

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 894 Session of 2009

INTRODUCED BY PHILLIPS, BAKER, HENNESSEY, ADOLPH, BELFANTI, BOBACK, CALTAGIRONE, CAUSER, CLYMER, COHEN, CONKLIN, CREIGHTON, CUTLER, DENLINGER, DRUCKER, J. EVANS, FABRIZIO, FAIRCHILD, FLECK, GEIST, GEORGE, GODSHALL, GOODMAN, GROVE, GRUCELA, HARRIS, HESS, M. KELLER, MAJOR, MARSICO, METZGAR, MILLARD, MILLER, MOUL, MUNDY, MURT, O'NEILL, PEIFER, PETRARCA, PICKETT, PYLE, QUINN, READSHAW, ROCK, ROHRER, ROSS, SANTONI, SCAVELLO, SIPTROTH, STABACK, STERN, WALKO, WATSON, YOUNGBLOOD AND GINGRICH, MARCH 12, 2009

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES, MARCH 12, 2009

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 citizens of this Commonwealth.

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

4 (3) In 2007, 3,994 cases of Lyme disease were reported
5 in Pennsylvania.

6 (4) Lyme disease is most prevalent in southeastern
7 Pennsylvania, but it is found across this Commonwealth.

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

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

18 (7) Left untreated, Lyme disease can cause a number of
19 signs and symptoms which can become quite severe.

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

24 Section 3. Definitions.

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

28 "Board." The State Board of Medicine or the State Board of
29 Osteopathic Medicine.

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

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

2 "Long-term antibiotic or antimicrobial therapy."

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

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

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

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

23 Section 4. Legislative intent.

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

28 Section 5. Task force.

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

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

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

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

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

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

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

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

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

19 (2) The Insurance Commissioner or a designee.

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

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

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

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

1 (7) Two individuals representing Lyme disease support
2 groups.

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

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

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

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

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

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

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

26 Section 6. Required coverage.

27 (a) Tick-borne illnesses.--Except as provided in subsection
28 (b), every health care policy which is delivered, issued for
29 delivery, renewed, extended or modified in this Commonwealth by
30 a health insurer must cover prescribed treatment for Lyme

1 disease or related tick-borne illness if the diagnosis and
2 treatment plan are documented in the patient's medical record,
3 including long-term therapies and treatment as prescribed by the
4 patient's attending physician.

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

7 (1) Hospital indemnity.

8 (2) Accident.

9 (3) Specified disease.

10 (4) Disability income.

11 (5) Dental.

12 (6) Vision.

13 (7) Civilian Health and Medical Program of the Uniformed
14 Services (CHAMPUS) supplement.

15 (8) Medicare supplement.

16 (9) Long-term care.

17 (10) Other limited insurance benefit plans.

18 Section 7. Long-term antibiotic therapy.

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

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

26 (2) No licensee shall be subject to professional
27 misconduct proceedings or to disciplinary action by the board
28 solely for prescribing, administering or dispensing long-term
29 antibiotic or antimicrobial therapy for a therapeutic purpose
30 for a patient clinically diagnosed with Lyme disease or

1 related tick-borne illnesses if this diagnosis and treatment
2 plan have been documented in the licensee's medical record
3 for that patient.

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

14 Section 8. Professional misconduct proceedings.

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

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

30 (c) Notice of hearing.--Whenever a notice of hearing is

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

10 Section 19. Applicability.

11 This act shall apply to proceedings pending on or after the
12 effective date of this section.

13 Section 20. Effective date.

14 This act shall take effect immediately.