

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 210 Session of 2011

INTRODUCED BY GREENLEAF, ARGALL, TARTAGLIONE, BROWNE, RAFFERTY,
ERICKSON, COSTA, WAUGH, FONTANA, BOSCOLA, SMUCKER, PICCOLA,
BAKER, MCILHINNEY, DINNIMAN, FARNESE, BLAKE AND KASUNIC,
JANUARY 31, 2011

SENATOR D. WHITE, BANKING AND INSURANCE, AS AMENDED, MARCH 7,
2012

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 to
5 execute prevention and education strategies and ensure
6 patient access to appropriate care and treatment. ←

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

9 ~~Section 1. Short title.~~ ←

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

13 ~~Section 2. Findings.~~

14 ~~The General Assembly finds that:~~

15 ~~(1) Lyme disease and other tick borne diseases are~~
16 ~~carried primarily by ticks and pose a serious threat to the~~
17 ~~health and quality of life of many citizens of this~~
18 ~~Commonwealth.~~

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

~~(3) In 2009, 5,722 cases of Lyme disease were reported in this Commonwealth, the highest number of cases reported in any state, and representing a 76% increase since 2006.~~

~~(4) Lyme disease is most prevalent in Southeastern Pennsylvania, but it is found across this Commonwealth.~~

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

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

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

~~(8) Because of differences in the rate of progress of the disease and in individual responses to the disease and treatment, some patients may have signs and symptoms for months or years.~~

~~Section 3. Legislative intent.~~

~~It is the intent of the General Assembly:~~

~~(1) To provide the public with information and education to create greater public awareness of the dangers of and measures available to prevent, diagnose and treat Lyme disease and related maladies.~~

~~(2) To ensure that:~~

~~(i) Physicians, certified registered nurse practitioners, insurers, patients and governmental agencies are educated that multiple standards of care exist.~~

~~(ii) Physicians and other medical professionals provide patients with sufficient information about all standards of care to enable patients to make an informed choice as part of informed consent and respect the autonomy of that choice.~~

~~(iii) Physicians have the right to exercise their clinical judgment in diagnosing and treating their patients and in applying short term or long term antibiotic therapies for a therapeutic purpose to eliminate infection or to control a patient's symptoms as reflected in the patient's medical record.~~

~~(iv) Insurance reimbursement be provided for treatment rendered in accordance with the standard of care chosen.~~

~~(v) Pennsylvania government agencies provide unbiased information regarding multiple standards of care.~~

~~Section 4. Definitions.~~

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

~~"Board." The State Board of Medicine or the State Board of Osteopathic Medicine.~~

~~"CDC surveillance case definitions." Definitions that establish uniform criteria for disease reporting and should not be used as the sole criteria for establishing clinical~~

~~diagnoses, determining the standard of care necessary for a particular patient, setting guidelines for quality assurance or providing standards for insurance reimbursement.~~

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

~~"Licensee." A licensed physician or doctor of osteopathy or a certified registered nurse practitioner.~~

~~"Long term antibiotic or antimicrobial therapy."~~

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

~~"Lyme disease." The clinical diagnosis of the presence in a patient of signs and symptoms compatible with acute infection with *Borrelia burgdorferi* or related *Borrelioses*, or with the signs and symptoms of late stage or chronic infection with *Borrelia burgdorferi*, or with complications related to such an infection. The term includes infection which meets the CDC surveillance case definitions. It also includes other acute and chronic manifestations as clinically determined by the treating physician.~~

~~"Related tick borne illnesses." Cases of *Bartonella*, babesiosis/piroplasmosis, anaplasmosis, ehrlichiosis and other tick transmissible illnesses. The terms do not include Lyme disease.~~

~~"Standard of care." Short term or long term antibiotic therapies prescribed by a licensed physician to a patient for a therapeutic purpose to eliminate infection or to control a patient's symptoms, provided the clinical diagnosis and treatment are documented in the patient's medical record by the licensed physician.~~

~~"Therapeutic purpose." The use of antibiotics to control a~~

~~patient's symptoms or signs determined by the treating physician as reasonably related to Lyme disease and related tick borne illnesses.~~

~~Section 5. Task force.~~

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

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

~~(1) The prevention of Lyme disease and related tick borne illnesses in this Commonwealth.~~

~~(2) Raising awareness about the long term effects of the misdiagnosis of Lyme disease.~~

~~(3) Development of a program of general public and medical professional information and education regarding Lyme disease which shall include the broad spectrum of scientific and treatment views regarding Lyme disease and related tick borne illnesses, including multiple standards of care available for all stages of Lyme disease and related tick borne illnesses.~~

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

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

~~(6) Cooperation with the Department of Education to:~~

~~(i) Disseminate the information required under paragraph (3) to school administrators, faculty and staff, parents, guardians and students.~~

1 ~~(ii) Determine what role schools may play in the~~
2 ~~prevention of Lyme disease, including, but not limited~~
3 ~~to, prompt removal and reporting of tick removals to~~
4 ~~State officials.~~

5 ~~(iii) Update policies to recognize chronic Lyme~~
6 ~~disease and related tick borne illnesses as health~~
7 ~~conditions potentially requiring accommodations.~~

8 ~~(c) Composition. The task force shall be composed of the~~
9 ~~following individuals:~~

10 ~~(1) The Secretary of Health or a designee.~~

11 ~~(2) The Insurance Commissioner or a designee.~~

12 ~~(3) The Secretary of Education or a designee.~~

13 ~~(4) The Deputy Secretary for Conservation and~~
14 ~~Engineering Services in the Department of Conservation and~~
15 ~~Natural Resources or a designee.~~

16 ~~(5) The Director of the Bureau of Information and~~
17 ~~Education of the Pennsylvania Game Commission or a designee.~~

18 ~~(6) Two physicians licensed in this Commonwealth who are~~
19 ~~knowledgeable concerning treatment of early and late stage~~
20 ~~chronic or persistent Lyme disease and who are members of the~~
21 ~~International Lyme and Associated Diseases Society.~~

22 ~~(7) An epidemiologist licensed in this Commonwealth who~~
23 ~~has expertise in spirochetes and related infectious diseases.~~

24 ~~(8) Two individuals who represent Lyme disease patient~~
25 ~~groups who may be a Lyme disease patient or a family member~~
26 ~~of a Lyme disease patient.~~

27 ~~(9) One individual who is a Lyme disease patient or~~
28 ~~family member of a Lyme disease patient.~~

29 ~~(d) Convening. The task force shall convene within 90 days~~
30 ~~after all appointments have been made and shall meet at least~~

1 ~~quarterly.~~

2 ~~(e) Compensation and expenses. The members of the task~~
3 ~~force shall receive no compensation for their services but shall~~
4 ~~be allowed their actual and necessary expenses incurred in~~
5 ~~performance of their duties. Reimbursement shall be provided by~~
6 ~~the department.~~

7 ~~(f) Department. The department shall have the following~~
8 ~~powers and duties:~~

9 ~~(1) Develop a program of general public information and~~
10 ~~education regarding Lyme disease which shall include the~~
11 ~~broad spectrum of scientific and treating views regarding~~
12 ~~Lyme disease and related tick borne illnesses, including~~
13 ~~multiple standards of care available for all stages of Lyme~~
14 ~~disease and related tick borne illnesses.~~

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 Department of Education to:~~

24 ~~(i) Disseminate the information required under~~
25 ~~paragraph (1) to school administrators, faculty and~~
26 ~~staff, parents, guardians and students.~~

27 ~~(ii) Determine what role schools may play in the~~
28 ~~prevention of Lyme disease, including, but not limited~~
29 ~~to, prompt removal and reporting of tick removals to~~
30 ~~State officials.~~

~~(iii) Update policies to recognize chronic Lyme disease and related tick borne illnesses as health conditions potentially requiring accommodations.~~

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

~~Section 6. Required coverage.~~

~~(a) General rule. Except as provided in subsection (b), every health care policy which is delivered, issued for delivery, renewed, extended or modified in this Commonwealth by a health insurer must cover prescribed treatment for Lyme disease and related tick borne illness rendered in accordance with the standard of care and documented in the physician's medical record for that patient and with the informed choice and consent of the patient.~~

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

~~(1) Hospital indemnity.~~

~~(2) Accident.~~

~~(3) Specified disease.~~

~~(4) Disability income.~~

~~(5) Dental.~~

~~(6) Vision.~~

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

~~(8) Medicare supplement.~~

~~(9) Long term care.~~

~~(10) Other limited insurance benefit plans.~~

~~Section 7. Licensee's right to diagnose and treat Lyme disease and related tick borne illnesses.~~

~~(a) Rights included.~~

~~(1) A licensee may prescribe, administer or dispense antibiotic or antimicrobial therapy for therapeutic purposes to a person diagnosed with and having symptoms or signs of Lyme disease or related tick borne illnesses if the diagnosis and standard of care have been documented in the licensee's medical record for that patient.~~

~~(2) No licensee shall be subject to professional misconduct proceedings or to disciplinary action by the board solely for prescribing, administering or dispensing long term antibiotic or antimicrobial therapy for a therapeutic purpose for a patient clinically diagnosed with Lyme disease or related tick borne illnesses if the diagnosis and standard of care have been documented in the licensee's medical record for that patient.~~

~~(b) Denial, revocation or suspension of license or discipline of licensee. Nothing in this section shall diminish the right of the board to deny, revoke or suspend the license of a licensee or discipline a licensee who:~~

~~(1) prescribes, administers or dispenses long term antibiotic or antimicrobial therapy for a nontherapeutic purpose;~~

~~(2) fails to monitor the ongoing care of a patient receiving long term antibiotic or antimicrobial therapy; or~~

~~(3) fails to keep complete and accurate ongoing records of the diagnosis and treatment of a patient receiving long term antibiotic or antimicrobial therapy.~~

~~Section 8. Professional misconduct proceedings.~~

~~(a) General rule. Whenever the board initiates, or has initiated, investigations or professional misconduct proceedings~~

~~1 against a licensee as a result of a complaint filed by an~~
~~2 insurance company, pharmacy benefit manager or comprehensive~~
~~3 health services plan under this act, which in whole or in part~~
~~4 concerns the licensee's diagnosis or treatment of Lyme disease~~
~~5 or a related tick borne illness, a copy of the complaint shall~~
~~6 be provided to the licensee within ten days after the licensee's~~
~~7 request.~~

~~8 (b) Requirements of charges. Whenever charges are made~~
~~9 which, in whole or in part, concern a licensee's diagnosis or~~
~~10 treatment of Lyme disease or a related tick borne illness, the~~
~~11 charges shall contain a statement of facts sufficient to allow a~~
~~12 judicial determination as to whether the charges are proper~~
~~13 under this section.~~

~~14 (c) Notice of hearing. Whenever a notice of hearing is~~
~~15 served in which the charges or allegations against the licensee,~~
~~16 in whole or in part, concern the licensee's diagnosis or~~
~~17 treatment of Lyme disease or a related tick borne illness or the~~
~~18 administration of long term antibiotic or antimicrobial therapy~~
~~19 or concern any patient who has been diagnosed with Lyme disease~~
~~20 or a related tick borne illness, the notice shall contain the~~
~~21 identity of any expert consulted by the board or to be called to~~
~~22 testify by the board and the substance of the opinion of the~~
~~23 expert.~~

~~24 Section 9. Applicability.~~

~~25 This act shall apply to proceedings pending on or after the~~
~~26 effective date of this section.~~

~~27 Section 10. Effective date.~~

~~28 This act shall take effect immediately.~~

~~29 SECTION 1. SHORT TITLE.~~

~~30 THIS ACT SHALL BE KNOWN AND MAY BE CITED AS THE LYME AND~~

1 RELATED TICK-BORNE DISEASE SURVEILLANCE, EDUCATION, PREVENTION
2 AND TREATMENT ACT.

3 SECTION 2. FINDINGS.

4 THE GENERAL ASSEMBLY FINDS THAT:

5 (1) LYME DISEASE AND OTHER TICK-BORNE DISEASES ARE
6 CARRIED PRIMARILY BY TICKS AND POSE A SERIOUS THREAT TO THE
7 HEALTH AND QUALITY OF LIFE OF MANY CITIZENS OF THIS
8 COMMONWEALTH.

9 (2) THE MOST COMMON WAY TO ACQUIRE LYME DISEASE IS TO BE
10 BITTEN BY A TICK THAT CARRIES THE SPIROCHETE.

11 (3) IN 2009, 5,722 CASES OF LYME DISEASE WERE REPORTED
12 IN THIS COMMONWEALTH, THE HIGHEST NUMBER OF CASES REPORTED IN
13 ANY STATE, AND REPRESENTING A 76% INCREASE SINCE 2006. IN
14 2010, PROVISIONAL NUMBERS OF 6,277 CASES, CONFIRM THIS
15 ONGOING UPWARD TREND.

16 (4) THESE TRENDS ILLUSTRATE THE WORLD HEALTH
17 ORGANIZATION'S (WHO) PROJECTIONS THROUGH 2100. THE WHO STATES
18 THAT LYME DISEASE WILL INCREASINGLY BECOME A PUBLIC HEALTH
19 THREAT IN THE UNITED STATES. PENNSYLVANIA NEEDS TO BE
20 PREPARED TO DEAL WITH THIS TREND, WHICH IS ALREADY BEING
21 OBSERVED IN PENNSYLVANIA'S STATISTICS.

22 (5) LYME DISEASE IS MOST PREVALENT IN SOUTHEASTERN
23 PENNSYLVANIA, BUT IT IS FOUND ACROSS THIS COMMONWEALTH.

24 (6) WITH PROPER PRECAUTIONS TAKEN WHILE ENGAGED IN
25 OUTDOOR ACTIVITIES, PEOPLE CAN GREATLY REDUCE THEIR CHANCES
26 OF TICK PATHOGEN TRANSMISSION BY MAKING SURE THAT FREQUENT
27 TICK CHECKS ARE MADE AND TICKS ARE REMOVED AND DISPOSED OF
28 PROMPTLY AND PROPERLY.

29 (7) THE EARLY CLINICAL DIAGNOSIS AND APPROPRIATE
30 TREATMENT OF THESE TICK-BORNE DISORDERS AND DISEASES CAN

1 GREATLY REDUCE THE RISKS OF CONTINUED SYMPTOMS WHICH CAN
2 AFFECT EVERY SYSTEM AND ORGAN OF THE HUMAN BODY AND OFTEN
3 EVERY ASPECT OF LIFE.

4 (8) LEFT UNTREATED, LYME DISEASE CAN CAUSE A NUMBER OF
5 SIGNS AND SYMPTOMS WHICH CAN BECOME QUITE SEVERE.

6 SECTION 3. LEGISLATIVE INTENT.

7 IT IS THE INTENT OF THE GENERAL ASSEMBLY:

8 (1) TO PROVIDE THE PUBLIC WITH INFORMATION AND EDUCATION
9 TO CREATE GREATER PUBLIC AWARENESS OF THE DANGERS OF AND
10 MEASURES AVAILABLE TO PREVENT, DIAGNOSE AND TREAT LYME
11 DISEASE AND RELATED MALADIES.

12 (2) TO ENSURE THAT:

13 (I) LICENSEES, INSURERS, PATIENTS AND GOVERNMENTAL
14 AGENCIES ARE EDUCATED ABOUT TREATMENT OPTIONS.

15 (II) LICENSEES PROVIDE PATIENTS WITH SUFFICIENT
16 INFORMATION ABOUT TREATMENT OPTIONS TO ENABLE PATIENTS TO
17 MAKE AN INFORMED CHOICE AS PART OF INFORMED CONSENT AND
18 TO RESPECT THE AUTONOMY OF THAT CHOICE.

19 (III) PENNSYLVANIA GOVERNMENT AGENCIES PROVIDE
20 UNBIASED INFORMATION REGARDING TREATMENT OPTIONS.

21 SECTION 4. DEFINITIONS.

22 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ACT SHALL
23 HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
24 CONTEXT CLEARLY INDICATES OTHERWISE:

25 "DEPARTMENT." THE DEPARTMENT OF HEALTH OF THE COMMONWEALTH.

26 "LICENSEE." A LICENSED PHYSICIAN, A PHYSICIAN'S ASSISTANT, A
27 CERTIFIED REGISTERED NURSE PRACTITIONER OR OTHER LICENSED HEALTH
28 CARE PROFESSIONAL.

29 "LYME DISEASE." THE CLINICAL DIAGNOSIS OF A PATIENT BY A
30 LICENSED PHYSICIAN OR CERTIFIED REGISTERED NURSE PRACTITIONER OF

1 THE PRESENCE OF SIGNS OR SYMPTOMS COMPATIBLE WITH ACUTE, LATE-
2 STAGE, PERSISTENT INFECTION WITH BORRELIA BURGDORFERI OR
3 COMPLICATIONS RELATED TO SUCH INFECTION OR WITH SUCH OTHER
4 STRAINS OF BORRELIA THAT ARE RECOGNIZED BY THE CENTERS FOR
5 DISEASE CONTROL AND PREVENTION AS A CAUSE OF LYME DISEASE. THE
6 TERM INCLUDES INFECTION THAT MEETS THE SURVEILLANCE CRITERIA
7 ESTABLISHED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION
8 AND OTHER ACUTE AND PERSISTENT MANIFESTATIONS OF SUCH AN
9 INFECTION AS DETERMINED BY A PHYSICIAN.

10 "RELATED TICK-BORNE ILLNESS." A CASE OF BARTONELLA,
11 BABESIOSIS/PIROPLASMOSIS, ANAPLASMOSIS, EHRLICHIOSIS OR OTHER
12 TICK-TRANSMISSIBLE ILLNESS. THE TERM DOES NOT INCLUDE LYME
13 DISEASE.

14 "SECRETARY." THE SECRETARY OF HEALTH OF THE COMMONWEALTH.

15 "STATE OFFICIALS." THE TERM INCLUDES THE SECRETARY OF
16 ENVIRONMENTAL PROTECTION OF THE COMMONWEALTH.

17 "TASK FORCE." THE TASK FORCE ESTABLISHED BY THIS ACT.

18 SECTION 5. TASK FORCE.

19 (A) ESTABLISHMENT.--THE DEPARTMENT SHALL ESTABLISH A TASK
20 FORCE ON LYME DISEASE AND RELATED TICK-BORNE DISEASES.

21 (B) PURPOSE.--THE TASK FORCE SHALL INVESTIGATE AND MAKE
22 RECOMMENDATIONS TO THE DEPARTMENT REGARDING:

23 (1) THE SURVEILLANCE AND PREVENTION OF LYME DISEASE AND
24 RELATED TICK-BORNE ILLNESSES IN THIS COMMONWEALTH.

25 (2) RAISING AWARENESS ABOUT THE LONG-TERM EFFECTS OF THE
26 MISDIAGNOSIS OF LYME DISEASE.

27 (3) DEVELOPMENT OF A PROGRAM OF GENERAL PUBLIC AND
28 HEALTH CARE PROFESSIONAL INFORMATION AND EDUCATION REGARDING
29 LYME DISEASE WHICH SHALL INCLUDE THE BROAD SPECTRUM OF
30 SCIENTIFIC AND TREATMENT OPTIONS REGARDING ALL STAGES OF LYME

1 DISEASE AND RELATED TICK-BORNE ILLNESSES.

2 (4) COOPERATION WITH THE PENNSYLVANIA GAME COMMISSION TO
3 DISSEMINATE THE INFORMATION REQUIRED UNDER PARAGRAPH (3) TO
4 LICENSEES OF THE COMMISSION AND THE GENERAL PUBLIC.

5 (5) COOPERATION WITH THE DEPARTMENT OF CONSERVATION AND
6 NATURAL RESOURCES TO DISSEMINATE THE INFORMATION REQUIRED
7 UNDER PARAGRAPH (3) TO THE GENERAL PUBLIC AND VISITORS OF
8 STATE PARKS AND LANDS.

9 (6) COOPERATION WITH THE DEPARTMENT OF EDUCATION TO:

10 (I) DISSEMINATE THE INFORMATION REQUIRED UNDER
11 PARAGRAPH (3) TO SCHOOL ADMINISTRATORS, FACULTY AND
12 STAFF, PARENTS, GUARDIANS AND STUDENTS.

13 (II) DETERMINE WHAT ROLE SCHOOLS MAY PLAY IN THE
14 PREVENTION OF LYME DISEASE, INCLUDING, BUT NOT LIMITED
15 TO, PROMPT REMOVAL AND REPORTING OF TICK REMOVALS TO
16 STATE OFFICIALS.

17 (III) UPDATE POLICIES TO RECOGNIZE SIGNS OR SYMPTOMS
18 OF LYME DISEASE AND RELATED TICK-BORNE ILLNESSES AS
19 HEALTH CONDITIONS POTENTIALLY REQUIRING ACCOMMODATIONS.

20 (7) COOPERATION OF THE DEPARTMENT OF ENVIRONMENTAL
21 PROTECTION TO TEST TICKS AND PROVIDE RESULTS AND TO PUBLISH
22 INFECTION RATES ON ITS PUBLICLY ACCESSIBLE INTERNET WEBSITE.

23 (C) COMPOSITION.--THE TASK FORCE SHALL BE COMPOSED OF THE
24 FOLLOWING INDIVIDUALS:

25 (1) THE SECRETARY OR A DESIGNEE.

26 (2) THE SECRETARY OF THE COMMONWEALTH OR A DESIGNEE.

27 (3) THE SECRETARY OF EDUCATION OR A DESIGNEE.

28 (4) THE DEPUTY SECRETARY FOR CONSERVATION AND
29 ENGINEERING SERVICES IN THE DEPARTMENT OF CONSERVATION AND
30 NATURAL RESOURCES OR A DESIGNEE.

1 (5) THE DIRECTOR OF THE BUREAU OF INFORMATION AND
2 EDUCATION OF THE PENNSYLVANIA GAME COMMISSION OR A DESIGNEE.

3 (6) TWO PHYSICIANS LICENSED IN THIS COMMONWEALTH WHO ARE
4 KNOWLEDGEABLE CONCERNING TREATMENT OF LYME DISEASE AND
5 RELATED TICK-BORNE ILLNESS AND WHO ARE MEMBERS OF THE
6 INTERNATIONAL LYME AND ASSOCIATED DISEASES SOCIETY.

7 (7) TWO PHYSICIANS LICENSED IN THIS COMMONWEALTH WHO ARE
8 KNOWLEDGEABLE CONCERNING TREATMENT OF LYME DISEASE AND
9 RELATED TICK-BORNE ILLNESS AND WHO ARE MEMBERS OF THE
10 INFECTIOUS DISEASES SOCIETY OF AMERICA.

11 (8) AN EPIDEMIOLOGIST LICENSED IN THIS COMMONWEALTH WHO
12 HAS EXPERTISE IN SPIROCHETES AND RELATED INFECTIOUS DISEASES.

13 (9) TWO INDIVIDUALS WHO REPRESENT LYME DISEASE PATIENT
14 GROUPS WHO MAY BE A LYME DISEASE PATIENT OR A FAMILY MEMBER
15 OF A LYME DISEASE PATIENT.

16 (10) ONE INDIVIDUAL WHO IS A LYME DISEASE PATIENT OR
17 FAMILY MEMBER OF A LYME DISEASE PATIENT.

18 (11) TWO REGISTERED NURSES LICENSED IN THIS
19 COMMONWEALTH, ONE OF WHOM IS A CERTIFIED REGISTERED NURSE
20 PRACTITIONER AND BOTH OF WHOM ARE KNOWLEDGEABLE CONCERNING
21 LYME DISEASE AND RELATED TICK-BORNE ILLNESS.

22 (12) THE DIRECTOR OF VECTOR MANAGEMENT OF THE
23 DEPARTMENT OF ENVIRONMENTAL PROTECTION.

24 (13) AN ENTOMOLOGIST WITH THE DEPARTMENT OF ENTOMOLOGY
25 OF THE PENNSYLVANIA STATE UNIVERSITY WHO HAS EXPERIENCE IN
26 TICK IDENTIFICATION AND TICK BORNE DISEASES.

27 (14) A REGISTERED SCHOOL NURSE LICENSED IN THIS
28 COMMONWEALTH WHO IS KNOWLEDGEABLE CONCERNING LYME DISEASE AND
29 RELATED TICK-BORNE ILLNESS.

30 (15) TWO VETERINARIANS LICENSED IN THIS COMMONWEALTH, AT

1 LEAST ONE OF WHOM IS A VETERINARY EPIDEMIOLOGIST AND BOTH OF
2 WHOM ARE KNOWLEDGEABLE CONCERNING LYME DISEASE AND RELATED
3 TICK-BORNE ILLNESS.

4 (D) MEETINGS.--

5 (1) WITHIN 45 DAYS OF THE EFFECTIVE DATE OF THIS
6 SECTION, THE SECRETARY SHALL APPOINT THE MEMBERS OF THE TASK
7 FORCE. THE SECRETARY SHALL APPOINT A CHAIRMAN OF THE TASK
8 FORCE.

9 (2) THE TASK FORCE SHALL CONVENE WITHIN 90 DAYS OF THE
10 EFFECTIVE DATE OF THIS SECTION AND SHALL MEET AT LEAST
11 QUARTERLY.

12 (3) THE TASK FORCE SHALL ISSUE A REPORT WITH
13 RECOMMENDATIONS TO THE SECRETARY WITHIN ONE YEAR OF ITS FIRST
14 MEETING. THE REPORT SHALL ALSO BE TRANSMITTED TO THE PUBLIC
15 HEALTH AND WELFARE COMMITTEE OF THE SENATE AND THE HEALTH
16 COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

17 (4) NOTHING IN THIS ACT SHALL BE CONSTRUED TO PROHIBIT
18 THE TASK FORCE FROM MAKING INTERIM REPORTS.

19 (E) COMPENSATION AND EXPENSES.--THE MEMBERS OF THE TASK
20 FORCE SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES BUT SHALL
21 BE ALLOWED THEIR ACTUAL AND NECESSARY EXPENSES INCURRED IN
22 PERFORMANCE OF THEIR DUTIES. REIMBURSEMENT SHALL BE PROVIDED BY
23 THE DEPARTMENT.

24 (F) DUTIES OF DEPARTMENT.--THE DEPARTMENT SHALL:

25 (1) DEVELOP A PROGRAM OF GENERAL PUBLIC INFORMATION AND
26 EDUCATION REGARDING LYME DISEASE WHICH SHALL INCLUDE THE
27 BROAD SPECTRUM OF SCIENTIFIC AND TREATING OPTIONS REGARDING
28 ALL STAGES OF LYME DISEASE AND RELATED TICK-BORNE ILLNESSES.

29 (2) DEVELOP AN INTENSIVE PROGRAM INCLUDING ACTIVE
30 POPULATION-BASED SURVEILLANCE, ACTIVE TICK SURVEILLANCE AND

1 SENTINEL (NONHUMAN) DATA TO PROVIDE A BETTER UNDERSTANDING
2 OF, INCLUDING, BUT NOT LIMITED TO, DISEASES, GEOGRAPHIC HOT
3 SPOTS AND INFECTIVITY TO BE USED IN TARGETING PREVENTION AND
4 EDUCATION EFFORTS.

5 (3) COOPERATE WITH THE PENNSYLVANIA GAME COMMISSION TO
6 DISSEMINATE THE INFORMATION REQUIRED UNDER PARAGRAPH (1) TO
7 LICENSEES OF THE PENNSYLVANIA GAME COMMISSION AND THE GENERAL
8 PUBLIC.

9 (4) COOPERATE WITH THE DEPARTMENT OF CONSERVATION AND
10 NATURAL RESOURCES TO DISSEMINATE THE INFORMATION REQUIRED
11 UNDER PARAGRAPH (1) TO THE GENERAL PUBLIC AND VISITORS OF
12 STATE PARKS AND LANDS.

13 (5) COOPERATE WITH THE DEPARTMENT OF EDUCATION TO:

14 (I) DISSEMINATE THE INFORMATION REQUIRED UNDER
15 PARAGRAPH (1) TO SCHOOL ADMINISTRATORS, SCHOOL NURSES,
16 FACULTY AND STAFF, PARENTS, GUARDIANS AND STUDENTS.

17 (II) DETERMINE WHAT ROLE SCHOOLS MAY PLAY IN THE
18 PREVENTION OF LYME DISEASE, INCLUDING, BUT NOT LIMITED
19 TO, PROMPT REMOVAL AND REPORTING OF TICK REMOVALS TO
20 STATE OFFICIALS.

21 (III) UPDATE POLICIES TO RECOGNIZE SIGNS OR SYMPTOMS
22 OF LYME DISEASE AND RELATED TICK-BORNE ILLNESSES AS
23 HEALTH CONDITIONS POTENTIALLY REQUIRING ACCOMMODATIONS.

24 (6) COOPERATE WITH PROFESSIONAL ASSOCIATIONS OF HEALTH
25 CARE PROFESSIONALS TO PROVIDE THE EDUCATION PROGRAM FOR
26 PROFESSIONALS REQUIRED UNDER PARAGRAPH (1).

27 (7) COOPERATE WITH THE DEPARTMENT OF ENVIRONMENTAL
28 PROTECTION TO DISSEMINATE TICK INFECTION INFORMATION REQUIRED
29 UNDER PARAGRAPH (1) TO HEALTH CARE PROFESSIONALS AND THE
30 GENERAL PUBLIC.

1 (8) COOPERATE WITH THE PENNSYLVANIA STATE UNIVERSITY,
2 DEPARTMENT OF ENTOMOLOGY, COOPERATIVE EXTENSION PROGRAM FOR
3 INTEGRATED PEST MANAGEMENT, TO DISSEMINATE EDUCATIONAL
4 RESOURCES ABOUT TICKS, RELATED DISEASES AND INTEGRATED PEST
5 MANAGEMENT FOR DISEASE PREVENTION AS REQUIRED UNDER PARAGRAPH
6 (1) TO HEALTH CARE PROFESSIONALS AND THE GENERAL PUBLIC.

7 SECTION 6. EFFECTIVE DATE.

8 THIS ACT SHALL TAKE EFFECT IMMEDIATELY.