



Reprinted
February 22, 2001

HOUSE BILL No. 1699

DIGEST OF HB 1699 (Updated February 21, 2001 5:03 PM - DI 104)

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

Synopsis: Insurance coverage for contraceptives. Requires insurers, health maintenance organizations, limited service health maintenance organizations, preferred provider plans, and Indiana comprehensive health insurance association policies that: (1) provide coverage for basic health care services; and (2) provide coverage for outpatient prescription drugs and outpatient services provided by health care providers, to offer to provide equal coverage for contraceptive drugs, devices, and services. Exempts insurance policies issued by or to an entity that finds contraception incompatible with its religious and moral teachings and beliefs from the requirement to offer to provide equal coverage for contraceptive drugs, devices, and services. Requires the state to consider covering contraceptive drugs, devices, and services under a self-insurance plan or a contract to provide health services offered to its employees. Exempts coverage for abortifacients, including any drugs or devices that are intended to terminate a pregnancy after conception.

Effective: July 1, 2001.

Summers

January 17, 2001, read first time and referred to Committee on Insurance, Corporations and Small Business.
February 15, 2001, reported — Do Pass.
February 21, 2001, read second time, amended, ordered engrossed.

HB 1699—LS 6881/DI 104+



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First Regular Session 112th General Assembly (2001)

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 *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

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HOUSE BILL No. 1699

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 5-10-8-7.1 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2001]: **Sec. 7.1. The state shall consider covering contraceptives**
4 **as provided under IC 27-8-24.2 under:**
5 **(1) a self-insurance program established under section 7(b) of**
6 **this chapter to provide group health coverage; and**
7 **(2) a contract entered into under section 7(c) of this chapter**
8 **to provide health services through a prepaid health care**
9 **delivery plan.**
10 SECTION 2. IC 27-8-24.2 IS ADDED TO THE INDIANA CODE
11 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
12 JULY 1, 2001]:
13 **Chapter 24.2. Contraceptive Coverage**
14 **Sec. 1. (a) As used in this chapter, "contraceptive" means a**
15 **prescription contraceptive drug, device, or service approved by the**
16 **United States Food and Drug Administration that is:**
17 **(1) intended to prevent pregnancy;**

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(2) provided on an outpatient basis; and
(3) related to the use of contraceptive methods to prevent an unintended pregnancy.

(b) The term does not include abortion (as defined in IC 16-18-2-1) or abortifacients, including any drugs or devices that are intended to terminate a pregnancy after conception.

Sec. 2. As used in this chapter, "covered individual" means an individual policyholder, a subscriber, a certificate holder, an enrollee, or other individual who is covered by the insurance policy of a policyholder, a subscriber, a certificate holder, or an enrollee.

Sec. 3. (a) As used in this chapter, "insurance policy" means a:

- (1) policy of accident and sickness insurance regulated under IC 27-8-5;
- (2) health maintenance organization contract regulated under IC 27-13;
- (3) preferred provider plan (as defined in IC 27-8-11-1);
- (4) comprehensive health insurance policy issued under IC 27-8-10;
- (5) self-insurance program established under IC 5-10-8-7(b) to provide group health coverage; or
- (6) contract entered into under IC 5-10-8-7(c) to provide health services through a prepaid health care delivery plan; that provides coverage for basic health care services (as defined in IC 27-13-1-4) under an individual or a group policy or plan issued for delivery in Indiana.

(b) The term does not include worker's compensation coverage for an injury to or occupational disease of an employee under IC 22-3.

Sec. 4. As used in this chapter, "insurer" means a person that issues an insurance policy.

Sec. 5. As used in this chapter, "prescription drug" means an article or a substance regulated under IC 16-42-19.

Sec. 6. (a) This chapter does not apply to an insurance policy that is issued by or to an entity that finds contraception incompatible with its religious and moral teachings and beliefs.

(b) If an entity claims an exemption from this chapter under subsection (a), the entity shall disclose the following in writing to each potential policyholder or certificate holder of an insurance policy issued by the entity:

- (1) A statement that the entity does not offer coverage for the diagnosis or treatment of certain conditions because the diagnosis or treatment is incompatible with the entity's

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religious and moral teachings and beliefs.

(2) A list of the specific conditions for which the entity does not provide coverage for diagnosis or treatment under subdivision (1).

The disclosure must provide a space for the potential policyholder or certificate holder to sign to acknowledge that the potential policyholder or certificate holder has been provided with and understands the information disclosed under subdivisions (1) and (2).

Sec. 7. An insurer that issues an insurance policy that provides coverage for outpatient prescription drugs must offer to provide benefits for prescription contraceptive drugs or devices approved by the United States Food and Drug Administration to a covered individual.

Sec. 8. An insurer that issues an insurance policy that provides coverage for outpatient services provided by a health care provider must offer to provide benefits for outpatient contraceptive services provided by a health care provider to a covered individual.

Sec. 9. The coverage offered under this chapter may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to covered individuals than the dollar limits, deductibles, copayments, or coinsurance provisions applying generally under the insurance policy.

Sec. 10. Under the coverage that must be offered under this chapter, a covered individual may not be required to pay a deductible, coinsurance, or a copayment for contraceptive drugs, devices, or services that is greater than a deductible, coinsurance, or a copayment established for other prescription drugs, devices, or services under the insurance policy.

Sec. 11. Under the coverage that must be offered under this chapter, a covered individual who receives or is eligible to receive contraceptive drugs, devices, or services may not be required to pay a deductible, coinsurance, a copayment, or a fee that is greater than a deductible, coinsurance, a copayment, or a fee established for individuals of the same benefit category or class, or coinsurance or copayment level, receiving benefits for other prescription drugs, devices, or services.

Sec. 12. Under the coverage that must be offered under this chapter, if a covered individual's health care provider determines that contraceptive methods specifically covered under an insurance policy are not medically appropriate for the covered individual, the insurance policy must provide coverage for another medically

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1 **approved prescriptive contraceptive method prescribed by the**
 2 **covered individual's health care provider.**
 3 SECTION 3. IC 27-13-7-18 IS ADDED TO THE INDIANA CODE
 4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 5 1, 2001]: **Sec. 18. A health maintenance organization that provides**
 6 **coverage for basic health care services under an individual or**
 7 **group contract shall offer coverage for contraceptives as provided**
 8 **under IC 27-8-24.2.**
 9 SECTION 4. [EFFECTIVE JULY 1, 2001] (a) **IC 5-10-8-7.1, as**
 10 **added by this act, applies to a self-insurance program or a contract**
 11 **to provide health services through a prepaid health care delivery**
 12 **plan that is established, delivered, entered into, or renewed after**
 13 **June 30, 2001.**
 14 (b) **IC 27-8-24.2, as added by this act, applies to insurance**
 15 **policies issued, delivered, executed, or renewed after June 30, 2001.**
 16 (c) **IC 27-13-7-18, as added by this act, applies to health**
 17 **maintenance organization contracts entered into, delivered,**
 18 **executed, or renewed after June 30, 2001.**

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred House Bill 1699, 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.

CROOKS, Chair

Committee Vote: yeas 8, nays 6.

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HOUSE MOTION

Mr. Speaker: I move that House Bill 1699 be amended to read as follows:

Page 2, line 6, delete "." and insert "**after conception.**".

(Reference is to HB 1699 as printed February 16, 2001.)

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