

IC 27-8-26

Chapter 26. Genetic Screening or Testing

IC 27-8-26-1

Applicability of chapter

Sec. 1. (a) This chapter applies to the following:

(1) Every policy of accident and sickness insurance (as defined in IC 27-8-5-1), whether written on an individual basis, a group basis, a franchise basis, or a blanket basis that is issued, delivered, or renewed in Indiana.

(2) Every group contract (as defined in IC 27-13-1-16) or individual contract (as defined in IC 27-13-1-21) through which a health maintenance organization furnishes health care services that is delivered, executed, or renewed in Indiana.

(3) Every health care plan of a state or local governmental entity that provides coverage for health care services on a self-insurance basis in Indiana.

(4) Every employee welfare benefit plan (as defined in 29 U.S.C. 1002) that is self-funded.

(b) This chapter does not apply to the following:

(1) Accident-only insurance, credit insurance, or disability income insurance.

(2) Coverage issued as a supplement to liability insurance.

(3) Worker's compensation or similar insurance.

(4) Automobile medical payment insurance.

(5) Life insurance.

As added by P.L.150-1997, SEC.4.

IC 27-8-26-2

"Genetic screening or testing" defined

Sec. 2. (a) As used in this chapter, "genetic screening or testing" means a laboratory test:

(1) of an individual's genes or chromosomes for abnormalities, defects, or deficiencies, including changes in the number, structure, or integrity of an individual's chromosomes or carrier status, that:

(A) are linked to physical or mental disorders or impairments;

(B) indicate a susceptibility to illness, disease, or other disorders, whether physical or mental; or

(C) demonstrate genetic or chromosomal damage due to environmental factors; and

(2) that is a direct test for abnormalities, defects, or deficiencies in an individual's genes or chromosomes.

(b) The term does not include the detection of a genetic disorder through the manifestation of the genetic disorder.

As added by P.L.150-1997, SEC.4.

IC 27-8-26-3

"Health care services coverage" defined

Sec. 3. As used in this chapter, "health care services coverage" refers to an insurance policy, a health maintenance organization contract, or a governmental health care plan described in section 1 of this chapter.

As added by P.L.150-1997, SEC.4.

IC 27-8-26-4

"Insurer" defined

Sec. 4. As used in this chapter, "insurer" means a company, a firm, a partnership, an entity, an association, an order, a society, or a system:

- (1) making any of the kinds of insurance;
- (2) entering into any of the kinds of contracts; or
- (3) providing any of the coverage;

described in section 1 of this chapter.

As added by P.L.150-1997, SEC.4.

IC 27-8-26-5

Determination of eligibility for health care services coverage by insurer; prohibitions

Sec. 5. In processing an application for health care services coverage or in determining insurability for health care services coverage, an insurer may not do any of the following:

- (1) Require an individual or any member of an individual's family seeking health care services coverage to submit to genetic screening or testing.
- (2) Consider any information obtained from genetic screening or testing in a manner adverse to:
 - (A) an applicant or a member of an applicant's family for;
 - (B) an individual or a member of an individual's family covered by;health care services coverage.

(3) Inquire, directly or indirectly, into the results of genetic screening or testing, or use such information to cancel, refuse to issue or renew, or limit benefits under health care services coverage.

(4) Make a decision adverse to an applicant or a member of an applicant's family based on entries related to the results of genetic testing or screening in medical records or other reports of genetic screening or testing.

As added by P.L.150-1997, SEC.4.

IC 27-8-26-6

Questions by insurer regarding genetic screening or testing results prohibited

Sec. 6. In developing and asking questions regarding the medical history of an applicant for health care services coverage, an insurer may not ask:

- (1) for the results of;
- (2) questions designed to ascertain the results of;

genetic screening or testing.
As added by P.L.150-1997, SEC.4.

IC 27-8-26-7

Refusal of health care services coverage based on genetic screening or testing results prohibited

Sec. 7. An insurer may not cancel, refuse to issue, refuse to renew, or refuse to enter into a contract for health care services coverage based on the results of genetic screening or testing.
As added by P.L.150-1997, SEC.4.

IC 27-8-26-8

Limitation of benefits or establishment of premiums based on genetic screening or testing results prohibited

Sec. 8. An insurer may not deliver, issue for delivery, renew, or execute a contract for health care services coverage in Indiana that:

- (1) limits benefits; or
- (2) establishes premiums;

based on the results of genetic screening or testing.
As added by P.L.150-1997, SEC.4.

IC 27-8-26-9

Consideration of genetic screening or testing results by insurer

Sec. 9. An insurer may consider the results of genetic screening or testing if:

- (1) the results are voluntarily submitted by:
 - (A) an applicant for; or
 - (B) an individual seeking renewal of; health care services coverage; and
- (2) the results are favorable to the applicant or the individual.

As added by P.L.150-1997, SEC.4.

IC 27-8-26-10

Enforcement of chapter; rules

Sec. 10. (a) The commissioner shall enforce this chapter.
(b) The commissioner may adopt rules under IC 4-22-2 to carry out this chapter.
As added by P.L.150-1997, SEC.4.

IC 27-8-26-11

Violation unfair and deceptive act or practice

Sec. 11. A violation of this chapter is an unfair and deceptive act or practice in the business of insurance under IC 27-4-1-4.
As added by P.L.150-1997, SEC.4.