



January 29, 1999

## SENATE BILL No. 126

DIGEST OF SB 126 (Updated January 27, 1999 4:41 pm - DI 88)

**Citations Affected:** IC 5-10; IC 27-8; IC 27-13; noncode.

**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 that 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 is 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 ultrasound services if those services are determined to be medically necessary by the insured's or enrollee's treating physician. Provides that insurers must offer to provide coverage for breast and prostate cancer  
(Continued next page)

**Effective:** July 1, 1999.

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**Miller, Breaux, Gard, Rogers,  
Simpson, Craycraft**

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January 6, 1999, read first time and referred to Committee on Health and Provider Services.  
January 28, 1999, amended, reported favorably — Do Pass.

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SB 126—LS 6417/DI 97+



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Digest Continued

screenings in cases of insurance policies that are not employer based.

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SB 126—LS 6417/DI 97+



January 29, 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.

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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.

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- 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.



- 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**



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) **Except as**  
19 **provided in subsection (f)**, an insurer must ~~offer to~~ provide coverage  
20 for breast cancer screening mammography in any accident and sickness  
21 insurance policy that the insurer issues in Indiana.

22 (b) **Except as provided in subsection (f)**, the coverage that an  
23 insurer must ~~offer to~~ provide under this section must include the  
24 following:

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

29 (2) If the insured is:

30 (A) at least forty (40) but less than fifty (50) years of age; and

31 (B) not a woman at risk;

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

34 (3) If the insured is:

35 (A) at least forty (40) but less than fifty (50) years of age; and

36 (B) a woman at risk;

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

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

42 (3) Any additional mammography views that are required for

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1           **proper evaluation.**

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

4           (c) **Except as provided in subsection (f)**, the coverage that an  
 5 insurer must ~~offer to~~ provide under this section must provide  
 6 reimbursement for breast cancer screening mammography at a level at  
 7 least as high as:

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

12           (2) the rate negotiated by a contract provider according to the  
 13 provisions of the insurance policy;

14 whichever is lower.

15           (d) **Except as provided in subsection (f)**, the coverage that an  
 16 insurer must ~~offer to~~ provide under this section may not be subject to  
 17 dollar limits, deductibles, or coinsurance provisions that are less  
 18 favorable to the insured than the dollar limits, deductibles, or  
 19 coinsurance provisions applying to physical illness generally under the  
 20 accident and sickness insurance policy.

21           (e) **Except as provided in subsection (f)**, the coverage that an  
 22 insurer must ~~offer~~ **provide** is in addition to any benefits specifically  
 23 provided for x-rays, laboratory testing, or wellness examinations.

24           **(f) In the case of insurance policies that are not employer based,**  
 25 **the insurer must offer to provide the coverage described in**  
 26 **subsections (a) through (e).**

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

30           **Chapter 14.7. Coverage for Services Related to Prostate Cancer**  
 31 **Screening**

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

34           **(1) provides at least one (1) of the types of insurance described**  
 35 **in IC 27-1-5-1, Classes 1(b) and 2(a); and**

36           **(2) is issued on a group basis.**

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

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



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

4           **Sec. 4. (a) Except as provided in subsection (f), an insurer shall**  
 5 **provide coverage for prostate specific antigen testing in any**  
 6 **accident and sickness insurance policy that the insurer issues in**  
 7 **Indiana.**

8           **(b) Except as provided in subsection (f), the coverage required**  
 9 **under subsection (a) must include the following:**

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

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

16           **(c) An insured may not be required to pay an annual deductible**  
 17 **or coinsurance that is greater than an annual deductible or**  
 18 **coinsurance established for similar benefits under the accident and**  
 19 **sickness insurance policy. If the policy does not cover a similar**  
 20 **benefit, the deductible or coinsurance may not be set at a level that**  
 21 **materially diminishes the value of the prostate specific antigen**  
 22 **testing benefit required by this chapter.**

23           **(d) Except as provided in subsection (f), the coverage that an**  
 24 **insurer must provide under this chapter may not be subject to**  
 25 **dollar limits, deductibles, or coinsurance provisions that are less**  
 26 **favorable to the insured than the dollar limits, deductibles, or**  
 27 **coinsurance provisions applying to physical illness generally under**  
 28 **the accident and sickness insurance policy.**

29           **(e) Except as provided in subsection (f), the coverage that an**  
 30 **insurer must provide is in addition to any benefits specifically**  
 31 **provided for x-rays, laboratory testing, or wellness examinations.**

32           **(f) In the case of insurance policies that are not employer based,**  
 33 **the insurer must offer to provide the coverage described in**  
 34 **subsections (a) through (e).**

35           **SECTION 5. IC 27-13-7-15 IS ADDED TO THE INDIANA CODE**  
 36 **AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY**  
 37 **1, 1999]: Sec. 15. (a) As used in this section, "breast cancer**  
 38 **screening mammography" has the meaning set forth in**  
 39 **IC 27-8-14-2.**

40           **(b) Except as provided in subsection (f), a health maintenance**  
 41 **organization issued a certificate of authority in Indiana shall**  
 42 **provide breast cancer screening mammography as a covered**

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1 service under every group contract that provides coverage for  
2 basic health care services.

3 (c) Except as provided in subsection (f), the coverage that a  
4 health maintenance organization must provide under this section  
5 must include the following:

6 (1) If the enrollee is at least thirty-five (35) years of age but  
7 less than forty (40) years of age and a female, coverage for at  
8 least one (1) baseline breast cancer screening mammography  
9 performed upon the enrollee before the enrollee becomes  
10 forty (40) years of age.

11 (2) If the enrollee is at least forty (40) years of age and a  
12 female, one (1) breast cancer screening mammography  
13 performed upon the enrollee every year.

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

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

18 (d) Except as provided in subsection (f), the coverage that a  
19 health maintenance organization must provide under this section  
20 may not be subject to a contract provision that is less favorable to  
21 an enrollee or a subscriber than contract provisions applying to  
22 physical illness generally under the health maintenance  
23 organization contract.

24 (e) Except as provided in subsection (f), the coverage that a  
25 health maintenance organization must provide under this section  
26 is in addition to services specifically provided for x-rays,  
27 laboratory testing, or wellness examinations.

28 (f) In the case of coverage that is not employer based, the health  
29 maintenance organization must offer to provide the coverage  
30 described in subsections (b) through (e).

31 SECTION 6. IC 27-13-7-16 IS ADDED TO THE INDIANA CODE  
32 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
33 1, 1999]: Sec. 16. (a) As used in this section, "prostate specific  
34 antigen test" means a standard blood test performed to determine  
35 the level of prostate specific antigen in the blood.

36 (b) Except as provided in subsection (f), a health maintenance  
37 organization issued a certificate of authority in Indiana shall  
38 provide prostate specific antigen testing as a covered service under  
39 every group contract that provides coverage for basic health care  
40 services.

41 (c) Except as provided in subsection (f), the coverage required  
42 under subsection (b) must include the following:



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

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

7 (d) Except as provided in subsection (f), the coverage that a  
8 health maintenance organization must provide under this section  
9 may not be subject to a contract provision that is less favorable to  
10 an enrollee than a contract provision applying to physical illness  
11 generally under the health maintenance organization contract.

12 (e) Except as provided in subsection (f), the coverage that a  
13 health maintenance organization must provide under this section  
14 is in addition to services specifically provided for x-rays,  
15 laboratory testing, or wellness examinations.

16 (f) In the case of coverage that is not employer based, the health  
17 maintenance organization must offer to provide the coverage  
18 described in subsections (b) through (e).

19 SECTION 7. IC 27-8-14-5 IS REPEALED [EFFECTIVE JULY 1,  
20 1999].

21 SECTION 8. [EFFECTIVE JULY 1, 1999] (a) IC 5-10-8-7.2, as  
22 amended by this act, applies to a self-insurance program or a  
23 contract between the state and a health maintenance organization  
24 established, entered into, or renewed after June 30, 1999.

25 (b) IC 5-10-8-7.5, as added by this act, applies to a self-insurance  
26 program or a contract between the state and a health maintenance  
27 organization established, entered into, or renewed after June 30,  
28 1999.

29 (c) IC 27-8-14-6, as amended by this act, applies to accident and  
30 sickness insurance policies that are issued, delivered, or renewed  
31 after June 30, 1999.

32 (d) IC 27-8-14.7, 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 (e) IC 27-13-7-15 and IC 27-13-7-16, both as added by this act,  
36 apply to health maintenance organization contracts that are issued,  
37 delivered, or renewed after June 30, 1999.



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SENATE MOTION

Mr. President: I move that Senator Breaux be added as coauthor of Senate Bill 126.

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SENATE MOTION

Mr. President: I move that Senators Gard, Rogers, Simpson and Craycraft be added as coauthors of Senate Bill 126.

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## COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 126, 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:

Page 5, line 18, delete "An" and insert "**Except as provided in subsection (f), an**".

Page 5, line 22, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 6, line 3, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 6, line 13, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 6, line 18, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 6, between lines 20 and 21, begin a new paragraph and insert: "**(f) In the case of insurance policies that are not employer based, the insurer must offer to provide the coverage described in subsections (a) through (e).**".

Page 6, line 40, delete "An" and insert "**Except as provided in subsection (f), an**".

Page 7, line 1, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 7, line 16, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 7, line 22, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 7, between lines 24 and 25, begin a new paragraph and insert: "**(f) In the case of insurance policies that are not employer based, the insurer must offer to provide the coverage described in subsections (a) through (e).**".

Page 7, line 30, delete "A" and insert "**Except as provided in subsection (f), a**".

Page 7, line 34, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 8, line 6, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 8, line 11, delete "The" and insert "**Except as provided in subsection (f), the**".

Page 8, between lines 13 and 14, begin a new paragraph and insert:

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**"(f) In the case of coverage that is not employer based, the health maintenance organization must offer to provide the coverage described in subsections (b) through (e)."**

Page 8, line 19, delete "A" and insert **"Except as provided in subsection (f), a"**.

Page 8, line 23, delete "The" and insert **"Except as provided in subsection (f), the"**.

Page 8, line 31, delete "The" and insert **"Except as provided in subsection (f), the"**.

Page 8, line 36, delete "The" and insert **"Except as provided in subsection (f), the"**.

Page 8, between lines 38 and 39, begin a new paragraph and insert:

**"(f) In the case of coverage that is not employer based, the health maintenance organization must offer to provide the coverage described in subsections (b) through (e)."**

and when so amended that said bill do pass.

(Reference is to SB 126 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 6, Nays 1.

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