
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 100 Session of
2019

INTRODUCED BY BROOKS, SCAVELLO, REGAN, LANGERHOLC, ARGALL,
FONTANA, SCHWANK, BREWSTER, J. WARD, DINNIMAN, COSTA,
LAUGHLIN, ALLOWAY AND HAYWOOD, FEBRUARY 1, 2019

REFERRED TO BANKING AND INSURANCE, FEBRUARY 1, 2019

AN ACT

1 Providing for patient access to diagnostics and treatments for
2 Lyme disease and related tick-borne illnesses; and requiring
3 health care policies to provide certain coverage.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Lyme Disease
8 and Related Tick-Borne Illness Diagnosis and Treatment Act.

9 Section 2. Findings.

10 The General Assembly finds as follows:

11 (1) Pennsylvania leads the nation in the number of
12 confirmed cases of Lyme disease. The number of Lyme disease
13 cases more than quintupled from year 2000 to 2016, jumping
14 from 2,271 cases to 11,443 cases, according to the Department
15 of Health. Because the United States Department of Health and
16 Human Services Centers for Disease Control and Prevention
17 estimates cases may be underreported by a factor of 10, it is
18 estimated that the number of Lyme disease cases in

1 Pennsylvania in 2016 was closer to 114,430.

2 (2) In 2015, the Department of Environmental Protection
3 published a study that confirmed a high risk of Lyme disease
4 in every county of this Commonwealth and that 67 counties had
5 the blacklegged tick. In 2016, scientists estimated one in
6 five ticks were infected with the bacteria that causes Lyme
7 disease in the Lehigh Valley alone.

8 (3) Early diagnosis and treatment of these tick-borne
9 illnesses and diseases can greatly reduce the risks of
10 continued symptoms which can affect every system and organ of
11 the human body and often every aspect of life.

12 (4) Between 10% to 40% of Lyme disease patients may go
13 on to suffer from a complex, chronic/persistent disease which
14 is much more difficult to treat.

15 (5) There are multiple diagnostic and treatment
16 guidelines for diagnosis and treatment of Lyme disease and
17 tick-borne illness.

18 (6) Scientific understanding of these complex tick-borne
19 illnesses is expected to evolve rapidly in the next decade,
20 including prevention, diagnosis and treatment options.

21 (7) The exercise of the patient's right of self-
22 determination is a cornerstone of medical ethics, endorsed by
23 the American Medical Association, American College of
24 Physicians and other professional medical organizations.
25 Patients should be fully informed of their options, taking
26 into account the best scientific evidence available,
27 especially in emerging diseases, and the physician's clinical
28 judgment and, in light of the patient's values and
29 preferences, patients should be informed in order to make the
30 best decision for themselves.

1 (8) In 2014, the Massachusetts Center for Health and
2 Information Analysis (CHIA) found little to no increase in
3 insurance costs as a result of expanding coverage to include
4 longer-term courses of antibiotics. The expansion by fully
5 insured health plans was projected to result in an average
6 annual increase, over five years, to the typical member's
7 monthly health insurance premiums of between a negligible
8 amount and 13¢ per year.

9 Section 3. Definitions.

10 The following words and phrases when used in this act shall
11 have the meanings given to them in this section unless the
12 context clearly indicates otherwise:

13 "Clinical diagnosis." A diagnosis of a patient based
14 primarily on information obtained from medical history, a
15 physical examination of the patient and review of medical
16 records, including laboratory tests and radiologic studies or
17 other differential diagnostic testing.

18 "Health care professional." A licensed physician,
19 physician's assistant, certified registered nurse practitioner
20 or other licensed health care professional.

21 "Lyme disease." Signs or symptoms compatible with acute,
22 late-stage, persistent infection with *Borrelia burgdorferi* or
23 complications related to such infection or with such other
24 strains of *Borrelia*, including, but not limited to, *B.*
25 *miyamotoi*, *B. mayonii*, *B. garinii* and *B. afzelii*, that are
26 recognized by the Centers for Disease Control and Prevention as
27 a cause of Lyme disease. The term includes infection that meets
28 the surveillance criteria established by the Centers for Disease
29 Control and Prevention and other acute and persistent
30 manifestations of such an infection as determined by a health

1 care professional.

2 "Related tick-borne illness." The presence of signs or
3 symptoms compatible with infection with bartonella,
4 babesiosis/piroplasmosis, anaplasmosis, ehrlichiosis, Rocky
5 Mountain spotted fever, rickettsiosis or other tick-
6 transmissible illness or complications related to the
7 infections. The term does not include Lyme disease.

8 "Surveillance criteria." The set of case definition
9 standards established by the Centers for Disease Control and
10 Prevention for the purposes of consistency in research or for
11 evaluating trends in the spread of various diseases, but which
12 the Centers for Disease Control and Prevention does not intend
13 to be used by health care professionals for individual patient
14 diagnoses.

15 Section 4. Legislative intent.

16 It is the intent of the General Assembly to ensure that
17 patients have access to available and emerging diagnostics and
18 treatment options for Lyme disease and related tick-borne
19 illnesses as prescribed by attending health care professionals.

20 Section 5. Treatment.

21 A licensed health care professional may order diagnostic
22 testing and prescribe, administer or dispense antibiotic therapy
23 of the duration the licensed health care professional determines
24 appropriate for the patient, for the therapeutic purpose of
25 eliminating or controlling a patient's infection or symptoms
26 upon making a clinical diagnosis that the patient has Lyme
27 disease or a related tick-borne illness or displays symptoms
28 consistent with a clinical diagnosis of Lyme disease or related
29 tick-borne illnesses and by documenting the diagnosis and
30 treatment in the patient's medical records.

1 Section 6. Required coverage.

2 (a) Duty to provide.--Except as provided in subsection (b),
3 every health care policy which is delivered, issued for
4 delivery, renewed, extended or modified in this Commonwealth by
5 a health insurer:

6 (1) Shall cover the prescribed treatment for Lyme
7 disease or related tick-borne illnesses if the diagnosis and
8 treatment plan are documented in the patient's medical
9 record. Treatment plans may include short-term or long-term
10 durations of antibiotic or antimicrobial treatments, as
11 prescribed by the patient's attending health care
12 professional.

13 (2) Shall not deny coverage for longer-term antibiotic
14 treatment otherwise eligible solely because the treatment may
15 be characterized as unproven, experimental or investigational
16 in nature for the treatment of Lyme disease and related tick-
17 borne illnesses.

18 (b) Exception.--Subsection (a) shall not apply to any of the
19 following types of insurance:

20 (1) Hospital indemnity.

21 (2) Accident.

22 (3) Specified disease.

23 (4) Disability income.

24 (5) Dental.

25 (6) Vision.

26 (7) Medicare and Medicare Advantage.

27 (8) Any federally funded plans, including TRICARE,
28 formerly CHAMPUS, covering military personnel and dependents,
29 Veterans Administration and the Federal Employees Health
30 Benefit Plan.

1 (9) Self-insured plans, subject to Federal law.

2 (10) Other limited insurance benefit plans.

3 Section 7. Immunity.

4 (a) General rule.--No health care professional may be
5 subject to disciplinary action by the health care professional's
6 licensing board solely for diagnosing Lyme disease or related
7 tick-borne illnesses or for prescribing, administering or
8 dispensing longer-term antibiotic therapies for the therapeutic
9 purpose of eliminating infection or controlling a patient's
10 symptoms when the patient is clinically diagnosed with Lyme
11 disease or related tick-borne illnesses, if the diagnosis,
12 treatment plan and ongoing monitoring has been documented in the
13 patient's medical record.

14 (b) Construction.--Nothing in this section shall be
15 construed to deny the right of a licensing board to deny, revoke
16 or suspend the license of or to discipline any health care
17 professional who:

18 (1) prescribes, administers or dispenses longer-term
19 antibiotic therapy for a nontherapeutic purpose;

20 (2) fails to monitor ongoing care of a patient receiving
21 longer-term antibiotics; or

22 (3) fails to keep complete and accurate records of the
23 diagnosis, treatment and response to treatment of a patient
24 receiving longer-term treatment relating to Lyme disease or
25 related tick-borne illnesses.

26 Section 8. Effective date.

27 This act shall take effect immediately.