

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 272 Session of 2011

INTRODUCED BY HESS, BAKER, FLECK, MAJOR, CALTAGIRONE, CARROLL, CAUSER, COHEN, D. COSTA, J. EVANS, GOODMAN, GROVE, HARKINS, HARRIS, KAUFFMAN, M. K. KELLER, KIRKLAND, KORTZ, KOTIK, KULA, MAHONEY, MILLARD, PEIFER, PICKETT, RAPP, SWANGER, TALLMAN, YOUNGBLOOD, MOUL, BENNINGHOFF, MURT, KAVULICH, DENLINGER, BRADFORD, TRUITT, BRIGGS, MILLER, SCAVELLO, WATSON, GABLER, KILLION, FREEMAN, M. SMITH, HORNAMAN, HENNESSEY, R. BROWN, BEAR, PAYNE, CONKLIN, STEVENSON AND PERRY, JANUARY 27, 2011

AS REPORTED FROM COMMITTEE ON HUMAN SERVICES, HOUSE OF REPRESENTATIVES, AS AMENDED, DECEMBER 14, 2011

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 and
5 for required coverage.

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 SURVEILLANCE, Education, Prevention
11 and Treatment 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
16 quality of life of many citizens of this Commonwealth.

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

3           (3) THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ←  
4 REPORT THAT SINCE 2001, PENNSYLVANIA HAS RANKED AMONG THE TOP  
5 THREE STATES IN THE NATION WITH THE NUMBER OF REPORTED CASES  
6 OF LYME DISEASE.

7           ~~(3)~~ (4) In 2009, 4,950 confirmed cases of Lyme disease ←  
8 were reported in this Commonwealth, MAKING PENNSYLVANIA THE ←  
9 HIGHEST IN THE NATION WITH REPORTED CASES OF LYME DISEASE.

10          ~~(4)~~ (5) Lyme disease is most prevalent in southeastern ←  
11 Pennsylvania, but it is found across this Commonwealth.

12          ~~(5)~~ (6) With proper precautions taken while engaged in ←  
13 outdoor activities, people can greatly reduce their chances  
14 of tick pathogen transmission by making sure that frequent  
15 tick checks are made and ticks are removed and disposed of  
16 promptly and properly.

17          ~~(6)~~ (7) The early clinical diagnosis and appropriate ←  
18 treatment of these tick-borne disorders and diseases can  
19 greatly reduce the risks of continued, diverse and chronic  
20 signs and symptoms which can affect every system and organ of  
21 the human body and often every aspect of life.

22          ~~(7)~~ (8) Left untreated, Lyme disease can cause a number ←  
23 of signs and symptoms which can become quite severe.

24          ~~(8)~~ (9) Because the rate of progress of the disease and ←  
25 differing individual responses to treatment, some patients  
26 may have signs and symptoms that linger for months or even  
27 years following treatment.

28 Section 3. Definitions.

29 The following words and phrases when used in this act shall  
30 have the meanings given to them in this section unless the

1 context clearly indicates otherwise:

2 "BOARD." THE PENNSYLVANIA STATE BOARD OF MEDICINE, THE STATE ←  
3 BOARD OF OSTEOPATHIC MEDICINE AND THE STATE BOARD OF NURSING.

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

5 "LICENSEE." A LICENSED PHYSICIAN OR CERTIFIED REGISTERED ←  
6 NURSE PRACTITIONER.

7 "Long-term antibiotic or antimicrobial therapy."

8 Administration of oral, intramuscular or intravenous antibiotics  
9 or antimicrobial medications, singly or in combination, for  
10 periods of more than four weeks.

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

21 "LYME DISEASE." THE CLINICAL DIAGNOSIS OF A PATIENT BY A ←  
22 LICENSED PHYSICIAN OR CERTIFIED REGISTERED NURSE PRACTITIONER OF  
23 THE PRESENCE OF SIGNS OR SYMPTOMS COMPATIBLE WITH ACUTE, LATE-  
24 STAGE, PERSISTENT OR CHRONIC INFECTION WITH BORRELIA BURGDOFRERI  
25 OR COMPLICATIONS RELATED TO SUCH INFECTION OR WITH SUCH OTHER  
26 STRAINS OF BORRELIA THAT ARE RECOGNIZED BY THE CENTERS FOR  
27 DISEASE CONTROL AND PREVENTION AS A CAUSE OF LYME DISEASE. THE  
28 TERM INCLUDES INFECTION WHICH MEETS THE SURVEILLANCE CRITERIA  
29 SET FORTH BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND  
30 ALSO INCLUDES OTHER ACUTE AND CHRONIC MANIFESTATIONS OF SUCH AN

1 INFECTION AS DETERMINED BY A PHYSICIAN.

2 "OTHER HEALTH IMPAIRMENT." AS DEFINED BY THE INDIVIDUALS  
3 WITH DISABILITIES EDUCATION ACT (PUBLIC LAW 91-230, 20 U.S.C. §  
4 1400 ET SEQ.).

5 "Related tick-borne illnesses." Cases of Bartonellosis,  
6 Babesiosis/Piroplasmosis, ANAPLASMOSIS, EHRLICHIOSIS and other ←  
7 tick-transmissible illnesses as may be empirically associated  
8 with Lyme disease.

9 "SURVEILLANCE CASE DEFINITIONS." THE CASE DEFINITIONS FOR ←  
10 PUBLIC HEALTH SURVEILLANCE, PUBLISHED BY THE CENTERS FOR DISEASE  
11 CONTROL AND PREVENTION, WHICH PROVIDE UNIFORM CRITERIA FOR  
12 REPORTING CASES TO INCREASE THE SPECIFICITY OF REPORTING AND  
13 IMPROVING THE COMPARABILITY OF DISEASES REPORTED FROM DIFFERENT  
14 GEOGRAPHIC AREAS. AS FURTHER NOTED BY THE CDC, SURVEILLANCE CASE  
15 DEFINITIONS ESTABLISH UNIFORM CRITERIA FOR DISEASE REPORTING AND  
16 SHOULD NOT BE USED AS THE SOLE CRITERIA FOR ESTABLISHING  
17 CLINICAL DIAGNOSES, DETERMINING THE STANDARD OF CARE NECESSARY  
18 FOR A PARTICULAR PATIENT, SETTING GUIDELINES FOR QUALITY  
19 ASSURANCE OR PROVIDING STANDARDS FOR REIMBURSEMENT.

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

24 ~~Section 4. Legislative intent.~~ ←

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

29 Section 5 4. Task force. ←

30 (a) Establishment.--The department shall establish, to the

1 extent funds are appropriated specifically for the purposes of  
2 this act, a task force on Lyme disease and related tick-borne  
3 diseases.

4 (A.1) FUNDING.--THE DEPARTMENT SHALL IDENTIFY AND APPLY FOR ←  
5 PUBLIC AND PRIVATE GRANTS AND FUNDING IN ORDER TO CARRY OUT THE  
6 REQUIREMENTS OF THIS ACT TO ESTABLISH THE TASK FORCE.

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

9 (1) The SURVEILLANCE AND prevention of Lyme disease and ←  
10 associated tick-borne diseases in this Commonwealth.

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

13 (3) The development of a program of general public  
14 ~~information and education regarding Lyme disease.~~ AND HEALTH ←  
15 CARE PROFESSIONAL INFORMATION AND EDUCATION REGARDING LYME  
16 DISEASE WHICH SHALL INCLUDE THE BROAD SPECTRUM OF SCIENTIFIC  
17 AND TREATMENT VIEWS REGARDING LYME DISEASE AND RELATED TICK-  
18 BORNE ILLNESSES, INCLUDING EVIDENCE-BASED, MULTIPLE STANDARDS  
19 OF CARE AND THEIR RESPECTIVE EVIDENCE BASES FOR ALL STAGES OF  
20 LYME DISEASE AND RELATED TICK-BORNE ILLNESSES.

21 (4) Cooperation with the Pennsylvania Game Commission to  
22 disseminate the information required under paragraph (3) to  
23 licensees of the commission and the general public.

24 (5) Cooperation with the Department of Conservation and  
25 Natural Resources to disseminate the information required  
26 under paragraph (3) to the general public and visitors of  
27 State parks and lands.

28 (6) COOPERATION WITH THE DEPARTMENT OF ENVIRONMENTAL ←  
29 PROTECTION TO TEST TICKS FOR LYME DISEASE AND OTHER TICK-  
30 BORNE INFECTIONS AND PROVIDE RESULTS, INCLUDING INFECTION

1 RATES ACROSS THIS COMMONWEALTH, ON THEIR PUBLIC INTERNET  
2 WEBSITE.

3 (7) COOPERATION WITH THE DEPARTMENT OF EDUCATION TO:

4 (I) DISSEMINATE THE INFORMATION REQUIRED UNDER  
5 PARAGRAPH (3) TO SCHOOL ADMINISTRATORS, FACULTY, STAFF,  
6 PARENTS, GUARDIANS AND STUDENTS.

7 (II) DETERMINE THE ROLE SCHOOLS MAY PLAY IN THE  
8 PREVENTION OF LYME DISEASE, INCLUDING, BUT NOT LIMITED  
9 TO, PROMPT REMOVAL AND REPORTING OF TICK REMOVALS TO  
10 STATE OFFICIALS.

11 (III) REVIEW AND UPDATE POLICIES TO RECOGNIZE  
12 CHRONIC LYME DISEASE AND RELATED TICK-BORNE ILLNESSES AS  
13 "OTHER HEALTH IMPAIRMENT."

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

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

17 (2) The Insurance Commissioner or a designee.

18 (3) THE SECRETARY OF EDUCATION OR A DESIGNEE. ←

19 ~~(3)~~ (4) The Deputy Secretary for Conservation and ←  
20 Engineering Services in the Department of Conservation and  
21 Natural Resources or a designee.

22 ~~(4)~~ (5) The Director of the Bureau of Information and ←  
23 Education of the Pennsylvania Game Commission or a designee.

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

28 (6) TWO PHYSICIANS, WITH AT LEAST ONE LICENSED IN THIS ←  
29 COMMONWEALTH, WHO ARE KNOWLEDGEABLE CONCERNING TREATMENT OF  
30 EARLY, LATE-STAGE AND CHRONIC/PERSISTENT LYME DISEASE AND WHO

1 ARE MEMBERS OF THE INTERNATIONAL LYME AND ASSOCIATED DISEASES  
2 SOCIETY.

3 (7) ONE PHYSICIAN LICENSED IN THIS COMMONWEALTH WHO IS  
4 KNOWLEDGEABLE CONCERNING TREATMENT OF EARLY, LATE-STAGE AND  
5 CHRONIC/PERSISTENT LYME DISEASE AND WHO SPECIALIZES IN  
6 INFECTIOUS DISEASES.

7 (8) ONE PHYSICIAN LICENSED IN THIS COMMONWEALTH WHO IS  
8 KNOWLEDGEABLE CONCERNING TREATMENT OF EARLY, LATE-STAGE AND  
9 CHRONIC/PERSISTENT LYME DISEASE AND WHO SPECIALIZES IN  
10 NEUROLOGY.

11 ~~(6)~~ (9) An epidemiologist licensed in this Commonwealth ←  
12 having expertise in spirochetes and related infectious  
13 diseases.

14 ~~(7)~~ (10) Two individuals representing Lyme disease ←  
15 support groups.

16 ~~(d) Convening. The task force shall convene within 90 days ←~~  
17 ~~after all appointments have been made and shall meet at least~~  
18 ~~quarterly.~~

19 (11) ONE INDIVIDUAL WHO IS A LYME DISEASE PATIENT OR A ←  
20 FAMILY MEMBER OF A PATIENT.

21 (12) TWO REGISTERED NURSES LICENSED IN THIS  
22 COMMONWEALTH, ONE OF WHICH SHOULD BE A CERTIFIED REGISTERED  
23 NURSE PRACTITIONER.

24 (13) THE DIRECTOR OF VECTOR MANAGEMENT OF THE DEPARTMENT  
25 OF ENVIRONMENTAL PROTECTION.

26 (14) AN ENTOMOLOGIST WHO HAS EXPERIENCE IN TICK  
27 IDENTIFICATION AND TICK-BORNE DISEASES.

28 (15) TWO PRACTITIONERS OF VETERINARY MEDICINE WITH AT  
29 LEAST ONE LICENSED IN THIS COMMONWEALTH WITH EXPERIENCE IN  
30 TICK-BORNE DISEASES.

1 (D) CONVENING.--

2 (1) WITHIN 45 DAYS OF THE EFFECTIVE DATE OF THIS ACT,  
3 THE SECRETARY OF HEALTH SHALL APPOINT THE MEMBERS OF THE TASK  
4 FORCE. THE SECRETARY OF HEALTH SHALL APPOINT A CHAIRMAN OF  
5 THE TASK FORCE.

6 (2) THE TASK FORCE SHALL CONVENE WITHIN 90 DAYS OF THE  
7 EFFECTIVE DATE OF THIS ACT AND SHALL MEET QUARTERLY.

8 (3) THE TASK FORCE SHALL ISSUE A REPORT WITH  
9 RECOMMENDATIONS TO THE SECRETARY OF HEALTH WITHIN ONE YEAR OF  
10 ITS FIRST MEETING. THE REPORT SHALL ALSO BE TRANSMITTED TO  
11 THE RELEVANT COMMITTEES OF THE HOUSE OF REPRESENTATIVES.  
12 NOTHING IN THIS ACT SHALL PROHIBIT THE TASK FORCE FROM MAKING  
13 INTERIM REPORTS, TAKING AGREED-UPON IMMEDIATE ACTIONS OR  
14 RESPONDING TO REQUESTS FOR SUCH REPORTS.

15 (e) Compensation and expenses.--The members of the task  
16 force shall receive no compensation for their services but shall  
17 be reimbursed for actual and necessary expenses incurred in  
18 performance of their duties. Reimbursement shall be provided by  
19 the department.

20 (f) Department.--The department shall, to the extent funds  
21 are appropriated specifically for the purposes of this act, have  
22 the following powers and duties:

23 ~~(1) Develop a program of general public information and~~ ←  
24 ~~education regarding Lyme disease.~~

25 (1) DEVELOP A PROGRAM OF GENERAL PUBLIC, HEALTH CARE ←  
26 PROFESSIONAL AND GOVERNMENTAL AGENCY INFORMATION AND  
27 EDUCATION REGARDING LYME DISEASE WHICH SHALL INCLUDE THE  
28 BROAD SPECTRUM OF SCIENTIFIC AND TREATING VIEWS REGARDING  
29 LYME DISEASE AND RELATED TICK-BORNE ILLNESSES, INCLUDING  
30 MULTIPLE STANDARDS OF CARE AVAILABLE FOR ALL STAGES OF LYME



1 DISEASE AND RELATED TICK-BORNE ILLNESSES.

2 (2) DEVELOP AN INTENSIVE PROGRAM, INCLUDING ACTIVE  
3 POPULATION-BASED SURVEILLANCE, ACTIVE TICK SURVEILLANCE AND  
4 SENTINEL (NONHUMAN) DATA TO PROVIDE A BETTER UNDERSTANDING OF  
5 DISEASES, GEOGRAPHIC HOT SPOTS AND INFECTIVITY TO BE USED IN  
6 TARGETING PREVENTION AND EDUCATION EFFORTS.

7 ~~(2)~~ (3) Cooperate with the Pennsylvania Game Commission ←  
8 to disseminate the information required under paragraph (1)  
9 to licensees of the Pennsylvania Game Commission and the  
10 general public.

11 ~~(3)~~ (4) Cooperate with the Department of Conservation ←  
12 and Natural Resources to disseminate the information required  
13 under paragraph (1) to the general public and visitors of  
14 State parks and lands.

15 ~~(4)~~ (5) Cooperate with the professional associations of ←  
16 health care professionals to provide the education program  
17 for professionals required under paragraph (1).

18 (6) COOPERATE WITH THE DEPARTMENT OF EDUCATION TO: ←

19 (I) DISSEMINATE THE INFORMATION UNDER PARAGRAPH (1)  
20 TO SCHOOL ADMINISTRATORS, SCHOOL NURSES, FACULTY AND  
21 STAFF, PARENTS, GUARDIANS AND STUDENTS.

22 (II) DETERMINE WHAT ROLE SCHOOLS MAY PLAY IN THE  
23 PREVENTION OF LYME DISEASE, INCLUDING, BUT NOT LIMITED  
24 TO, PROMPT REMOVAL AND REPORTING OF TICK REMOVALS TO  
25 PARENTS, GUARDIANS AND STATE OFFICIALS.

26 (III) REVIEW AND UPDATE POLICIES TO RECOGNIZE  
27 CHRONIC LYME DISEASE AND RELATED TICK-BORNE ILLNESSES AS  
28 "OTHER HEALTH IMPAIRMENT" POTENTIALLY REQUIRING  
29 ACCOMMODATIONS.

30 Section ~~6~~ 5. Required coverage. ←

1 (a) Tick-borne illnesses.--Except as provided in subsection  
2 (b), every health care policy which is delivered, issued for  
3 delivery, renewed, extended or modified in this Commonwealth by  
4 a health insurer must cover prescribed treatment for Lyme  
5 disease or related tick-borne illnesses if the diagnosis and  
6 treatment plan are documented in the patient's medical record,  
7 ~~including~~ AND IT IS DOCUMENTED IN THE PATIENT'S MEDICAL RECORD ←  
8 THAT THE PATIENT HAS BEEN PROPERLY INFORMED OF MULTIPLE  
9 STANDARDS OF CARE, RISKS AND BENEFITS AND ABLE TO EXERCISE  
10 INFORMED CONSENT. SUCH TREATMENT PLANS MAY INCLUDE long-term  
11 therapies, long-term antibiotic or antimicrobial therapy and  
12 treatment as prescribed by the patient's attending physician.

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

- 15 (1) Hospital indemnity.
- 16 (2) Accident.
- 17 (3) Specified disease.
- 18 (4) Disability income.
- 19 (5) Dental.
- 20 (6) Vision.
- 21 (7) Civilian Health and Medical Program of the Uniformed  
22 Services (CHAMPUS) supplement.
- 23 (8) Medicare supplement.
- 24 (9) Long-term care.
- 25 (10) Other limited insurance benefit plans.

26 Section 7 20. Effective date. ←

27 This act shall take effect immediately.