



Reprinted
February 9, 1999

SENATE BILL No. 126

DIGEST OF SB 126 (Updated February 8, 1999 2:58 pm - DI 97)

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 at risk who is less than 40 years old. (3) An annual mammography to a woman who is at least 40 years of age. 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
(Continued next page)

Effective: July 1, 1999.

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

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

January 28, 1999, amended, reported favorably — Do Pass.

February 1, 1999, read second time, ordered engrossed. Engrossed.

February 2, 1999, placed back on second reading for purposes of amendment.

February 8, 1999, reread second time, amended, ordered engrossed.

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Digest Continued

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

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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. 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.

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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 (h) A self-insurance program established under section 7(b) of this
 8 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 ~~(h)~~ may be paid by the state or by the employee or by a
 21 combination of the state and the employee.
- 22 (i) A contract with a health maintenance organization that is entered
 23 into or renewed under section 7(c) of this chapter must provide covered
 24 individuals with breast cancer diagnostic services, breast cancer
 25 outpatient treatment services, and breast cancer rehabilitative services.
- 26 (j) The coverage required by subsection (h) and services required by
 27 subsection (i) may not be subject to dollar limits, deductibles, or
 28 coinsurance provisions that are less favorable to covered individuals
 29 than the dollar limits, deductibles, or coinsurance provisions applying
 30 to physical illness generally under the self-insurance program or
 31 contract with a health maintenance organization.
- 32 (k) The coverage for breast cancer diagnostic services required by
 33 subsection (h) and the breast cancer diagnostic services required by
 34 subsection (i) must include the following:
- 35 (1) In the case of a covered individual who is at least thirty-five
 36 (35) years of age but less than forty (40) years of age, at least one
 37 (1) baseline breast cancer screening mammography performed
 38 upon the individual before she becomes forty (40) years of age.
- 39 (2) ~~In the case of a covered individual who is~~
- 40 ~~(A) at least forty (40) but less than fifty (50) years of age and~~
- 41 ~~(B) not a woman at risk;~~
- 42 at least one ~~(1)~~ breast cancer screening mammography performed

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1 upon the individual in every two ~~(2)~~ year period:

2 ~~(3)~~ In the case of a covered individual who is:

3 (A) at least ~~forty (40)~~ but less than **forty (40)** ~~fifty (50)~~ years
4 of age; and

5 (B) a woman at risk;

6 at least one (1) breast cancer screening mammography performed
7 upon the covered individual every year.

8 ~~(4)~~ **(3)** In the case of a covered individual who is at least ~~fifty (50)~~
9 **forty (40)** years of age, ~~whether or not a woman at risk~~, at least
10 one (1) breast cancer screening mammography performed upon
11 the individual every year.

12 **(4) Any additional mammography views that are required for**
13 **proper evaluation.**

14 **(5) Ultrasound services, if determined medically necessary by**
15 **the physician treating the covered individual.**

16 (l) The coverage for breast cancer diagnostic services required by
17 subsection (h) and the breast cancer diagnostic services required by
18 subsection (i) shall be provided in addition to any benefits specifically
19 provided for x-rays, laboratory testing, or wellness examinations.

20 SECTION 2. IC 5-10-8-7.5 IS ADDED TO THE INDIANA CODE
21 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
22 1, 1999]: **Sec. 7.5. (a) As used in this section, "covered individual"**
23 **means a male individual who is:**

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

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

30 **(b) As used in this section, "prostate specific antigen test" means**
31 **a standard blood test performed to determine the level of prostate**
32 **specific antigen in the blood.**

33 **(c) A self-insurance program established under section 7(b) of**
34 **this chapter to provide health care coverage must provide covered**
35 **individuals with coverage for prostate specific antigen testing.**

36 **(d) A contract with a health maintenance organization that is**
37 **entered into or renewed under section 7(c) of this chapter must**
38 **provide covered individuals with prostate specific antigen**
39 **screening.**

40 **(e) The coverage required under subsections (c) and (d) must**
41 **include the following:**

42 **(1) At least one (1) prostate specific antigen test annually for**

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1 a covered individual who is at least forty (40) years of age.

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

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

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

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

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

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

27 (2) If the insured is:

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

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

32 (3) If the insured is:

- 33 (A) at least forty (40) but less than **forty (40) fifty (50)** years
34 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) (3) 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 (4) **Any additional mammography views that are required for**
42 **proper evaluation.**

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

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

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

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

13 whichever is lower.

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

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

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

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

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

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

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

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

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

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

42 **Sec. 3. As used in this chapter, "prostate specific antigen test"**



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1 means a standard blood test performed to determine the level of
2 prostate specific antigen in the blood.

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

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

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

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

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

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

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

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

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

39 (b) As used in this section, "woman at risk" has the meaning set
40 forth in IC 27-8-14-5.

41 (c) Except as provided in subsection (g), a health maintenance
42 organization issued a certificate of authority in Indiana shall

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1 provide breast cancer screening mammography as a covered
 2 service under every group contract that provides coverage for
 3 basic health care services.

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

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

12 (2) If the enrollee is less than forty (40) years of age and a
 13 woman at risk, one (1) breast cancer screening
 14 mammography performed upon the enrollee every year.

15 (3) If the enrollee is at least forty (40) years of age and a
 16 female, one (1) breast cancer screening mammography
 17 performed upon the enrollee every year.

18 (4) Any additional mammography views that are required for
 19 proper evaluation.

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

22 (e) Except as provided in subsection (g), the coverage that a
 23 health maintenance organization must provide under this section
 24 may not be subject to a contract provision that is less favorable to
 25 an enrollee or a subscriber than contract provisions applying to
 26 physical illness generally under the health maintenance
 27 organization contract.

28 (f) Except as provided in subsection (g), the coverage that a
 29 health maintenance organization must provide under this section
 30 is in addition to services specifically provided for x-rays,
 31 laboratory testing, or wellness examinations.

32 (g) In the case of coverage that is not employer based, the health
 33 maintenance organization must offer to provide the coverage
 34 described in subsections (c) through (f).

35 SECTION 6. IC 27-13-7-16 IS ADDED TO THE INDIANA CODE
 36 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 37 1, 1999]: Sec. 16. (a) As used in this section, "prostate specific
 38 antigen test" means a standard blood test performed to determine
 39 the level of prostate specific antigen in the blood.

40 (b) Except as provided in subsection (f), a health maintenance
 41 organization issued a certificate of authority in Indiana shall
 42 provide prostate specific antigen testing as a covered service under



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

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

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

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

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

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

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

23 SECTION 7. [EFFECTIVE JULY 1, 1999] (a) IC 5-10-8-7.2, as
24 amended by this act, applies to a self-insurance program or a
25 contract between the state and a health maintenance organization
26 established, entered into, or renewed after June 30, 1999.

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

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

34 (d) IC 27-8-14.7, as added by this act, applies to accident and
35 sickness insurance policies that are issued, delivered, or renewed
36 after June 30, 1999.

37 (e) IC 27-13-7-15 and IC 27-13-7-16, both as added by this act,
38 apply to health maintenance organization contracts that are issued,
39 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.

MILLER

SENATE MOTION

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

MILLER

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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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SENATE MOTION

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

MILLER

SENATE MOTION

Mr. President: I move that Senate Bill 126, which is eligible for third reading, be returned to second reading for purposes of amendment.

MILLER

SENATE MOTION

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

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SENATE MOTION

Mr. President: I move that Senate Bill 126 be amended to read as follows:

- Page 2, reset in roman lines 40 through 42.
- Page 3, reset in roman lines 1 through 6.
- Page 3, line 7, reset in roman "(h)".
- Page 3, line 7, delete "(g)".
- Page 3, line 22, reset in roman "(i)".
- Page 3, line 22, delete "(h)".
- Page 3, line 27, reset in roman "(j)".
- Page 3, line 27, delete "(i)".
- Page 3, line 27, reset in roman "(h)".
- Page 3, line 27, delete "(g)".
- Page 3, line 28, reset in roman "(i)".
- Page 3, line 28, delete "(h)".
- Page 3, line 34, reset in roman "(k)".
- Page 3, line 34, delete "(j)".
- Page 3, line 35, reset in roman "(h)".
- Page 3, line 35, delete "(g)".
- Page 3, line 36, reset in roman "(i)".
- Page 3, line 36, delete "(h)".
- Page 4, line 4, reset in roman "In the case of a covered individual who is:".
- Page 4, line 5, reset in roman "(A)".
- Page 4, line 5, reset in roman "less than".
- Page 4, line 5, after "than" insert "**forty (40)**".
- Page 4, line 5, reset in roman "years of age; and".
- Page 4, reset in roman lines 6 through 8.
- Page 4, line 9, before "In" insert "**(3)**".
- Page 4, line 13, delete "(3)" and insert "**(4)**".
- Page 4, line 15, delete "(4)" and insert "**(5)**".
- Page 4, line 17, reset in roman "(l)".
- Page 4, line 17, delete "(k)".
- Page 4, line 18, reset in roman "(h)".
- Page 4, line 18, delete "(g)".
- Page 4, line 19, reset in roman "(i)".
- Page 4, line 19, delete "(h)".
- Page 5, line 34, reset in roman "If the insured is:".
- Page 5, line 35, reset in roman "(A)".
- Page 5, line 35, reset in roman "less than".
- Page 5, line 35, after "than" insert "**forty (40)**".
- Page 5, line 35, reset in roman "years of age; and".

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Page 5, line 35, reset in roman lines 36 through 38.

Page 5, line 39, before "If" insert "(3)".

Page 5, line 42, delete "(3)" and insert "(4)".

Page 6, line 2, delete "(4)" and insert "(5)".

Page 7, between lines 39 and 40, begin a new paragraph and insert:

"(b) As used in this section, "woman at risk" has the meaning set forth in IC 27-8-14-5."

Page 7, line 40 delete "(b)" and insert "(c)".

Page 7, line 40, delete "(f)" and insert "(g)".

Page 8, line 3, delete "(c)" and insert "(d)".

Page 8, line 3, delete "(f)" and insert "(g)".

Page 8, between lines 10 and 11, begin a new line block indented and insert:

"(2) If the enrollee is less than forty (40) years of age and a woman at risk, one (1) breast cancer screening mammography performed upon the enrollee every year."

Page 8, line 11, delete "(2)" and insert "(3)".

Page 8, line 14, delete "(3)" and insert "(4)".

Page 8, line 16, delete "(4)" and insert "(5)".

Page 8, line 18, delete "(d)" and insert "(e)".

Page 8, line 18, delete "(f)" and insert "(g)".

Page 8, line 24, delete "(e)" and insert "(f)".

Page 8, line 24, delete "(f)" and insert "(g)".

Page 8, line 28, delete "(f)" and insert "(g)".

Page 8, line 30, delete "(b)" and insert "(c)".

Page 8, line 30, delete "(e)" and insert "(f)".

Page 9, delete lines 19 through 20.

Renumber all SECTIONS consecutively.

(Reference is to SB 126 as printed January 29, 1999.)

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