility resulting from voluntary  
15 sterilization procedures shall be excluded under the contract for the  
16 coverage required by this section.

17 (cf: P.L.2017, c.48, s.7)

18

19 8. This act shall take effect on the 90th day next following  
20 enactment and shall apply to policies or contracts delivered, issued,  
21 or renewed on or after that date.

22

23

24

#### STATEMENT

25

26 This bill requires health insurance carriers to provide coverage of  
27 preimplantation genetic testing (PGT) and in vitro fertilization for  
28 covered persons who are not infertile to prevent certain serious  
29 genetic medical conditions from being passed on to offspring under  
30 certain conditions.

31 Under the bill, health insurance carriers (which include hospital  
32 service corporations, medical service corporations, health  
33 maintenance organizations authorized to issue health benefits plans  
34 in New Jersey, group health insurance policies, and any entities  
35 contracted to administer health benefits in connection with the State  
36 Health Benefits Program and School Employees' Health Benefits  
37 Program) will be required to cover PGT with in vitro fertilization  
38 even if the covered person is not infertile, where

39 (1) both partners are known carriers of an autosomal recessive  
40 disorder;

41 (2) one partner is a known carrier of a single gene autosomal  
42 recessive disorder and the partners have one offspring that has been  
43 diagnosed with that recessive disorder;

44 (3) one partner is a known carrier of a single gene autosomal  
45 disorder;

46 (4) one partner is a known carrier of a single X-linked disorder;  
47 and

1       (5) the genetic condition, if passed on to the covered persons'  
2 offspring, would result in significant health problems or severe  
3 disability

4       For the purposes of this bill, "preimplantation genetic testing" is  
5 defined as a technique used to identify genetic defects in embryos  
6 created through in vitro fertilization before pregnancy.



**NEW JERSEY GENERAL ASSEMBLY**

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**ROY FREIMAN**  
ASSEMBLYMAN  
16TH DISTRICT

COMMITTEES  
CHAIR, FINANCIAL INSTITUTIONS  
AND INSURANCE  
VICE CHAIR, OVERSIGHT, REFORM  
AND FEDERAL RELATIONS  
BUDGET

August 8, 2024

NJ Mandated Health Benefits Advisory Commission  
P.O. Box 325  
Trenton, NJ 08625

Dear Members of the Commission:

As the Chairman of the Assembly Financial Institutions and Insurance Committee, I respectfully request the Commission review and prepare a written report of A4027, which requires health insurance coverage of preimplantation genetic testing with in vitro fertilization under certain conditions.

If you have any questions, please do not hesitate to contact Mark Iaconelli, Jr., Esq., Deputy General Counsel, at 609-847-3500.

Thank you for your immediate attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Roy Freiman".

CC: Mark Iaconelli, Jr., Esq.  
Deputy General Counsel  
Assembly Majority Office