

January 24, 2020

SENATE BILL No. 205

DIGEST OF SB 205 (Updated January 22, 2020 4:05 pm - DI 137)

Citations Affected: IC 27-7.

Synopsis: Medical payment coverage. Specifies that medical payment coverage is supplemental to coverage under a health plan, but does not require a health plan to provide greater benefits to an individual with medical payment coverage than an individual without medical payment coverage. Preserves rights of subrogation available under a health plan.

Effective: July 1, 2020.

Messmer, Randolph Lonnie M

January 6, 2020, read first time and referred to Committee on Insurance and Financial Institutions. January 23, 2020, amended, reported favorably — Do Pass.



SB 205-LS 6593/DI 137

January 24, 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.

SENATE BILL No. 205

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

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

I	SECTION 1. IC 27-7-17 IS ADDED TO THE INDIANA CODE AS
2	A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2020]:
4	Chapter 17. Medical Payment Coverage
5	Sec. 1. As used in this chapter, "covered individual" means an
6	individual who is entitled to coverage under a health plan.
7	Sec. 2. As used in this chapter, "health care services" has the
8	meaning set forth in IC 27-8-11-1.
9	Sec. 3. (a) As used in this chapter, "health plan" means a plan
10	through which coverage is provided for health care services
11	through insurance, prepayment, reimbursement, or otherwise. The
12	term includes the following:
13	(1) A policy of accident and sickness insurance (as defined in
14	IC 27-8-5-1).
15	(2) An individual contract (as defined in IC 27-13-1-21) or a
16	group contract (as defined in IC 27-13-1-16).
17	(3) A state employee health plan offered under IC 5-10-8.

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1	(4) An employee welfare benefit plan (as defined in 29 U.S.C.
2	1002 et seq.) to the extent allowable under federal law.
$\frac{2}{3}$	(5) Accident only insurance.
4	(6) Medicare supplement insurance.
5	(b) The term does not include the following:
6	(1) Credit, long term care, or disability income insurance.
7	(1) Creati, long term care, or disability means mean aree. (2) Liability insurance coverage.
8	(2) Worker's compensation or similar insurance.
9	(4) Medical payment coverage.
10	(5) A specified disease policy issued as an individual policy.
11	(6) A policy that provides a stipulated daily, weekly, or
12	monthly payment to an insured during hospital confinement,
13	without regard to the actual expense of the confinement.
14	Sec. 4. (a) As used in this chapter, "medical payment coverage"
15	means an insurance policy benefit that provides payment for
16	expenses incurred by an individual as a result of injury, illness, or
17	death arising from the:
18	(1) operation of a motor vehicle; or
19	(2) individual's presence on a premises;
20	that is covered by the insurance policy.
21	(b) The term includes coverage for emergency medical
22	transportation, health care services, and funeral and burial
23	expenses.
24	(c) The term does not include benefits provided by the
25	following:
26	(1) Liability insurance coverage.
27	(2) A health plan.
28	Sec. 5. (a) Medical payment coverage is supplemental to the
29	benefits:
30	(1) to which a covered individual is entitled under a health
31	plan; and
32	(2) that are the same as or similar to benefits available to the
33	covered individual under the medical payment coverage.
34	(b) A health plan may not require the use or exhaustion of
35	medical payment coverage as a condition of payment of benefits:
36	(1) under the health plan; and
37	(2) for health care services rendered to a covered individual.
38	Sec. 6. In the absence of health plan benefits that are the same
39	as or similar to benefits available to an individual under medical
40	payment coverage, the medical payment coverage is primary
41	coverage.
42	Sec. 7. Nothing in this chapter imposes on any health plan an

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1	obligation to provide greater benefits to a covered individual with
2	medical payment coverage than would be provided to a covered
3	individual without medical payment coverage.
4	Sec. 8. This chapter does not affect any right of subrogation
5	provided under a health plan.
6	Sec. 9. Nothing in this chapter affects the ability of a covered
7	individual to prohibit a health care provider from billing the
8	covered individual's medical payment coverage insurer directly.
9	Sec. 10. A contractual provision that is:
10	(1) contained in a contract entered into, amended, or renewed
11	after June 30, 2020; and
12	(2) contrary to this chapter;
13	is void.



COMMITTEE REPORT

Madam President: The Senate Committee on Insurance and Financial Institutions, to which was referred Senate Bill No. 205, 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, delete lines 1 and 2, begin a new line block indented and insert:

"(4) An employee welfare benefit plan (as defined in 29 U.S.C. 1002 et seq.) to the extent allowable under federal law.".

Page 2, between lines 41 and 42, begin a new paragraph and insert:

"Sec. 7. Nothing in this chapter imposes on any health plan an obligation to provide greater benefits to a covered individual with medical payment coverage than would be provided to a covered individual without medical payment coverage.

Sec. 8. This chapter does not affect any right of subrogation provided under a health plan.

Sec. 9. Nothing in this chapter affects the ability of a covered individual to prohibit a health care provider from billing the covered individual's medical payment coverage insurer directly.".

Page 2, line 42, delete "Sec. 7." and insert "Sec. 10.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 205 as introduced.)

BASSLER, Chairperson

Committee Vote: Yeas 7, Nays 0.