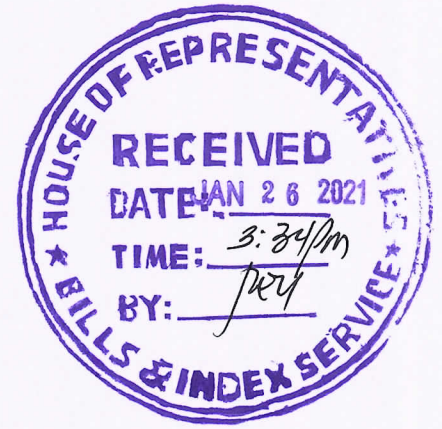


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 8525



Introduced by **HON. LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.**

AN ACT
REQUIRING COVERAGE FOR THE TREATMENT OF INFERTILITY
IN ANY GROUP HEALTH PLAN OR HEALTH INSURANCE

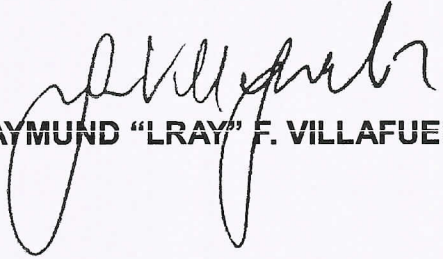
The Constitution, Article II, Section 15, provides:

The State shall protect and promote the right to health of the people and instill health consciousness among them.

A fundamental part of human experience is fulfilling the desire to reproduce. Unfortunately, millions of Filipino women and men are suffering from infertility.

While recent improvements in therapy make pregnancy possible for more couples now than in past years, the majority of group health plans do not provide coverage for infertility therapy; thus, making it impossible for low and middle income families to avail of the technology.

Hence, this bill seeks to require coverage for the treatment of infertility in any group health plan or individual health insurance.


LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. Short Title. – This Act shall be known as the “Family Building Act.”

SECTION 2. Standards Relating to Benefits for Treatment of Infertility. –

(A) In General. – In a case in which a group health plan and a health insurance issuer, offering health insurance coverage, provide coverage for obstetrical services, such plan or issuer shall include coverage for treatment of infertility consistent with this Section.

(B) Infertility Defined. – For purposes of this section, the term ‘infertility’ means a disease or condition that results in the abnormal function of the reproductive system, which results in –

- (1) The inability to conceive after (one) 1 year of unprotected intercourse, or
- (2) The inability to carry a pregnancy to live birth.

(C) Required Coverage. – A group health plan and a health insurance issuer, offering health insurance coverage shall provide coverage for treatment of infertility deemed appropriate by a participant or beneficiary and the treating physician. Such treatment shall include ovulation induction, artificial insemination, in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), intracytoplasmic sperm injection (ICSI), and any other treatment provided it has been deemed as ‘non-experimental’ by the Secretary of Health after consultation with appropriate professional and patient organizations such as the Philippine Association of Medical Technologists.

(D) Limitation on Coverage of Assisted Reproductive Technology. –

(1) In General. – In the case of assisted reproductive technology, coverage shall be provided if –

(a) The participant or beneficiary has been unable to bring a pregnancy into a live birth through less costly medically appropriate infertility treatments for which coverage is available under the insured's policy, plan, or contract;

(b) The participant or beneficiary has not undergone four (4) complete oocyte retrievals, except that if a live birth follows a completed oocyte retrieval, then at least two (2) more completed oocyte retrievals shall be covered, with a lifetime cap of 6 retrievals;

(2) Definition of Assisted Reproductive Technology. – For purposes of this paragraph, the term 'assisted reproductive technology' includes all treatments or procedures that involve the handling of human egg and sperm for the purpose of helping a woman become pregnant. Types of Assisted Reproductive Technology include in vitro fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer, embryo cryopreservation, egg or embryo donation, and surrogate birth.

(E) Review by the Secretary of Health. – Not later than five (5) years after the date of enactment of the Family Building Act, the Secretary of Health shall review the requirements for treatment of infertility established under paragraph (D)(1).

(F) Limitation. – Deductibles, co-insurance, and other cost-sharing or other limitations for infertility therapy may not be imposed to the extent they exceed the deductibles, co-insurance, and limitations that are applied to similar services under the group health plan or health insurance coverage.

(G) Prohibitions. – A group health plan and a health insurance issuer, offering group health insurance coverage, in connection with a group health plan, may not –

(1) Deny to a participant or beneficiary eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section;

(2) Provide incentives, either monetary or otherwise, to a participant or beneficiary to encourage such participant or beneficiary not to be provided infertility treatments to which they are entitled under this section or to providers to induce such providers not to provide such measurements to qualified participants or beneficiaries;

(3) Prohibit a provider from discussing with a participant or beneficiary infertility treatment techniques or medical treatment options relating to this section; or

(4) Penalize or otherwise reduce or limit the reimbursement of a provider because such provider provided infertility treatments to a qualified participant or beneficiary in accordance with this section.

(H) Rule of Construction. – Nothing in this Section shall be construed to require a participant or beneficiary to undergo infertility therapy.

SECTION 3. Separability Clause. – If any provision or part hereof, is held invalid or

unconstitutional, the remainder of the law or the provision shall remain valid and subsisting.

SECTION 4. Repealing Clause. – Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulations contrary to or inconsistent with, the provisions of this Act is hereby repealed, modified, or amended accordingly.

SECTION 5. Effectivity Clause. – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,