
SENATE BILL No. 102

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.6; IC 27-8-14.4; IC 27-13-7-14.3.

Synopsis: Coverage of hormone replacement therapy and contraceptives. Requires insurers, health maintenance organizations, and group health coverage programs for public employees to provide coverage for hormone replacement therapy and outpatient prescription contraceptive drugs.

Effective: July 1, 2003.

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January 7, 2003, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 113th General Assembly (2003)

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 2002 Regular or Special Session of the General Assembly.

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SENATE BILL No. 102



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 5-10-8-7.6 IS ADDED TO THE INDIANA CODE
- 2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 3 1, 2003]: **Sec. 7.6. (a) As used in this section, "covered individual"**
- 4 **means a woman 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) As used in this section, "hormone replacement therapy"**
- 12 **means therapy, including the administering of prescription drugs,**
- 13 **that:**
- 14 **(1) partially replenishes the hormones that diminish with**
- 15 **menopause;**
- 16 **(2) controls menopausal symptoms; or**
- 17 **(3) protects against diseases that a woman is more exposed to**



- 1 after menopause.
 2 The term does not include the prescribing or administering of
 3 fertility drugs.
 4 (c) As used in this section, "outpatient prescription
 5 contraceptive drugs" means a prescription contraceptive drug,
 6 device, or service approved by the United States Food and Drug
 7 Administration that is:
 8 (1) intended to prevent pregnancy;
 9 (2) provided on an outpatient basis; and
 10 (3) related to the use of contraceptive methods to prevent an
 11 unintended pregnancy.
 12 The term does not include abortion (as defined in IC 16-18-2-1) or
 13 abortifacients, including any drugs or devices that are intended to
 14 terminate a pregnancy.
 15 (d) As used in this section, "outpatient contraceptive services"
 16 means:
 17 (1) consultation;
 18 (2) examinations;
 19 (3) procedures; and
 20 (4) medical services;
 21 provided on an outpatient basis and related to the use of any
 22 contraceptive method to prevent an unintended pregnancy. The
 23 term does not include abortion (as defined in IC 16-18-2-1) or the
 24 prescribing or administering of abortifacients.
 25 (e) A self-insurance program established under section 7(b) of
 26 this chapter to provide health care coverage must provide a
 27 covered individual with coverage for:
 28 (1) hormone replacement therapy services for perimenopausal
 29 and postmenopausal women; and
 30 (2) outpatient contraceptive services.
 31 If the program provides prescription drug benefits, the program
 32 must provide a covered individual with coverage for outpatient
 33 prescription contraceptive drugs or devices.
 34 (f) A contract with a health maintenance organization that is
 35 entered into or renewed under section 7(c) of this chapter must
 36 provide a covered individual with:
 37 (1) hormone replacement therapy services for perimenopausal
 38 and postmenopausal women; and
 39 (2) outpatient contraceptive services.
 40 If the contract provides prescription drug benefits, the contract
 41 must provide an enrollee with outpatient prescription
 42 contraceptive drugs or devices.

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1 (g) The coverage required by subsection (e) and the services
 2 required by subsection (f) may not be subject to dollar limits,
 3 deductibles, or coinsurance provisions that are less favorable to a
 4 covered individual than the dollar limits, deductibles, copayments,
 5 or coinsurance provisions applying to physical illness generally
 6 under the self-insurance program or contract with a health
 7 maintenance organization.

8 (h) The coverage required by subsection (e) and the services
 9 required by subsection (f) shall be provided in addition to any
 10 benefits specifically provided for x-rays, laboratory testing, or
 11 wellness examinations.

12 SECTION 2. IC 27-8-14.4 IS ADDED TO THE INDIANA CODE
 13 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2003]:

15 **Chapter 14.4. Coverage for Services Related to Hormone**
 16 **Replacement Therapy and Contraceptives**

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

- 19 (1) provides at least one (1) of the types of insurance described
 20 in IC 27-1-5-1, Classes 1(b) and 2(a); and
 21 (2) is issued on an individual or group basis.

22 (b) The term does not include accident only, credit, dental,
 23 vision, Medicare supplement, long term care, or disability income
 24 insurance.

25 **Sec. 2. (a) As used in this chapter, "hormone replacement**
 26 **therapy" means therapy, including the administering of**
 27 **prescription drugs, that:**

- 28 (1) partially replenishes the hormones that diminish with
 29 menopause;
 30 (2) controls menopausal symptoms; or
 31 (3) protects against diseases that a woman is more exposed to
 32 after menopause.

33 (b) The term does not include the prescribing or administering
 34 of fertility drugs.

35 **Sec. 3. As used in this chapter, "insured" means a female**
 36 **individual who is entitled to coverage under a policy of accident**
 37 **and sickness insurance.**

38 **Sec. 4. (a) As used in this chapter, "outpatient prescription**
 39 **contraceptive drugs" means a prescription contraceptive drug,**
 40 **device, or service approved by the United States Food and Drug**
 41 **Administration that is:**

- 42 (1) intended to prevent pregnancy;

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

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

7 Sec. 5. (a) As used in this section, "outpatient contraceptive
 8 services" means:

- 9 (1) consultation;
 10 (2) examinations;
 11 (3) procedures; and
 12 (4) medical services;

13 provided on an outpatient basis and related to the use of any
 14 contraceptive method to prevent an unintended pregnancy.

15 (b) The term does not include abortion (as defined in
 16 IC 16-18-2-1) or abortifacients.

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

20 (b) If an entity claims an exemption from this chapter under
 21 subsection (a), the entity shall present the following in writing to
 22 each potential policyholder or certificate holder of an insurance
 23 policy issued by the entity:

- 24 (1) A statement that, because the diagnosis or treatment of
 25 certain conditions is incompatible with the entity's religious
 26 or moral teachings and beliefs, the entity does not offer
 27 coverage for the diagnosis or treatment of those conditions.
 28 (2) A list of the specific conditions for which the entity does
 29 not provide coverage for diagnosis or treatment under
 30 subdivision (1).

31 The disclosure must provide a space for the potential policyholder
 32 or certificate holder to sign to acknowledge that the potential
 33 policyholder or certificate holder has been provided with and
 34 understands the information disclosed under subdivisions (1) and
 35 (2).

36 Sec. 7. (a) Except as provided in section 6 of this chapter, an
 37 insurer that provides coverage for outpatient services provided by
 38 a health care provider must provide a covered individual with
 39 coverage for:

- 40 (1) hormone replacement therapy services for perimenopausal
 41 and postmenopausal women; and
 42 (2) outpatient contraceptive services.

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1 (b) Except as provided in section 6 of this chapter, an insurer
 2 that issues an insurance policy that provides coverage for
 3 outpatient prescription drugs must provide a covered individual
 4 with benefits for outpatient prescription contraceptive drugs.

5 Sec. 8. (a) The coverage that an insurer provides under this
 6 chapter may not be subject to an annual deductible or coinsurance
 7 that is greater than an annual deductible or coinsurance
 8 established for similar benefits under the accident and sickness
 9 insurance policy. If the policy does not cover a similar benefit, the
 10 deductible or coinsurance applying to coverage provided under
 11 this chapter may not be set at a level that materially diminishes the
 12 value of the coverage provided under this chapter.

13 (b) The coverage that an insurer provides under this chapter
 14 may not be subject to dollar limits, deductibles, or coinsurance
 15 provisions that are less favorable to the insured than the dollar
 16 limits, deductibles, or coinsurance provisions applying to physical
 17 illness generally under the accident and sickness insurance policy.

18 (c) The coverage that an insurer provides under this chapter is
 19 in addition to any benefits specifically provided for x-ray,
 20 laboratory testing, prescription drugs, or wellness examinations.

21 SECTION 3. IC 27-13-7-14.3 IS ADDED TO THE INDIANA
 22 CODE AS A NEW SECTION TO READ AS FOLLOWS
 23 [EFFECTIVE JULY 1, 2003]: Sec. 14.3. (a) As used in this section,
 24 "hormone replacement therapy" means therapy, including the
 25 administering of prescription drugs, that:

- 26 (1) partially replenishes the hormones that diminish with
 27 menopause;
 28 (2) controls menopausal symptoms; or
 29 (3) protects against diseases that a woman is more exposed to
 30 after menopause.

31 The term does not include the prescribing or administering of
 32 fertility drugs.

33 (b) As used in this section, "outpatient prescription
 34 contraceptive drugs" means a prescription contraceptive drug,
 35 device, or service approved by the United States Food and Drug
 36 Administration that is:

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

41 The term does not include abortion (as defined in IC 16-18-2-1) or
 42 abortifacients, including any drugs or devices that are intended to

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1 terminate a pregnancy.

2 (c) As used in this section, "outpatient contraceptive services"
3 means:

- 4 (1) consultation;
5 (2) examinations;
6 (3) procedures; and
7 (4) medical services;

8 provided on an outpatient basis and related to the use of any
9 contraceptive method to prevent an unintended pregnancy. The
10 term does not include abortion (as defined in IC 16-18-2-1) or
11 abortifacients.

12 (d) This section does not apply to a contract that is issued by or
13 to an entity that finds contraceptive drugs incompatible with its
14 religious or moral teachings and beliefs.

15 (e) If an entity claims an exemption from this section under
16 subsection (d), the entity shall present the following in writing to
17 each potential subscriber of a contract issued by or to the entity:

- 18 (1) A statement that, because the diagnosis or treatment of
19 certain conditions is incompatible with the entity's religious
20 or moral teachings and beliefs, the entity does not offer
21 coverage for the diagnosis or treatment of those conditions.
22 (2) A list of the specific conditions for which the entity does
23 not provide coverage for diagnosis or treatment under
24 subdivision (1).

25 The disclosure must provide a space for the potential subscriber to
26 sign to acknowledge that the potential subscriber has been
27 provided with and understands the information disclosed under
28 subdivisions (1) and (2).

29 (f) Except as provided in subsection (d), a health maintenance
30 organization that provides coverage for outpatient services
31 provided by a health care provider must provide an enrollee with
32 coverage for:

- 33 (1) hormone replacement therapy services for perimenopausal
34 and postmenopausal women; and
35 (2) outpatient contraceptive services.

36 (g) Except as provided in subsection (d), a health maintenance
37 organization that is issued a certificate of authority in Indiana and
38 that provides coverage for outpatient prescription drugs must
39 provide benefits for outpatient prescription contraceptive drugs
40 provided by a health care provider to an enrollee.

41 (h) The coverage required under this section may not be subject
42 to dollar limits, deductibles, copayments, or coinsurance provisions

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1 that are less favorable to enrollees than the dollar limits,
2 deductibles, copayments, or coinsurance provisions applying
3 generally under the contract.

4 (i) Under the coverage required under this section, an enrollee
5 may not be required to pay a deductible, coinsurance, or
6 copayment for outpatient prescription drugs, devices, or services
7 that is greater than the deductible, coinsurance, or copayment
8 established for other outpatient prescription drugs, devices, or
9 services under the contract.

10 SECTION 4. [EFFECTIVE JULY 1, 2003] (a) IC 5-10-8-7.6, as
11 added by this act, applies to a self-insurance program or a contract
12 to provide health services through a prepaid health care delivery
13 plan that is established, delivered, entered into, or renewed after
14 June 30, 2003.

15 (b) IC 27-8-14.4, as added by this act, applies to insurance
16 policies issued, delivered, executed, or renewed after June 30, 2003.

17 (c) IC 27-13-7-14.3, as added by this act, applies to health
18 maintenance organization contracts entered into, delivered,
19 executed, or renewed after June 30, 2003.

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