House Bill 3067

Sponsored by Representative GELSER (at the request of Jasper Smith)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Requires health benefit plans to cover diagnosis and treatment of Lyme disease.

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A BILL FOR AN ACT

- Relating to health insurance coverage of Lyme disease; creating new provisions; and amending ORS 750.055 and 750.333.
- 4 Be It Enacted by the People of the State of Oregon:
 - SECTION 1. Section 2 of this 2011 Act is added to and made a part of the Insurance Code.
- 6 SECTION 2. (1) As used in this section:

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- (a) "Long-term antibiotic therapy" means administration of oral, intramuscular or intravenous antibiotics, singly or in combination, for periods of greater than four weeks.
- (b) "Lyme disease" means the clinical diagnosis, by a physician licensed under ORS chapter 677, of the presence in a patient of signs and symptoms compatible with acute infection with Borrelia burgdorferi or with late stage or chronic infection with Borrelia burgdorferi or with complications related to such an infection. "Lyme disease" includes:
- (A) Infection that meets the surveillance criteria set forth by the United States Centers for Disease Control and Prevention; and
- (B) Other acute and chronic manifestations of a Borrelia burgdorferi infection as determined by the physician.
- (2) A health benefit plan, as defined in ORS 743.730, shall provide for reimbursement of the diagnosis of Lyme disease and of treatment deemed medically necessary by the physician, including but not limited to reimbursement of long-term antibiotic therapy.
- (3) The reimbursement required by this section shall be at the same rate and in accordance with the reimbursement for physician services and for comparable treatment under the health benefit plan and may be subject to copayments, deductibles and coinsurance imposed on similar services under the health benefit plan.
 - (4) This section is exempt from ORS 743A.001.
 - **SECTION 3.** ORS 750.055 is amended to read:
- 750.055. (1) The following provisions of the Insurance Code apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:
- 28 (a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.844 to 731.992 and 731.870.
 - (b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not

- including ORS 732.582. 1
- 2 (c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780. 3
- (d) ORS chapter 734. 4

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- (e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492, 6 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 7 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.911,
- 743.912, 743.913, 743.917, 743A.010, 743A.012, 743A.020, 743A.036, 743A.048, 743A.058, 743A.062, 10
- 743A.064, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 11
- 12 743A.105, 743A.110, 743A.140, 743A.141, 743A.144, 743A.148, 743A.160, 743A.164, 743A.168, 743A.170,
- 743A.175, 743A.184, 743A.188, 743A.190 and 743A.192 and section 2 of this 2011 Act. 13
 - (f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.
- 15 (g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 16 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.
 - (h) ORS 743A.024, except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred by a physician associated with a group practice health maintenance organization.
 - (i) ORS 735.600 to 735.650.
- (i) ORS 743.680 to 743.689. 21
- 22 (k) ORS 744.700 to 744.740.
- (L) ORS 743.730 to 743.773. 23
 - (m) ORS 731.485, except in the case of a group practice health maintenance organization that is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and operates an in-house drug outlet.
 - (2) For the purposes of this section, health care service contractors shall be deemed insurers.
 - (3) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.
 - (4) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

SECTION 4. ORS 750.333 is amended to read:

- 750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a multiple employer welfare arrangement:
- 37 (a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328, 38 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992. 39
- 40 (b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.
- (c) ORS chapter 734. 41
- (d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400. 42
- (e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562, 43 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804, 44
- 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 45

- 1 743.859, 743.861, 743.862, 743.863, 743.864, 743.912, 743.917, 743A.012, 743A.020, 743A.052, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110, 743A.144, 743A.170, 743A.175, 743A.184 and 743A.192 and section 2 of this 2011 Act.
 - (f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.048, 743A.058, 743A.066, 743A.068, 743A.070, 743A.084, 743A.088, 743A.090, 743A.105, 743A.140, 743A.141, 743A.148, 743A.168, 743A.180, 743A.188 and 743A.190. Multiple employer welfare arrangements to which ORS 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only as provided in ORS 743.730 to 743.773.
 - (g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insurance consultants, and ORS 744.700 to 744.740.
- 11 (h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.
- 12 (i) ORS 731.592 and 731.594.
 - (j) ORS 731.870.
 - (2) For the purposes of this section:
 - (a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.
 - (b) References to certificates of authority shall be considered references to certificates of multiple employer welfare arrangement.
 - (c) Contributions shall be considered premiums.
 - (3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the transaction of health insurance.

SECTION 5. Section 2 of this 2011 Act applies to health benefit plans issued or renewed on or after the effective date of this 2011 Act.

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