

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.

HOUSE ENROLLED ACT No. 1080

AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 5-10-8-7.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7.8. (a) As used in this section, "covered individual" means an individual who is:

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

(b) A:

- (1) self-insurance program established under section 7(b) of this chapter to provide health care coverage; or
- (2) contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter;

must provide coverage for colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic covered individual. ~~in accordance with the current American Cancer Society guidelines.~~

(c) For a covered individual who is:

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

the coverage required under this section must meet the requirements set

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forth in subsection (d), **except as provided in subsection (e).**

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

(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.

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

(b) For an insured who is:

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

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

(c) An insured may not be required to pay an additional annual deductible or coinsurance for the colorectal cancer examination and laboratory testing benefit **required by this section** that is greater than an annual deductible or coinsurance established for similar benefits under ~~an~~ **the** accident and sickness insurance policy **under which the insured is covered.** If the accident and sickness insurance policy does not cover a similar benefit, a deductible or coinsurance **for the colorectal cancer examination and laboratory testing benefit** may not be set at a level that materially diminishes the value of the



colorectal cancer examination and laboratory testing benefit. ~~required under this section.~~

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

(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.

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

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

(c) For an enrollee who is:

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

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

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

(e) In the case of coverage that is not employer based, the health maintenance organization is required only to offer to provide the colorectal cancer testing ~~described in subsections (b) through (d)~~ as a covered service under a proposed group contract providing coverage



for basic health care services.

(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.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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