## SENATE BILL No. 305

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-23; IC 27-8-36; IC 27-13-7-25.

**Synopsis:** Contraceptive coverage. Requires state employee health plans, policies of accident and sickness insurance, and health maintenance organization contracts to provide coverage for contraceptive products and services without cost sharing. Exempts certain policies and contracts sold to certain employers.

Effective: July 1, 2020.

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January 9, 2020, read first time and referred to Committee on Insurance and Financial Institutions.



### Introduced

#### 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. 305**

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 5-10-8-23 IS ADDED TO THE INDIANA CODE
2	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2020]: Sec. 23. (a) As used in this section, "contraceptive
4	products and services" means the following:
5	(1) All contraceptive drugs, devices, products, and procedures
6	that are approved by the federal Food and Drug
7	Administration. However, the term does not include:
8	(A) male condoms; or
9	(B) oral contraceptive drugs for which there is no
10	therapeutic equivalent.
11	(2) All emergency contraception that is approved by the
12	federal Food and Drug Administration.
13	(3) A prescription contraceptive drug, device, or product that
14	is dispensed in a dosage or amount that is intended to last for
15	a period not to exceed:
16	(A) three (3) months when first dispensed; and
17	(B) twelve (12) months each time the prescription



2020

IN 305-LS 6428/DI 137

1	contraceptive is subsequently dispensed.
2	(4) Voluntary female sterilization procedures.
3	(5) Voluntary male sterilization procedures.
4	(6) Patient education and counseling concerning
5	contraception.
6	(7) Follow-up services related to a rendered contraceptive
7	drug, device, product, or procedure.
8	(b) As used in this section, "cost sharing" means payment by a
9	covered individual of a deductible, coinsurance, copayment, or
10	other out-of-pocket cost required under a state employee health
11	plan.
12	(c) As used in this section, "covered individual" means an
13	individual entitled to coverage under a state employee health plan.
14	(d) As used in this section, "state employee health plan" means
15	the following:
16	(1) A self-insurance program established under section 7(b) of
17	this chapter.
18	(2) A contract for prepaid health care services entered into
19	under section 7(c) of this chapter.
20	(e) As used in this section, "therapeutic equivalent" means a
21	drug, device, or product that, in relation to another drug, device,
22	or product:
23	(1) is:
24	(A) approved as safe and effective; and
25	(B) assigned the same therapeutic equivalence code;
26	by the federal Food and Drug Administration;
27	(2) contains identical amounts:
28	(A) of the same active drug ingredient; and (D) is the same dense form and meets of a derivitive time.
29 30	(B) in the same dosage form and route of administration;
30 31	and (3) meets compendial or other applicable standards of
31	strength, quality, purity, and identity.
33	(f) A state employee health plan shall provide coverage for
33	contraceptive products and services without cost sharing, subject
35	to the following:
36	(1) If:
37	(A) a contraceptive product or service has at least one (1)
38	therapeutic equivalent contraceptive product or service;
39	and
40	(B) the covered individual's health care provider has not
41	prohibited substitution of a therapeutic equivalent
42	contraceptive product or service;
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IN 305—LS 6428/DI 137

1	only one (1) of the contraceptive products or services must be
2	covered without cost sharing.
3	(2) If:
4	(A) a contraceptive product or service has at least one (1)
5	therapeutic equivalent contraceptive product or service;
6	and
7	(B) the covered individual's health care provider has
8	prohibited substitution of a therapeutic equivalent
9	contraceptive product or service;
10	the contraceptive product or service specifically prescribed by
11	the covered individual's health care provider must be covered
12	without cost sharing.
13	SECTION 2. IC 27-8-36 IS ADDED TO THE INDIANA CODE AS
14	A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
15	1, 2020]:
16	Chapter 36. Coverage for Contraceptive Products and Services
17	Sec. 1. As used in this chapter, "church" means a church, a
18	convention or association of churches, or an elementary or
19	secondary school that is controlled, operated, or principally
20	supported by a church or a convention or association of churches.
21	Sec. 2. As used in this chapter, "contraceptive products and
22	services" means the following:
23 24	(1) All contraceptive drugs, devices, products, and procedures
24 25	that are approved by the federal Food and Drug
23 26	Administration. However, the term does not include: (A) male condoms; or
20 27	(B) oral contraceptive drugs for which there is no
28	therapeutic equivalent.
28 29	(2) All emergency contraception that is approved by the
30	federal Food and Drug Administration.
31	(3) A prescription contraceptive drug, device, or product that
32	is dispensed in a dosage or amount that is intended to last for
33	a period not to exceed:
34	(A) three (3) months when first dispensed; and
35	(B) twelve (12) months each time the prescription
36	contraceptive is subsequently dispensed.
37	(4) Voluntary female sterilization procedures.
38	(5) Voluntary male sterilization procedures.
39	(6) Patient education and counseling concerning
40	contraception.
41	(7) Follow-up services related to a rendered contraceptive
42	drug, device, product, or procedure.



IN 305-LS 6428/DI 137

Sec. 3. As used in this chapter, "cost sharing" means payment 1 2 by an insured of a deductible, coinsurance, copayment, or other 3 out-of-pocket cost required under a policy of accident and sickness 4 insurance. 5 Sec. 4. As used in this chapter, "insured" means an individual 6 entitled to coverage under a policy of accident and sickness 7 insurance. 8 Sec. 5. (a) Subject to subsection (b), as used in this chapter, 9 "policy of accident and sickness insurance" has the meaning set 10 forth in IC 27-8-5-1. 11 (b) As used in this chapter, "policy of accident and sickness 12 insurance" does not include a policy purchased by an employer 13 that: 14 (1) is a church or qualified church controlled organization; 15 (2) notifies the department of insurance that the employer is 16 a church or qualified church controlled organization; and 17 (3) provides written notice to employees, before enrollment in 18 the policy of accident and sickness insurance, listing the 19 contraceptive products and services for which the policy does 20 not provide coverage as a result of the employer's religious 21 objections. 22 Sec. 6. As used in this chapter, "qualified church controlled 23 organization" refers to a church controlled organization that is 24 described in Section 501(c)(3) of the Internal Revenue Code. 25 However, the term does not include an organization that: 26 (1) offers goods, services, or facilities for sale, other than on 27 an incidental basis, to the general public, other than goods, 28 services, or facilities that are sold at a nominal charge that is 29 substantially less than the cost of providing the goods, 30 services, or facilities; and 31 (2) normally receives more than twenty-five percent (25%) of 32 the organization's support from either or both of the 33 following: 34 (A) Governmental sources. 35 (B) Receipts from admissions, sales of merchandise, 36 performance of services, or furnishing of facilities in 37 activities that are not unrelated trades or businesses. 38 Sec. 7. As used in this chapter, "therapeutic equivalent" means 39 a drug, device, or product that, in relation to another drug, device, 40 or product: 41 (1) is: 42 (A) approved as safe and effective; and

IN 305—LS 6428/DI 137

1	(B) assigned the same therapeutic equivalence code;
2	by the federal Food and Drug Administration;
3	(2) contains identical amounts:
4	(A) of the same active drug ingredient; and
5	(B) in the same dosage form and route of administration;
6	and
7	(3) meets compendial or other applicable standards of
8	strength, quality, purity, and identity.
9	Sec. 8. A policy of accident and sickness insurance shall provide
10	coverage for contraceptive products and services without cost
11	sharing, subject to the following:
12	(1) If:
13	(A) a contraceptive product or service has at least one (1)
14	therapeutic equivalent contraceptive product or service;
15	and
16	(B) the insured's health care provider has not prohibited
17	substitution of a therapeutic equivalent contraceptive
18	product or service;
19	only one (1) of the contraceptive products or services must be
20	covered without cost sharing.
21	(2) If:
22	(A) a contraceptive product or service has at least one (1)
23	therapeutic equivalent contraceptive product or service;
24	and
25	(B) the insured's health care provider has prohibited
26	substitution of a therapeutic equivalent contraceptive
27	product or service;
28	the contraceptive product or service specifically prescribed by
29	the insured's health care provider must be covered without
30	cost sharing.
31	SECTION 3. IC 27-13-7-25 IS ADDED TO THE INDIANA CODE
32	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
33	1, 2020]: Sec. 25. (a) As used in this section, "church" means a
34	church, a convention or association of churches, or an elementary
35	or secondary school that is controlled, operated, or principally
36	supported by a church or a convention or association of churches.
37	(b) As used in this section, "contraceptive products and
38	services" means the following:
39 40	(1) All contraceptive drugs, devices, products, and procedures
40	that are approved by the federal Food and Drug
41	Administration. However, the term does not include:
42	(A) male condoms; or

1 (B) oral contraceptive drugs for which there is no 2 therapeutic equivalent. 3 (2) All emergency contraception that is approved by the 4 federal Food and Drug Administration. 5 (3) A prescription contraceptive drug, device, or product that 6 is dispensed in a dosage or amount that is intended to last for 7 a period not to exceed: 8 (A) three (3) months when first dispensed; and 9 (B) twelve (12) months each time the prescription 10 contraceptive is subsequently dispensed. 11 (4) Voluntary female sterilization procedures. 12 (5) Voluntary male sterilization procedures. 13 (6) Patient education and counseling concerning 14 contraception. 15 (7) Follow-up services related to a rendered contraceptive 16 drug, device, product, or procedure. 17 (c) As used in this section, "cost sharing" means payment of a 18 copayment or other out-of-pocket cost required under a group 19 contract. 20 (d) As used in this section, "group contract" does not include a 21 group contract purchased by an employer that: 22 (1) is a church or qualified church controlled organization; 23 (2) notifies the department of insurance that the employer is 24 a church or qualified church controlled organization; and 25 (3) provides written notice to employees, before enrollment in 26 the group contract, listing the contraceptive products and 27 services for which the group contract does not provide 28 coverage as a result of the employer's religious objections. 29 (e) As used in this section, "qualified church controlled 30 organization" refers to a church controlled organization that is 31 described in Section 501(c)(3) of the Internal Revenue Code. 32 However, the term does not include an organization that: 33 (1) offers goods, services, or facilities for sale, other than on 34 an incidental basis, to the general public, other than goods, 35 services, or facilities that are sold at a nominal charge that is 36 substantially less than the cost of providing the goods, 37 services, or facilities; and 38 (2) normally receives more than twenty-five percent (25%) of 39 the organization's support from either or both of the 40 following: 41 (A) Governmental sources. 42 (B) Receipts from admissions, sales of merchandise,

2020

IN 305-LS 6428/DI 137

1	performance of services, or furnishing of facilities in
2	activities that are not unrelated trades or businesses.
$\frac{2}{3}$	(f) As used in this chapter, "therapeutic equivalent" means a
4	drug, device, or product that, in relation to another drug, device,
5	or product:
6	(1) is:
7	(A) approved as safe and effective; and
8	
8 9	(B) assigned the same therapeutic equivalence code; by the federal Food and Drug Administration;
10	(2) contains identical amounts:
10	
12	(A) of the same active drug ingredient; and (B) in the same decare form and mute of administration:
12	(B) in the same dosage form and route of administration;
13	and
	(3) meets compendial or other applicable standards of
15	strength, quality, purity, and identity.
16	(g) An individual contract or a group contract shall provide
17	coverage for contraceptive products and services without cost
18	sharing, subject to the following:
19	(1) If:
20	(A) a contraceptive product or service has at least one (1)
21	therapeutic equivalent contraceptive product or service;
22	and
23	(B) the enrollee's health care provider has not prohibited
24	substitution of a therapeutic equivalent contraceptive
25	product or service;
26	only one (1) of the contraceptive products or services must be
27	covered without cost sharing.
28	(2) If:
29	(A) a contraceptive product or service has at least one (1)
30	therapeutic equivalent contraceptive product or service;
31	and
32	(B) the enrollee's health care provider has prohibited
33	substitution of a therapeutic equivalent contraceptive
34	product or service;
35	the contraceptive product or service specifically prescribed by
36	the enrollee's health care provider must be covered without
37	cost sharing.
38	SECTION 4. [EFFECTIVE JULY 1, 2020] (a) IC 5-10-8-23, as
39	added by this act, applies to a state employee health plan that is
40	established, entered into, amended, or renewed after June 30, 2020.
41	(b) IC 27-8-36, as added by this act, applies to a policy of
42	accident and sickness insurance that is issued, delivered, amended,

IN 305-LS 6428/DI 137

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- 1 or renewed after June 30, 2020.
- 2 (c) IC 27-13-7-25, as added by this act, applies to an individual
- 3 contract and a group contract that is entered into, delivered,
- 4 amended, or renewed after June 30, 2020.
- 5 (d) This SECTION expires July 1, 2023.

