

HOUSE BILL No. 1346

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-8-13.

Synopsis: Medicare supplement insurance. Provides, after December 31, 2024, the following protections to an individual who is less than 65 years of age and is eligible for and enrolled in Medicare by reason of a disability or having end stage renal disease: (1) Requires an issuer of Medicare supplement policies or certificates (issuer) to make available to the individual the equivalent Medicare supplement policy or certificate that the issuer makes available to a person at least 65 years of age. (2) Provides that an issuer required to make a Medicare supplement policy or certificate available to the individual is prohibited from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy or certificate for the individual because of the health status, claims experience, receipt of health care, or medical condition of the individual, subject to certain conditions. (3) Prohibits an issuer: (A) from charging the individual a premium rate for a Medicare supplement policy or certificate that exceeds the premium rate the issuer charges an individual who is 65 years of age; or (B) from issuing to the individual a Medicare supplement policy or certificate that contains a waiting period or a preexisting condition limitation or exclusion; subject to certain conditions.

Effective: July 1, 2024.

Abbott, Manning

January 10, 2024, read first time and referred to Committee on Insurance.



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.

HOUSE BILL No. 1346

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;



- 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. (a) After December 31, 2024, an issuer that**
 33 **makes a Medicare supplement policy or certificate available to a**
 34 **person 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



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stage renal disease as described in 42 U.S.C. 426-1.

(b) After December 31, 2024, an issuer of Medicare supplement policies or certificates to which subsection (a) applies shall not deny, condition the issuance or effectiveness of, or discriminate in the pricing of a Medicare supplement policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of the individual if:

- (1) the individual, when applying for the Medicare supplement policy or certificate made available under subsection (a), is a policyholder or certificate holder of another Medicare supplement policy or certificate issued by a different issuer of Medicare supplement policies or certificates;
- (2) the Medicare supplement policy or certificate that is made available under subsection (a) and for which the individual applies is assigned the same Plan letter by the federal Centers for Medicare and Medicaid Services as the Medicare supplement policy or certificate of which the individual is a policyholder or certificate holder; and
- (3) the individual applies for the Medicare supplement policy or certificate made available under subsection (a) not more than sixty (60) days after the individual's date of birth.

SECTION 3. IC 27-8-13-9.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: **Sec. 9.2. (a) This section applies to an individual:**

- (1) who is less than sixty-five (65) years of age;
- (2) who is eligible for and enrolled in Medicare:
 - (A) by reason of a disability as described in 42 U.S.C. 426(b) and defined in 42 U.S.C. 423(d); or
 - (B) by reason of being medically determined to have end stage renal disease as described in 42 U.S.C. 426-1; and
- (3) who applies for a Medicare supplement policy or certificate and either:
 - (A) submits the application before or during the six (6) month period beginning with the first day of the first month during which the applicant becomes enrolled for benefits under Medicare Part B without regard to age; or
 - (B) was enrolled for benefits under Medicare Part B without regard to age before January 1, 2025, and;
 - (i) submits the application for a Medicare supplement policy or certificate during the six (6) month period beginning January 1, 2024; or



- 1 (ii) is unable to submit an application for a Medicare
- 2 supplement policy or certificate because an application
- 3 is not yet available but makes a request for an
- 4 application for a Medicare supplement policy or
- 5 certificate during the six (6) month period beginning
- 6 January 1, 2024.
- 7 (b) After December 31, 2024, the issuer of a Medicare
- 8 supplement policy or certificate shall not:
- 9 (1) deny or condition the issuance or effectiveness of a
- 10 Medicare supplement policy or certificate to which subsection
- 11 (a)(3) applies because of the health status, claims experience,
- 12 receipt of health care, or medical condition of an individual
- 13 described in subsection (a);
- 14 (2) charge an individual described in subsection (a) a
- 15 premium rate for a Medicare supplement policy or certificate
- 16 to which subsection (a)(3) applies that exceeds the premium
- 17 rate the issuer charges an individual who is sixty-five (65)
- 18 years of age for the same Medicare supplement policy or
- 19 certificate; or
- 20 (3) issue to an individual described in subsection (a) a
- 21 Medicare supplement policy or certificate to which subsection
- 22 (a)(3) applies that contains:
- 23 (A) a waiting period; or
- 24 (B) a preexisting condition limitation or exclusion.

