



Reprinted  
February 17, 1999

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## HOUSE BILL No. 1443

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DIGEST OF HB 1443 (Updated February 16, 1999 4:03 pm - DI 100)

**Citations Affected:** IC 27-8; noncode.

**Synopsis:** Insurance coverage for contraceptives. Requires insurers, health maintenance organizations, limited service health maintenance organizations, preferred provider plans, and comprehensive health insurance 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 coverage issued by or to an entity if contraception offends that entity's religious beliefs.

**Effective:** July 1, 1999.

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### Summers, Kruzan

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January 19, 1999, read first time and referred to Committee on Insurance, Corporations and Small Business.  
February 8, 1999, amended, reported — Do Pass.  
February 16, 1999, read second time, amended, ordered engrossed.

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First Regular Session 111th General Assembly (1999)

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 1998 General Assembly.

## HOUSE BILL No. 1443

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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 27-8-24.2 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 1999]:

4 **Chapter 24.2. Contraceptive Coverage**

5 **Sec. 1. As used in this chapter, "contraceptive" means a**  
6 **prescription contraceptive drug, device, or service approved by the**  
7 **United States Food and Drug Administration that is:**

8 (1) **intended to prevent pregnancy, including any medically**  
9 **necessary or appropriate consultation, examination,**  
10 **procedure, or medical service;**

11 (2) **provided on an outpatient basis; and**

12 (3) **related to the use of contraceptive methods to prevent an**  
13 **unintended pregnancy.**

14 **The term does not include abortion (as defined in IC 16-18-2-1).**

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

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1 of a policyholder, a subscriber, a certificate holder, or an enrollee.

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

3 (1) policy of accident and sickness insurance regulated under  
4 IC 27-8-5;

5 (2) health maintenance organization contract or limited  
6 service health maintenance organization contract regulated  
7 under IC 27-13;

8 (3) preferred provider plan (as defined in IC 27-8-11-1); or

9 (4) comprehensive health insurance policy issued under  
10 IC 27-8-10;

11 that provides coverage for basic health care services (as defined in  
12 IC 27-13-1-4) under an individual or group policy or plan issued  
13 for delivery in Indiana.

14 (b) The term does not include:

15 (1) an employee benefit program subject to the federal  
16 Employee Retirement Income Security Act (29 U.S.C. 1001 et  
17 seq.); or

18 (2) worker's compensation coverage for an injury to, or  
19 occupational disease of, an employee under IC 22-3.

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

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

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

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

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

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

41 **Sec. 10. Under the coverage that must be offered under this**  
42 **chapter, a covered individual may not be required to pay a**

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1 deductible, coinsurance, or a copayment for contraceptive drugs,  
2 devices, or services that is greater than a deductible, coinsurance,  
3 or a copayment established for other prescription drugs, devices,  
4 or services under the insurance policy.

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

13 **Sec. 12. Under the coverage that must be offered under this**  
14 **chapter, if a covered individual's health care provider determines**  
15 **that contraceptive methods specifically covered under an insurance**  
16 **policy are not medically appropriate for the covered individual, the**  
17 **insurance policy must provide coverage for another medically**  
18 **approved prescriptive contraceptive method prescribed by the**  
19 **covered individual's health care provider.**

20 SECTION 2. [EFFECTIVE JULY 1, 1999] IC 27-8-24.2, as added  
21 by this act, applies to insurance policies issued, delivered, executed,  
22 or renewed after June 30, 1999.

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## COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred House Bill 1443, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, between lines 19 and 20, begin a new paragraph and insert:

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

Page 2, line 20, delete "4" and insert "5".

Page 2, between lines 21 and 22, begin a new paragraph and insert:

**"Sec. 6. This chapter does not apply to an insurance policy that is issued to:**

**(1) a religious institution or organization; or**

**(2) an entity sponsored by a religious institution or organization;**

**that finds contraception incompatible with its religious and moral teachings and beliefs."**

Page 2, line 22, delete "5. An" and insert **"7. An insurer that issues an"**.

Page 2, line 23, delete "may not exclude or restrict" and insert **"must offer to provide"**.

Page 2, line 27, delete "6. An" and insert **"8. An insurer that issues an"**.

Page 2, line 28, delete "may not" and insert **"must offer to provide"**.

Page 2, line 29, delete "exclude or restrict".

Page 2, line 31, delete "7" and insert **"9"**.

Page 2, line 31, delete "required" and insert **"offered"**.

Page 2, line 36, delete "8. A" and insert **"10. Under the coverage that must be offered under this chapter, a"**.

Page 2, line 41, delete "9. A" and insert **"11. Under the coverage that must be offered under this chapter, a"**.

Page 2, line 42, delete "under this chapter".

Page 3, line 6, delete "10. If" and insert **"12. Under the coverage that must be offered under this chapter, if"**.

and when so amended that said bill do pass.

(Reference is to HB 1443 as introduced.)

FRY, Chair

Committee Vote: yeas 8, nays 4.

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HOUSE MOTION

Mr. Speaker: I move that House Bill 1443 be amended to read as follows:

Page 2, line 25, delete "to:" and insert "**by or to an entity**".

Page 2, delete lines 26 through 28.

Page 2, run in lines 25 through 29.

(Reference is to HB 1443 as printed February 9, 1999.)

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