

SENATE BILL No. 126

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.2; IC 5-10-8-7.5; IC 27-8-14-5; IC 27-8-14-6; IC 27-8-14.7; IC 27-13-7-15; IC 27-13-7-16.

Synopsis: Coverage for breast and prostate cancer screening. Requires group insurance for public employees, group insurers, and health maintenance organizations to provide the following: (1) Annual prostate specific antigen screening to a man who is at least 40 years of age or whose treating physician determines screening is medically necessary. (2) An annual mammography to a woman who is at least 40 years of age. (Current law mandates offering this coverage only if the woman is at least 50 years of age or a woman at risk.) Requires group insurance for public employees, group insurers, and health maintenance organizations to provide for additional mammography views necessary for a physician to make a proper evaluation and for
(Continued next page)

Effective: July 1, 1999.

Miller

January 6, 1999, read first time and referred to Committee on Health and Provider Services.

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Digest Continued

ultrasound services if those services are determined to be medically necessary by the insured's or enrollee's treating physician.

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Introduced

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.

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SENATE BILL No. 126

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 5-10-8-7.2 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 7.2. (a) As used in this
3 section, "breast cancer diagnostic service" means a procedure intended
4 to aid in the diagnosis of breast cancer. The term includes procedures
5 performed on an inpatient basis and procedures performed on an
6 outpatient basis, including the following:
7 (1) Breast cancer screening mammography.
8 (2) Surgical breast biopsy.
9 (3) Pathologic examination and interpretation.
10 (b) As used in this section, "breast cancer outpatient treatment
11 services" means procedures that are intended to treat cancer of the
12 human breast and that are delivered on an outpatient basis. The term
13 includes the following:
14 (1) Chemotherapy.
15 (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 mammography"
 16 means a standard, two (2) view per breast, low-dose radiographic
 17 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 maintenance
 30 organization (as defined in IC 27-13-1-19) that is entered into or
 31 renewed under section 7(c) of this chapter.
- 32 (f) As used in this section, "mammography services provider" means
 33 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.
 39 1395 et seq.).
- 40 (g) As used in this section, "woman at risk" means a woman who
 41 meets at least one (1) of the following descriptions:
 42 (1) A woman who has a personal history of breast cancer.



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- 1 (2) A woman who has a personal history of breast disease that
2 was proven benign by biopsy.
- 3 (3) A woman whose mother, sister, or daughter has had breast
4 cancer.
- 5 (4) A woman who is at least thirty (30) years of age and has not
6 given birth.
- 7 (†) (g) A self-insurance program established under section 7(b) of
8 this chapter to provide health care coverage must provide covered
9 individuals with coverage for breast cancer diagnostic services, breast
10 cancer outpatient treatment services, and breast cancer rehabilitative
11 services. The coverage must provide reimbursement for breast cancer
12 screening mammography at a level at least as high as:
- 13 (1) the limitation on payment for screening mammography
14 services established in 42 CFR 405.534(b)(3) according to the
15 Medicare Economic Index at the time the breast cancer screening
16 mammography is performed; or
- 17 (2) the rate negotiated by a contract provider according to the
18 provisions of the insurance policy;
- 19 whichever is lower. The costs of the coverage required by this
20 subsection (†) may be paid by the state or by the employee or by a
21 combination of the state and the employee.
- 22 (†) (h) A contract with a health maintenance organization that is
23 entered into or renewed under section 7(c) of this chapter must provide
24 covered individuals with breast cancer diagnostic services, breast
25 cancer outpatient treatment services, and breast cancer rehabilitative
26 services.
- 27 (†) (i) The coverage required by subsection (†) (g) and services
28 required by subsection (†) (h) may not be subject to dollar limits,
29 deductibles, or coinsurance provisions that are less favorable to
30 covered individuals than the dollar limits, deductibles, or coinsurance
31 provisions applying to physical illness generally under the
32 self-insurance program or contract with a health maintenance
33 organization.
- 34 (†) (j) The coverage for breast cancer diagnostic services required
35 by subsection (†) (g) and the breast cancer diagnostic services required
36 by subsection (†) (h) must include the following:
- 37 (1) In the case of a covered individual who is at least thirty-five
38 (35) years of age but less than forty (40) years of age, at least one
39 (1) baseline breast cancer screening mammography performed
40 upon the individual before she becomes forty (40) years of age.
- 41 (2) In the case of a covered individual who is
42 (A) at least forty (40) but less than fifty (50) years of age and

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- 1 ~~(B)~~ not a woman at risk;
 2 at least one ~~(1)~~ breast cancer screening mammography performed
 3 upon the individual in every two ~~(2)~~ year period.
 4 ~~(3)~~ In the case of a covered individual who is:
 5 ~~(A)~~ at least forty ~~(40)~~ but less than fifty ~~(50)~~ years of age; and
 6 ~~(B)~~ a woman at risk;
 7 at least one ~~(1)~~ breast cancer screening mammography performed
 8 upon the covered individual every year.
 9 ~~(4)~~ In the case of a covered individual who is at least fifty ~~(50)~~
 10 **forty (40)** years of age, ~~whether or not a woman at risk~~, at least
 11 one (1) breast cancer screening mammography performed upon
 12 the individual every year.
 13 **(3) Any additional mammography views that are required for**
 14 **proper evaluation.**
 15 **(4) Ultrasound services, if determined medically necessary by**
 16 **the physician treating the covered individual.**
 17 ~~(j)~~ **(k)** The coverage for breast cancer diagnostic services required
 18 by subsection ~~(h)~~ **(g)** and the breast cancer diagnostic services required
 19 by subsection ~~(i)~~ **(h)** shall be provided in addition to any benefits
 20 specifically provided for x-rays, laboratory testing, or wellness
 21 examinations.
 22 SECTION 2. IC 5-10-8-7.5 IS ADDED TO THE INDIANA CODE
 23 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 24 1, 1999]: **Sec. 7.5. (a) As used in this section, "covered individual"**
 25 **means a male individual who is:**
 26 **(1) covered under a self-insurance program established under**
 27 **section 7(b) of this chapter to provide group health coverage;**
 28 **or**
 29 **(2) entitled to services under a contract with a health**
 30 **maintenance organization (as defined in IC 27-13-1-19) that**
 31 **is entered into or renewed under section 7(c) of this chapter.**
 32 **(b) As used in this section, "prostate specific antigen test" means**
 33 **a standard blood test performed to determine the level of prostate**
 34 **specific antigen in the blood.**
 35 **(c) A self-insurance program established under section 7(b) of**
 36 **this chapter to provide health care coverage must provide covered**
 37 **individuals with coverage for prostate specific antigen testing.**
 38 **(d) A contract with a health maintenance organization that is**
 39 **entered into or renewed under section 7(c) of this chapter must**
 40 **provide covered individuals with prostate specific antigen**
 41 **screening.**
 42 **(e) The coverage required under subsections (c) and (d) must**



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1 include the following:

2 (1) At least one (1) prostate specific antigen test annually for
3 a covered individual who is at least forty (40) years of age.

4 (2) At least one (1) prostate specific antigen test annually for
5 a covered individual who is less than forty (40) years of age,
6 if determined medically necessary by the physician treating
7 the covered individual.

8 (f) The coverage required under this section may not be subject
9 to dollar limits, deductibles, copayments, or coinsurance provisions
10 that are less favorable to covered individuals than the dollar limits,
11 deductibles, copayments, or coinsurance provisions applying to
12 physical illness generally under the self-insurance program or
13 contract with a health maintenance organization.

14 (g) The coverage for prostate specific antigen screening shall be
15 provided in addition to benefits specifically provided for x-rays,
16 laboratory testing, or wellness examinations.

17 SECTION 3. IC 27-8-14-6 IS AMENDED TO READ AS
18 FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 6. (a) An insurer must
19 ~~offer to~~ provide coverage for breast cancer screening mammography in
20 any accident and sickness insurance policy that the insurer issues in
21 Indiana.

22 (b) The coverage that an insurer must ~~offer to~~ provide under this
23 section must include the following:

24 (1) If the insured is at least thirty-five (35) but less than forty (40)
25 years of age, coverage for at least one (1) baseline breast cancer
26 screening mammography performed upon the insured before she
27 becomes forty (40) years of age.

28 (2) ~~If the insured is:~~

- 29 (A) at least forty (40) but less than fifty (50) years of age; and
30 (B) not a woman at risk;

31 coverage for one (1) breast cancer screening mammography
32 performed upon the insured in every two (2) year period.

33 (3) ~~If the insured is:~~

- 34 (A) at least forty (40) but less than fifty (50) years of age; and
35 (B) a woman at risk;

36 one (1) breast cancer screening mammography performed upon
37 the insured every year.

38 (4) ~~If the insured is at least fifty (50) forty (40) years of age,~~
39 ~~whether or not at risk,~~ one (1) breast cancer screening
40 mammography performed upon the insured every year.

41 (3) Any additional mammography views that are required for
42 proper evaluation.



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1 **(4) Ultrasound services, if determined medically necessary by**
 2 **the physician treating the insured.**

3 (c) The coverage that an insurer must ~~offer to~~ provide under this
 4 section must provide reimbursement for breast cancer screening
 5 mammography at a level at least as high as:

6 (1) the limitation on payment for screening mammography
 7 services established in 42 CFR 405.534(b)(3) according to the
 8 Medicare Economic Index at the time the breast cancer screening
 9 mammography is performed; or

10 (2) the rate negotiated by a contract provider according to the
 11 provisions of the insurance policy;
 12 whichever is lower.

13 (d) The coverage that an insurer must ~~offer to~~ provide under this
 14 section may not be subject to dollar limits, deductibles, or coinsurance
 15 provisions that are less favorable to the insured than the dollar limits,
 16 deductibles, or coinsurance provisions applying to physical illness
 17 generally under the accident and sickness insurance policy.

18 (e) The coverage that an insurer must ~~offer~~ **provide** is in addition to
 19 any benefits specifically provided for x-rays, laboratory testing, or
 20 wellness examinations.

21 SECTION 4. IC 27-8-14.7 IS ADDED TO THE INDIANA CODE
 22 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 23 JULY 1, 1999]:

24 **Chapter 14.7. Coverage for Services Related to Prostate Cancer**
 25 **Screening**

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

- 28 **(1) provides at least one (1) of the types of insurance described**
 29 **in IC 27-1-5-1, Classes 1(b) and 2(a); and**
 30 **(2) is issued on a group basis.**

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

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

37 **Sec. 3. As used in this chapter, "prostate specific antigen test"**
 38 **means a standard blood test performed to determine the level of**
 39 **prostate specific antigen in the blood.**

40 **Sec. 4. (a) An insurer shall provide coverage for prostate**
 41 **specific antigen testing in any accident and sickness insurance**
 42 **policy that the insurer issues in Indiana.**



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1 **(b) The coverage required under subsection (a) must include the**
 2 **following:**

3 **(1) At least one (1) prostate specific antigen test annually for**
 4 **an insured who is at least forty (40) years of age.**

5 **(2) At least one (1) prostate specific antigen test annually for**
 6 **an insured who is less than forty (40) years of age, if**
 7 **determined medically necessary by the physician treating the**
 8 **insured.**

9 **(c) An insured may not be required to pay an annual deductible**
 10 **or coinsurance that is greater than an annual deductible or**
 11 **coinsurance established for similar benefits under the accident and**
 12 **sickness insurance policy. If the policy does not cover a similar**
 13 **benefit, the deductible or coinsurance may not be set at a level that**
 14 **materially diminishes the value of the prostate specific antigen**
 15 **testing benefit required by this chapter.**

16 **(d) The coverage that an insurer must provide under this**
 17 **chapter may not be subject to dollar limits, deductibles, or**
 18 **coinsurance provisions that are less favorable to the insured than**
 19 **the dollar limits, deductibles, or coinsurance provisions applying**
 20 **to physical illness generally under the accident and sickness**
 21 **insurance policy.**

22 **(e) The coverage that an insurer must provide is in addition to**
 23 **any benefits specifically provided for x-rays, laboratory testing, or**
 24 **wellness examinations.**

25 **SECTION 5. IC 27-13-7-15 IS ADDED TO THE INDIANA CODE**
 26 **AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY**
 27 **1, 1999]: Sec. 15. (a) As used in this section, "breast cancer**
 28 **screening mammography" has the meaning set forth in**
 29 **IC 27-8-14-2.**

30 **(b) A health maintenance organization issued a certificate of**
 31 **authority in Indiana shall provide breast cancer screening**
 32 **mammography as a covered service under every group contract**
 33 **that provides coverage for basic health care services.**

34 **(c) The coverage that a health maintenance organization must**
 35 **provide under this section must include the following:**

36 **(1) If the enrollee is at least thirty-five (35) years of age but**
 37 **less than forty (40) years of age and a female, coverage for at**
 38 **least one (1) baseline breast cancer screening mammography**
 39 **performed upon the enrollee before the enrollee becomes**
 40 **forty (40) years of age.**

41 **(2) If the enrollee is at least forty (40) years of age and a**
 42 **female, one (1) breast cancer screening mammography**



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1 performed upon the enrollee every year.

2 (3) Any additional mammography views that are required for
3 proper evaluation.

4 (4) Ultrasound services, if determined medically necessary by
5 the physician treating the enrollee.

6 (d) The coverage that a health maintenance organization must
7 provide under this section may not be subject to a contract
8 provision that is less favorable to an enrollee or a subscriber than
9 contract provisions applying to physical illness generally under the
10 health maintenance organization contract.

11 (e) The coverage that a health maintenance organization must
12 provide under this section is in addition to services specifically
13 provided for x-rays, laboratory testing, or wellness examinations.

14 SECTION 6. IC 27-13-7-16 IS ADDED TO THE INDIANA CODE
15 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
16 1, 1999]: **Sec. 16.** (a) As used in this section, "prostate specific
17 antigen test" means a standard blood test performed to determine
18 the level of prostate specific antigen in the blood.

19 (b) A health maintenance organization issued a certificate of
20 authority in Indiana shall provide prostate specific antigen testing
21 as a covered service under every group contract that provides
22 coverage for basic health care services.

23 (c) The coverage required under subsection (b) must include the
24 following:

25 (1) At least one (1) prostate specific antigen test annually for
26 a male enrollee who is at least forty (40) years of age.

27 (2) At least one (1) prostate specific antigen test annually for
28 a male enrollee who is less than forty (40) years of age, if
29 determined medically necessary by the physician treating the
30 enrollee.

31 (d) The coverage that a health maintenance organization must
32 provide under this section may not be subject to a contract
33 provision that is less favorable to an enrollee than a contract
34 provision applying to physical illness generally under the health
35 maintenance organization contract.

36 (e) The coverage that a health maintenance organization must
37 provide under this section is in addition to services specifically
38 provided for x-rays, laboratory testing, or wellness examinations.

39 SECTION 7. IC 27-8-14-5 IS REPEALED [EFFECTIVE JULY 1,
40 1999].

41 SECTION 8. [EFFECTIVE JULY 1, 1999] (a) IC 5-10-8-7.2, as
42 amended by this act, applies to a self-insurance program or a

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1 contract between the state and a health maintenance organization
2 established, entered into, or renewed after June 30, 1999.
3 (b) IC 5-10-8-7.5, as added by this act, applies to a self-insurance
4 program or a contract between the state and a health maintenance
5 organization established, entered into, or renewed after June 30,
6 1999.
7 (c) IC 27-8-14-6, as amended by this act, applies to accident and
8 sickness insurance policies that are issued, delivered, or renewed
9 after June 30, 1999.
10 (d) IC 27-8-14.7, as added by this act, applies to accident and
11 sickness insurance policies that are issued, delivered, or renewed
12 after June 30, 1999.
13 (e) IC 27-13-7-15 and IC 27-13-7-16, both as added by this act,
14 apply to health maintenance organization contracts that are issued,
15 delivered, or renewed after June 30, 1999.

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