
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 798 Session of
2007

INTRODUCED BY PHILLIPS, BAKER, BELFANTI, ARGALL, BASTIAN, BOYD,
CALTAGIRONE, CAPPELLI, CLYMER, COHEN, COX, DALEY, DALLY,
DENLINGER, FABRIZIO, FAIRCHILD, GEIST, GEORGE, GIBBONS,
GINGRICH, GRUCELA, HARRIS, HENNESSEY, HERSHEY, HESS, JAMES,
KILLION, KULA, MAJOR, MARKOSEK, MARSICO, McILHATTAN, MILLARD,
R. MILLER, MURT, NAILOR, PEIFER, PETRARCA, PICKETT, PYLE,
REICHLEY, ROHRER, ROSS, RUBLEY, SAYLOR, SCAVELLO, SIPTROTH,
SONNEY, STABACK, STERN, SURRA, WALKO, WANSACZ, WATSON,
WOJNAROSKI AND YOUNGBLOOD, MARCH 19, 2007

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES,
MARCH 19, 2007

AN ACT

1 Establishing a task force on Lyme disease and related maladies;
2 and providing for powers and duties of the task force, the
3 Department of Health, the Department of Conservation and
4 Natural Resources and the Pennsylvania Game Commission, for
5 certain antibiotic therapies and for misconduct proceedings.

6 The General Assembly of the Commonwealth of Pennsylvania
7 hereby enacts as follows:

8 Section 1. Short title.

9 This act shall be known and may be cited as the Lyme and
10 Related Tick-Borne Disease Education, Prevention and Treatment
11 Act.

12 Section 2. Findings.

13 The General Assembly finds and declares as follows:

14 (1) Lyme disease and other tick-borne diseases are
15 carried primarily by ticks and pose a serious threat to the

1 quality of life of many Pennsylvanians.

2 (2) The most common way to acquire Lyme disease is to be
3 bitten by a tick that carries the spirochete.

4 (3) The number of cases reported in Pennsylvania
5 increased 42% from 2001 to 2002.

6 (4) Pennsylvania ranks third in the nation in the rate
7 of incidence of Lyme disease.

8 (5) Lyme disease is most prevalent in southeastern
9 Pennsylvania but is found across this Commonwealth.

10 (6) With proper precaution taken while engaged in
11 outdoor activities, people can greatly reduce their chances
12 of tick pathogen transmission by making sure that frequent
13 tick checks are made and ticks are removed and disposed of
14 promptly and properly.

15 (7) The early clinical diagnosis and appropriate
16 treatment of these tick-borne disorders and diseases can
17 greatly reduce the risks of continued, diverse and chronic
18 signs and symptoms which can affect every system and organ of
19 the human body and often every aspect of life.

20 (8) Left untreated, Lyme disease can cause a number of
21 signs and symptoms which can become quite severe.

22 (9) Because the rate of progress of the disease and
23 differing individual responses to treatment, some patients
24 may have signs and symptoms that linger for months or even
25 years following treatment.

26 Section 3. Definitions.

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

30 "Board." The State Board of Medicine or the State Board of

1 Osteopathic Medicine.

2 "Department." The Department of Health of the Commonwealth.

3 "Licensee." A licensed physician or doctor of osteopathy.

4 "Long-term antibiotic or antimicrobial therapy."

5 Administration of oral, intramuscular or intravenous antibiotics
6 or antimicrobial medications, singly or in combination, for
7 periods of more than four weeks.

8 "Lyme disease." The clinical diagnosis of the presence in a
9 patient of signs and symptoms compatible with acute infection
10 with *Borrelia burgdorferi* or related *Borrelioses*, or with the
11 signs and symptoms of late stage or chronic infection with
12 *Borrelia burgdorferi*, or with complications related to such an
13 infection. The term includes infection which meets the
14 surveillance criteria set forth by the United States Centers for
15 Disease Control and Prevention and also includes other acute and
16 chronic manifestations of such an infection as determined by the
17 physician.

18 "Related tick-borne illnesses." Cases of Bartonellosis,
19 Babesiosis/Piroplasmosis and other tick-transmissible illnesses
20 as may be empirically associated with Lyme disease.

21 "Therapeutic purpose." The use of antibiotics to control a
22 patient's symptoms or signs determined by the physician as
23 reasonably related to Lyme disease and its sequelae or related
24 tick-borne illnesses.

25 Section 4. Legislative intent.

26 It is the intent of the General Assembly to provide the
27 public with information and education to create greater public
28 awareness of the dangers of and measures available to prevent
29 Lyme disease and related maladies.

30 Section 5. Task force.

1 (a) Establishment.--The department shall establish a task
2 force on Lyme disease and related tick-borne diseases.

3 (b) Purpose.--The task force shall investigate and make
4 recommendations to the department regarding:

5 (1) The prevention of Lyme disease and associated tick-
6 borne diseases in this Commonwealth.

7 (2) Raising awareness about the long-term effects of the
8 misdiagnosis of Lyme disease.

9 (3) Development of a program of general public
10 information and education regarding Lyme disease.

11 (4) Cooperation with the Pennsylvania Game Commission to
12 disseminate the information required under paragraph (3) to
13 licensees of the commission and the general public.

14 (5) Cooperation with the Department of Conservation and
15 Natural Resources to disseminate the information required
16 under paragraph (3) to the general public and visitors of
17 State parks and lands.

18 (c) Composition.--The task force shall be composed of the
19 following individuals:

20 (1) The Secretary of Health or a designee.

21 (2) The Insurance Commissioner or a designee.

22 (3) The Deputy Secretary for Conservation and
23 Engineering Services in the Department of Conservation and
24 Natural Resources or a designee.

25 (4) The Director of the Bureau of Information and
26 Education of the Pennsylvania Game Commission or a designee.

27 (5) Two physicians licensed in Pennsylvania who are
28 knowledgeable concerning treatment of early and late stage
29 Lyme disease and who are members of the International Lyme
30 and Associated Diseases Society.

1 (6) An epidemiologist licensed in Pennsylvania having
2 expertise in spirochetes and related infectious diseases.

3 (7) Two individuals representing Lyme disease support
4 groups.

5 (d) Convening.--The task force shall convene within 90 days
6 after all appointments have been made, and shall meet at least
7 quarterly.

8 (e) Compensation and expenses.--The members of the task
9 force shall receive no compensation for their services but shall
10 be allowed their actual and necessary expenses incurred in
11 performance of their duties. Reimbursement shall be provided by
12 the department.

13 (f) Department.--The department shall have the following
14 powers and duties:

15 (1) Develop a program of general public information and
16 education regarding Lyme disease.

17 (2) Cooperate with the Pennsylvania Game Commission to
18 disseminate the information required under paragraph (1) to
19 licensees of the Pennsylvania Game Commission and the general
20 public.

21 (3) Cooperate with the Department of Conservation and
22 Natural Resources to disseminate the information required
23 under paragraph (1) to the general public and visitors of
24 State parks and lands.

25 (4) Cooperate with the professional associations of
26 health care professionals to provide the education program
27 for professionals required under paragraph (1).

28 Section 6. Required coverage.

29 (a) Tick-borne illnesses.--Except as provided in subsection
30 (b), every health care policy which is delivered, issued for

1 delivery, renewed, extended or modified in this Commonwealth by
2 a health insurer must cover prescribed treatment for Lyme
3 disease or related tick-borne illness if the diagnosis and
4 treatment plan are documented in the patient's medical record,
5 including long-term therapies and treatment as prescribed by the
6 patient's attending physician.

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

9 (1) Hospital indemnity.

10 (2) Accident.

11 (3) Specified disease.

12 (4) Disability income.

13 (5) Dental.

14 (6) Vision.

15 (7) Civilian Health and Medical Program of the Uniformed
16 Services (CHAMPUS) supplement.

17 (8) Medicare supplement.

18 (9) Long-term care.

19 (10) Other limited insurance benefit plans.

20 Section 7. Long-term antibiotic therapy.

21 (a) Long-term antibiotic and microbial treatment.--

22 (1) A licensee may prescribe, administer or dispense
23 antibiotic or antimicrobial therapy for therapeutic purposes
24 to a person diagnosed with and having symptoms or signs of
25 Lyme disease or related tick-borne illnesses if this
26 diagnosis and treatment plan have been documented in the
27 licensee's medical record for that patient.

28 (2) No licensee shall be subject to professional
29 misconduct proceedings or to disciplinary action by the board
30 solely for prescribing, administering or dispensing long-term

1 antibiotic or antimicrobial therapy for a therapeutic purpose
2 for a patient clinically diagnosed with Lyme disease or
3 related tick-borne illnesses if this diagnosis and treatment
4 plan have been documented in the licensee's medical record
5 for that patient.

6 (b) Denial, revocation or suspension of license or
7 discipline of licensee.--Nothing in this section shall diminish
8 the right of the board to deny, revoke or suspend the license of
9 a licensee or discipline a licensee who prescribes, administers
10 or dispenses long-term antibiotic or antimicrobial therapy for a
11 nontherapeutic purpose, who fails to monitor the ongoing care of
12 a patient receiving long-term antibiotic or antimicrobial
13 therapy or who fails to keep complete and accurate ongoing
14 records of the diagnosis and treatment of a patient receiving
15 long-term antibiotic or antimicrobial therapy.

16 Section 8. Professional misconduct proceedings.

17 (a) General rule.--Whenever the board initiates or has
18 initiated investigations or professional misconduct proceedings
19 against a licensee as a result of a complaint filed by an
20 insurance company, pharmacy benefit manager or comprehensive
21 health services plan pursuant to this act, which in whole or in
22 part concerns the licensee's diagnosis or treatment of Lyme
23 disease or any related tick-borne illness, a copy of the
24 complaint shall be provided to the licensee within ten days
25 after the licensee's request.

26 (b) Requirements of charges.--Whenever charges are made
27 which, in whole or in part, concern a licensee's diagnosis or
28 treatment of Lyme disease or any related tick-borne illness, the
29 charges shall contain a statement of facts sufficient to allow a
30 judicial determination as to whether the charges are proper

1 under this section.

2 (c) Notice of hearing.--Whenever a notice of hearing is
3 served in which the charges or allegations against the licensee,
4 in whole or in part, concern the licensee's diagnosis or
5 treatment of Lyme disease or any related tick-borne illness or
6 the administration of long-term antibiotic or antimicrobial
7 therapy or concern any patient who has been diagnosed with Lyme
8 disease or any related tick-borne illness, the notice shall
9 contain the identity of any experts consulted by the board or to
10 be called to testify by the board and the substance of the
11 opinion of each such expert.

12 Section 19. Applicability.

13 This act shall apply to proceedings pending on or after the
14 effective date of this act.

15 Section 20. Effective date.

16 This act shall take effect immediately.