



January 13, 2022

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## SENATE BILL No. 268

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DIGEST OF SB 268 (Updated January 12, 2022 3:40 pm - DI 55)

**Citations Affected:** IC 27-8; IC 27-13.

**Synopsis:** Colorectal cancer screening coverage. 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. Defines "follow-up colonoscopy". 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. 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:** July 1, 2022.

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### Bohacek, Zay

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January 10, 2022, read first time and referred to Committee on Insurance and Financial Institutions.  
January 12, 2022, amended, reported favorably — Do Pass.

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SB 268—LS 6563/DI 137





January 13, 2022

Second Regular Session of the 122nd General Assembly (2022)

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 2021 Regular Session of the General Assembly.

## SENATE BILL No. 268

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 27-8-14.8-3, AS AMENDED BY P.L.36-2020,  
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2022]: Sec. 3. **(a) As used in this section, "follow-up  
4 colonoscopy" means a colonoscopy that is performed as a  
5 follow-up to a colorectal cancer screening test, other than a  
6 colonoscopy, that is assigned a grade of "A" or "B" by the United  
7 States Preventive Services Task Force and for which the result was  
8 positive.**  
9 **(a) (b)** Except as provided in subsection ~~(d)~~; **(e)**, an insurer shall  
10 provide coverage for colorectal cancer examinations and laboratory  
11 tests for cancer for any nonsymptomatic insured in any accident and  
12 sickness insurance policy that the insurer issues in Indiana or issues for  
13 delivery in Indiana. **Except as provided in subsection (f), covered  
14 services must include:**  
15 **(1) a colorectal cancer screening test assigned either an "A"  
16 or "B" grade by the United States Preventive Services Task  
17 Force; and**

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1           **(2) a follow-up colonoscopy.**

2           ~~(b)~~ **(c)** For an insured who is:

3           (1) at least forty-five (45) years of age; or

4           (2) less than forty-five (45) years of age and at high risk for  
5           colorectal cancer;

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

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

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

21          ~~(e)~~ **(f)** ~~The requirements imposed under this section do not apply to~~  
22          A high deductible health plan, as defined by Section 223 of the Internal  
23          Revenue Code, ~~High deductible health plans described in this~~  
24          ~~subsection may not excuse~~ **may impose** a deductible requirement with  
25          respect to colorectal cancer screening in a manner for a follow-up  
26          **colonoscopy if the requirements imposed under subsection (b)(2)**  
27          **would be** inconsistent with Section 223(c)(2)(C) of the Internal  
28          Revenue Code.

29          SECTION 2. IC 27-13-7-17, AS AMENDED BY P.L.36-2020,  
30          SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
31          JULY 1, 2022]: Sec. 17. (a) As used in this section, "colorectal cancer  
32          testing" means examinations and laboratory tests for cancer for any  
33          nonsymptomatic enrollee.

34          **(b) As used in this section, "follow-up colonoscopy" means a**  
35          **colonoscopy that is performed as a follow-up to a colorectal cancer**  
36          **screening test, other than a colonoscopy, that is assigned a grade of**  
37          **"A" or "B" by the United States Preventive Services Task Force**  
38          **and for which the result was positive.**

39          ~~(b)~~ **(c)** Except as provided in subsection ~~(e)~~; **(f)**, a health  
40          maintenance organization issued a certificate of authority in Indiana  
41          shall provide colorectal cancer testing, **including:**

42          **(1) a colorectal cancer screening test assigned either an "A"**



1           or "B" grade by the United States Preventive Services Task  
 2           Force; and  
 3           **(2) a follow-up colonoscopy.**

4 as a covered service under every group contract that provides coverage  
 5 for basic health care services.

6       ~~(e)~~ **(d)** For an enrollee who is:

7           (1) at least forty-five (45) years of age; or

8           (2) less than forty-five (45) years of age and at high risk for  
 9           colorectal cancer;

10 the colorectal cancer testing required under this section must meet the  
 11 requirements set forth in subsection ~~(d)~~; **(e)**, except as provided in  
 12 subsection ~~(f)~~; **(g)**.

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

20       ~~(e)~~ **(f)** In the case of coverage that is not employer based, the health  
 21 maintenance organization is required only to offer to provide colorectal  
 22 cancer testing as a covered service under a proposed group contract  
 23 providing coverage for basic health care services.

24       ~~(f)~~ **(g)** ~~The requirements imposed under this section do not apply to~~  
 25 ~~A high deductible health plan, as defined by Section 223 of the Internal~~  
 26 ~~Revenue Code, High deductible health plans described in this~~  
 27 ~~subsection may not excuse may impose a deductible requirement with~~  
 28 ~~respect to colorectal cancer screening in a manner for a follow-up~~  
 29 ~~colonoscopy if the requirements imposed under subsection (c)(2)~~  
 30 ~~would be~~ inconsistent with Section 223(c)(2)(C) of the Internal  
 31 Revenue Code.



## COMMITTEE REPORT

Madam President: The Senate Committee on Insurance and Financial Institutions, to which was referred Senate Bill No. 268, 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 1, delete lines 1 through 17, begin a new paragraph and insert:

"SECTION 1. IC 27-8-14.8-3, AS AMENDED BY P.L.36-2020, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. **(a) As used in this section, "follow-up colonoscopy" means a colonoscopy that is performed as a follow-up to a colorectal cancer screening test, other than a colonoscopy, that is assigned a grade of "A" or "B" by the United States Preventive Services Task Force and for which the result was positive.**

~~(a)~~ **(b)** Except as provided in subsection ~~(d)~~; **(e)**, an insurer shall provide coverage for colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic insured in any accident and sickness insurance policy that the insurer issues in Indiana or issues for delivery in Indiana. **Except as provided in subsection (f), covered services must include:**

**(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.**

~~(b)~~ **(c)** For an insured who is:

(1) at least forty-five (45) years of age; or

(2) less than forty-five (45) years of age and at high risk for colorectal cancer;

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

~~(e)~~ **(d)** 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 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.



~~(d)~~ (e) 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)~~ (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~~ **may impose** a deductible requirement with respect to colorectal cancer screening in a manner **for a follow-up colonoscopy if the requirements imposed under subsection (b)(2) would be** inconsistent with Section 223(c)(2)(C) of the Internal Revenue Code."

Page 2, delete lines 1 through 20.

Page 2, between lines 25 and 26, begin a new paragraph and insert:

**"(b) As used in this section, "follow-up colonoscopy" means a colonoscopy that is performed as a follow-up to a colorectal cancer screening test, other than a colonoscopy, that is assigned a grade of "A" or "B" by the United States Preventive Services Task Force and for which the result was positive."**

Page 2, line 26, strike "(b)" and insert "(c)".

Page 2, line 26, strike "(e)," and insert "(f)".

Page 2, delete lines 29 through 33, begin a new line block indented and insert:

**"(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."**

Page 2, delete lines 36 through 42, begin a new paragraph and insert:

~~(e)~~ (d) For an enrollee who is:

- (1) at least forty-five (45) years of age; or
- (2) less than forty-five (45) years of age and at high risk for colorectal cancer;

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

Page 3, line 1, strike "(d)" and insert "(e)".

Page 3, line 8, strike "(e)" and insert "(f)".

Page 3, delete lines 12 through 17, begin a new paragraph and insert:

~~(f)~~ (g) ~~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~~ **may impose** a deductible requirement ~~with respect to colorectal cancer screening in a manner for a follow-up colonoscopy if the requirements imposed under subsection (c)(2) would be~~ inconsistent with Section 223(c)(2)(C) of the Internal Revenue Code."

and when so amended that said bill do pass.

(Reference is to SB 268 as introduced.)

ZAY, Chairperson

Committee Vote: Yeas 7, Nays 1.

