



January 21, 2020

HOUSE BILL No. 1176

DIGEST OF HB 1176 (Updated January 21, 2020 10:37 am - DI 119)

Citations Affected: IC 5-10; IC 12-12.7; IC 21-38; IC 27-8; IC 27-13.

Synopsis: First steps program. Provides that: (1) a health benefits plan; or (2) an employee health plan may not require authorization for services specified in a covered individual's individualized family service plan once the individualized family service plan is signed by a physician. Provides that: (1) a health benefit plan; (2) an employee health plan; and (3) a health insurance plan; may (rather than shall) reimburse the infants and toddlers with disabilities program (First Steps program) for early intervention services at a flat monthly rate established by division of disability and rehabilitative services (division) rather than process individual claims. Adds habilitative services to the services that are required under the definition of "early intervention services" for purposes of the First Steps program. Provides that a member of the interagency coordinating council (council) shall continue to serve until a successor is appointed. Removes the authority of the governor to designate the chairperson of the council or to call a meeting of the council. Requires the council to annually elect a chairperson and vice chairperson. Provides that, except for members of the general assembly, per diem and travel expenses for council members are governed by the policies and procedures established by the Indiana department of administration and approved by the budget agency. Establishes procedures that the division must follow before making a change to the cost participation schedule under the First Steps program. Establishes a method to determine the rate at which: (1) a provider of services under the First Steps program; or (2) the division;

(Continued next page)

Effective: July 1, 2020.

Clere, DeVon, Vermilion, Summers

January 8, 2020, read first time and referred to Committee on Family, Children and Human Affairs.
January 21, 2020, amended, reported — Do Pass.

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Digest Continued

is reimbursed for providing early intervention services using Current Procedural Terminology (CPT) code rates. Provides that: (1) a health plan information card issued: (A) to an insured by an insurer for a policy of accident and sickness insurance; or (B) to an enrollee by a health maintenance organization (HMO); must indicate the type of health plan that is providing the health benefits and services under the insurance policy or HMO contract; and (2) these requirements apply only to a health plan information card issued: (A) initially to a new insured or new enrollee; or (B) to an insured or enrollee at the time of the insured's or enrollee's policy or contract renewal; after July 1, 2020. Provides that: (1) the electronic database by which an issuer of a policy of accident and sickness insurance, or an administrator of a self insured plan, allows an insured or a provider to verify the coverage or benefits of an insured must indicate: (A) whether health benefits and services under the policy of accident and sickness insurance are provided by the issuer of the policy or by a third party administrator; and (B) whether the policy of accident and sickness insurance is subject to state or federal regulation; and (2) the electronic database by which by which an HMO, or an administrator of benefits and health care services under an HMO contract, allows an enrollee or a provider to verify the coverage or benefits of an enrollee must indicate: (A) whether benefits and health care services under the HMO contract are provided by the HMO or by a third party administrator; and (B) whether the HMO contract is subject to state or federal regulation. Requires the department of insurance to adopt rules to ensure compliance with certain provisions added by the bill.

HB 1176—LS 7123/DI 77



January 21, 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.

HOUSE BILL No. 1176

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

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

- 1 SECTION 1. IC 5-10-8-7.3, AS AMENDED BY P.L.229-2011,
2 SECTION 69, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2020]: Sec. 7.3. (a) As used in this section, "covered
4 individual" means an individual who is:
5 (1) covered under a self-insurance program established under
6 section 7(b) of this chapter to provide group health coverage; or
7 (2) entitled to services under a contract with a prepaid health care
8 delivery plan that is entered into or renewed under section 7(c) of
9 this chapter.
10 (b) As used in this section, "early intervention services" means
11 services provided to a first steps child under IC 12-12.7-2 and 20
12 U.S.C. 1432(4).
13 (c) As used in this section, "first steps child" means an infant or
14 toddler from birth through two (2) years of age who is enrolled in the
15 Indiana first steps program and is a covered individual.
16 (d) As used in this section, "first steps program" refers to the
17 program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to

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- 1 meet the needs of:
- 2 (1) children who are eligible for early intervention services; and
- 3 (2) their families.
- 4 The term includes the coordination of all available federal, state, local,
- 5 and private resources available to provide early intervention services
- 6 within Indiana.
- 7 (e) As used in this section, "health benefits plan" means a:
- 8 (1) self-insurance program established under section 7(b) of this
- 9 chapter to provide group health coverage; or
- 10 (2) contract with a prepaid health care delivery plan that is
- 11 entered into or renewed under section 7(c) of this chapter.
- 12 (f) **Subject to IC 12-12.7-2-23**, a health benefits plan that provides
- 13 coverage for early intervention services ~~shall~~ **may** reimburse the first
- 14 steps program a monthly fee established by the division of disability
- 15 and rehabilitative services established by IC 12-9-1-1. The monthly fee
- 16 ~~shall~~ **may** be provided instead of claims processing of individual
- 17 claims.
- 18 (g) The reimbursement required under subsection (f) may not be
- 19 applied to any annual or aggregate lifetime limit on the first steps
- 20 child's coverage under the health benefits plan.
- 21 (h) The first steps program may pay required deductibles,
- 22 copayments, or other out-of-pocket expenses for a first steps child
- 23 directly to a provider. A health benefits plan shall apply any payments
- 24 made by the first steps program to the health benefits plan's
- 25 deductibles, copayments, or other out-of-pocket expenses according to
- 26 the terms and conditions of the health benefits plan.
- 27 **(i) A health benefits plan may not require authorization for**
- 28 **services specified in the covered individual's individualized family**
- 29 **service plan once the individualized family service plan is signed by**
- 30 **a physician.**
- 31 **(j) The department of insurance shall adopt rules under**
- 32 **IC 4-22-2 to ensure compliance with subsection (i).**
- 33 SECTION 2. IC 12-12.7-2-3, AS AMENDED BY P.L.210-2015,
- 34 SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 35 JULY 1, 2020]: Sec. 3. (a) As used in this chapter, "early intervention
- 36 services" means developmental services that meet the following
- 37 conditions:
- 38 (1) Are provided under public supervision.
- 39 (2) Are designed to meet the developmental needs of infants and
- 40 toddlers with disabilities in at least one (1) of the areas specified
- 41 in section 4(a)(1) of this chapter.
- 42 (3) Meet all required state and federal standards.



- 1 (4) Are provided by qualified personnel, including the following:
 2 (A) Early childhood special educators, early childhood
 3 educators, and special educators.
 4 (B) Speech and language pathologists and audiologists.
 5 (C) Occupational therapists.
 6 (D) Physical therapists.
 7 (E) Psychologists.
 8 (F) Social workers.
 9 (G) Nurses.
 10 (H) Nutritionists.
 11 (I) Family therapists.
 12 (J) Orientation and mobility specialists.
 13 (K) Pediatricians and other physicians.
 14 (5) To the maximum extent appropriate, are provided in natural
 15 environments, including the home and community settings in
 16 which children without disabilities participate.
 17 (6) Are provided in conformity with an individualized family
 18 service plan adopted in accordance with 20 U.S.C. 1436.
 19 (b) The term includes the following services:
 20 (1) Family training, counseling, and home visits.
 21 (2) Special instruction.
 22 (3) Speech and language pathology, audiology, and sign language
 23 and cued language services.
 24 (4) Occupational therapy.
 25 (5) Physical therapy.
 26 (6) Psychological services.
 27 (7) Service coordination services.
 28 (8) Medical services only for diagnostic, evaluation, or
 29 consultation purposes.
 30 (9) Early identification, screening, and assessment services.
 31 (10) Other health services necessary for an infant or a toddler to
 32 benefit from the services.
 33 (11) Vision services.
 34 (12) Supportive technology services.
 35 (13) Transportation and related costs that are necessary to enable
 36 an infant or a toddler and the infant's or toddler's family to receive
 37 early intervention services.
 38 **(14) Habilitative services that are necessary to enable an**
 39 **infant or toddler to keep, learn, improve, or recover skills and**
 40 **functioning for daily living, including skills and functioning**
 41 **affected by a developmental delay.**
 42 SECTION 3. IC 12-12.7-2-9, AS ADDED BY P.L.93-2006,



1 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JULY 1, 2020]: Sec. 9. (a) The governor shall make the initial
3 appointments under section 8 of this chapter with staggered terms and
4 subsequent appointments for terms of three (3) years. **However, a**
5 **member shall continue to serve until a successor is appointed.**

6 (b) A council member may be reappointed for succeeding terms.

7 SECTION 4. IC 12-12.7-2-10, AS ADDED BY P.L.93-2006,
8 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2020]: Sec. 10. (a) The ~~governor council~~ shall

10 ~~(1) designate a member of the council to serve as the chairperson~~
11 ~~of the council; or~~

12 ~~(2) require the council to designate annually elect~~ a chairperson
13 ~~and vice chairperson~~ from within its membership.

14 (b) A member of the council who is a representative of the division
15 may not serve as chairperson **or vice chairperson** of the council.

16 (c) A chairperson **and vice chairperson** may be ~~reappointed~~
17 **reelected** for succeeding terms.

18 SECTION 5. IC 12-12.7-2-11, AS ADDED BY P.L.93-2006,
19 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20 JULY 1, 2020]: Sec. 11. Any of the following may call a meeting of the
21 council:

22 ~~(1) The governor.~~

23 ~~(2) (1) The chairperson of the council.~~

24 ~~(2) The vice chairperson, if the chairperson is not available.~~

25 SECTION 6. IC 12-12.7-2-14, AS ADDED BY P.L.93-2006,
26 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2020]: Sec. 14. The council ~~may shall~~ prepare and approve a
28 budget using funds under this chapter to do the following:

29 (1) Conduct hearings and forums.

30 ~~(2) Reimburse members of the council for reasonable and~~
31 ~~necessary expenses for attending council meetings and~~
32 ~~performing council duties; including child care for the members~~
33 ~~who are representatives of parents.~~

34 ~~(3) (2) Pay compensation per diem and travel and other~~
35 ~~expenses as provided in section 14.5 of this chapter to a~~
36 ~~member members of the council. if the member is not employed~~
37 ~~or is required to forfeit wages from other employment when~~
38 ~~absent from the other employment due to the performance of~~
39 ~~council business.~~

40 ~~(4) (3) Hire the staff and obtain services that are necessary to~~
41 ~~carry out the council's functions.~~



1 SECTION 7. IC 12-12.7-2-14.5 IS ADDED TO THE INDIANA
 2 CODE AS A NEW SECTION TO READ AS FOLLOWS
 3 [EFFECTIVE JULY 1, 2020]: **Sec. 14.5. (a) Any member of the**
 4 **council who is not a state employee is entitled to the minimum**
 5 **salary per diem provided by IC 4-10-11-2.1(b). The member is also**
 6 **entitled to reimbursement for traveling expenses under IC 4-13-1-4**
 7 **and other expenses actually incurred in connection with the**
 8 **member's duties as provided in the state policies and procedures**
 9 **established by the Indiana department of administration and**
 10 **approved by the budget agency.**

11 (b) Any member of the council who is a state employee but who
 12 is not a member of the general assembly is entitled to
 13 reimbursement for traveling expenses under IC 4-13-1-4 and other
 14 expenses actually incurred in connection with the member's duties
 15 as provided in the state policies and procedures established by the
 16 Indiana department of administration and approved by the budget
 17 agency.

18 (c) Any member of the council who is a member of the general
 19 assembly is entitled to receive the same per diem, mileage, and
 20 travel allowances paid to members of the general assembly serving
 21 on interim study committees established by the legislative council.

22 SECTION 8. IC 12-12.7-2-17, AS AMENDED BY P.L.108-2019,
 23 SECTION 192, IS AMENDED TO READ AS FOLLOWS
 24 [EFFECTIVE JULY 1, 2020]: Sec. 17. (a) As used in this section, "per
 25 unit of treatment" means an increment of fifteen (15) minutes for
 26 services provided to an individual.

27 (b) A family shall participate in the cost of programs and services
 28 provided under this chapter to the extent allowed by federal law
 29 according to a cost participation schedule established by the division.
 30 The cost participation schedule must be based on the federal income
 31 poverty level and set forth a copayment per unit of treatment and a
 32 maximum monthly cost share amount.

33 (c) A cost participation plan used by the division for families to
 34 participate in the cost of the programs and services provided under this
 35 chapter:

36 (1) must:

37 (A) be based on income and ability to pay;

38 (B) provide for a review of a family's cost participation
 39 amount:

40 (i) annually; and

41 (ii) within thirty (30) days after the family reports a
 42 reduction in income; and



- 1 (C) allow the division to waive a required copayment if other
 2 medical expenses or personal care needs expenses for any
 3 member of the family reduce the level of income the family
 4 has available to pay copayments under this section;
 5 (2) may allow a family to voluntarily contribute payments that
 6 exceed the family's required cost participation amount;
 7 (3) must require the family to allow the division access to all
 8 health care coverage information that the family has concerning
 9 the infant or toddler who is to receive services;
 10 (4) must require families to consent to the division billing third
 11 party payors for early intervention services provided;
 12 (5) may allow the division to waive the billing to third party
 13 payors if the family is able to demonstrate financial or personal
 14 hardship on the part of the family member; and
 15 (6) must require the division to waive the family's monthly
 16 copayments in any month for those services for which it receives
 17 payment from the family's health insurance coverage.

18 (d) Funds received through a cost participation plan under this
 19 section must be used to fund programs described in section 18 of this
 20 chapter.

21 (e) **Before the division may make a change to the cost**
 22 **participation schedule, the division must do the following:**

- 23 (1) **Release the proposed changes to the cost participation**
 24 **schedule for public comment no later than September 1 in the**
 25 **year before the change will be effective.**
 26 (2) **Allow a sixty (60) day public comment period on the**
 27 **proposed changes to the cost participation schedule.**
 28 (3) **Implement any change to the cost participation schedule**
 29 **no earlier than July 1 of the year following the release of the**
 30 **proposed change under subdivision (1).**

31 SECTION 9. IC 12-12.7-2-23 IS ADDED TO THE INDIANA
 32 CODE AS A NEW SECTION TO READ AS FOLLOWS
 33 [EFFECTIVE JULY 1, 2020]: **Sec. 23. The division, or a provider of**
 34 **services under this chapter, may not be paid for early intervention**
 35 **services provided under this chapter at a rate that is less than the**
 36 **product of the following:**

- 37 (1) **the CPT code (as defined by IC 27-1-37.5-3) rate for each**
 38 **service provided; multiplied by**
 39 (2) **the frequency of each service.**

40 SECTION 10. IC 21-38-6-1, AS AMENDED BY P.L.229-2011,
 41 SECTION 242, IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2020]: **Sec. 1. (a) Subject to IC 12-12.7-2-23,**



1 an employee health plan that provides coverage for early intervention
 2 services ~~shall~~ **may** reimburse the first steps program a monthly fee
 3 established by the division of disability and rehabilitative services. The
 4 monthly fee ~~shall~~ **may** be provided instead of claims processing of
 5 individual claims.

6 **(b) An employee health plan may not require authorization for
 7 services specified in the covered individual's individualized family
 8 service plan once the individualized family service plan is signed by
 9 a physician.**

10 **(c) The department of insurance shall adopt rules under
 11 IC 4-22-2 to ensure compliance with subsection (b).**

12 SECTION 11. IC 27-8-5.8-5 IS ADDED TO THE INDIANA CODE
 13 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 14 1, 2020]: **Sec. 5. (a) As used in this section, "health plan
 15 information card" means a card that:**

- 16 **(1) an insurer of an accident and sickness insurance policy; or**
- 17 **(2) a third party administrator of a self-insured plan;**

18 **provides to an individual so that the individual may present the
 19 card to establish the eligibility of the individual or the individual's
 20 dependents to receive health benefits or services.**

21 **(b) Subject to subsection (c), a health plan information card
 22 must indicate that the health benefits and services are provided by:**

- 23 **(1) an insurer of an accident and sickness insurance policy; or**
- 24 **(2) a third party administrator of a self-insured plan.**

25 **(c) Subsection (b) applies only to a health plan information card
 26 issued:**

- 27 **(1) initially to a new insured; or**
- 28 **(2) to an insured at the time of the insured's policy renewal;**

29 **after June 30, 2020.**

30 **(d) The department shall adopt rules under IC 4-22-2 to ensure
 31 compliance with this section.**

32 SECTION 12. IC 27-8-5.8-6 IS ADDED TO THE INDIANA CODE
 33 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 34 1, 2020]: **Sec. 6. (a) As used in this section, "insurer" means:**

- 35 **(1) an issuer of an accident and sickness insurance policy; or**
- 36 **(2) a third party administrator of health benefits and services
 37 under an accident and sickness insurance policy.**

38 **(b) The electronic data base by which an insurer allows an
 39 insured or a provider to verify an insured's coverage or benefits
 40 under an accident and sickness insurance policy issued or
 41 administered by the insurer must include the following information
 42 for each insured:**



1 **(1) Whether health benefits and services under the accident**
 2 **and sickness insurance policy are provided by:**

3 **(A) the issuer of the accident and sickness insurance policy;**
 4 **or**

5 **(B) a third party administrator.**

6 **(2) Whether the accident and sickness insurance policy is**
 7 **subject to state or federal regulation.**

8 **(c) The department shall adopt rules under IC 4-22-2 to ensure**
 9 **compliance with this section.**

10 SECTION 13. IC 27-8-27-6, AS AMENDED BY P.L.229-2011,
 11 SECTION 254, IS AMENDED TO READ AS FOLLOWS
 12 [EFFECTIVE JULY 1, 2020]: Sec. 6. **(a) Subject to IC 12-12.7-2-23,**
 13 a health insurance plan that provides coverage for early intervention
 14 services ~~shall~~ **may** reimburse the first steps program a monthly fee
 15 established by the division of disability and rehabilitative services. The
 16 monthly fee ~~shall~~ **may** be provided instead of claims processing of
 17 individual claims.

18 **(b) A health insurance plan may not require authorization for**
 19 **services specified in the covered individual's individualized family**
 20 **service plan once the individualized family service plan is signed by**
 21 **a physician.**

22 **(c) The department of insurance shall adopt rules under**
 23 **IC 4-22-2 to ensure compliance with this section.**

24 SECTION 14. IC 27-13-9-6 IS ADDED TO THE INDIANA CODE
 25 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 26 1, 2020]: Sec. 6. **(a) As used in this section, "health plan**
 27 **information card" means a card that:**

28 **(1) a health maintenance organization; or**

29 **(2) a third party administrator of a self-insured plan;**

30 **provides to an individual so that the individual may present the**
 31 **card to establish the eligibility of the individual or the individual's**
 32 **dependents to receive benefits or health care services.**

33 **(b) A health plan information card must indicate that the**
 34 **benefits and health care services are provided by:**

35 **(1) a health maintenance organization; or**

36 **(2) a third party administrator.**

37 **(c) Subsection (b) applies only to a health plan information card**
 38 **issued:**

39 **(1) initially to an individual as a new enrollee; or**

40 **(2) to an individual at the time of the individual's renewal of**
 41 **enrollment;**

42 **in a health maintenance organization after June 30, 2020.**



1 **(d) The department of insurance shall adopt rules under**
2 **IC 4-22-2 to ensure compliance with this section.**

3 SECTION 15. IC 27-13-9-7 IS ADDED TO THE INDIANA CODE
4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
5 1, 2020]: **Sec. 7. (a) The electronic data base by which a health**
6 **maintenance organization or by which a third party administrator**
7 **of benefits and health care services offered under a health**
8 **maintenance organization contract allows an enrollee or a provider**
9 **to verify an enrollee's coverage or benefits under a health**
10 **maintenance organization contract must include the following**
11 **information for each enrollee:**

12 **(1) Whether benefits and health care services under the health**
13 **maintenance organization contract are provided by:**

14 **(A) the health maintenance organization; or**

15 **(B) a third party administrator.**

16 **(2) Whether the health maintenance organization contract is**
17 **subject to state or federal regulation.**

18 **(b) The department shall adopt rules under IC 4-22-2 to ensure**
19 **compliance with this section.**



COMMITTEE REPORT

Mr. Speaker: Your Committee on Family, Children and Human Affairs, to which was referred House Bill 1176, 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 2, line 12, delete "A" and insert "**Subject to IC 12-12.7-2-23, a**".

Page 2, line 13, strike "shall" and insert "**may**".

Page 2, line 15, strike "shall" and insert "**may**".

Page 2, line 26, delete "prior".

Page 2, line 28, delete "adopted in accordance with 20 U.S.C. 1436." and insert "**once the individualized family service plan is signed by a physician.**".

Page 2, between lines 28 and 29, begin a new paragraph and insert:

"(j) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with subsection (i)."

Page 4, line 13, delete "redesignated" and insert "**reelected**".

Page 6, line 29, delete "A service provider who" and insert "**The division, or a provider of services under this chapter, may not be paid for early intervention services provided under this chapter**".

Page 6, line 30, delete "provides early intervention services in Indiana may not be paid".

Page 6, line 37, delete "An" and insert "**Subject to IC 12-12.7-2-23, an**".

Page 6, line 38, strike "shall" and insert "**may**".

Page 6, line 40, strike "shall" and insert "**may**".

Page 7, line 1, delete "prior".

Page 7, line 3, delete "adopted in accordance with 20" and insert "**once the individualized family service plan is signed by a physician.**".

Page 7, delete line 4, begin a new paragraph and insert:

"(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with subsection (b)."

Page 7, line 9, after "policy;" insert "**or**".

Page 7, line 10, delete "or".

Page 7, delete line 11.

Page 7, line 15, delete "A" and insert "**Subject to subsection (c), a**".

Page 7, line 17, after "policy;" insert "**or**".

Page 7, line 18, delete "plan; or" and insert "**plan.**".

Page 7, delete lines 19 through 22, begin a new paragraph and insert:



"(c) Subsection (b) applies only to a health plan information card issued:

- (1) initially to a new insured; or**
- (2) to an insured at the time of the insured's policy renewal; after June 30, 2020.**

(d) The department shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 1. IC 27-8-5.8-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 6. (a) As used in this section, "insurer" means:**

- (1) an issuer of an accident and sickness insurance policy; or**
- (2) a third party administrator of health benefits and services under an accident and sickness insurance policy.**

(b) The electronic data base by which an insurer allows an insured or a provider to verify an insured's coverage or benefits under an accident and sickness insurance policy issued or administered by the insurer must include the following information for each insured:

- (1) Whether health benefits and services under the accident and sickness insurance policy are provided by:
 - (A) the issuer of the accident and sickness insurance policy;**
 - or**
 - (B) a third party administrator.****
- (2) Whether the accident and sickness insurance policy is subject to state or federal regulation.**

(c) The department shall adopt rules under IC 4-22-2 to ensure compliance with this section."

Page 7, line 25, delete "A" and insert "**Subject to IC 12-12.7-2-23, a**".

Page 7, line 26, strike "shall" and insert "**may**".

Page 7, line 28, strike "shall" and insert "**may**".

Page 7, line 30, delete "prior".

Page 7, line 32, delete "adopted in accordance with 20 U.S.C. 1436." and insert "**once the individualized family service plan is signed by a physician.**".

Page 7, after line 32, begin a new paragraph and insert:

"(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 2. IC 27-13-9-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 6. (a) As used in this section, "health plan information card" means a card that:**



(1) a health maintenance organization; or
(2) a third party administrator of a self-insured plan;
provides to an individual so that the individual may present the card to establish the eligibility of the individual or the individual's dependents to receive benefits or health care services.

(b) A health plan information card must indicate that the benefits and health care services are provided by:

- (1) a health maintenance organization; or
- (2) a third party administrator.

(c) Subsection (b) applies only to a health plan information card issued:

- (1) initially to an individual as a new enrollee; or
- (2) to an individual at the time of the individual's renewal of enrollment;

in a health maintenance organization after June 30, 2020.

(d) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 3. IC 27-13-9-7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7. (a) The electronic data base by which a health maintenance organization or by which a third party administrator of benefits and health care services offered under a health maintenance organization contract allows an enrollee or a provider to verify an enrollee's coverage or benefits under a health maintenance organization contract must include the following information for each enrollee:

- (1) Whether benefits and health care services under the health maintenance organization contract are provided by:
 - (A) the health maintenance organization; or
 - (B) a third party administrator.
- (2) Whether the health maintenance organization contract is subject to state or federal regulation.

(b) The department shall adopt rules under IC 4-22-2 to ensure compliance with this section."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1176 as introduced.)

DEVON

Committee Vote: yeas 11, nays 0.

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