

3028

2009-2010 Regular Sessions

I N S E N A T E

March 9, 2009

Introduced by Sens. LAVALLE, DIAZ, HANNON, LARKIN, MORAHAN, PARKER, SKELOS -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to health insurance coverage for maternity care expenses incurred by adoptive parents

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Paragraph 10 of subsection (i) of section 3216 of the
2 insurance law is amended by adding a new subparagraph (C) to read as
3 follows:

4 (C) EVERY POLICY WHICH PROVIDES MAJOR MEDICAL OR SIMILAR COMPREHENSIVE
5 TYPE COVERAGE SHALL PROVIDE FOR THE REIMBURSEMENT OF A POLICYHOLDER
6 LEGALLY ADOPTING A NEWBORN CHILD FOR THE COST OF PRENATAL CARE, MATERNI-
7 TY CARE, AND PRIMARY AND PREVENTIVE CARE RENDERED ON BEHALF OF THE BIRTH
8 MOTHER OR CHILD PURSUANT TO THIS PARAGRAPH AND PARAGRAPH SEVENTEEN OF
9 THIS SUBSECTION, TO THE SAME EXTENT THAT HOSPITAL, SURGICAL OR MEDICAL
10 COVERAGE IS PROVIDED FOR ILLNESS OR DISEASE UNDER THE POLICY, SO LONG AS
11 THE FOLLOWING CONDITIONS ARE MET:

12 (I) THE BIOLOGICAL MOTHER IS UNINSURED AT THE TIME OF THE BIRTH AND
13 GIVES BIRTH IN THE UNITED STATES AND PAYMENT HAS BEEN MADE TO THE
14 PROVIDER OR PROVIDERS OF SERVICES BY OR ON BEHALF OF THE POLICYHOLDER;

15 (II) A SWORN STATEMENT IS SUBMITTED BY THE BIOLOGICAL MOTHER THAT SHE
16 DOES NOT HAVE PUBLIC OR PRIVATE INSURANCE COVERAGE FOR PRENATAL CARE,
17 MATERNITY CARE AND PRIMARY AND PREVENTIVE CARE DURING THE PERIOD OF THE
18 PREGNANCY AND BIRTH;

19 (III) THE CHILD IS PLACED FOR ADOPTION WITHIN SIX MONTHS OF THE BIRTH
20 AND THE POLICYHOLDER NOTIFIES THE INSURER IN WRITING OF THE CERTIF-
21 ICATION OF THE ADOPTER OR ADOPTERS PURSUANT TO SECTION ONE HUNDRED
22 FIFTEEN-D OF THE DOMESTIC RELATIONS LAW, WAIVER OF THE CERTIFICATION OR
23 OF THE APPROVAL TO ADOPT BY AN AUTHORIZED AGENCY;

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

LBD08969-01-9

1 (IV) THE POLICYHOLDER FILES WITH THE INSURER PRIOR TO SEEKING
2 REIMBURSEMENT DOCUMENTATION INDICATING THE DATE THAT THE ADOPTION
3 PROCEEDING WAS COMMENCED AND THE COURT IN WHICH IT WAS COMMENCED,
4 TOGETHER WITH THE FILE OR DOCKET NUMBER ASSIGNED TO THE PROCEEDING; AND

5 (V) THE POLICYHOLDER SUBMITS WRITTEN DOCUMENTATION OF ALL MEDICAL
6 EXPENSES INCURRED WITH RESPECT TO THE BIOLOGICAL MOTHER AND THE CHILD
7 PRIOR TO, AT THE TIME OF, AND FOLLOWING THE BIRTH.

8 FOR THE PURPOSES OF THIS SUBPARAGRAPH, REIMBURSEMENT SHALL BE IN AN
9 AMOUNT EQUAL TO EITHER THE AMOUNT THAT WOULD HAVE BEEN PAID HAD SERVICES
10 BEEN PROVIDED WITHIN AN INSURER'S NETWORK OF PARTICIPATING PROVIDERS, OR
11 IN THE CASE OF AN INSURER WHICH PERMITS SUBSCRIBERS TO RECEIVE SERVICES
12 OUTSIDE OF A NETWORK OF PARTICIPATING PROVIDERS THE USUAL OR CUSTOMARY
13 COST OF PRENATAL CARE, MATERNITY CARE AND PRIMARY AND PREVENTATIVE CARE
14 COVERED UNDER THE POLICY, SUBJECT IN BOTH CASES TO ANY APPLICABLE LIMITATIONS,
15 DEDUCTIBLES AND COINSURANCE, LESS THE PREMIUM, IF ANY, WHICH
16 WOULD HAVE BEEN REQUIRED HAD THE CHILD BEEN ADDED TO THE POLICY PURSUANT
17 TO SUBPARAGRAPH (C) OF PARAGRAPH FOUR OF SUBSECTION (C) OF THIS SECTION.

18 S 2. Paragraph 5 of subsection (k) of section 3221 of the insurance
19 law is amended by adding a new subparagraph (C) to read as follows:

20 (C) EVERY GROUP OR BLANKET ACCIDENT AND HEALTH INSURANCE POLICY ISSUED
21 OR ISSUED FOR DELIVERY IN THIS STATE WHICH PROVIDES MAJOR MEDICAL OR
22 SIMILAR COMPREHENSIVE TYPE COVERAGE SHALL PROVIDE FOR THE REIMBURSEMENT
23 OF A POLICYHOLDER LEGALLY ADOPTING A NEWBORN CHILD FOR THE COST OF
24 PRENATAL CARE, MATERNITY CARE, AND PRIMARY AND PREVENTIVE CARE RENDERED
25 ON BEHALF OF THE BIRTH MOTHER OR CHILD PURSUANT TO THIS PARAGRAPH AND
26 PARAGRAPH EIGHT OF SUBSECTION (L) OF THIS SECTION, TO THE SAME EXTENT
27 THAT HOSPITAL, SURGICAL OR MEDICAL COVERAGE IS PROVIDED FOR ILLNESS OR
28 DISEASE UNDER THE POLICY, SO LONG AS THE FOLLOWING CONDITIONS ARE MET:

29 (I) THE BIOLOGICAL MOTHER IS UNINSURED AT THE TIME OF THE BIRTH AND
30 GIVES BIRTH IN THE UNITED STATES AND PAYMENT HAS BEEN MADE TO THE
31 PROVIDER OR PROVIDERS OF SERVICES BY OR ON BEHALF OF THE POLICYHOLDER;

32 (II) A SWORN STATEMENT IS SUBMITTED BY THE BIOLOGICAL MOTHER THAT SHE
33 DOES NOT HAVE PUBLIC OR PRIVATE INSURANCE COVERAGE FOR PRENATAL CARE,
34 MATERNITY CARE AND PRIMARY AND PREVENTIVE CARE DURING THE PERIOD OF THE
35 PREGNANCY AND BIRTH;

36 (III) THE CHILD IS PLACED FOR ADOPTION WITHIN SIX MONTHS OF THE BIRTH
37 AND THE POLICYHOLDER NOTIFIES THE INSURER IN WRITING OF THE CERTIFICATION
38 OF THE ADOPTER OR ADOPTERS PURSUANT TO SECTION ONE HUNDRED
39 FIFTEEN-D OF THE DOMESTIC RELATIONS LAW, WAIVER OF THE CERTIFICATION OR
40 OF THE APPROVAL TO ADOPT BY AN AUTHORIZED AGENCY;

41 (IV) THE POLICYHOLDER FILES WITH THE INSURER PRIOR TO SEEKING
42 REIMBURSEMENT DOCUMENTATION INDICATING THE DATE THAT THE ADOPTION
43 PROCEEDING WAS COMMENCED AND THE COURT IN WHICH IT WAS COMMENCED,
44 TOGETHER WITH THE FILE OR DOCKET NUMBER ASSIGNED TO THE PROCEEDING; AND

45 (V) THE POLICYHOLDER SUBMITS WRITTEN DOCUMENTATION OF ALL MEDICAL
46 EXPENSES INCURRED WITH RESPECT TO THE BIOLOGICAL MOTHER AND THE CHILD
47 PRIOR TO, AT THE TIME OF, AND FOLLOWING THE BIRTH.

48 FOR THE PURPOSES OF THIS SUBPARAGRAPH, REIMBURSEMENT SHALL BE IN AN
49 AMOUNT EQUAL TO EITHER THE AMOUNT THAT WOULD HAVE BEEN PAID HAD SERVICES
50 BEEN PROVIDED WITHIN AN INSURER'S NETWORK OF PARTICIPATING PROVIDERS, OR
51 IN THE CASE OF AN INSURER WHICH PERMITS SUBSCRIBERS TO RECEIVE SERVICES
52 OUTSIDE OF A NETWORK OF PARTICIPATING PROVIDERS THE USUAL OR CUSTOMARY
53 COST OF PRENATAL CARE, MATERNITY CARE AND PRIMARY AND PREVENTATIVE CARE
54 COVERED UNDER THE POLICY, SUBJECT IN BOTH CASES TO ANY APPLICABLE LIMITATIONS,
55 DEDUCTIBLES AND COINSURANCE, LESS THE PREMIUM, IF ANY, WHICH

1 WOULD HAVE BEEN REQUIRED HAD THE CHILD BEEN ADDED TO THE POLICY PURSUANT
2 TO THIS SECTION.

3 S 3. Subsection (c) of section 4303 of the insurance law is amended by
4 adding a new paragraph 3 to read as follows:

5 (3) EVERY CONTRACT ISSUED BY A MEDICAL EXPENSE INDEMNITY CORPORATION,
6 HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION WHICH
7 PROVIDES MAJOR MEDICAL OR SIMILAR COMPREHENSIVE TYPE COVERAGE SHALL
8 PROVIDE FOR THE REIMBURSEMENT OF A POLICYHOLDER LEGALLY ADOPTING A
9 NEWBORN CHILD FOR PRENATAL CARE, MATERNITY CARE, AND PRIMARY AND PREVEN-
10 TIVE CARE RENDERED ON BEHALF OF THE BIRTH MOTHER OR CHILD PURSUANT TO
11 THIS SUBSECTION AND SUBSECTION (J) OF THIS SECTION, TO THE SAME EXTENT
12 THAT HOSPITAL, SURGICAL OR MEDICAL COVERAGE IS PROVIDED FOR ILLNESS OR
13 DISEASE UNDER THE POLICY, SO LONG AS THE FOLLOWING CONDITIONS ARE MET:

14 (I) THE BIOLOGICAL MOTHER IS UNINSURED AT THE TIME OF THE BIRTH AND
15 GIVES BIRTH IN THE UNITED STATES AND PAYMENT HAS BEEN MADE TO THE
16 PROVIDER OR PROVIDERS OF SERVICES BY OR ON BEHALF OF THE POLICYHOLDER;

17 (II) A SWORN STATEMENT IS SUBMITTED BY THE BIOLOGICAL MOTHER THAT SHE
18 DOES NOT HAVE PUBLIC OR PRIVATE INSURANCE COVERAGE FOR PRENATAL CARE,
19 MATERNITY CARE AND PRIMARY AND PREVENTIVE CARE DURING THE PERIOD OF THE
20 PREGNANCY AND BIRTH;

21 (III) THE CHILD IS PLACED FOR ADOPTION WITHIN SIX MONTHS OF THE BIRTH
22 AND THE POLICYHOLDER NOTIFIES THE INSURER IN WRITING OF THE CERTIF-
23 ICATION OF THE ADOPTER OR ADOPTERS PURSUANT TO SECTION ONE HUNDRED
24 FIFTEEN-D OF THE DOMESTIC RELATIONS LAW, WAIVER OF THE CERTIFICATION OR
25 OF THE APPROVAL TO ADOPT BY AN AUTHORIZED AGENCY;

26 (IV) THE POLICYHOLDER FILES WITH THE CORPORATION PRIOR TO SEEKING
27 REIMBURSEMENT DOCUMENTATION INDICATING THE DATE THAT THE ADOPTION
28 PROCEEDING WAS COMMENCED AND THE COURT IN WHICH IT WAS COMMENCED,
29 TOGETHER WITH THE FILE OR DOCKET NUMBER ASSIGNED TO THE PROCEEDING; AND

30 (V) THE POLICYHOLDER SUBMITS WRITTEN DOCUMENTATION OF ALL MEDICAL
31 EXPENSES INCURRED WITH RESPECT TO THE BIOLOGICAL MOTHER AND THE CHILD
32 PRIOR TO, AT THE TIME OF, AND FOLLOWING THE BIRTH.

33 FOR THE PURPOSES OF THIS PARAGRAPH, REIMBURSEMENT SHALL BE IN AN
34 AMOUNT EQUAL TO EITHER THE AMOUNT THAT WOULD HAVE BEEN PAID HAD SERVICES
35 BEEN PROVIDED WITHIN A CORPORATION'S NETWORK OF PARTICIPATING PROVIDERS,
36 OR IN THE CASE OF A CORPORATION WHICH PERMITS SUBSCRIBERS TO RECEIVE
37 SERVICES OUTSIDE OF A NETWORK OF PARTICIPATING PROVIDERS THE USUAL OR
38 CUSTOMARY COST OF PRENATAL CARE, MATERNITY CARE AND PRIMARY AND PREVEN-
39 TATIVE CARE COVERED UNDER THE POLICY, SUBJECT IN BOTH CASES TO ANY
40 APPLICABLE LIMITATIONS, DEDUCTIBLES AND COINSURANCE, LESS THE PREMIUM,
41 IF ANY, WHICH WOULD HAVE BEEN REQUIRED HAD THE CHILD BEEN ADDED TO THE
42 POLICY PURSUANT TO PARAGRAPH ONE OF SUBSECTION (D) OF SECTION FOUR THOU-
43 SAND THREE HUNDRED FOUR OR PARAGRAPH ONE OF SUBSECTION (C) OF SECTION
44 FOUR THOUSAND THREE HUNDRED FIVE OF THIS ARTICLE.

45 S 4. This act shall take effect on the first of January next succeed-
46 ing the date on which it shall have become a law and shall apply to all
47 policies and contracts issued, renewed, modified, altered or amended on
48 or after such date.