

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article 48A - Insurance Code

354DD.

Each group or individual medical or major medical contract or certificate issued or delivered within the State, OR ISSUED OUTSIDE THE STATE COVERING PERSONS WHO RESIDE OR AND WORK WITHIN THE STATE, by a nonprofit health service plan and which provides pregnancy-related benefits, may not exclude benefits for all outpatient expenses arising from in vitro fertilization procedures performed on the subscriber or the subscriber's dependent spouse, provided that:

(1) Benefits under this section shall be provided to the same extent as the benefits provided for other pregnancy-related procedures;

(2) The patient is a subscriber or covered dependent of the subscriber;

(3) The patient's oocytes are fertilized with the patient's spouse's sperm;

(4) (i) The patient and the patient's spouse have a history of infertility of at least 5 years' duration; or

(ii) The infertility is associated with 1 or more of the following medical conditions:

1. Endometriosis;

2. Exposure in utero to diethylstilbestrol, commonly known as DES; or

3. Blockage of, or surgical removal of, 1 or both fallopian tubes (lateral or bilateral salpingectomy);

(5) The patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the contract or certification; and

(6) The in vitro fertilization procedures are performed at medical facilities that conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.

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