## SENATE BILL No. 284

#### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 5-10-8-19; IC 12-15-5-18; IC 16-18-2-214.8; IC 16-41-17.5; IC 27-8-35; IC 27-13-7-24.

**Synopsis:** Treatment of Lyme disease. Requires that, if an individual is diagnosed with Lyme disease or a related tick borne disease, state employee health plans, Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts must provide coverage for Lyme disease or a related tick borne disease testing and treatment that is prescribed by a health care provider. Provides that a health care provider may not be subject to discipline solely because the health care provider prescribed, administered, or dispensed a long term antibiotic treatment for the treatment of Lyme disease or a tick borne disease. Requires a health care provider or health care provider's designee who orders a laboratory test for the presence of Lyme disease to provide the patient or the patient's legal representative with certain written information concerning Lyme disease.

Effective: July 1, 2018.

### Lanane

January 4, 2018, read first time and referred to Committee on Insurance and Financial Institutions.



#### Second Regular Session 120th General Assembly (2018)

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 2017 Regular Session of the General Assembly.

# SENATE BILL No. 284

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

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

1	SECTION 1. IC 5-10-8-19 IS ADDED TO THE INDIANA CODE
2	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2018]: Sec. 19. (a) As used in this section, "covered individual"
4	means an individual who is entitled to coverage under a state
5	employee health plan.
6	(b) As used in this section, "health care provider" means an
7	individual who is licensed as any of the following:
8	(1) A physician.
9	(2) A physician assistant.
10	(3) An advanced practice nurse.
11	(c) As used in this section, "Lyme disease" means an infection:
12	(1) commonly:
13	(A) transmitted by a tick; and
14	(B) caused by the Borrelia burgdorferi, Borrelia mayonii,
15	Borrelia miyamotoi, Borrelia afzelii, or Borrelia garinii
16	bacteria; or
17	(2) that meets the most recent federal Centers for Disease



1	Control and Prevention surveillance case definition for Lyme
2	disease.
3	The term includes complications from Lyme disease.
4	(d) As used in this section, "state employee health plan" means
5	one (1) of the following:
6	(1) A self-insurance program established under section 7(b) of
7	this chapter to provide group health coverage.
8	(2) A contract with a prepaid health care delivery plan that is
9	entered into or renewed under section 7(c) of this chapter.
10	(e) As used in this section, "tick borne disease" means a disease:
11	(1) commonly transmitted by a tick; and
12	(2) that results in symptoms compatible with any of the
13	following diseases:
14	(A) Anaplasmosis.
15	(B) Babesiosis.
16	(C) Bartonella.
17	(D) Ehrlichiosis.
18	(E) Spotted fever, including Rocky Mountain spotted fever
19	and rickettsioses.
20	(F) Any other disease, other than Lyme disease, that is
21	recognized by the federal Centers for Disease Control and
22	Prevention as a tick borne disease.
23	The term includes complications from a tick borne disease.
24	(f) If a covered individual is diagnosed with Lyme disease or a
25	related tick borne disease, a state employee health plan must
26	provide coverage for Lyme disease or a related tick borne disease
27	testing and treatment that is prescribed by a health care provider
28	Covered treatments include short term or long term durations of
29	antimicrobial treatments, including a long term antibiotic
30	treatment classified as unproven, experimental, or investigational
31	in nature for the treatment of Lyme disease or a tick borne disease
32	(g) A health care provider may not be subject to discipline
33	under IC 25-1-9 solely because the health care provider prescribed
34	administered, or dispensed a long term antibiotic treatment for the
35	treatment of Lyme disease or a tick borne disease. The health care
36	provider's diagnosis, treatment, and monitoring of the covered
37	individual must be documented in the covered individual's medical
38	record.
39	(h) This section applies to a state employee health plan that is
40	issued, entered into, delivered, amended, or renewed after June 30,
41	2018

SECTION 2. IC 12-15-5-18 IS ADDED TO THE INDIANA CODE



42

1	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
2	1, 2018]: Sec. 18. (a) As used in this section, "Lyme disease" means
3	an infection:
4	(1) commonly:
5	(A) transmitted by a tick; and
6	(B) caused by the Borrelia burgdorferi, Borrelia mayonii,
7	Borrelia miyamotoi, Borrelia afzelii, or Borrelia garinii
8	bacteria; or
9	(2) that meets the most recent federal Centers for Disease
10	Control and Prevention surveillance case definition for Lyme
11	disease.
12	The term includes complications from Lyme disease.
13	(b) As used in this section, "tick borne disease" means a disease:
14	(1) commonly transmitted by a tick; and
15	(2) that results in symptoms compatible with any of the
16	following diseases:
17	(A) Anaplasmosis.
18	(B) Babesiosis.
19	(C) Bartonella.
20	(D) Ehrlichiosis.
21	(E) Spotted fever, including Rocky Mountain spotted fever
22	and rickettsioses.
23	(F) Any other disease, other than Lyme disease, that is
24	recognized by the federal Centers for Disease Control and
25	Prevention as a tick borne disease.
26	The term includes complications from a tick borne disease.
27	(c) The Medicaid program must provide coverage for a
28	Medicaid recipient who is diagnosed with Lyme disease or a
29	related tick borne disease, including coverage for Lyme disease or
30	a related tick borne disease testing and treatment that is prescribed
31	by a Medicaid provider. Covered treatments include short term or
32	long term durations of antimicrobial treatments, including a long
33	term antibiotic treatment classified as unproven, experimental, or
34	investigational in nature for the treatment of Lyme disease or a
35	tick borne disease.
36	(d) A Medicaid provider may not be subject to discipline under
37	IC 25-1-9 solely because the Medicaid provider prescribed,
38	administered, or dispensed a long term antibiotic treatment for the
39	treatment of Lyme disease or a tick borne disease. The Medicaid
40	provider's diagnosis, treatment, and monitoring of the Medicaid
41	recipient must be documented in the Medicaid recipient's medical



record.

1	SECTION 3. IC 16-18-2-214.8 IS ADDED TO THE INDIANA
2	CODE AS A NEW SECTION TO READ AS FOLLOWS
3	[EFFECTIVE JULY 1, 2018]: Sec. 214.8. "Lyme disease", for
4	purposes of IC 16-41-17.5, has the meaning set forth in
5	IC 16-41-17.5-1.
6	SECTION 4. IC 16-41-17.5 IS ADDED TO THE INDIANA CODE
7	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
8	JULY 1, 2018]:
9	Chapter 17.5. Prevention and Treatment Programs: Lyme
10	<b>Disease Testing Information Disclosure</b>
11	Sec. 1. As used in this chapter, "Lyme disease" means an
12	infection:
13	(1) commonly:
14	(A) transmitted by a tick; and
15	(B) caused by the Borrelia burgdorferi, Borrelia mayonii,
16	Borrelia miyamotoi, Borrelia afzelii, or Borrelia garinii
17	bacteria; or
18	(2) that meets the most recent federal Centers for Disease
19	Control and Prevention surveillance case definition for Lyme
20	disease.
21	Sec. 2. A health care provider or health care provider's designed
22	who orders a laboratory test for the presence of Lyme disease shall
23	provide the patient or the patient's legal representative with the
24	following written information:
25	Your health care provider has ordered a laboratory test for
26	the presence of Lyme disease for you.
27	Current laboratory testing for Lyme disease can be
28	problematic, and standard laboratory tests often result in
29	false negative and false positive results.
30	If you have the disease but the test is performed too early, you
31	may not have produced enough antibodies to be considered
32	positive because your immune response requires time to
33	develop antibodies.
34	The Centers for Disease Control (CDC) has stated that
35	multiple tests are sometimes required to achieve an accurate
36	test result.
37	If you are tested for Lyme disease and the results are
38	negative, this does not necessarily mean you do not have Lyme
39	disease.
40	If you continue to experience symptoms, you should contact
41	your health care provider and inquire about the
42	appropriateness of retesting or additional treatment.



1	SECTION 5. IC 27-8-35 IS ADDED TO THE INDIANA CODE AS
2	A <b>NEW</b> CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2018]:
4	Chapter 35. Coverage for Lyme Disease and Tick Borne
5	Diseases
6	Sec. 1. As used in this chapter, "health care provider" means an
7	individual who is licensed as any of the following:
8	(1) A physician.
9	(2) A physician assistant.
10	(3) An advanced practice nurse.
11	Sec. 2. As used in this chapter, "insured" means an individual
12	who is entitled to coverage under a policy of accident and sickness
13	insurance.
14	Sec. 3. As used in this chapter, "Lyme disease" means an
15	infection:
16	(1) commonly:
17	(A) transmitted by a tick; and
18	(B) caused by the Borrelia burgdorferi, Borrelia mayonii,
19	Borrelia miyamotoi, Borrelia afzelii, or Borrelia garinii
20	bacteria; or
21	(2) that meets the most recent federal Centers for Disease
22	Control and Prevention surveillance case definition for Lyme
23	disease.
24	The term includes complications from Lyme disease.
25	Sec. 4. As used in this chapter, "policy of accident and sickness
26	insurance" has the meaning set forth in IC 27-8-5-1.
27	Sec. 5. As used in this chapter, "tick borne disease" means a
28	disease:
29	(1) commonly transmitted by a tick; and
30	(2) that results in symptoms compatible with any of the
31	following diseases:
32	(A) Anaplasmosis.
33	(B) Babesiosis.
34	(C) Bartonella.
35	(D) Ehrlichiosis.
36	(E) Spotted fever, including Rocky Mountain spotted fever
37	and rickettsioses.
38	(F) Any other disease, other than Lyme disease, that is
39	recognized by the federal Centers for Disease Control and
40	Prevention as a tick borne disease.
41	Sec. 6. If an insured is diagnosed with Lyme disease or a related
42	tick borne disease, a policy of accident and sickness insurance must



1	provide coverage for Lyme disease or a related tick borne disease
2	testing and treatment that is prescribed by a health care provider.
3	Covered treatments include short term or long term durations of
4	antimicrobial treatments, including a long term antibiotic
5	treatment classified as unproven, experimental, or investigational
6	in nature for the treatment of Lyme disease or a tick borne disease.
7	Sec. 7. A health care provider may not be subject to discipline
8	under IC 25-1-9 solely because the health care provider prescribed,
9	administered, or dispensed a long term antibiotic treatment for the
10	treatment of Lyme disease or a tick borne disease. The health care
11	provider's diagnosis, treatment, and monitoring of the insured
12	must be documented in the insured's medical record.
13	Sec. 8. This chapter applies to a policy of accident and sickness
14	insurance that is issued, delivered, amended, or renewed after June
15	30, 2018.
16	SECTION 6. IC 27-13-7-24 IS ADDED TO THE INDIANA CODE
17	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
18	1, 2018]: Sec. 24. (a) As used in this section, "health care provider"
19	means an individual who is licensed as any of the following:
20	(1) A physician.
21	(2) A physician assistant.
22	(3) An advanced practice nurse.
22 23 24	(b) As used in this chapter, "Lyme disease" means an infection:
24	(1) commonly:
25	(A) transmitted by a tick; and
26	(B) caused by the Borrelia burgdorferi, Borrelia mayonii,
27	Borrelia miyamotoi, Borrelia afzelii, or Borrelia garinii
28	bacteria; or
29	(2) that meets the most recent federal Centers for Disease
30	Control and Prevention surveillance case definition for Lyme
31	disease.
32	The term includes complications from Lyme disease.
33	(c) As used in this section, "tick borne disease" means a disease:
34	(1) commonly transmitted by a tick; and
35	(2) that results in symptoms compatible with any of the
36	following diseases:
37	(A) Anaplasmosis.
38	(B) Babesiosis.
39	(C) Bartonella.
40	(D) Ehrlichiosis.
41	(E) Spotted fever, including Rocky Mountain spotted fever
42	and rickettsioses.



1	(F) Any other disease, other than Lyme disease, that is
2	recognized by the federal Centers for Disease Control and
3	Prevention as a tick borne disease.
4	The term includes complications from a tick borne disease.
5	(d) If an enrollee is diagnosed with Lyme disease or a related
6	tick borne disease, the health maintenance organization must
7	provide coverage for Lyme disease or a related tick borne disease
8	testing and treatment that is prescribed by a health care provider.
9	Covered treatments include short term or long term durations of
10	antimicrobial treatments, including a long term antibiotic
11	treatment classified as unproven, experimental, or investigational
12	in nature for the treatment of Lyme disease or a tick borne disease.
13	(e) A health care provider may not be subject to discipline under
14	IC 25-1-9 solely because the health care provider prescribed.

- IC 25-1-9 solely because the health care provider prescribed, administered, or dispensed a long term antibiotic treatment for the treatment of Lyme disease or a tick borne disease. The health care provider's diagnosis, treatment, and monitoring of the enrollee must be documented in the enrollee's medical record.
- (f) This section applies to an individual contract or a group contract that is entered into, delivered, amended, or renewed after June 30, 2018.

