



January 19, 2000

HOUSE BILL No. 1293

DIGEST OF HB 1293 (Updated January 18, 2000 12:09 PM - DI 97)

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

Synopsis: Colorectal cancer testing. Requires the group self-insurance program for state employees and any contract under which a health maintenance organization (HMO) provides health care services to state employees to provide coverage for colorectal cancer examinations and laboratory tests. Requires a group accident and sickness insurance policy that is employer based to provide coverage for colorectal cancer examinations and laboratory tests. Requires a group HMO contract that is employer based to provide colorectal cancer testing as a covered service. Provides that the coverage or covered services must cover or include at least one test of a certain type over a certain period of time for an insured or enrollee who is: (1) at least fifty (50) years of age; or (2) less than fifty (50) years of age and at high risk for colorectal cancer according to the most recent published guidelines of the American Cancer Society. Provides that an insurers or an HMO is required only to offer to provide coverage or services for colorectal cancer screenings in the case of a group insurance policy or group HMO contract that is not employer based.

Effective: July 1, 2000.

Ruppel, Welch, Ayres

January 11, 2000, read first time and referred to Committee on Insurance, Corporations and Small Business.
January 18, 2000, reported — Do Pass.

HB 1293—LS 7265/DI 77+



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January 19, 2000

Second Regular Session 111th General Assembly (2000)

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 1999 General Assembly.

HOUSE BILL No. 1293

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 5-10-8-7.7 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2000]: **Sec. 7.7. (a) As used in this section, "covered individual"**
4 **means an individual who is:**
5 (1) **covered under a self-insurance program established under**
6 **section 7(b) of this chapter to provide group health coverage;**
7 **or**
8 (2) **entitled to services under a contract with a health**
9 **maintenance organization (as defined in IC 27-13-1-19) that**
10 **is entered into or renewed under section 7(c) of this chapter.**
11 **(b) A:**
12 (1) **self-insurance program established under section 7(b) of**
13 **this chapter to provide health care coverage; or**
14 (2) **contract with a health maintenance organization that is**
15 **entered into or renewed under section 7(c) of this chapter;**
16 **must provide coverage for colorectal cancer examinations and**
17 **laboratory tests for cancer for any nonsymptomatic covered**

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1 individual, in accordance with the current American Cancer
2 Society guidelines.

3 (c) For a covered individual who is:

4 (1) at least fifty (50) years of age; or

5 (2) less than fifty (50) years of age and at high risk for
6 colorectal cancer according to the most recent published
7 guidelines of the American Cancer Society;

8 the coverage required by this section must meet the requirements
9 set forth in subsection (d).

10 (d) For a covered individual described in subsection (c), the
11 coverage required by this section must provide at least:

12 (1) one (1) fecal occult blood test per year plus one (1) flexible
13 sigmoidoscopy every five (5) years;

14 (2) one (1) colonoscopy every ten (10) years; or

15 (3) one (1) double contrast barium enema every five (5) to ten
16 (10) years.

17 (e) The coverage required under this section may not be subject
18 to dollar limits, deductibles, copayments, or coinsurance provisions
19 that are less favorable to covered individuals than the dollar limits,
20 deductibles, copayments, or coinsurance provisions applying to
21 physical illness generally under the self-insurance program or
22 contract with a health maintenance organization.

23 (f) The coverage for colorectal cancer screening must be
24 provided in addition to benefits specifically provided for x-rays,
25 laboratory testing, or wellness examinations.

26 SECTION 2. IC 27-8-14.8 IS ADDED TO THE INDIANA CODE
27 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
28 JULY 1, 2000]:

29 **Chapter 14.8. Coverage for Services Related to Colorectal
30 Cancer 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 a policy providing accident only, credit, dental, vision, Medicare
38 supplement, long-term care, or disability income insurance.

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

42 **Sec. 3. (a) Except as provided in subsection (g), an insurer shall**



1 provide coverage for colorectal cancer examinations and
2 laboratory tests for cancer for any nonsymptomatic insured, in
3 accordance with the current American Cancer Society guidelines,
4 in any accident and sickness insurance policy that the insurer
5 issues in Indiana or issues for delivery in Indiana.

6 (b) For an insured who is:

7 (1) at least fifty (50) years of age; or

8 (2) less than fifty (50) years of age and at high risk for
9 colorectal cancer according to the most recent published
10 guidelines of the American Cancer Society;

11 the coverage required by subsection (a) must meet the
12 requirements set forth in subsection (c).

13 (c) For an insured described in subsection (b), the coverage
14 required by subsection (a) must provide at least:

15 (1) one (1) fecal occult blood test per year plus one (1) flexible
16 sigmoidoscopy every five (5) years;

17 (2) one (1) colonoscopy every ten (10) years; or

18 (3) one (1) double contrast barium enema every five (5) to ten
19 (10) years.

20 (d) An insured may not be required to pay an annual deductible
21 or coinsurance for the colorectal cancer examination and
22 laboratory testing benefit that is greater than an annual deductible
23 or coinsurance established for similar benefits under the accident
24 and sickness insurance policy. If the policy does not cover a similar
25 benefit, the deductible or coinsurance may not be set at a level that
26 materially diminishes the value of the colorectal cancer
27 examination and laboratory testing benefit required by this
28 chapter.

29 (e) Except as provided in subsection (g), the coverage that an
30 insurer must provide under this chapter may not be subject to
31 dollar limits, deductibles, or coinsurance provisions that are less
32 favorable to the insured than the dollar limits, deductibles, or
33 coinsurance provisions applying to physical illness generally under
34 the accident and sickness insurance policy.

35 (f) Except as provided in subsection (g), the coverage that an
36 insurer must provide under this chapter is in addition to any
37 benefits specifically provided for x-rays, laboratory testing, or
38 wellness examinations.

39 (g) In the case of insurance policies that are not employer based,
40 the insurer is required only to offer to provide the coverage
41 described in subsections (a) through (f) in a proposed accident and
42 sickness insurance policy.



1 SECTION 3. IC 27-13-7-17 IS ADDED TO THE INDIANA CODE
 2 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 3 1, 2000]: **Sec. 17. (a) As used in this section, "colorectal cancer
 4 testing" means examinations and laboratory tests for cancer for
 5 any nonsymptomatic enrollee, in accordance with the current
 6 American Cancer Society guidelines.**

7 **(b) Except as provided in subsection (g), a health maintenance
 8 organization issued a certificate of authority in Indiana shall
 9 provide colorectal cancer testing as a covered service under every
 10 group contract that provides coverage for basic health care
 11 services.**

12 **(c) For an enrollee who is:**

- 13 **(1) at least fifty (50) years of age; or**
 14 **(2) less than fifty (50) years of age and at high risk for
 15 colorectal cancer according to the most recent published
 16 guidelines of the American Cancer Society;**

17 **the colorectal cancer testing required by subsection (b) must meet
 18 the requirements set forth in subsection (d).**

19 **(d) For an enrollee described in subsection (c), the colorectal
 20 cancer testing required by subsection (b) must include at least:**

- 21 **(1) one (1) fecal occult blood test per year plus one (1) flexible
 22 sigmoidoscopy every five (5) years;**
 23 **(2) one (1) colonoscopy every ten (10) years; or**
 24 **(3) one (1) double contrast barium enema every five (5) to ten
 25 (10) years.**

26 **(e) Except as provided in subsection (g), the colorectal cancer
 27 testing that a health maintenance organization must provide under
 28 this section may not be subject to a contract provision that is less
 29 favorable to an enrollee than a contract provision applying to
 30 physical illness generally under the health maintenance
 31 organization contract.**

32 **(f) Except as provided in subsection (g), the colorectal cancer
 33 testing that a health maintenance organization must provide under
 34 this section is in addition to services specifically provided for
 35 x-rays, laboratory testing, or wellness examinations.**

36 **(g) In the case of coverage that is not employer based, the health
 37 maintenance organization is required only to offer to provide the
 38 colorectal cancer testing described in subsections (b) through (f) as
 39 a covered service under a proposed group contract providing
 40 coverage for basic health care services.**

41 SECTION 4. [EFFECTIVE JULY 1, 2000] (a) IC 5-10-8-7.7, as
 42 added by this act, applies to a self-insurance program or a contract



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1 between the state and a health maintenance organization
2 established, entered into, amended, or renewed after June 30, 2000.

3 (b) IC 27-8-14.8, as added by this act, applies to accident and
4 sickness insurance policies that are issued, delivered, amended, or
5 renewed after June 30, 2000.

6 (c) IC 27-13-7-17, as added by this act, applies to health
7 maintenance organization contracts that are entered into,
8 amended, or renewed after June 30, 2000.

9 (d) This SECTION expires July 1, 2004.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred House Bill 1293, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

FRY, Chair

Committee Vote: yeas 7, nays 4.

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