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# SENATE BILL No. 111

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 5-10-8; IC 27-8; IC 27-13-7.

**Synopsis:** Health coverage for women. Requires group insurance for public employees, group insurers, and health maintenance organizations to provide coverage for: (1) annual examinations for a woman who is at least 18 years of age; and (2) bone density testing for a woman who is at least 45 years of age. 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. 111



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 5-10-8-7.4 IS ADDED TO THE INDIANA CODE
- 2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 3 1, 2003]: **Sec. 7.4. (a) As used in this section, "annual physical**
- 4 **examination" means the following examinations:**
- 5 (1) **Annual pelvic examination, including a pap smear test.**
- 6 (2) **Annual breast examination.**
- 7 (3) **Any other examination commonly included in a**
- 8 **gynecological examination.**
- 9 (b) **As used in this section, "covered individual" means a woman**
- 10 **who is at least eighteen (18) years of age and:**
- 11 (1) **covered under a self-insurance program established under**
- 12 **section 7(b) of this chapter to provide group health coverage;**
- 13 **or**
- 14 (2) **entitled to services under a contract with a health**
- 15 **maintenance organization (as defined in IC 27-13-1-19) that**
- 16 **is entered into or renewed under section 7(c) of this chapter.**
- 17 (c) **A self-insurance program established under section 7(b) of**



1 this chapter to provide health care coverage must provide a  
 2 covered individual with coverage for an annual physical  
 3 examination.

4 (d) A contract with a health maintenance organization that is  
 5 entered into or renewed under section 7(c) of this chapter must  
 6 provide a covered individual with coverage for an annual physical  
 7 examination.

8 (e) The coverage required by subsections (c) and (d) may not be  
 9 subject to dollar limits, deductibles, or coinsurance provisions that  
 10 are less favorable to a covered individual 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 (f) The coverage for the annual physical examination required  
 15 by subsection (c) and the annual physical examination services  
 16 required by subsection (d) shall be provided in addition to any  
 17 benefits specifically provided for x-rays, laboratory testing, or  
 18 wellness examinations.

19 SECTION 2. IC 5-10-8-7.6 IS ADDED TO THE INDIANA CODE  
 20 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 21 1, 2003]: Sec. 7.6. (a) As used in this section, "covered individual"  
 22 means a woman who is:

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

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

29 (b) As used in this section, "hormone replacement therapy"  
 30 means therapy, including prescription drugs, that:

31 (1) partially replenishes the hormones that diminish with  
 32 menopause;

33 (2) controls menopausal symptoms; or

34 (3) protects against diseases that a woman is more exposed to  
 35 after menopause. The term does not include the prescribing  
 36 or administering of fertility drugs.

37 (c) As used in this section, "outpatient contraceptive services"  
 38 means:

39 (1) consultation;

40 (2) examinations;

41 (3) procedures; and

42 (4) medical services;

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

5 (d) As used in this section, "outpatient prescription  
 6 contraceptive drugs" means a prescription contraceptive drug,  
 7 device, or service approved by the United States Food and Drug  
 8 Administration that is:

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

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

16 (e) A self-insurance program established under section 7(b) of  
 17 this chapter to provide health care coverage must provide a  
 18 covered individual with coverage for:

- 19 (1) hormone replacement therapy services for perimenopausal  
 20 and postmenopausal women; and  
 21 (2) outpatient contraceptive services.

22 If the program provides prescription drug benefits, the program  
 23 must provide a covered individual with coverage for outpatient  
 24 prescription contraceptive drugs or devices.

25 (f) A contract with a health maintenance organization that is  
 26 entered into or renewed under section 7(c) of this chapter must  
 27 provide a covered individual with:

- 28 (1) hormone replacement therapy services for perimenopausal  
 29 and postmenopausal women; and  
 30 (2) outpatient contraceptive services.

31 If the contract provides prescription drug benefits, the contract  
 32 must provide an enrollee with outpatient prescription  
 33 contraceptive drugs or devices.

34 (g) The coverage required by subsection (e) and the services  
 35 required by subsection (f) may not be subject to dollar limits,  
 36 deductibles, or coinsurance provisions that are less favorable to a  
 37 covered individual than the dollar limits, deductibles, copayments,  
 38 or coinsurance provisions applying to physical illness generally  
 39 under the self-insurance program or contract with a health  
 40 maintenance organization.

41 (h) The coverage required by subsection (e) and the services  
 42 required by subsection (f) shall be provided in addition to any

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1 **benefits specifically provided for x-rays, laboratory testing, or**  
 2 **wellness examinations.**

3 SECTION 3. IC 5-10-8-7.9 IS ADDED TO THE INDIANA CODE  
 4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 5 1, 2003]: **Sec. 7.9. (a) As used in this section, "bone density testing"**  
 6 **means a radiological or radioisotope procedure or other procedure**  
 7 **approved by the federal Food and Drug Administration performed**  
 8 **for any of the following purposes:**

- 9 (1) **Identifying bone mass.**  
 10 (2) **Detecting bone loss or disease.**  
 11 (3) **Determining bone quality.**

12 (b) **As used in this section, "covered individual" means a woman**  
 13 **who is at least forty-five (45) years of age and who is:**

- 14 (1) **covered under a self-insurance program established under**  
 15 **section 7(b) of this chapter to provide group health coverage;**  
 16 **or**  
 17 (2) **entitled to services under a contract with a health**  
 18 **maintenance organization (as defined in IC 27-13-1-19) that**  
 19 **is entered into or renewed under section 7(c) of this chapter.**

20 (c) **A self-insurance program established under section 7(b) of**  
 21 **this chapter to provide health care coverage must provide a**  
 22 **covered individual with coverage for bone density testing.**

23 (d) **A contract with a health maintenance organization that is**  
 24 **entered into or renewed under section 7(c) of this chapter must**  
 25 **provide a covered individual with bone density testing.**

26 (e) **The coverage required by subsections (c) and the services**  
 27 **required under subsection (d) may not be subject to dollar limits,**  
 28 **deductibles, or coinsurance provisions that are less favorable to a**  
 29 **covered individual than the dollar limits, deductibles, copayments,**  
 30 **or coinsurance provisions applying to physical illness generally**  
 31 **under the self-insurance program or contract with a health**  
 32 **maintenance organization.**

33 (f) **The coverage for bone density testing required by subsection**  
 34 **(c) and the bone density testing services required by subsection (d)**  
 35 **shall be provided in addition to any benefits specifically provided**  
 36 **for x-rays, laboratory testing, or wellness examinations.**

37 SECTION 4. IC 27-8-14.3 IS ADDED TO THE INDIANA CODE  
 38 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 39 JULY 1, 2003]:

40 **Chapter 14.3. Coverage for Services Related to Annual**  
 41 **Examinations**

42 **Sec. 1. (a) As used in this chapter, "accident and sickness**

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1 insurance policy" means an insurance policy that:

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

4 (2) is issued on a group basis.

5 (b) The term does not include accident only, credit, dental,  
6 vision, Medicare supplement, long term care, or disability income  
7 insurance.

8 Sec. 2. As used in this chapter, "annual examination" means the  
9 following examinations:

10 (1) Annual pelvic examination, including a pap smear test.

11 (2) Annual breast examination.

12 (3) Any other examination commonly included in a  
13 gynecological examination.

14 Sec. 3. As used in this chapter, "insured" means a female  
15 individual who is at least eighteen (18) years of age and who is  
16 entitled to coverage under a policy of accident and sickness  
17 insurance.

18 Sec. 4. (a) An insurer shall provide coverage for annual  
19 examinations in any accident and sickness insurance policy that the  
20 insurer issues in Indiana.

21 (b) An insured may not be required to pay an annual deductible  
22 or coinsurance that is greater than an annual deductible or  
23 coinsurance established for similar benefits under the accident and  
24 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 annual examination benefit  
27 required by this chapter.

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

34 (d) The coverage that an insurer must provide is in addition to  
35 any benefits specifically provided for x-rays, laboratory testing, or  
36 wellness examinations.

37 SECTION 5. IC 27-8-14.4 IS ADDED TO THE INDIANA CODE  
38 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
39 JULY 1, 2003]:

40 Chapter 14.4. Coverage for Services Related to Hormone  
41 Replacement Therapy and Contraceptives

42 Sec. 1. (a) As used in this chapter, "accident and sickness

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1 insurance policy" means an insurance policy that:

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

4 (2) is issued on an individual or group basis.

5 (b) The term does not include accident only, credit, dental,  
6 vision, Medicare supplement, long term care, or disability income  
7 insurance.

8 Sec. 2. (a) As used in this chapter, "hormone replacement  
9 therapy" means therapy, including prescription drugs, that:

10 (1) partially replenishes the hormones that diminish with  
11 menopause;

12 (2) controls menopausal symptoms; or

13 (3) protects against diseases that a woman is more exposed to  
14 after menopause.

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

17 Sec. 3. As used in this chapter, "insured" means a female  
18 individual who is entitled to coverage under a policy of accident  
19 and sickness insurance.

20 Sec. 4. (a) As used in this section, "outpatient contraceptive  
21 services" means:

22 (1) consultation;

23 (2) examinations;

24 (3) procedures; and

25 (4) medical services;

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

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

30 Sec. 5. (a) As used in this chapter, "outpatient prescription  
31 contraceptive drugs" means a prescription contraceptive drug,  
32 device, or service approved by the United States Food and Drug  
33 Administration that is:

34 (1) intended to prevent pregnancy;

35 (2) provided on an outpatient basis; and

36 (3) related to the use of contraceptive methods to prevent an  
37 unintended pregnancy.

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

41 Sec. 6. (a) This chapter does not apply to an insurance policy  
42 that is issued by or to an entity that funds contraception

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1 incompatible with its religious or moral teachings and beliefs.

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

6 (1) A statement that, because the diagnosis or treatment of  
7 certain conditions is incompatible with the entity's religious  
8 and moral teachings and beliefs, the entity does not offer  
9 coverage for the diagnosis or treatment of those conditions.

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

13 The disclosure must provide a space for the potential policyholder  
14 or certificate holder to sign to acknowledge that the potential  
15 policyholder or certificate holder has been provided with and  
16 understands the information disclosed under subdivisions (1) and  
17 (2).

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

22 (1) hormone replacement therapy services for perimenopausal  
23 and postmenopausal women; and

24 (2) outpatient contraceptive services.

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

29 Sec. 8. (a) The coverage that an insurer provides under this  
30 chapter may not be subject to an annual deductible or coinsurance  
31 that is greater than an annual deductible or coinsurance  
32 established for similar benefits under the accident and sickness  
33 insurance policy. If the policy does not cover a similar benefit, the  
34 deductible or coinsurance applying to coverage provided under  
35 this chapter may not be set at a level that materially diminishes the  
36 value of the coverage provided under this chapter.

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

42 (c) The coverage that an insurer provides under this chapter is

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1 in addition to any benefits specifically provided for x-ray,  
2 laboratory testing, prescription drugs, or wellness examinations.

3 SECTION 6. IC 27-8-14.9 IS ADDED TO THE INDIANA CODE  
4 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
5 JULY 1, 2003]:

6 **Chapter 14.9. Coverage for Services Related to Bone Density  
7 Testing**

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

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

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

13 **(b) The term does not include accident only, credit, dental,  
14 vision, Medicare supplement, long term care, or disability income  
15 insurance.**

16 **Sec. 2. As used in this chapter, "bone density testing" means a  
17 radiological or radioisotope procedure or other procedure  
18 approved by the federal Food and Drug Administration performed  
19 for any of the following purposes:**

20 **(1) Identifying bone mass.**

21 **(2) Detecting bone loss or disease.**

22 **(3) Determining bone quality.**

23 **Sec. 3. As used in this chapter, "insured" means a female  
24 individual who is at least forty-five (45) years of age and who is  
25 entitled to coverage under a policy of accident and sickness  
26 insurance.**

27 **Sec. 4. (a) An insurer shall provide coverage for bone density  
28 testing in any accident and sickness insurance policy that the  
29 insurer issues in Indiana.**

30 **(b) An insured may not be required to pay an annual deductible  
31 or coinsurance that is greater than an annual deductible or  
32 coinsurance established for similar benefits under the accident and  
33 sickness insurance policy. If the policy does not cover a similar  
34 benefit, the deductible or coinsurance may not be set at a level that  
35 materially diminishes the value of the bone density testing benefit  
36 required by this chapter.**

37 **(c) The coverage that an insurer must provide under this  
38 chapter may not be subject to dollar limits, deductibles, or  
39 coinsurance provisions that are less favorable to the insured than  
40 the dollar limits, deductibles, or coinsurance provisions applying  
41 to physical illness generally under the accident and sickness  
42 insurance policy.**



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1           **(d) The coverage that an insurer must provide is in addition to**  
 2 **any benefits specifically provided for x-rays, laboratory testing, or**  
 3 **wellness examinations.**

4           SECTION 7. IC 27-13-7-14.1 IS ADDED TO THE INDIANA  
 5 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 6 [EFFECTIVE JULY 1, 2003]: **Sec. 14.1. (a) As used in this section,**  
 7 **"bone density testing" means a radiological or radioisotope**  
 8 **procedure or other procedure approved by the federal Food and**  
 9 **Drug Administration performed for any of the following purposes:**

- 10           **(1) Identifying bone mass.**  
 11           **(2) Detecting bone loss or disease.**  
 12           **(3) Determining bone quality.**

13           **(b) A health maintenance organization that is issued a certificate**  
 14 **of authority in Indiana shall provide bone density testing to a**  
 15 **woman enrollee who is at least forty-five (45) years of age as a**  
 16 **covered service under every group contract that provides coverage**  
 17 **for basic health care services.**

18           **(c) The coverage that a health maintenance organization must**  
 19 **provide under this section may not be subject to a contract**  
 20 **provision that is less favorable to an enrollee than a contract**  
 21 **provision applying to physical illness generally under the health**  
 22 **maintenance organization contract.**

23           **(d) The coverage that a health maintenance organization must**  
 24 **provide under this section is in addition to services specifically**  
 25 **provided for x-rays, laboratory testing, or wellness examinations.**

26           SECTION 8. IC 27-13-7-14.2 IS ADDED TO THE INDIANA  
 27 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 28 [EFFECTIVE JULY 1, 2003]: **Sec. 14.2. (a) As used in this section,**  
 29 **"annual examination" means the following examinations:**

- 30           **(1) Annual pelvic examination, including a pap smear test.**  
 31           **(2) Annual breast examination.**  
 32           **(3) Any other examination commonly included in a**  
 33 **gynecological examination.**

34           **(b) A health maintenance organization that is issued a certificate**  
 35 **of authority in Indiana shall provide to a woman enrollee who is at**  
 36 **least eighteen (18) years of age an annual examination as a covered**  
 37 **service under every group contract that provides coverage for**  
 38 **basic health care services.**

39           **(c) The coverage that a health maintenance organization must**  
 40 **provide under this section may not be subject to a contract**  
 41 **provision that is less favorable to an enrollee than a contract**  
 42 **provision applying to physical illness generally under the health**

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1 maintenance organization contract.

2 (d) The coverage that a health maintenance organization must  
3 provide under this section is in addition to services specifically  
4 provided for x-rays, laboratory testing, or wellness examinations.

5 SECTION 9. IC 27-13-7-14.3 IS ADDED TO THE INDIANA  
6 CODE AS A NEW SECTION TO READ AS FOLLOWS  
7 [EFFECTIVE JULY 1, 2003]: Sec. 14.3. (a) As used in this section,  
8 "hormone replacement therapy" means therapy, including  
9 prescription drugs, that:

10 (1) partially replenishes the hormones that diminish with  
11 menopause;

12 (2) controls menopausal symptoms; or

13 (3) protects against diseases that a woman is more exposed to  
14 after menopause.

15 The term does not include the prescribing or administering of  
16 fertility drugs.

17 (b) As used in this section, "outpatient contraceptive services"  
18 means:

19 (1) consultation;

20 (2) examinations;

21 (3) procedures; and

22 (4) medical services;

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

27 (c) As used in this section, "outpatient prescription  
28 contraceptive drugs" means a prescription contraceptive drug,  
29 device, or service approved by the United States Food and Drug  
30 Administration that is:

31 (1) intended to prevent pregnancy;

32 (2) provided on an outpatient basis; and

33 (3) related to the use of contraceptive methods to prevent an  
34 unintended pregnancy.

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

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

41 (e) If an entity claims an exemption from this section under  
42 subsection (d), the entity shall present the following in writing to

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each potential subscriber of a contract issued by or to the entity:

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

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

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

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

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

(h) The coverage required under this section may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to enrollees than the dollar limits, deductibles, copayments, or coinsurance provisions applying generally under the contract.

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

SECTION 10. [EFFECTIVE JULY 1, 2003] (a) IC 5-10-8-7.4, as added by this act, applies to a self-insurance program or a contract between the state and a health maintenance organization established, entered into, or renewed after June 30, 2003.

(b) IC 27-8-14.3, as added by this act, applies to accident and sickness insurance policies that are issued, delivered, or renewed after June 30, 2003.

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1           (c) IC 27-13-7-14.2, as added by this act, applies to a health  
 2 maintenance organization contract that is issued, delivered, or  
 3 renewed after June 30, 2003.

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

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

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

14           SECTION 12. [EFFECTIVE JULY 1, 2003] (a) IC 5-10-8-7.9, as  
 15 added by this act, applies to a self-insurance program or a contract  
 16 between the state and a health maintenance organization  
 17 established, entered into, or renewed after June 30, 2003.

18           (b) IC 27-8-14.9, as added by this act, applies to accident and  
 19 sickness insurance policies that are issued, delivered, or renewed  
 20 after June 30, 2003.

21           (c) IC 27-13-7-14.1, as added by this act, applies to a health  
 22 maintenance organization contract that is issued, delivered, or  
 23 renewed after June 30, 2003.

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