



January 26, 2024

SENATE BILL No. 215

DIGEST OF SB 215 (Updated January 24, 2024 2:42 pm - DI 55)

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 old must make the equivalent policy or certificate available to an individual under the age of 65 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 old is required only to make a Plan A policy or certificate available to individuals under the age of 65, and is required to make the Plan A policy or certificate available to an individual under 65 who is eligible for Medicare because of having a federally defined disability but is not required to make the Plan A (Continued next page)

Effective: July 1, 2024.

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

January 9, 2024, read first time and referred to Committee on Insurance and Financial Institutions.
January 25, 2024, amended, reported favorably — Do Pass.

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Digest Continued

policy or certificate available to an individual under 65 who is eligible for Medicare because of having end stage renal disease.) Provides that if an individual who less than 65 years old, 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 higher than the premium rate the issuer charges an individual 65 years of age; or (3) issuing to the individual a policy or certificate that contains a waiting period or a preexisting condition limitation or exclusion.



January 26, 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.

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 Medicare supplement policy or certificate**
 37 **to which subsection (a)(3) applies that exceeds the premium**
 38 **rate the issuer charges an individual who is sixty-five (65)**
 39 **years of age for the same Medicare supplement policy or**
 40 **certificate; or**
 41 (3) **issue to an individual described in subsection (a) a**
 42 **Medicare supplement policy or certificate to which subsection**



- 1 **(a)(3) applies that contains:**
- 2 **(A) a waiting period; or**
- 3 **(B) a preexisting condition limitation or exclusion.**



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.

