



Reprinted
February 29, 2000

ENGROSSED HOUSE BILL No. 1293

DIGEST OF HB 1293 (Updated February 28, 2000 4:03 PM - DI 97)

Citations Affected: IC 5-10; IC 27-8; IC 27-13; noncode.

Synopsis: Colorectal cancer testing. Requires the group self-insurance program for state employees and any contract under which a health maintenance organization (HMO) provides health care services to state employees to provide coverage for colorectal cancer examinations and laboratory tests according to the current guidelines of the American Cancer Society. Requires a group accident and sickness insurance policy to provide coverage for colorectal cancer examinations and laboratory tests according to the current guidelines of the American Cancer Society. Requires a group HMO contract that is employer based to provide colorectal cancer testing as a covered service according to the current guidelines of the American Cancer Society. Provides that an accident and sickness insurer or an HMO is required only to offer to provide coverage or services for colorectal cancer screening in the case of a group accident and sickness insurance policy or a group HMO contract that is not employer based.

Effective: July 1, 2000.

**Ruppel, Welch, Ayres, Ulmer,
Crosby, Duncan, Becker, Budak,
Dillon, Kruzan, Goeglein**

(SENATE SPONSORS — MILLER, SIMPSON, ROGERS, WHEELER)

January 11, 2000, read first time and referred to Committee on Insurance, Corporations and Small Business.

January 18, 2000, reported — Do Pass. Referred to the Committee on Ways and Means, pursuant to Rule 127.

January 27, 2000, referral to Committee on Ways and Means, pursuant to Rule 127, withdrawn.

February 1, 2000, read second time, amended, ordered engrossed.

February 2, 2000, engrossed.

February 7, 2000, read third time, passed. Yeas 72, nays 23.

SENATE ACTION

February 8, 2000, read first time and referred to Committee on Health and Provider Services.

February 17, 2000, amended, reported favorably — Do Pass.

February 21, 2000, read second time, ordered engrossed. Engrossed.

February 24, 2000, placed back on second reading.

February 28, 2000, reread second time, amended, ordered engrossed.

EH 1293—LS 7265/DI 77+



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Second Regular Session 111th General Assembly (2000)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1999 General Assembly.

ENGROSSED HOUSE BILL No. 1293

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 5-10-8-7.8 IS ADDED TO THE INDIANA CODE
2 AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2000]: **Sec. 7.8. (a) As used in this section, "covered individual"**
4 **means an individual who is:**
5 (1) **covered under a self-insurance program established under**
6 **section 7(b) of this chapter to provide group health coverage;**
7 **or**
8 (2) **entitled to services under a contract with a health**
9 **maintenance organization (as defined in IC 27-13-1-19) that**
10 **is entered into or renewed under section 7(c) of this chapter.**
11 **(b) A:**
12 (1) **self-insurance program established under section 7(b) of**
13 **this chapter to provide health care coverage; or**
14 (2) **contract with a health maintenance organization that is**
15 **entered into or renewed under section 7(c) of this chapter;**
16 **must provide coverage for colorectal cancer examinations and**
17 **laboratory tests for cancer for any nonsymptomatic covered**

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1 individual, in accordance with the current American Cancer
2 Society guidelines.

3 (c) For a covered individual who is:

4 (1) at least fifty (50) years of age; or

5 (2) less than fifty (50) years of age and at high risk for
6 colorectal cancer according to the most recent published
7 guidelines of the American Cancer Society;

8 the coverage required under this section must meet the
9 requirements set forth in subsection (d).

10 (d) A covered individual may not be required to pay an
11 additional deductible or coinsurance for the colorectal cancer
12 examination and laboratory testing benefit that is greater than an
13 annual deductible or coinsurance established for similar benefits
14 under a self-insurance program or contract with a health
15 maintenance organization. If the program or contract does not
16 cover a similar benefit, a deductible or coinsurance may not be set
17 at a level that materially diminishes the value of the colorectal
18 cancer examination and laboratory testing benefit required under
19 this section.

20 SECTION 2. IC 27-8-14.8 IS ADDED TO THE INDIANA CODE
21 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
22 JULY 1, 2000]:

23 **Chapter 14.8. Coverage for Services Related to Colorectal
24 Cancer Screening**

25 **Sec. 1. (a) As used in this chapter, "accident and sickness
26 insurance policy" means an insurance policy that:**

27 (1) provides at least one (1) of the types of insurance described
28 in IC 27-1-5-1, Classes 1(b) and 2(a); and

29 (2) is issued on a group basis.

30 (b) "Accident and sickness insurance policy" does not include
31 a policy providing accident only, credit, dental, vision, Medicare
32 supplement, long-term care, or disability income insurance.

33 **Sec. 2. As used in this chapter, "insured" means an individual
34 who is entitled to coverage under an accident and sickness
35 insurance policy.**

36 **Sec. 3. (a) Except as provided in subsection (d), an insurer shall
37 provide coverage for colorectal cancer examinations and
38 laboratory tests for cancer for any nonsymptomatic insured, in
39 accordance with the current American Cancer Society guidelines,
40 in any accident and sickness insurance policy that the insurer
41 issues in Indiana or issues for delivery in Indiana.**

42 (b) For an insured who is:



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- 1 (1) at least fifty (50) years of age; or
 2 (2) less than fifty (50) years of age and at high risk for
 3 colorectal cancer according to the most recent published
 4 guidelines of the American Cancer Society;

5 the coverage required under this section must meet the
 6 requirements set forth in subsection (c).

7 (c) An insured may not be required to pay an additional annual
 8 deductible or coinsurance for the colorectal cancer examination
 9 and laboratory testing benefit that is greater than an annual
 10 deductible or coinsurance established for similar benefits under an
 11 accident and sickness insurance policy. If the accident and sickness
 12 insurance policy does not cover a similar benefit, a deductible or
 13 coinsurance may not be set at a level that materially diminishes the
 14 value of the colorectal cancer examination and laboratory testing
 15 benefit required under this section.

16 (d) In the case of an accident and sickness insurance policy that
 17 is not employer based, the insurer shall offer to provide the
 18 coverage described in this section.

19 SECTION 3. IC 27-13-7-17 IS ADDED TO THE INDIANA CODE
 20 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 21 1, 2000]: Sec. 17. (a) As used in this section, "colorectal cancer
 22 testing" means examinations and laboratory tests for cancer for
 23 any nonsymptomatic enrollee, in accordance with the current
 24 American Cancer Society guidelines.

25 (b) Except as provided in subsection (e), a health maintenance
 26 organization issued a certificate of authority in Indiana shall
 27 provide colorectal cancer testing as a covered service under every
 28 group contract that provides coverage for basic health care
 29 services.

30 (c) For an enrollee who is:

- 31 (1) at least fifty (50) years of age; or
 32 (2) less than fifty (50) years of age and at high risk for
 33 colorectal cancer according to the most recent published
 34 guidelines of the American Cancer Society;

35 the colorectal cancer testing required under this section must meet
 36 the requirements set forth in subsection (d).

37 (d) An enrollee may not be required to pay a copayment for the
 38 colorectal cancer examination and laboratory testing benefit that
 39 is greater than a copayment established for similar benefits under
 40 a group contract. If the group contract does not cover a similar
 41 covered service, the copayment may not be set at a level that
 42 materially diminishes the value of the colorectal cancer



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1 examination and laboratory testing benefit required under this
2 section.
3 (e) In the case of coverage that is not employer based, the health
4 maintenance organization is required only to offer to provide the
5 colorectal cancer testing described in subsections (b) through (f) as
6 a covered service under a proposed group contract providing
7 coverage for basic health care services.
8 SECTION 4. [EFFECTIVE JULY 1, 2000] (a) IC 5-10-8-7.8, as
9 added by this act, applies to a self-insurance program or a contract
10 between the state and a health maintenance organization
11 established, entered into, amended, or renewed after June 30, 2000.
12 (b) IC 27-8-14.8, as added by this act, applies to accident and
13 sickness insurance policies that are issued, delivered, amended, or
14 renewed after June 30, 2000.
15 (c) IC 27-13-7-17, as added by this act, applies to health
16 maintenance organization contracts that are entered into,
17 amended, or renewed after June 30, 2000.
18 (d) This SECTION expires July 1, 2004.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred House Bill 1293, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

FRY, Chair

Committee Vote: yeas 7, nays 4.

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HOUSE MOTION

Mr. Speaker: I move that House Bill 1293 be amended to read as follows:

Page 2, delete lines 10 through 25.

Page 2, after line 25 , begin a new paragraph and insert:

“(d) A covered individual may not be required to pay an additional deductible and coinsurance for the colorectal cancer examination and laboratory testing benefit that is greater than an annual deductible or coinsurance established for similar benefits under the self insurance program or contract with health maintenance organizations. If the program does not cover a similar benefit, the deductible aor coinsurance may not be set at a level that materially diminishes the value of the colorectal cancer examination and laboratory testing benefic required by this chapter.”

Page 3, delete lines 13 through 19.

Page 3, line 20, delete “(d)” and insert “(c)”.

Page 3, delete lines 29 through 42.

Page 4, delete lines 19 through 25.

Page 4, after line 25 , begin a new paragraph and insert:

d) A covered individual may not be required to pay an additional deductible and coinsurance for the colorectal cancer examination and laboratory testing benefit that is greater than an annual deductible or coinsurance established for similar benefits under the self insurance program or contract with health maintenance organizations. If the program does not cover a similar benefit, the deductible aor coinsurance may not be set at a level that materially diminishes the value of the colorectal cancer examination and laboratory testing benefic required by this chapter.”

(Reference is to HB1293 as printed January 19, 2000.)

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COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1293, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 1, delete "IC 5-10-8-7.7" and insert "IC 5-10-8-7.8".

Page 1, line 3, delete "7.7" and insert "**7.8**".

Page 2, line 8, delete "by" and insert "**under**".

Page 2, line 11, delete "and" and insert "**or**".

Page 2, line 14, delete "the self insurance" and insert "**a self-insurance**".

Page 2, line 14, before "health" insert "**a**".

Page 2, line 15, delete "organizations" and insert "**organization**".

Page 2, line 15, before "does" insert "**or contract**".

Page 2, line 16, delete "the" and insert "**a**".

Page 2, line 16, delete "aor" and insert "**or**".

Page 2, line 18, delete "benefic" and insert "**benefit**".

Page 2, line 18, delete "by" and insert "**under**".

Page 2, line 19, delete "chapter" and insert "**section**".

Page 2, line 36, delete "(g)" and insert "**(d)**".

Page 3, line 5, delete "by subsection (a)" and insert "**under this section**".

Page 3, line 10, delete "the" and insert "**an**".

Page 3, line 11, after "the" insert "**accident and sickness insurance**".

Page 3, line 12, delete "the" and insert "**a**".

Page 3, line 14, delete "by" and insert "**under**".

Page 3, line 15, delete "chapter" and insert "**section**".

Page 3, between lines 15 and 16, begin a new paragraph and insert: "**(d) In the case of an accident and sickness insurance policy that is not employer based, the insurer shall offer to provide the coverage described in this section.**".

Page 3, line 22, delete "(g)" and insert "**(e)**".

Page 3, line 32, delete "by subsection (b)" and insert "**under this section**".

Page 3, line 34, delete "A covered individual" and insert "**An enrollee**".

Page 3, line 34, delete "an" and insert "**a copayment**".

Page 3, line 35, delete "additional deductible and coinsurance".

Page 3, line 36, delete "an" and insert "**a copayment**".

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Page 3, line 37, delete "annual deductible or coinsurance".

Page 3, line 38, delete "the self insurance program or" and insert "**a group**".

Page 3, line 38, delete "with health" and insert ".".

Page 3, line 39, delete "maintenance organizations."

Page 3, line 39, delete "program" and insert "**group contract**".

Page 3, line 40, delete "benefit" and insert "**covered service**".

Page 3, line 40, delete "deductible aor coinsurance" and insert "**copayment**".

Page 3, line 42, delete "benefic" and insert "**benefit**".

Page 3, line 42, delete "by this" and insert "**under this section**".

Page 4, delete lines 1 through 11.

Page 4, line 12, delete "(g)" and insert "(e)".

Page 4, line 17, delete "IC 5-10-8-7.7" and insert "**IC 5-10-8-7.8**".

and when so amended that said bill do pass.

(Reference is to HB 1293 as reprinted February 2, 2000.)

MILLER, Chairperson

Committee Vote: Yeas 5, Nays 4.

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SENATE MOTION

Mr. President: I move that Senator Wheeler be added as cosponsor of Engrossed House Bill 1293.

MILLER

SENATE MOTION

Mr. President: I move that Engrossed House Bill 1293, which is eligible for third reading, be returned to second reading for purposes of amendment.

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SENATE MOTION

Mr. President: I move that Engrossed House Bill 1293 be amended to read as follows:

Page 3, line 7, before "annual" insert "**additional**".

(Reference is to EHB 1293 as printed February 18, 2000.)

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