
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2242 Session of
2015

INTRODUCED BY BAKER, PICKETT, MILLARD, STAATS, CORBIN, ROZZI,
TOEPEL, D. COSTA, JAMES, DRISCOLL, WARD, CAUSER, WATSON,
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BOBACK, READSHAW, MAHONEY, HENNESSEY, HARHAI, MAJOR, McNEILL,
BRADFORD, SAYLOR, ZIMMERMAN, REGAN, DeLUCA, GILLEN, MILNE,
PHILLIPS-HILL, HEFFLEY AND LAWRENCE, JULY 7, 2016

REFERRED TO COMMITTEE ON HEALTH, JULY 7, 2016

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) From 2002 to 2014, Pennsylvania reported a total of
12 59,478 confirmed cases of Lyme disease and in 2015 reported
13 10,817 new cases ranking highest in the nation in confirmed
14 cases for the last five years.

15 (2) In 2015, the Department of Environmental Protection
16 published a study that confirmed a high risk of Lyme disease

1 in every county of the Commonwealth and that 67 counties had
2 the blacklegged tick.

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

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

10 (5) There are multiple diagnostic and treatment
11 guidelines for diagnosis and treatment of Lyme disease and
12 tick-borne illness; yet, in 2016, the National Guidelines
13 Clearinghouse (NGC) maintains only the International Lyme and
14 Associated Disease Society's (ILADS) guidelines, which
15 guidelines were updated in 2015 and met the more stringent
16 evidence criteria introduced by the NGC in 2014. These
17 guidelines recommend longer-term courses of antibiotics as an
18 option when deemed necessary by health care professionals.
19 The Infectious Disease Society of America's (IDSA) guidelines
20 were removed from the NGC in 2015 because they were "outdated
21 and not in compliance with current standards."

22 (6) A 2013 Centers for Disease Control and Prevention
23 (CDC) study found that only 39% of individuals with Lyme
24 disease were treated using short-term antibiotic
25 recommendations from the IDSA guidelines. The majority of the
26 individuals were treated for longer periods, more in line
27 with the ILADS recommendations.

28 (7) Scientific understanding of these complex tick-borne
29 illnesses is expected to evolve rapidly in the next decade,
30 including diagnosis and treatment options.

1 Section 3. Definitions.

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

5 "Health care practitioner." A health care practitioner as
6 defined in section 103 of the act of July 19, 1979 (P.L.130,
7 No.48), known as the Health Care Facilities Act, who is
8 authorized to prescribe medication in this Commonwealth.

9 "Health insurance policy."

10 (1) Any individual or group health, sickness or accident
11 policy, or subscriber contract or certificate offered, issued
12 or renewed by an entity subject to one of the following:

13 (i) This act.

14 (ii) The act of December 29, 1972 (P.L.1701,
15 No.364), known as the Health Maintenance Organization
16 Act.

17 (iii) The provisions of 40 Pa.C.S. Ch. 61 (relating
18 to hospital plan corporations) or 63 (relating to
19 professional health services plan corporations).

20 (2) The term does not include accident only, fixed
21 indemnity, limited benefit, credit, dental, vision, specified
22 disease, Medicare supplement, Civilian Health and Medical
23 Program of the Uniformed Services (CHAMPUS) supplement, long-
24 term care or disability income, workers' compensation or
25 automobile medical payment insurance.

26 "Lyme disease." Signs or symptoms compatible with acute,
27 late-stage, persistent infection with *Borrelia burgdorferi* or
28 complications related to such infection or with such other
29 strains of *Borrelia*, including, but not limited to, *B.*
30 *miyamotoi*, *B. mayonii*, *B. garinii* and *B. afzelii*, that are

1 recognized by the Centers for Disease Control and Prevention as
2 a cause of Lyme disease. The term includes infection that meets
3 the surveillance criteria established by the Centers for Disease
4 Control and Prevention and other acute and persistent
5 manifestations of such an infection as determined by a health
6 care practitioner.

7 "Related tick-borne illness." The presence of signs or
8 symptoms compatible with infection with bartonella,
9 babesiosis/piroplasmiasis, anaplasmosis, ehrlichiosis, Rocky
10 Mountain spotted fever, rickettsiosis or other tick-
11 transmissible illness or complications related to the
12 infections. The term does not include Lyme disease.

13 Section 4. Legislative intent.

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

18 Section 5. Treatment.

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

28 Section 6. Coverage requirement.

29 The following apply:

30 (1) Every health insurance policy which is delivered,

1 issued for delivery, renewed, extended or modified in this
2 Commonwealth shall cover the prescribed treatment for Lyme
3 disease or related tick-borne illnesses if the diagnosis and
4 treatment plan are documented in the patient's medical
5 record. Treatment plans may include short or longer durations
6 of antibiotic or antimicrobial treatments, as prescribed by
7 the patient's attending health care practitioner.

8 (2) Longer-term antibiotic treatment shall not be
9 denied coverage solely because the treatment may be
10 characterized as unproven, experimental or investigational in
11 nature for the treatment of Lyme disease and related tick-
12 borne illnesses.

13 Section 7. Immunity.

14 (a) General rule.--No health care practitioner shall be
15 subject to disciplinary action by the health care
16 practitioner's licensing board solely for diagnosing Lyme
17 disease or related tick-borne illnesses or for prescribing,
18 administering or dispensing longer-term antibiotic therapies for
19 the therapeutic purpose of eliminating infection or controlling
20 a patient's symptoms when the patient is clinically diagnosed
21 with Lyme disease or related tick-borne illnesses, if the
22 diagnosis, treatment plan and ongoing monitoring has been
23 documented in the patient's medical record.

24 (b) Construction.--Nothing in this section shall be
25 construed to deny the right of a licensing board to deny, revoke
26 or suspend the license of or to discipline any health care
27 practitioner who:

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

30 (2) fails to monitor ongoing care of a patient receiving

1 longer-term antibiotics; or

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

6 Section 8. Effective date.

7 This act shall take effect in 60 days.