

COMMITTEE REPORT

MR. PRESIDENT:

The Senate Committee on Health and Environmental Affairs, to which was referred Senate Bill No. 294, 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:

- 1 Page 1, between the enacting clause and line 1, begin a new
2 paragraph and insert:
3 "SECTION 1. IC 5-10-8-7.2, AS AMENDED BY P.L.26-1994,
4 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 1998]: Sec. 7.2. (a) As used in this section, "breast cancer
6 diagnostic service" means a procedure intended to aid in the diagnosis
7 of breast cancer. The term includes procedures performed on an
8 inpatient basis and procedures performed on an outpatient basis,
9 including the following:
10 (1) Breast cancer screening mammography.
11 (2) Surgical breast biopsy.
12 (3) Pathologic examination and interpretation.
13 (b) As used in this section, "breast cancer outpatient treatment
14 services" means procedures that are intended to treat cancer of the
15 human breast and that are delivered on an outpatient basis. The term
16 includes the following:
17 (1) Chemotherapy.
18 (2) Hormonal therapy.

- 1 (3) Radiation therapy.
 2 (4) Surgery.
 3 (5) Other outpatient cancer treatment services prescribed by a
 4 physician.
 5 (6) Medical follow-up services related to the procedures set forth
 6 in subdivisions (1) through (5).

7 (c) As used in this section, "breast cancer rehabilitative services"
 8 means procedures that are intended to improve the results of or to
 9 ameliorate the debilitating consequences of the treatment of breast
 10 cancer and that are delivered on an inpatient or outpatient basis. The
 11 term includes the following:

- 12 (1) Physical therapy.
 13 (2) Psychological and social support services.
 14 (3) Reconstructive plastic surgery.

15 (d) As used in this section, "breast cancer screening
 16 mammography" means a standard, two (2) view per breast, low-dose
 17 radiographic examination of the breasts that is:

- 18 (1) furnished to an asymptomatic woman; and
 19 (2) performed by a mammography services provider using
 20 equipment designed by the manufacturer for and dedicated
 21 specifically to mammography in order to detect unsuspected
 22 breast cancer.

23 The term includes the interpretation of the results of a breast cancer
 24 screening mammography by a physician.

25 (e) As used in this section, "covered individual" means a female
 26 individual who is:

- 27 (1) covered under a self-insurance program established under
 28 section 7(b) of this chapter to provide group health coverage; or
 29 (2) entitled to services under a contract with a health
 30 maintenance organization (as defined in IC 27-13-1-19) that is
 31 entered into or renewed under section 7(c) of this chapter.

32 (f) As used in this section, "mammography services provider"
 33 means an individual or facility that:

- 34 (1) has been accredited by the American College of Radiology;
 35 (2) meets equivalent guidelines established by the state
 36 department of health; or
 37 (3) is certified by the federal Department of Health and Human
 38 Services for participation in the Medicare program (42 U.S.C.

- 1 ~~1395 et seq.~~;
- 2 (g) As used in this section, "woman at risk" means a woman who
- 3 meets at least one (1) of the following descriptions:
- 4 (1) A woman who has a personal history of breast cancer;
- 5 (2) A woman who has a personal history of breast disease that
- 6 was proven benign by biopsy;
- 7 (3) A woman whose mother, sister, or daughter has had breast
- 8 cancer;
- 9 (4) A woman who is at least thirty (30) years of age and has not
- 10 given birth.
- 11 ~~(h)~~ (f) A self-insurance program established under section 7(b) of
- 12 this chapter to provide health care coverage must provide covered
- 13 individuals with coverage for breast cancer diagnostic services, breast
- 14 cancer outpatient treatment services, and breast cancer rehabilitative
- 15 services. The coverage must provide reimbursement for breast cancer
- 16 screening mammography at a level at least as high as:
- 17 (1) the limitation on payment for screening mammography
- 18 services established in 42 CFR 405.534(b)(3) according to the
- 19 Medicare Economic Index at the time the breast cancer
- 20 screening mammography is performed; or
- 21 (2) the rate negotiated by a contract provider according to the
- 22 provisions of the insurance policy;
- 23 whichever is lower. The costs of the coverage required by this
- 24 subsection ~~(h)~~ may be paid by the state or by the employee or by a
- 25 combination of the state and the employee.
- 26 ~~(i)~~ (g) A contract with a health maintenance organization that is
- 27 entered into or renewed under section 7(c) of this chapter must provide
- 28 covered individuals with breast cancer diagnostic services, breast
- 29 cancer outpatient treatment services, and breast cancer rehabilitative
- 30 services.
- 31 ~~(j)~~ (h) The coverage required by subsection ~~(h)~~ (f) and services
- 32 required by subsection ~~(i)~~ (g) may not be subject to dollar limits,
- 33 deductibles, or coinsurance provisions that are less favorable to
- 34 covered individuals than the dollar limits, deductibles, or coinsurance
- 35 provisions applying to physical illness generally under the
- 36 self-insurance program or contract with a health maintenance
- 37 organization.
- 38 ~~(k)~~ (i) The coverage for breast cancer diagnostic services required

1 by subsection ~~(h)~~ (f) and the breast cancer diagnostic services required
 2 by subsection ~~(i)~~ (g) must include the following:

3 (1) In the case of a covered individual who is at least thirty-five
 4 (35) years of age but less than forty (40) years of age, at least one
 5 (1) baseline breast cancer screening mammography performed
 6 upon the individual before she becomes forty (40) years of age.

7 (2) ~~In the case of a covered individual who is~~
 8 ~~(A) at least forty (40) but less than fifty (50) years of age~~
 9 ~~and~~
 10 ~~(B) not a woman at risk;~~

11 at least one ~~(1)~~ breast cancer screening mammography
 12 performed upon the individual in every two ~~(2)~~ year period.

13 ~~(3) In the case of a covered individual who is:~~
 14 ~~(A) at least forty (40) but less than fifty (50) years of age;~~
 15 ~~and~~
 16 ~~(B) a woman at risk;~~

17 at least one ~~(1)~~ breast cancer screening mammography
 18 performed upon the covered individual every year.

19 ~~(4) In the case of a covered individual who is at least fifty (50)~~
 20 **forty (40)** years of age, whether or not a woman at risk, at least
 21 one (1) breast cancer screening mammography performed upon
 22 the individual every year.

23 **(3) Any additional views that are required for proper**
 24 **evaluation.**

25 **(4) Ultrasound services, if determined medically necessary by**
 26 **the physician treating the covered individual.**

27 ~~(i)~~ (k) The coverage for breast cancer diagnostic services required
 28 by subsection ~~(h)~~ (g) and the breast cancer diagnostic services required
 29 by subsection ~~(i)~~ (h) shall be provided in addition to any benefits
 30 specifically provided for x-rays, laboratory testing, or wellness
 31 examinations.

32 SECTION 2. IC 27-8-14-6 IS AMENDED TO READ AS
 33 FOLLOWS [EFFECTIVE JULY 1, 1998]: Sec. 6. (a) An insurer must
 34 offer to provide coverage for breast cancer screening mammography in
 35 any accident and sickness insurance policy that the insurer issues in
 36 Indiana.

37 (b) The coverage that an insurer must offer to provide under this
 38 section must include the following:

- 1 (1) If the insured is at least thirty-five (35) but less than forty
 2 (40) years of age, coverage for at least one (1) baseline breast
 3 cancer screening mammography performed upon the insured
 4 before she becomes forty (40) years of age.
- 5 (2) If the insured is:
- 6 (A) at least forty (40) but less than fifty (50) years of age;
 7 and
 8 (B) not a woman at risk;
- 9 coverage for one (1) breast cancer screening mammography
 10 performed upon the insured in every two (2) year period:
- 11 (3) If the insured is:
- 12 (A) at least forty (40) but less than fifty (50) years of age;
 13 and
 14 (B) a woman at risk;
- 15 one (1) breast cancer screening mammography performed upon
 16 the insured every year.
- 17 (4) If the insured is at least ~~fifty (50)~~ **forty (40)** years of age,
 18 whether or not at risk, one (1) breast cancer screening
 19 mammography performed upon the insured every year.
- 20 **(3) Any additional views that are required for proper**
 21 **evaluation.**
- 22 **(4) Ultrasound services, if determined medically necessary by**
 23 **the physician treating the insured.**
- 24 (c) The coverage that an insurer must offer to provide under this
 25 section must provide reimbursement for breast cancer screening
 26 mammography at a level at least as high as:
- 27 (1) the limitation on payment for screening mammography
 28 services established in 42 CFR 405.534(b)(3) according to the
 29 Medicare Economic Index at the time the breast cancer
 30 screening mammography is performed; or
 31 (2) the rate negotiated by a contract provider according to the
 32 provisions of the insurance policy;
- 33 whichever is lower.
- 34 (d) The coverage that an insurer must offer to provide under this
 35 section may not be subject to dollar limits, deductibles, or coinsurance
 36 provisions that are less favorable to the insured than the dollar limits,
 37 deductibles, or coinsurance provisions applying to physical illness
 38 generally under the accident and sickness insurance policy.

- 1 (e) The coverage that an insurer must offer is in addition to any
 2 benefits specifically provided for x-rays, laboratory testing, or wellness
 3 examinations."
- 4 Page 4, delete lines 7 through 8.
- 5 Page 4, line 9, delete "(d)" and insert "(c)".
- 6 Page 4, line 12, delete "(e)" and insert "(d)".
- 7 Page 4, delete lines 19 through 30.
- 8 Page 4, line 31, delete "(4)" and insert "(2)".
- 9 Page 4, line 31, delete "fifty (50)" and insert "**forty (40)**".
- 10 Page 4, line 33, delete ", regardless of whether the enrollee is a"
 11 and insert ".".
- 12 Page 4, delete line 34, begin a new line block indented and insert:
 13 "**(3) Any additional views that are required for proper**
 14 **evaluation.**
- 15 **(4) Ultrasound services, if determined medically necessary by**
 16 **the provider treating the enrollee."**
- 17 Page 4, line 35, delete "(f)" and insert "(e)".
- 18 Page 4, line 38, delete "(g)" and insert "(f)".
- 19 Page 5, line 1, delete "(h)" and insert "(g)".
- 20 Page 5, between lines 34 and 35, begin a new paragraph and
 21 insert:
 22 "SECTION 7. IC 27-8-14-5 IS REPEALED [EFFECTIVE JULY
 23 1, 1998]."
 24 Renumber all SECTIONS consecutively.
 (Reference is to SB 294 as introduced.)

and when so amended that said Bill do pass.

Committee Vote: Yeas 8, Nays 0.

Senator Miller, Chairperson