



February 14, 2020

**ENGROSSED
HOUSE BILL No. 1080**

DIGEST OF HB 1080 (Updated February 12, 2020 1:46 pm - DI 137)

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

Synopsis: Colorectal cancer testing. Amends the law mandating coverage for colorectal cancer testing under accident and sickness insurance policies, health maintenance organization contracts, and state employee health plans to change the minimum age at which coverage must be provided from 50 years of age to 45 years of age. Includes exception for high deductible health plans.

Effective: July 1, 2020.

Barrett, May, Porter, Judy

(SENATE SPONSORS — RUCKELSHAUS, LANANE)

January 7, 2020, read first time and referred to Committee on Insurance.

January 23, 2020, amended, reported — Do Pass.

January 27, 2020, read second time, ordered engrossed.

January 28, 2020, engrossed. Read third time, passed. Yeas 98, nays 0.

SENATE ACTION

February 5, 2020, read first time and referred to Committee on Insurance and Financial Institutions.

February 13, 2020, amended, reported favorably — Do Pass.

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February 14, 2020

Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1080

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 5-10-8-7.8 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7.8. (a) As used in this
3 section, "covered individual" means an individual who is:
4 (1) covered under a self-insurance program established under
5 section 7(b) of this chapter to provide group health coverage; or
6 (2) entitled to services under a contract with a health maintenance
7 organization (as defined in IC 27-13-1-19) that is entered into or
8 renewed under section 7(c) of this chapter.
9 (b) A:
10 (1) self-insurance program established under section 7(b) of this
11 chapter to provide health care coverage; or
12 (2) contract with a health maintenance organization that is entered
13 into or renewed under section 7(c) of this chapter;
14 must provide coverage for colorectal cancer examinations and
15 laboratory tests for cancer for any nonsymptomatic covered individual.
16 ~~in accordance with the current American Cancer Society guidelines.~~
17 (c) For a covered individual who is:

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- 1 (1) at least ~~fifty (50)~~ **forty-five (45)** years of age; or
 2 (2) less than ~~fifty (50)~~ **forty-five (45)** years of age and at high risk
 3 for colorectal cancer; ~~according to the most recent published~~
 4 ~~guidelines of the American Cancer Society;~~

5 the coverage required under this section must meet the requirements set
 6 forth in subsection (d), **except as provided in subsection (e).**

7 (d) A covered individual may not be required to pay an additional
 8 deductible or coinsurance for the colorectal cancer examination and
 9 laboratory testing benefit **required by this section** that is greater than
 10 an annual deductible or coinsurance established for similar benefits
 11 under ~~a~~ **the** self-insurance program or contract with a health
 12 maintenance organization **under which the covered individual is**
 13 **covered or entitled to services.** If the program or contract does not
 14 cover a similar benefit, a deductible or coinsurance **for the colorectal**
 15 **cancer examination and laboratory testing benefit** may not be set at
 16 a level that materially diminishes the value of the colorectal cancer
 17 examination and laboratory testing benefit. ~~required under this section.~~

18 (e) **The requirements imposed under this section do not apply to**
 19 **a high deductible health plan, as defined by Section 223 of the**
 20 **Internal Revenue Code. High deductible health plans described in**
 21 **this subsection may not excuse a deductible requirement with**
 22 **respect to colorectal cancer screening in a manner inconsistent**
 23 **with Section 223(c)(2)(C) of the Internal Revenue Code.**

24 SECTION 2. IC 27-8-14.8-3, AS AMENDED BY P.L.124-2018,
 25 SECTION 82, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 2020]: Sec. 3. (a) Except as provided in subsection (d), an
 27 insurer shall provide coverage for colorectal cancer examinations and
 28 laboratory tests for cancer for any nonsymptomatic insured ~~in~~
 29 ~~accordance with the American Cancer Society guidelines;~~ in any
 30 accident and sickness insurance policy that the insurer issues in Indiana
 31 or issues for delivery in Indiana.

32 (b) For an insured who is:

- 33 (1) at least ~~fifty (50)~~ **forty-five (45)** years of age; or
 34 (2) less than ~~fifty (50)~~ **forty-five (45)** years of age and at high risk
 35 for colorectal cancer; ~~according to the American Cancer Society~~
 36 ~~guidelines;~~

37 the coverage required under this section must meet the requirements set
 38 forth in subsection (c), **except as provided in subsection (e).**

39 (c) An insured may not be required to pay an additional annual
 40 deductible or coinsurance for the colorectal cancer examination and
 41 laboratory testing benefit **required by this section** that is greater than
 42 an annual deductible or coinsurance established for similar benefits



1 under ~~an~~ the accident and sickness insurance policy **under which the**
 2 **insured is covered.** If the accident and sickness insurance policy does
 3 not cover a similar benefit, a deductible or coinsurance **for the**
 4 **colorectal cancer examination and laboratory testing benefit** may
 5 not be set at a level that materially diminishes the value of the
 6 colorectal cancer examination and laboratory testing benefit. ~~required~~
 7 ~~under this section.~~

8 (d) In the case of an accident and sickness insurance policy that is
 9 not employer based, the insurer shall offer to provide the coverage
 10 described in this section.

11 (e) **The requirements imposed under this section do not apply to**
 12 **a high deductible health plan, as defined by Section 223 of the**
 13 **Internal Revenue Code. High deductible health plans described in**
 14 **this subsection may not excuse a deductible requirement with**
 15 **respect to colorectal cancer screening in a manner inconsistent**
 16 **with Section 223(c)(2)(C) of the Internal Revenue Code.**

17 SECTION 3. IC 27-13-7-17, AS AMENDED BY P.L.124-2018,
 18 SECTION 90, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 19 JULY 1, 2020]: Sec. 17. (a) As used in this section, "colorectal cancer
 20 testing" means examinations and laboratory tests for cancer for any
 21 nonsymptomatic enrollee. ~~in accordance with the American Cancer~~
 22 ~~Society guidelines.~~

23 (b) Except as provided in subsection (e), a health maintenance
 24 organization issued a certificate of authority in Indiana shall provide
 25 colorectal cancer testing as a covered service under every group
 26 contract that provides coverage for basic health care services:

27 (c) For an enrollee who is:

28 (1) at least ~~fifty (50)~~ **forty-five (45)** years of age; or

29 (2) less than ~~fifty (50)~~ **forty-five (45)** years of age and at high risk
 30 for colorectal cancer; ~~according to the American Cancer Society~~
 31 ~~guidelines;~~

32 the colorectal cancer testing required under this section must meet the
 33 requirements set forth in subsection (d), **except as provided in**
 34 **subsection (f).**

35 (d) An enrollee may not be required to pay a copayment for the
 36 colorectal cancer ~~examination and laboratory~~ testing benefit **required**
 37 **by this section** that is greater than a copayment established for similar
 38 benefits under ~~a~~ the group contract **under which the enrollee is**
 39 **entitled to services.** If the group contract does not cover a similar
 40 covered service, the copayment **for the colorectal cancer testing**
 41 **benefit** may not be set at a level that materially diminishes the value of
 42 the colorectal cancer ~~examination and laboratory~~ testing benefit.



- 1 required under this section:
- 2 (e) In the case of coverage that is not employer based, the health
3 maintenance organization is required only to offer to provide ~~the~~
4 colorectal cancer testing described in subsections (b) through (d) as a
5 covered service under a proposed group contract providing coverage
6 for basic health care services.
- 7 **(f) The requirements imposed under this section do not apply to**
8 **a high deductible health plan, as defined by Section 223 of the**
9 **Internal Revenue Code. High deductible health plans described in**
10 **this subsection may not excuse a deductible requirement with**
11 **respect to colorectal cancer screening in a manner inconsistent**
12 **with Section 223(c)(2)(C) of the Internal Revenue Code.**



COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, to which was referred House Bill 1080, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

- Page 1, delete lines 1 through 17.
- Delete page 2.
- Page 3, delete lines 1 through 4.
- Page 3, line 19, delete "individual," and insert "individual."
- Page 3, line 20, strike "in accordance with the".
- Page 3, line 20, strike "American Cancer Society guidelines."
- Page 3, reset in roman line 21.
- Page 3, line 22, reset in roman "(1) at least".
- Page 3, line 22, after "fifty (50)" insert "**forty-five (45)**".
- Page 3, line 22, reset in roman "years of age; or".
- Page 3, line 23, reset in roman "(2) less than".
- Page 3, line 23, after "fifty (50)" insert "**forty-five (45)**".
- Page 3, line 23, reset in roman "years of age and at high risk for colorectal".
- Page 3, line 24, delete "cancer" and insert "cancer;".
- Page 3, reset in roman lines 26 through 27.
- Page 3, line 28, reset in roman "(d)".
- Page 3, line 28, delete "(c)".
- Page 3, delete lines 39 through 42.
- Page 4, delete line 1.
- Page 4, line 4, reset in roman "(d)".
- Page 4, line 4, delete "(c)".
- Page 4, line 6, delete "insured," and insert "insured".
- Page 4, line 6, strike "in".
- Page 4, line 7, strike "accordance with the American Cancer Society guidelines,".
- Page 4, reset in roman line 10.
- Page 4, line 11, reset in roman "(1) at least".
- Page 4, line 11, after "fifty (50)" insert "**forty-five (45)**".
- Page 4, line 11, reset in roman "years of age; or".
- Page 4, line 12, reset in roman "(2) less than".
- Page 4, line 12, after "fifty (50)" insert "**forty-five (45)**".
- Page 4, line 12, reset in roman "years of age and at high risk for colorectal".
- Page 4, line 13, delete "cancer" and insert "cancer;".
- Page 4, reset in roman lines 14 through 15.



Page 4, line 16, reset in roman "(c)".
 Page 4, line 16, delete "(b)".
 Page 4, line 27, reset in roman "(d)".
 Page 4, line 27, delete "(c)".
 Page 4, line 29, reset in roman "this section."
 Page 4, line 29, delete "subsection (a)."
 Page 4, line 34, delete "enrollee" and insert "enrollee."
 Page 4, line 34, delete "provided".
 Page 4, line 34, strike "in accordance with the American".
 Page 4, line 35, strike "Cancer Society guidelines".
 Page 4, line 35, after "guidelines" insert ".".
 Page 4, line 35, after "guidelines" strike ".".
 Page 4, line 35, delete "that are in effect on January 1, 2020".
 Page 4, line 36, reset in roman "(e)".
 Page 4, line 36, delete "(d)".
 Page 4, reset in roman line 40.
 Page 4, line 41, reset in roman "(1) at least".
 Page 4, line 41, after "fifty (50)" insert "**forty-five (45)**".
 Page 4, line 41, reset in roman "years of age; or".
 Page 4, line 42, reset in roman "(2) less than".
 Page 4, line 42, after "fifty (50)" insert "**forty-five (45)**".
 Page 4, line 42, reset in roman "years of age and at high risk for
 colorectal".
 Page 5, line 1, delete "cancer" and insert "cancer;".
 Page 5, reset in roman lines 2 through 3.
 Page 5, line 4, reset in roman "(d)".
 Page 5, line 4, delete "(c)".
 Page 5, line 10, delete "examination and laboratory".
 Page 5, line 13, reset in roman "(e)".
 Page 5, line 13, delete "(d)".
 Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1080 as introduced.)

CARBAUGH

Committee Vote: yeas 11, nays 0.



COMMITTEE REPORT

Madam President: The Senate Committee on Insurance and Financial Institutions, to which was referred House Bill No. 1080, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, line 6, after "subsection (d)" delete "." and insert ", **except as provided in subsection (e).**".

Page 2, between lines 17 and 18, begin a new paragraph and insert:
"(e) The requirements imposed under this section do not apply to a high deductible health plan, as defined by Section 223 of the Internal Revenue Code. High deductible health plans described in this subsection may not excuse a deductible requirement with respect to colorectal cancer screening in a manner inconsistent with Section 223(c)(2)(C) of the Internal Revenue Code."

Page 2, line 32, after "subsection (c)" delete "." and insert ", **except as provided in subsection (e).**".

Page 3, between lines 4 and 5, begin a new paragraph and insert:
"(e) The requirements imposed under this section do not apply to a high deductible health plan, as defined by Section 223 of the Internal Revenue Code. High deductible health plans described in this subsection may not excuse a deductible requirement with respect to colorectal cancer screening in a manner inconsistent with Section 223(c)(2)(C) of the Internal Revenue Code."

Page 3, line 21, after "subsection (d)" delete "." and insert ", **except as provided in subsection (f).**".

Page 3, after line 35, begin a new paragraph and insert:
"(f) The requirements imposed under this section do not apply to a high deductible health plan, as defined by Section 223 of the Internal Revenue Code. High deductible health plans described in this subsection may not excuse a deductible requirement with respect to colorectal cancer screening in a manner inconsistent with Section 223(c)(2)(C) of the Internal Revenue Code."

and when so amended that said bill do pass.

(Reference is to HB 1080 as printed January 24, 2020.)

BASSLER, Chairperson

Committee Vote: Yeas 7, Nays 1.

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