

LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS

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FISCAL IMPACT STATEMENT

LS 6563

BILL NUMBER: SB 268

NOTE PREPARED: Jan 18, 2022

BILL AMENDED: Jan 12, 2022

SUBJECT: Colorectal Cancer Screening Coverage.

FIRST AUTHOR: Sen. Bohacek

FIRST SPONSOR:

BILL STATUS: 2nd Reading - 1st House

FUNDS AFFECTED: GENERAL
DEDICATED
FEDERAL

IMPACT: State

Summary of Legislation: *Colorectal Cancer Screening:* The bill specifies services to be included as part of a covered colorectal cancer screening for policies of accident and sickness insurance and health maintenance organization (HMO) contracts.

Definition: It defines "follow-up colonoscopy".

Follow-up Colonoscopy: The bill provides that a policy of accident and sickness insurance or HMO contract must cover:

- (1) a colorectal cancer screening test assigned either an "A" or "B" grade by the United States Preventive Services Task Force; and
- (2) A follow up colonoscopy if the result of a non-invasive colorectal cancer screening test with an "A" or "B" grade from the United States Preventive Services Task Force is positive.

High Deductible Health Plan: The bill also provides that a high deductible health plan may impose a deductible requirement for a follow-up colonoscopy if these colorectal cancer screening requirements would be inconsistent with Internal Revenue Code provisions concerning high deductible health plans.

Effective Date: July 1, 2022.

Explanation of State Expenditures: Indiana's essential health benefits (EHB) benchmark plan includes preventative care services without deductible contribution for nonsymptomatic adults or adults without medical history of the disease. If a colonoscopy after another colorectal cancer screening exceeds the EHB, the state may be responsible for defrayment of costs to the insured or to qualified health plans on behalf of the insured. The state identifies requirements that exceed the EHB within a federal framework, and the

qualified health plans determine the actuarially adjusted cost of providing the state mandated benefit.

Additional Information - The EHB are required for nongrandfathered and small group plans. One of the ten EHB covers preventive and wellness services and chronic disease management. A benchmark plan is selected to set the requirements of the EHB by the state, and Indiana's plan for FY 2017 to FY 2023 is Anthem Insurance Companies Inc. Legacy PPO, with a plan name of Blue 6.0 Blue Access PPO Option 14, Rx G.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: State Budget Agency; Department of Insurance; Family and Social Services Administration.

Local Agencies Affected:

Information Sources:

<https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-Indiana-Benchmark-Summary.pdf>; <https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb>; <https://www.irs.gov/publications/p969>.

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