

SENATE BILL No. 242

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.2; IC 27-8-14.1; IC 27-13-7-15.

Synopsis: Insurance coverage for certain transplants. Requires group insurance for public employees, group insurers, and health maintenance organizations to provide coverage for dose-intensive chemotherapy with autologous bone marrow transplant or stem cell transplant for women with breast cancer when performed by institutions approved by the National Cancer Institute or under protocols consistent with the guidelines of the American Society of Clinical Oncologists.

Effective: July 1, 1999.

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

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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.

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SENATE BILL No. 242



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.
- 16 (3) Radiation therapy.
- 17 (4) Surgery.



1 (5) Other outpatient cancer treatment services prescribed by a
2 physician.

3 (6) Medical follow-up services related to the procedures set forth
4 in subdivisions (1) through (5).

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

10 (1) Physical therapy.

11 (2) Psychological and social support services.

12 (3) Reconstructive plastic surgery.

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

16 (1) furnished to an asymptomatic woman; and

17 (2) performed by a mammography services provider using
18 equipment designed by the manufacturer for and dedicated
19 specifically to mammography in order to detect unsuspected
20 breast cancer.

21 The term includes the interpretation of the results of a breast cancer
22 screening mammography by a physician.

23 (e) **As used in this section, "breast cancer transplant services"**
24 **means treatment of breast cancer by use of dose-intensive**
25 **chemotherapy with autologous bone marrow transplant or**
26 **peripheral blood stem cell transplant when performed by**
27 **institutions approved by the National Cancer Institute or under**
28 **protocols consistent with the guidelines of the American Society of**
29 **Clinical Oncologists.**

30 (f) As used in this section, "covered individual" means a female
31 individual who is:

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

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

37 (g) As used in this section, "mammography services provider"
38 means an individual or facility that:

39 (1) has been accredited by the American College of Radiology;

40 (2) meets equivalent guidelines established by the state
41 department of health; or

42 (3) is certified by the federal Department of Health and Human

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1 Services for participation in the Medicare program (42 U.S.C.
2 1395 et seq.).

3 ~~(g)~~ **(h)** As used in this section, "woman at risk" means a woman who
4 meets at least one (1) of the following descriptions:

- 5 (1) A woman who has a personal history of breast cancer.
6 (2) A woman who has a personal history of breast disease that
7 was proven benign by biopsy.
8 (3) A woman whose mother, sister, or daughter has had breast
9 cancer.
10 (4) A woman who is at least thirty (30) years of age and has not
11 given birth.

12 ~~(h)~~ **(i)** A self-insurance program established under section 7(b) of
13 this chapter to provide health care coverage must provide covered
14 individuals with coverage for breast cancer diagnostic services, breast
15 cancer outpatient treatment services, **breast cancer transplant**
16 **services**, and breast cancer rehabilitative services. The coverage must
17 provide reimbursement for breast cancer screening mammography at
18 a level at least as high as:

- 19 (1) the limitation on payment for screening mammography
20 services established in 42 CFR 405.534(b)(3) according to the
21 Medicare Economic Index at the time the breast cancer screening
22 mammography is performed; or
23 (2) the rate negotiated by a contract provider according to the
24 provisions of the insurance policy;

25 whichever is lower. The costs of the coverage required by this
26 subsection ~~(h)~~ may be paid by the state or by the employee or by a
27 combination of the state and the employee.

28 ~~(i)~~ **(j)** A contract with a health maintenance organization that is
29 entered into or renewed under section 7(c) of this chapter must provide
30 covered individuals with breast cancer diagnostic services, breast
31 cancer outpatient treatment services, **breast cancer transplant**
32 **services**, and breast cancer rehabilitative services.

33 ~~(j)~~ **(k)** The coverage required by subsection ~~(h)~~ **(i)** and services
34 required by subsection ~~(i)~~ **(j)** may not be subject to dollar limits,
35 deductibles, or coinsurance provisions that are less favorable to
36 covered individuals than the dollar limits, deductibles, or coinsurance
37 provisions applying to physical illness generally under the
38 self-insurance program or contract with a health maintenance
39 organization.

40 ~~(k)~~ **(l)** The coverage for breast cancer diagnostic services required
41 by subsection ~~(h)~~ **(i)** and the breast cancer diagnostic services required
42 by subsection ~~(i)~~ **(j)** must include the following:



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- 1 (1) In the case of a covered individual who is at least thirty-five
 2 (35) years of age but less than forty (40) years of age, at least one
 3 (1) baseline breast cancer screening mammography performed
 4 upon the individual before she becomes forty (40) years of age.
 5 (2) In the case of a covered individual who is:
 6 (A) at least forty (40) but less than fifty (50) years of age; and
 7 (B) not a woman at risk;
 8 at least one (1) breast cancer screening mammography performed
 9 upon the individual in every two (2) year period.
 10 (3) In the case of a covered individual who is:
 11 (A) at least forty (40) but less than fifty (50) years of age; and
 12 (B) a woman at risk;
 13 at least one (1) breast cancer screening mammography performed
 14 upon the covered individual every year.
 15 (4) In the case of a covered individual who is at least fifty (50)
 16 years of age, whether or not a woman at risk, at least one (1)
 17 breast cancer screening mammography performed upon the
 18 individual every year.

19 ~~(h)~~ (m) The coverage for breast cancer diagnostic services required
 20 by subsection ~~(h)~~ (i) and the breast cancer diagnostic services required
 21 by subsection ~~(h)~~ (j) shall be provided in addition to any benefits
 22 specifically provided for x-rays, laboratory testing, or wellness
 23 examinations.

24 SECTION 2. IC 27-8-14.1 IS ADDED TO THE INDIANA CODE
 25 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 1999]:

27 **Chapter 14.1. Breast Cancer Transplant Service Coverage**

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

- 30 (1) provides one (1) or more of the types of insurance
 31 described in IC 27-1-5-1, classes 1(b) and 2(a); and
 32 (2) is issued on a group basis.

33 (b) As used in this chapter, "breast cancer transplant services"
 34 means treatment of breast cancer by use of dose-intensive
 35 chemotherapy with autologous bone marrow transplant or
 36 peripheral blood stem cell transplant when performed by
 37 institutions approved by the National Cancer Institute or under
 38 protocols consistent with the guidelines of the American Society of
 39 Clinical Oncologists.

40 (c) As used in this chapter, "insured" means an individual who
 41 is entitled to coverage under an accident and sickness insurance
 42 policy.



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1 **Sec. 2. (a) An insurer must provide coverage for breast cancer**
 2 **transplant services in any accident and sickness insurance policy**
 3 **that the insurer issues in Indiana.**

4 **(b) The coverage that an insurer must provide under this**
 5 **chapter may not be subject to dollar limits, deductibles, or**
 6 **coinsurance provisions that are less favorable to the insured than**
 7 **the dollar limits, deductibles, or coinsurance provisions applying**
 8 **to physical illness generally under the accident and sickness**
 9 **insurance policy.**

10 SECTION 3. IC 27-13-7-15 IS ADDED TO THE INDIANA CODE
 11 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 12 1, 1999]: **Sec. 15. (a) As used in this section, "breast cancer**
 13 **transplant services" means treatment of breast cancer by use of**
 14 **dose-intensive chemotherapy with autologous bone marrow**
 15 **transplant or peripheral blood stem cell transplant when**
 16 **performed by institutions approved by the National Cancer**
 17 **Institute or under protocols consistent with the guidelines of the**
 18 **American Society of Clinical Oncologists.**

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

23 **(c) The coverage that a health maintenance organization must**
 24 **provide under this section may not be subject to a contract**
 25 **provision that is less favorable to an enrollee or a subscriber than**
 26 **contract provisions applying to physical illness generally under the**
 27 **health maintenance organization contract.**

28 SECTION 4. [EFFECTIVE JULY 1, 1999] **(a) IC 5-10-8-7.2, as**
 29 **amended by this act, applies to a self insurance program or a**
 30 **contract with a health maintenance organization established,**
 31 **entered into, or renewed after June 30, 1999.**

32 **(b) IC 27-8-14.1, as added by this act, applies to accident and**
 33 **sickness insurance policies that are issued, delivered, or renewed**
 34 **after June 30, 1999.**

35 **(c) IC 27-13-7-15, as added by this act, applies to a health**
 36 **maintenance organization contract issued, delivered, or renewed**
 37 **after June 30, 1999.**

38 **(d) This SECTION expires June 30, 2004.**



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