

Bulletin No. 2025-28

December 24, 2025

RE: IMPORTANT UPDATE on Coverage Code Revision for Expansion of Medical Expense Indemnity Insurance for Certain Assisted Reproduction

This bulletin supersedes and replaces bulletin 2025-23. It updates the advice related to coverage codes, clarifying the distinction between coverage code 6801 – ALL CLASSES/CREDIT INSURANCE and 7400 - DONOR MEDICAL EXPENSE INSURANCE. We recommend that you delete any local copies of bulletin 2025-23 which you may have saved.

On October 16, 2025 Governor Hochul signed into law a bill ([S698](#), Kreuger / [A3795](#), Weprin), which, effective November 15, 2025, expressly provides for credit insurance that indemnifies intended parents for medical and certain other expenses they incur when the intended parent(s) or a surrogate gestational parent receives in-vitro fertilization or intrauterine insemination treatment that fails to result in the birth of a child. Prior to the law's passage, similar expense coverage was only explicitly permitted for cases in which the intended parents had paid such expenses on behalf of or to a gestational parent that did not perform a surrogacy contract, or when either one or both of the birth parents of the child withdrew or withheld their consent to adoption in the case of a failed adoption process. The new law permits insurers to indemnify the intended parents for verifiable expenses, such as medical expenses not covered by comprehensive health insurance and travel expenses for the purpose of the treatment. It may also cover necessary living expenses for the surrogate gestational parent for the purpose of receiving treatment. However, insurance may not solely cover medical and hospital expenses, co-payments, deductibles, or coinsurance.

The new law requires that admitted insurers add a prominent written disclosure on the insurance application and policy stating that such policy is not a substitute for comprehensive health insurance. In the case of excess line placements, the excess line broker must provide such disclosure on the insurer's behalf.

Section 17(D) of the "Credit Insurance" section of 1113(a) addresses multiple reproductive arrangements and a wide range of expenses. Brokers should note that there could theoretically be overlap with Section 32 ("Donor Medical Expenses Insurance"), which is far more specific, focusing solely on medical costs resulting from medical complications that result from the donation of gamete (sperm or eggs). Excess Line Brokers should use coverage code 7400 - Donor Medical Expense Insurance for those policies that cover only Donor Medical Expenses as defined in 1113(a)(32), along with industry code 8600 – PERSONAL LINES.

For policies containing any other coverages defined as Credit Insurance within 1113(a)(17)(D), brokers should use code 6801 – ALL CLASSES/CREDIT INSURANCE, along with industry code 8600 – PERSONAL LINES. Related historical guidance can be found in [bulletin 2021-21](#).

Should you have any questions regarding the content of this bulletin, please direct them to elanyinfo@elany.org.