



February 11, 1999

HOUSE BILL No. 2049

DIGEST OF HB 2049 (Updated February 10, 1999 6:33 pm - DI 44)

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

Synopsis: Postlumpectomy care. Requires insurers, health maintenance organizations, and state employee health plans that provide coverage for a lumpectomy to provide for a minimum postsurgical inpatient stay at a licensed hospital for an individual following a lumpectomy. Requires the individual's attending physician to determine the appropriate length of the inpatient stay based on the following: (1) Medical necessity. (2) Protocols and guidelines that are based on sound scientific evidence. (3) Evaluation of the individual and the coverage for and availability of a postdischarge physician office visit or in-home nurse visit to verify the individual's condition within 48 hours after discharge.

Effective: July 1, 1999.

Fry, Friend

January 27, 1999, read first time and referred to Committee on Insurance, Corporations and Small Business.
February 10, 1999, amended, reported — Do Pass.

HB 2049—LS 7433/DI 100+



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February 11, 1999

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. 2049

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 5-10-8-7.5 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 1999]: **Sec. 7.5. (a) As used in this chapter, "benefits related to a
4 lumpectomy" refers to the provision of services related to a
5 lumpectomy before, during, and after the surgery, including
6 physician, hospital, and laboratory services.**
7 **(b) As used in this chapter "covered individual" means an
8 individual eligible for:**
9 **(1) coverage under a self-insurance program established
10 under section 7(b) of this chapter to provide group health
11 coverage; or**
12 **(2) services under a contract with a health maintenance
13 organization (as defined in IC 27-13-1-19) that is entered into
14 or renewed under section 7(c) of this chapter.**
15 **(c) Every self-insurance program established under section 7(b)
16 of this chapter or contract with a health maintenance organization
17 that is entered into or renewed under section 7(c) of this chapter**

HB 2049—LS 7433/DI 100+



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1 that provides benefits related to a lumpectomy must provide
 2 benefits to a covered individual that cover a minimum length of
 3 postsurgical stay at a hospital licensed under IC 16-21 for a length
 4 of time that is medically necessary, as determined by the covered
 5 individual's attending physician:

6 (1) in accordance with protocols and guidelines based on
 7 sound scientific evidence; and

8 (2) upon the attending physician's evaluation of:

9 (A) the covered individual; and

10 (B) the coverage for and availability of a postdischarge
 11 physician office visit or an in-home nurse visit to verify the
 12 covered individual's condition within the first forty-eight

13 (48) hours after discharge.

14 (d) The in-home postsurgical care visit shall be conducted not
 15 later than forty-eight (48) hours following the discharge of the
 16 covered individual from a hospital. However, at the covered
 17 individual's discretion, the visit may occur at the facility of the
 18 provider.

19 (e) A self-insurance program or contract with a health
 20 maintenance organization that is described in this chapter shall
 21 provide for notice to each covered individual under the program
 22 or contract regarding the coverage provided under this chapter.

23 SECTION 2. IC 27-8-25 IS ADDED TO THE INDIANA CODE AS
 24 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
 25 1, 1999]:

26 **Chapter 25. Minimum Lumpectomy Benefits**

27 **Sec. 1. This chapter applies to:**

28 (1) every policy of accident and sickness insurance (as defined
 29 in IC 27-8-5-1), whether written on:

30 (A) an individual basis;

31 (B) a group basis;

32 (C) a franchise basis; or

33 (D) a blanket basis; and

34 (2) every:

35 (A) group contract (as defined in IC 27-13-1-16); or

36 (B) individual contract (as defined in IC 27-13-1-21);

37 through which a health maintenance organization furnishes
 38 health care services;

39 that is issued, delivered, executed, or renewed in Indiana and that
 40 provides benefits related to a lumpectomy.

41 **Sec. 2. As used in this chapter, "benefits related to a
 42 lumpectomy" refers to the provision of services related to a**



1 lumpectomy before, during, and after the surgery, including
2 physician, hospital, and laboratory services.

3 **Sec. 3.** Every policy or contract that provides benefits related to
4 a lumpectomy must provide benefits to an individual that cover a
5 minimum length of postsurgical stay at a hospital licensed under
6 IC 16-21 for a length of time that is medically necessary, as
7 determined by the individual's attending physician:

8 (1) in accordance with protocols and guidelines based on
9 sound scientific evidence; and

10 (2) upon the attending physician's evaluation of:

11 (A) the individual; and

12 (B) the coverage for and availability of a postdischarge
13 physician office visit or an in-home nurse visit to verify the
14 individual's condition within the first forty-eight (48) hours
15 after discharge.

16 **Sec. 4.** The in-home postsurgical care visit shall be conducted
17 not later than forty-eight (48) hours following the discharge of the
18 individual from a hospital. However, at the individual's discretion,
19 the visit may occur at the facility of the provider.

20 **Sec. 5.** The issuer of the policy or contract described in this
21 chapter shall provide notice to each individual who is covered
22 under the policy or contract regarding the coverage provided
23 under this chapter.

24 SECTION 3. [EFFECTIVE JULY 1, 1999] (a) IC 5-10-8-7.5, as
25 added by this act, applies to self-insurance programs or contracts
26 established, issued, delivered, executed, or renewed after June 30,
27 1999.

28 (b) This SECTION expires July 1, 2001.

29 SECTION 4. [EFFECTIVE JULY 1, 1999] (a) IC 27-8-25, as
30 added by this act, applies to policies or contracts issued, delivered,
31 executed, or renewed after June 30, 1999.

32 (b) This SECTION expires July 1, 2001.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred House Bill 2049, 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 1, line 3, delete "This section applies to:".

Page 1, delete lines 4 through 16.

Page 1, line 17, delete "(b)".

Page 2, between lines 3 and 4, begin a new paragraph and insert:

"(b) As used in this chapter "covered individual" means an individual eligible for:

(1) coverage under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or

(2) services under a contract with a health maintenance organization (as defined in IC 27-13-1-19) that is entered into or renewed under section 7(c) of this chapter."

Page 2, line 4, delete "policy or group contract" and insert **"self-insurance program established under section 7(b) of this chapter or contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter"**.

Page 2, line 5, delete "an" and insert **"a covered"**.

Page 2, line 8, after "the" insert **"covered"**.

Page 2, line 12, after "the" insert **"covered"**.

Page 2, line 14, after "the" insert **"covered"**.

Page 2, line 18, after "of the" insert **"covered"**.

Page 2, line 19, after "the" insert **"covered"**.

Page 2, line 21, delete "The issuer of the policy or group contract" and insert **"A self-insurance program or contract with a health maintenance organization that is"**.

Page 2, line 22, after "provide" insert **"for"**.

Page 2, line 22, delete "enrollee" and insert **"covered individual"**.

Page 2, line 22, delete "policy" and insert **"program"**.

Page 2, line 23, delete "group".

Page 3, line 5, delete "group".

Page 3, line 22, delete "group".

Page 3, line 23, delete "enrollee" and insert **"individual who is covered"**.

Page 3, line 24, delete "group".

Page 3, line 27, delete "policies" and insert **"self-insurance programs or contracts established,"**.



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Page 3, line 31, after "policies" insert "**or contracts**".
and when so amended that said bill do pass.

(Reference is to HB 2049 as introduced.)

FRY, Chair

Committee Vote: yeas 8, nays 6.

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