




DEPARTMENT OF INSURANCE  
STATE OF NORTH DAKOTA  
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Jim Poolman  
Commissioner of Insurance

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## Bulletin 2001-5

To : All carriers writing major medical, medical expense and hospital expense coverage in North Dakota.

From: Jim Poolman, Commissioner 

Date: July 24, 2001

Re: Involuntary Complications of Pregnancy Coverage

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### Scope and Applicability

This bulletin applies to all carriers writing major medical business in North Dakota. Its purpose is to clarify N.D. Cent. Code § 26.1-36-09.2 , Health Insurance Policy and Health Service Contract – Involuntary Complications of Pregnancy Coverage.

### Clarification of North Dakota Century Code 26.1-36-09.2

N.D. Cent. Code § 26.1-36-09.2 states:

No insurance company, nonprofit health service corporation, or health maintenance organization may deliver, issue, execute, or renew any health insurance policy, health service contract, or evidence of coverage on an individual, group, blanket, franchise, or association basis if the policy, contract, or evidence of coverage contains any exclusion, reduction, or other limitation as to coverage, deductibles, or coinsurance provisions, as to involuntary complications of pregnancy, unless the provisions apply generally to all benefits paid under the policy, contract, or evidence of coverage. . . . For purposes of this section, “involuntary complications of pregnancy” includes nonelective caesarean section delivery.

The Department interprets the statute to require coverage only for complications caused by pregnancy. Should an insured not have underlying maternity coverage, only those costs related to a complication caused by pregnancy are to be covered.

In those situations where a normal pregnancy occurs but the insured is unable to give birth vaginally and where a physician deems a vaginal birth not medically appropriate, a birth by

caesarean section delivery is considered a nonelective caesarean section and must be covered. Therefore, should an insured not have maternity coverage, the costs of a routine delivery may be deducted, with the costs specifically related to the complication covered.

Similarly, if an insured is put on notice by her physician *prior* to a pregnancy that she cannot give birth vaginally and that a caesarean section is medically appropriate and required, the c-section is to be considered a nonelective caesarean section and must be covered. As was mentioned above, should an insured not have maternity coverage, the costs of a routine delivery may be deducted with the costs specifically related to the complication covered.

The above situations do not change a circumstance where an insured suffers a complication during pregnancy. The complication during pregnancy must be covered as an illness subject to the limits for surgical procedures or other limits provided by the policy, contract or evidence of coverage.

### **Compliance Deadline**

The terms of this bulletin are effective immediately.

Should you have any questions regarding this bulletin, please contact Susan J. Anderson, Legal Counsel, at 701.328.2440 or by e-mail at [sanderso@state.nd.us](mailto:sanderso@state.nd.us).