



February 15, 2024

ENGROSSED
SENATE BILL No. 215

DIGEST OF SB 215 (Updated February 14, 2024 10:36 am - DI 141)

Citations Affected: IC 27-8.

Synopsis: Medicare supplement insurance. Provides that after December 31, 2024, an issuer that makes a Medicare supplement policy or certificate available to persons at least 65 years of age must make the equivalent policy or certificate available to an individual (Continued next page)

Effective: July 1, 2024.

Walker K, Messmer, Carrasco,
Freeman, Qaddoura,
Randolph Lonnie M, Becker

(HOUSE SPONSORS — CARBAUGH, ABBOTT, MORRIS, JUDY)

January 9, 2024, read first time and referred to Committee on Insurance and Financial Institutions.

January 25, 2024, amended, reported favorably — Do Pass.

January 29, 2024, read second time, amended, ordered engrossed.

January 30, 2024, engrossed.

February 1, 2024, read third time, passed. Yeas 47, nays 2.

HOUSE ACTION

February 12, 2024, read first time and referred to Committee on Insurance.

February 15, 2024, amended, reported — Do Pass.

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Digest Continued

under 65 years of age who is eligible for Medicare because of having a federally defined disability or end stage renal disease. (Under current law, an issuer that makes a Medicare supplement policy or certificate available to persons at least 65 years of age is required only to make a Plan A policy or certificate available to individuals under 65 years of age, and is required to make the Plan A policy or certificate available to an individual under 65 years of age who is eligible for Medicare because of having a federally defined disability but is not required to make the Plan A policy or certificate available to an individual under 65 years of age who is eligible for Medicare because of having end stage renal disease.) Provides that if an individual who is less than 65 years of age, who is eligible for Medicare because of having a federally defined disability or end stage renal disease, and who meets certain conditions as to application timeliness applies for a Medicare supplement policy or certificate, the issuer of the policy or certificate is prohibited from: (1) denying or conditioning the issuance or effectiveness of the individual's policy or certificate; (2) charging the individual a premium rate for a policy or certificate standardized as Plan A, B, or D that exceeds the premium rate the issuer charges an individual who is 65 years of age; (3) charging the individual a premium rate for any other standardized lettered policy or certificate that exceeds 200% of the premium rate the issuer charges an individual who is 65 years of age; or (4) issuing to the individual a policy or certificate that contains a waiting period or a preexisting condition limitation or exclusion. Provides for the expiration of Code provisions that would be superseded by the new requirements applying to issuers of Medicare supplement policies or certificates.



February 15, 2024

Second Regular Session of the 123rd General Assembly (2024)

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 2023 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 215

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 27-8-13-9, AS AMENDED BY P.L.227-2019,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2024]: Sec. 9. (a) A Medicare supplement policy, contract, or
4 certificate in force in Indiana may not contain benefits that duplicate
5 benefits provided by Medicare. However, a change in Medicare
6 coverage that becomes effective after a Medicare supplement policy,
7 contract, or certificate is in force in Indiana and that causes a
8 duplication of benefits does not void the policy, contract, or certificate.
9 (b) The commissioner shall adopt rules under IC 4-22-2 to establish
10 specific standards for policy provisions of Medicare supplement
11 policies and certificates. Such standards shall be in addition to and in
12 accordance with Indiana law. No requirement of IC 27 relating to
13 minimum required policy benefits other than the minimum standards
14 contained in this chapter apply to Medicare supplement policies and
15 certificates. The standards may cover, but are not limited to:
16 (1) terms of renewability;
17 (2) initial and subsequent conditions of eligibility;

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- 1 (3) nonduplication of coverage;
 2 (4) probationary periods;
 3 (5) benefit limitations, exceptions, and reductions;
 4 (6) elimination periods;
 5 (7) requirements for replacement;
 6 (8) recurrent conditions; and
 7 (9) definitions of terms.
- 8 (c) The commissioner may adopt rules under IC 4-22-2 that specify
 9 prohibited policy provisions not specifically authorized by statute that,
 10 in the opinion of the commissioner, are unjust, unfair, or unfairly
 11 discriminatory to a person insured or proposed to be insured under a
 12 Medicare supplement policy or certificate.
- 13 (d) Notwithstanding any other law, a Medicare supplement policy
 14 or certificate shall not exclude or limit benefits for a loss incurred more
 15 than six (6) months after the effective date of the policy because the
 16 loss involves a preexisting condition. The policy or certificate shall not
 17 define a preexisting condition more restrictively than a condition for
 18 which medical advice was given or treatment was recommended by or
 19 received from a physician within six (6) months before the effective
 20 date of coverage.
- 21 (e) After June 30, 2020, an issuer that makes a Medicare
 22 supplement policy or certificate available to a person who is at least
 23 sixty-five (65) years of age and eligible for Medicare benefits as
 24 described in 42 U.S.C. 1395c(1) shall make at least one (1) Medicare
 25 supplement policy or certificate that meets the requirements of section
 26 9.5 of this chapter available to an individual who is eligible for and
 27 enrolled in Medicare by reason of disability as described in ~~42 U.S.C.~~
 28 ~~1395c(2)~~; **42 U.S.C. 426 and 42 U.S.C. 423. This subsection expires**
 29 **January 1, 2025.**
- 30 SECTION 2. IC 27-8-13-9.1 IS ADDED TO THE INDIANA CODE
 31 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 32 1, 2024]: **Sec. 9.1. After December 31, 2024, an issuer that makes a**
 33 **Medicare supplement policy or certificate available to a person**
 34 **who is at least sixty-five (65) years of age and is eligible for**
 35 **Medicare benefits as described in 42 U.S.C. 1395c(1) shall make the**
 36 **equivalent Medicare supplement policy or certificate available to**
 37 **an individual who:**
- 38 (1) is less than sixty-five (65) years of age; and
 39 (2) is eligible for and enrolled in Medicare:
- 40 (A) by reason of a disability as described in 42 U.S.C.
 41 426(b) and defined in 42 U.S.C. 423(d); or
 42 (B) by reason of being medically determined to have end



- 1 **stage renal disease as described in 42 U.S.C. 426-1.**
 2 SECTION 3. IC 27-8-13-9.2 IS ADDED TO THE INDIANA CODE
 3 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 4 1, 2024]: **Sec. 9.2. (a) This section applies to an individual:**
 5 (1) who is less than sixty-five (65) years of age;
 6 (2) who is eligible for and enrolled in Medicare:
 7 (A) by reason of a disability as described in 42 U.S.C.
 8 426(b) and defined in 42 U.S.C. 423(d); or
 9 (B) by reason of being medically determined to have end
 10 stage renal disease as described in 42 U.S.C. 426-1; and
 11 (3) who applies for a Medicare supplement policy or
 12 certificate and either:
 13 (A) submits the application before or during the six (6)
 14 month period beginning with the first day of the first
 15 month during which the applicant becomes enrolled for
 16 benefits under Medicare Part B without regard to age; or
 17 (B) was enrolled for benefits under Medicare Part B
 18 without regard to age before January 1, 2025, and:
 19 (i) submits the application for a Medicare supplement
 20 policy or certificate during the six (6) month period
 21 beginning January 1, 2025; or
 22 (ii) is unable to submit an application for a Medicare
 23 supplement policy or certificate because an application
 24 is not yet available but makes a request for an
 25 application for a Medicare supplement policy or
 26 certificate during the six (6) month period beginning
 27 January 1, 2025.
 28 (b) After December 31, 2024, the issuer of a Medicare
 29 supplement policy or certificate shall not:
 30 (1) deny or condition the issuance or effectiveness of a
 31 Medicare supplement policy or certificate to which subsection
 32 (a)(3) applies because of the health status, claims experience,
 33 receipt of health care, or medical condition of an individual
 34 described in subsection (a);
 35 (2) charge an individual described in subsection (a) a
 36 premium rate for a standardized Plan A, Plan B, or Plan D
 37 Medicare supplement policy or certificate to which subsection
 38 (a)(3) applies that exceeds the premium rate the issuer
 39 charges an individual who is sixty-five (65) years of age for
 40 the same Medicare supplement policy or certificate;
 41 (3) charge an individual described in subsection (a) a
 42 premium rate for any standardized lettered Medicare



1 supplement policy or certificate other than those specified in
 2 subdivision (2) to which subsection (a)(3) applies that exceeds
 3 two hundred percent (200%) of the premium rate the issuer
 4 charges an individual who is sixty-five (65) years of age for
 5 the same Medicare supplement policy or certificate; or
 6 (4) issue to an individual described in subsection (a) a
 7 Medicare supplement policy or certificate to which subsection
 8 (a)(3) applies that contains:

9 (A) a waiting period; or

10 (B) a preexisting condition limitation or exclusion.

11 SECTION 4. IC 27-8-13-9.5, AS AMENDED BY P.L.156-2020,
 12 SECTION 110, IS AMENDED TO READ AS FOLLOWS
 13 [EFFECTIVE JULY 1, 2024]: Sec. 9.5. (a) This section applies:

14 (1) after June 30, 2020; and

15 (2) to a Medicare supplement policy or certificate made available
 16 under section 9(e) of this chapter to an individual who is eligible
 17 for and enrolled in Medicare by reason of disability as described
 18 in 42 U.S.C. 1395c(2).

19 (b) A Medicare supplement policy or certificate described in
 20 subsection (a) must meet the following requirements:

21 (1) Except as provided in this section, meet all requirements of
 22 this chapter that apply to a Medicare supplement policy or
 23 certificate made available to a person who is at least sixty-five
 24 (65) years of age and eligible for Medicare as described in 42
 25 U.S.C. 1395c(1).

26 (2) Be standardized as Plan A by the federal Centers for Medicare
 27 and Medicaid Services.

28 (c) An individual may enroll in a Medicare supplement policy or
 29 certificate under this section as follows:

30 (1) At any time the individual is authorized or required to enroll
 31 under federal law.

32 (2) Either:

33 (A) on July 1, 2020; or

34 (B) six (6) months after enrolling in Medicare Part B;

35 whichever is later.

36 (3) Within six (6) months after receiving notice that the individual
 37 has been retroactively enrolled in Medicare Part B due to a
 38 retroactive eligibility decision under 42 U.S.C. 1395.

39 (4) Within six (6) months after experiencing a qualifying event
 40 under 42 U.S.C. 1395.

41 (d) Notwithstanding any other law, an issuer or another entity may
 42 provide to an insurance producer or another agent of the issuer or other



1 entity a commission or other compensation of not more than two
2 percent (2%) of the premium for the sale of a Medicare supplement
3 policy or certificate described in subsection (a).
4 **(e) This section expires January 1, 2025.**



COMMITTEE REPORT

Madam President: The Senate Committee on Insurance and Financial Institutions, to which was referred Senate Bill No. 215, 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 32, delete "(a)".

Page 3, delete lines 2 through 22.

Page 3, line 42, delete "2024;" and insert "2025;".

Page 4, line 6, delete "2024." and insert "2025.".

and when so amended that said bill do pass.

(Reference is to SB 215 as introduced.)

BALDWIN, Chairperson

Committee Vote: Yeas 7, Nays 1.

 SENATE MOTION

Madam President: I move that Senate Bill 215 be amended to read as follows:

Page 4, after line 3, begin a new paragraph and insert:

"SECTION 4. IC 27-8-13-9.5, AS AMENDED BY P.L.156-2020, SECTION 110, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 9.5. (a) This section applies:

(1) after June 30, 2020; and

(2) to a Medicare supplement policy or certificate made available under section 9(e) of this chapter to an individual who is eligible for and enrolled in Medicare by reason of disability as described in 42 U.S.C. 1395c(2).

(b) A Medicare supplement policy or certificate described in subsection (a) must meet the following requirements:

(1) Except as provided in this section, meet all requirements of this chapter that apply to a Medicare supplement policy or certificate made available to a person who is at least sixty-five (65) years of age and eligible for Medicare as described in 42 U.S.C. 1395c(1).

(2) Be standardized as Plan A by the federal Centers for Medicare and Medicaid Services.

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(c) An individual may enroll in a Medicare supplement policy or certificate under this section as follows:

(1) At any time the individual is authorized or required to enroll under federal law.

(2) Either:

(A) on July 1, 2020; or

(B) six (6) months after enrolling in Medicare Part B; whichever is later.

(3) Within six (6) months after receiving notice that the individual has been retroactively enrolled in Medicare Part B due to a retroactive eligibility decision under 42 U.S.C. 1395.

(4) Within six (6) months after experiencing a qualifying event under 42 U.S.C. 1395.

(d) Notwithstanding any other law, an issuer or another entity may provide to an insurance producer or another agent of the issuer or other entity a commission or other compensation of not more than two percent (2%) of the premium for the sale of a Medicare supplement policy or certificate described in subsection (a).

(e) This section expires January 1, 2025."

(Reference is to SB 215 as printed January 26, 2024.)

WALKER K

COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, to which was referred Senate Bill 215, 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 3, line 36, after "a" insert "**standardized Plan A, Plan B, or Plan D**".

Page 3, line 40, delete "or".

Page 3, between lines 40 and 41, begin a new line block indented and insert:

"(3) charge an individual described in subsection (a) a premium rate for any standardized lettered Medicare supplement policy or certificate other than those specified in subdivision (2) to which subsection (a)(3) applies that exceeds two hundred percent (200%) of the premium rate the issuer charges an individual who is sixty-five (65) years of age for



the same Medicare supplement policy or certificate; or".

Page 3, line 41, delete "(3)" and insert "**(4)**".

and when so amended that said bill do pass.

(Reference is to SB 215 as reprinted January 30, 2024.)

CARBAUGH

Committee Vote: yeas 10, nays 0.

