

PROPOSED AMENDMENT

HB 1058 # 2

DIGEST

Coverage of breast cancer services. Specifies that coverage of breast cancer rehabilitative services and reconstructive surgery incident to a mastectomy includes chest wall reconstruction and aesthetic flat closure.

- 1 Page 1, between the enacting clause and line 1, begin a new
2 paragraph and insert:
3 "SECTION 1. IC 5-10-8-7.2, AS AMENDED BY P.L.56-2023,
4 SECTION 37, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2024]: Sec. 7.2. (a) As used in this section, "breast cancer
6 diagnostic service" means a procedure intended to aid in the diagnosis
7 of breast cancer. The term includes procedures performed on an
8 inpatient basis and procedures performed on an outpatient basis,
9 including the following:
10 (1) Breast cancer screening mammography.
11 (2) Surgical breast biopsy.
12 (3) Pathologic examination and interpretation.
13 (b) As used in this section, "breast cancer outpatient treatment
14 services" means procedures that are intended to treat cancer of the
15 human breast and that are delivered on an outpatient basis. The term
16 includes the following:
17 (1) Chemotherapy.
18 (2) Hormonal therapy.
19 (3) Radiation therapy.
20 (4) Surgery.
21 (5) Other outpatient cancer treatment services prescribed by a
22 physician.
23 (6) Medical follow-up services related to the procedures set forth
24 in subdivisions (1) through (5).
25 (c) As used in this section, "breast cancer rehabilitative services"
26 means procedures that are intended to improve the results of or to
27 ameliorate the debilitating consequences of the treatment of breast

1 cancer and that are delivered on an inpatient or outpatient basis. The
2 term includes the following:

- 3 (1) Physical therapy.
- 4 (2) Psychological and social support services.
- 5 (3) Reconstructive plastic surgery, **including chest wall**
6 **reconstruction and aesthetic flat closure (as defined by the**
7 **National Cancer Institute).**

8 (d) As used in this section, "breast cancer screening mammography"
9 means a standard, two (2) view per breast, low-dose radiographic
10 examination of the breasts that is:

- 11 (1) furnished to an asymptomatic woman; and
- 12 (2) performed by a mammography services provider using
13 equipment designed by the manufacturer for and dedicated
14 specifically to mammography in order to detect unsuspected
15 breast cancer.

16 The term includes the interpretation of the results of a breast cancer
17 screening mammography by a physician.

18 (e) As used in this section, "covered individual" means a female
19 individual who is:

- 20 (1) covered under a self-insurance program established under
21 section 7(b) of this chapter to provide group health coverage; or
- 22 (2) entitled to services under a contract with a health maintenance
23 organization (as defined in IC 27-13-1-19) that is entered into or
24 renewed under section 7(c) of this chapter.

25 (f) As used in this section, "mammography services provider" means
26 an individual or facility that:

- 27 (1) has been accredited by the American College of Radiology;
- 28 (2) meets equivalent guidelines established by the Indiana
29 department of health; or
- 30 (3) is certified by the federal Department of Health and Human
31 Services for participation in the Medicare program (42 U.S.C.
32 1395 et seq.).

33 (g) As used in this section, "woman at risk" means a woman who
34 meets at least one (1) of the following descriptions:

- 35 (1) A woman who has a personal history of breast cancer.
- 36 (2) A woman who has a personal history of breast disease that
37 was proven benign by biopsy.
- 38 (3) A woman whose mother, sister, or daughter has had breast
39 cancer.
- 40 (4) A woman who is at least thirty (30) years of age and has not

1 given birth.

2 (h) A self-insurance program established under section 7(b) of this
 3 chapter to provide health care coverage must provide covered
 4 individuals with coverage for breast cancer diagnostic services, breast
 5 cancer outpatient treatment services, and breast cancer rehabilitative
 6 services. The coverage must provide reimbursement for breast cancer
 7 screening mammography at a level at least as high as:

8 (1) the limitation on payment for screening mammography
 9 services established in 42 CFR 405.534(b)(3) according to the
 10 Medicare Economic Index at the time the breast cancer screening
 11 mammography is performed; or

12 (2) the rate negotiated by a contract provider according to the
 13 provisions of the insurance policy;

14 whichever is lower. The costs of the coverage required by this
 15 subsection may be paid by the state or by the employee or by a
 16 combination of the state and the employee.

17 (i) A contract with a health maintenance organization that is entered
 18 into or renewed under section 7(c) of this chapter must provide covered
 19 individuals with breast cancer diagnostic services, breast cancer
 20 outpatient treatment services, and breast cancer rehabilitative services.

21 (j) The coverage required by subsection (h) and services required by
 22 subsection (i) may not be subject to dollar limits, deductibles, or
 23 coinsurance provisions that are less favorable to covered individuals
 24 than the dollar limits, deductibles, or coinsurance provisions applying
 25 to physical illness generally under the self-insurance program or
 26 contract with a health maintenance organization.

27 (k) The coverage for breast cancer diagnostic services required by
 28 subsection (h) and the breast cancer diagnostic services required by
 29 subsection (i) must include the following:

30 (1) In the case of a covered individual who is at least thirty-five
 31 (35) years of age but less than forty (40) years of age, at least one
 32 (1) baseline breast cancer screening mammography performed
 33 upon the individual before she becomes forty (40) years of age.

34 (2) In the case of a covered individual who is:

35 (A) less than forty (40) years of age; and

36 (B) a woman at risk;

37 at least one (1) breast cancer screening mammography performed
 38 upon the covered individual every year.

39 (3) In the case of a covered individual who is at least forty (40)
 40 years of age, at least one (1) breast cancer screening

- 1 mammography performed upon the individual every year.
- 2 (4) Any additional mammography views that are required for
3 proper evaluation.
- 4 (5) Ultrasound services, if determined medically necessary by the
5 physician treating the covered individual.
- 6 (l) The coverage for breast cancer diagnostic services required by
7 subsection (h) and the breast cancer diagnostic services required by
8 subsection (i) shall be provided in addition to any benefits specifically
9 provided for x-rays, laboratory testing, or wellness examinations.
- 10 SECTION 2. IC 5-10-8-16.5, AS ADDED BY P.L.67-2020,
11 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
12 JULY 1, 2024]: Sec. 16.5. (a) As used in this section, "covered
13 individual" means an individual who is entitled to coverage under a
14 state employee health plan.
- 15 (b) As used in this section, "mastectomy" means the removal of all
16 or part of a breast for reasons that are determined by a licensed
17 physician to be medically necessary.
- 18 (c) A state employee health plan that provides coverage for a
19 mastectomy must provide coverage as required under 29 U.S.C. 1185b,
20 including coverage for:
- 21 (1) prosthetic devices; and
22 (2) reconstructive surgery incident to a mastectomy including:
23 (A) all stages of reconstruction of the breast on which the
24 mastectomy has been performed; ~~and~~
25 (B) surgery and reconstruction of the other breast to produce
26 symmetry; **and**
27 **(C) chest wall reconstruction and aesthetic flat closure (as**
28 **defined by the National Cancer Institute);**
29 in the manner determined by the attending physician and the
30 covered individual to be appropriate.
- 31 (d) In addition to the coverage required by 29 U.S.C. 1185b, a state
32 employee health plan that provides coverage for a mastectomy must
33 provide coverage for:
- 34 (1) custom fabricated breast prostheses; and
35 (2) one (1) additional breast prosthesis per breast affected by the
36 mastectomy.
- 37 (e) Coverage required under this section is subject to:
38 (1) the deductible and coinsurance provisions applicable to a
39 mastectomy; and
40 (2) all other terms and conditions applicable to other benefits.

1 (f) A state employee health plan must provide to a covered
 2 individual, when the individual's coverage under the state employee
 3 health plan begins and annually thereafter, written notice of the
 4 coverage required under this section. Notice that is sent by the state
 5 employee health plan that meets the requirements set forth in 29 U.S.C.
 6 1185b constitutes compliance with this subsection.

7 (g) The coverage required under this section applies to a state
 8 employee health plan that provides coverage for a mastectomy,
 9 regardless of whether an individual who:

10 (1) underwent a mastectomy; and

11 (2) is covered under the state employee health plan;

12 was covered under the state employee health plan at the time of the
 13 mastectomy.

14 (h) Except as provided in **subsection (c)(2)(C) and** subsection (d),
 15 this section does not require a state employee health plan to provide
 16 coverage related to postmastectomy care that exceeds the coverage
 17 required for postmastectomy care under federal law."

18 Page 4, between lines 30 and 31, begin a new paragraph and insert:

19 "SECTION 5. IC 27-8-5-26, AS AMENDED BY P.L.67-2020,
 20 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 JULY 1, 2024]: Sec. 26. (a) As used in this section, "mastectomy"
 22 means the removal of all or part of the breast for reasons that are
 23 determined by a licensed physician to be medically necessary.

24 (b) A policy of accident and sickness insurance that provides
 25 coverage for a mastectomy may not be issued, amended, delivered, or
 26 renewed in Indiana unless the policy provides coverage as required
 27 under 29 U.S.C. 1185b, including coverage for:

28 (1) prosthetic devices; and

29 (2) reconstructive surgery incident to a mastectomy including:

30 (A) all stages of reconstruction of the breast on which the
 31 mastectomy has been performed; ~~and~~

32 (B) surgery and reconstruction of the other breast to produce
 33 symmetry; **and**

34 **(C) chest wall reconstruction, including aesthetic flat**
 35 **closure (as defined by the National Cancer Institute);**

36 in the manner determined by the attending physician and the
 37 patient to be appropriate.

38 (c) In addition to the coverage required by 29 U.S.C. 1185b, a policy
 39 of accident and sickness insurance that provides coverage for a
 40 mastectomy must provide coverage for:

- 1 (1) custom fabricated breast prostheses; and
 2 (2) one (1) additional breast prosthesis per breast affected by the
 3 mastectomy.

- 4 (d) Coverage required under this section is subject to:
 5 (1) the deductible and coinsurance provisions applicable to a
 6 mastectomy; and
 7 (2) all other terms and conditions applicable to other benefits.

8 (e) An insurer that issues a policy of accident and sickness
 9 insurance shall provide to an insured, at the time the policy is issued
 10 and annually thereafter, written notice of the coverage required under
 11 this section. Notice that is sent by the insurer that meets the
 12 requirements set forth in 29 U.S.C. 1185b constitutes compliance with
 13 this subsection.

14 (f) The coverage required under this section applies to a policy of
 15 accident and sickness insurance that provides coverage for a
 16 mastectomy, regardless of whether an individual who:

- 17 (1) underwent a mastectomy; and
 18 (2) is covered under the policy;

19 was covered under the policy at the time of the mastectomy.

20 (g) Except as provided in **subsection (b)(2)(C) and** subsection (c),
 21 this section does not require an insurer to provide coverage related to
 22 post mastectomy care that exceeds the coverage required for post
 23 mastectomy care under federal law.

24 SECTION 6. IC 27-13-7-14, AS AMENDED BY P.L.67-2020,
 25 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 2024]: Sec. 14. (a) As used in this section, "mastectomy"
 27 means the removal of all or part of the breast for reasons that are
 28 determined by a licensed physician to be medically necessary.

29 (b) A contract with a health maintenance organization that provides
 30 coverage for a mastectomy must provide coverage as required under 29
 31 U.S.C. 1185b, including coverage for:

- 32 (1) prosthetic devices; and
 33 (2) reconstructive surgery incident to a mastectomy including:
 34 (A) all stages of reconstruction of the breast on which the
 35 mastectomy has been performed; ~~and~~
 36 (B) surgery and reconstruction of the other breast to produce
 37 symmetry; ~~and~~
 38 **(C) chest wall reconstruction, including aesthetic flat**
 39 **closure (as defined by the National Cancer Institute);**

40 in the manner determined by the attending physician and the

1 patient to be appropriate.

2 (c) In addition to the coverage required by 29 U.S.C. 1185b, a health
3 maintenance organization contract that provides coverage for a
4 mastectomy must provide coverage for:

- 5 (1) custom fabricated breast prostheses; and
6 (2) one (1) additional breast prosthesis per breast affected by the
7 mastectomy.

8 (d) Coverage required under this section is subject to:

- 9 (1) the deductible and coinsurance provisions applicable to a
10 mastectomy; and
11 (2) all other terms and conditions applicable to other services
12 under the contract.

13 (e) A health maintenance organization shall provide to an enrollee,
14 at the time that an individual contract or a group contract is entered into
15 and annually thereafter, written notice of the coverage required under
16 this section. Notice that is sent by the health maintenance organization
17 that meets the requirements set forth in 29 U.S.C. 1185b constitutes
18 compliance with this subsection.

19 (f) The coverage required under this section applies to a contract
20 with a health maintenance organization that provides coverage for a
21 mastectomy, regardless of whether an individual who:

- 22 (1) underwent a mastectomy; and
23 (2) is covered under the contract;
24 was covered under the contract at the time of the mastectomy.

25 (g) Except as provided in **subsection (b)(2)(C) and** subsection (c),
26 this section does not require a health maintenance organization to
27 provide coverage related to post mastectomy care that exceeds the
28 coverage required for post mastectomy care under federal law."

29 Renumber all SECTIONS consecutively.

(Reference is to HB 1058 as introduced.)