S T A T E O F N E W Y O R K

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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:

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

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

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

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

(III) THE CHILD IS PLACED FOR ADOPTION WITHIN SIX MONTHS OF THE BIRTH AND THE POLICYHOLDER NOTIFIES THE INSURER IN WRITING OF THE CERTIFICATION OF THE ADOPTER OR ADOPTERS PURSUANT TO SECTION ONE HUNDRED FIFTEEN-D OF THE DOMESTIC RELATIONS LAW, WAIVER OF THE CERTIFICATION OR 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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