

HOUSE BILL No. 1093

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.1; IC 27-8-24.2; IC 27-13-7-17.

Synopsis: Insurance coverage for contraceptives. Requires insurers, health maintenance organizations, limited service health maintenance organizations, preferred provider plans, and Indiana comprehensive health insurance association policies that: (1) provide coverage for basic health care services; and (2) provide coverage for outpatient prescription drugs and outpatient services provided by health care providers, to offer to provide equal coverage for contraceptive drugs, devices, and services. Exempts insurance policies issued by or to an entity that finds contraception incompatible with its religious and moral teachings and beliefs from the requirement to offer to provide equal coverage for contraceptive drugs, devices, and services. Requires the state to consider covering contraceptive drugs, devices, and services under a self-insurance plan or a contract to provide health services offered to its employees. Exempts coverage for abortifacients, including any drugs or devices that are intended to terminate a pregnancy.

Effective: July 1, 2000.

Summers

January 10, 2000, read first time and referred to Committee on Public Policy, Ethics and Veterans Affairs.

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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.

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HOUSE BILL No. 1093



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 5-10-8-7.1 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2000]: **Sec. 7.1. The state shall consider covering contraceptives**
4 **as provided under IC 27-8-24.2 under:**

- 5 (1) **a self-insurance program established under section 7(b) of**
6 **this chapter to provide group health coverage; and**
- 7 (2) **a contract entered into under section 7(c) of this chapter**
8 **to provide health services through a prepaid health care**
9 **delivery plan.**

10 SECTION 2. IC 27-8-24.2 IS ADDED TO THE INDIANA CODE
11 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
12 JULY 1, 2000]:

13 **Chapter 24.2. Contraceptive Coverage**

14 **Sec. 1. As used in this chapter, "contraceptive" means a**
15 **prescription contraceptive drug, device, or service approved by the**
16 **United States Food and Drug Administration that is:**

- 17 (1) **intended to prevent pregnancy;**



- 1 (2) provided on an outpatient basis; and
 2 (3) related to the use of contraceptive methods to prevent an
 3 unintended pregnancy.

4 The term does not include abortion (as defined in IC 16-18-2-1) or
 5 abortifacients, including any drugs or devices that are intended to
 6 terminate a pregnancy.

7 Sec. 2. As used in this chapter, "covered individual" means an
 8 individual policyholder, a subscriber, a certificate holder, an
 9 enrollee, or other individual who is covered by the insurance policy
 10 of a policyholder, a subscriber, a certificate holder, or an enrollee.

11 Sec. 3. (a) As used in this chapter, "insurance policy" means a:

- 12 (1) policy of accident and sickness insurance regulated under
 13 IC 27-8-5;
 14 (2) health maintenance organization contract regulated under
 15 IC 27-13;
 16 (3) preferred provider plan (as defined in IC 27-8-11-1);
 17 (4) comprehensive health insurance policy issued under
 18 IC 27-8-10;
 19 (5) self-insurance program established under IC 5-10-8-7(b)
 20 to provide group health coverage; or

21 (6) contract entered into under IC 5-10-8-7(c) to provide
 22 health services through a prepaid health care delivery plan;
 23 that provides coverage for basic health care services (as defined in
 24 IC 27-13-1-4) under an individual or group policy or plan issued
 25 for delivery in Indiana.

26 (b) The term does not include worker's compensation coverage
 27 for an injury to or occupational disease of an employee under
 28 IC 22-3.

29 Sec. 4. As used in this chapter, "insurer" means a person that
 30 issues an insurance policy.

31 Sec. 5. As used in this chapter, "prescription drug" means an
 32 article or a substance regulated under IC 16-42-19.

33 Sec. 6. (a) This chapter does not apply to an insurance policy
 34 that is issued by or to an entity that finds contraception
 35 incompatible with its religious and moral teachings and beliefs.

36 (b) If an entity claims an exemption from this chapter under
 37 subsection (a), the entity shall disclose in writing to each potential
 38 policyholder or certificate holder of an insurance policy issued by
 39 the entity the following:

- 40 (1) A statement that the entity does not offer coverage for the
 41 diagnosis or treatment of certain conditions because the
 42 diagnosis or treatment is incompatible with the entity's



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1 religious and moral teachings and beliefs.

2 (2) A list of the specific conditions for which the entity does
3 not provide coverage for diagnosis or treatment under
4 subdivision (1).

5 The disclosure must provide a space for the potential policyholder
6 or certificate holder to sign to acknowledge that the potential
7 policyholder or certificate holder has been provided with and
8 understands the information disclosed under subdivisions (1) and
9 (2).

10 Sec. 7. An insurer that issues an insurance policy that provides
11 coverage for outpatient prescription drugs must offer to provide
12 benefits for prescription contraceptive drugs or devices approved
13 by the United States Food and Drug Administration to a covered
14 individual.

15 Sec. 8. An insurer that issues an insurance policy that provides
16 coverage for outpatient services provided by a health care provider
17 must offer to provide benefits for outpatient contraceptive services
18 provided by a health care provider to a covered individual.

19 Sec. 9. The coverage offered under this chapter may not be
20 subject to dollar limits, deductibles, copayments, or coinsurance
21 provisions that are less favorable to covered individuals than the
22 dollar limits, deductibles, copayments, or coinsurance provisions
23 applying generally under the insurance policy.

24 Sec. 10. Under the coverage that must be offered under this
25 chapter, a covered individual may not be required to pay a
26 deductible, coinsurance, or a copayment for contraceptive drugs,
27 devices, or services that is greater than a deductible, coinsurance,
28 or a copayment established for other prescription drugs, devices,
29 or services under the insurance policy.

30 Sec. 11. Under the coverage that must be offered under this
31 chapter, a covered individual who receives or is eligible to receive
32 contraceptive drugs, devices, or services may not be required to
33 pay a deductible, coinsurance, a copayment, or a fee that is greater
34 than a deductible, coinsurance, a copayment, or a fee established
35 for individuals of the same benefit category or class, or coinsurance
36 or copayment level, receiving benefits for other prescription drugs,
37 devices, or services.

38 Sec. 12. Under the coverage that must be offered under this
39 chapter, if a covered individual's health care provider determines
40 that contraceptive methods specifically covered under an insurance
41 policy are not medically appropriate for the covered individual, the
42 insurance policy must provide coverage for another medically

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1 **approved prescriptive contraceptive method prescribed by the**
2 **covered individual's health care provider.**

3 SECTION 3. IC 27-13-7-17 IS ADDED TO THE INDIANA CODE
4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
5 1, 2000]: **Sec. 17. A health maintenance organization that provides**
6 **coverage for basic health care services under an individual or**
7 **group contract shall offer coverage for contraceptives as provided**
8 **under IC 27-8-24.2.**

9 SECTION 4. [EFFECTIVE JULY 1, 2000] (a) **IC 5-10-8-7.1, as**
10 **added by this act, applies to a self-insurance program or a contract**
11 **to provide health services through a prepaid health care delivery**
12 **plan that is established, delivered, entered into, or renewed after**
13 **June 30, 2000.**

14 (b) **IC 27-8-24.2, as added by this act, applies to insurance**
15 **policies issued, delivered, executed, or renewed after June 30, 2000.**

16 (c) **IC 27-13-7-17, as added by this act, applies to health**
17 **maintenance organization contracts entered into, delivered,**
18 **executed, or renewed after June 30, 2000.**

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