
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1299 Session of
2015

INTRODUCED BY GREENLEAF, SCAVELLO, ARGALL, TEPLITZ, WOZNIAK,
RAFFERTY, COSTA, TARTAGLIONE, AUMENT, BAKER, MCGARRIGLE AND
BOSCOLA, JUNE 6, 2016

REFERRED TO BANKING AND INSURANCE, JUNE 6, 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 (provisional cases to be confirmed in 2016),
14 ranking highest in the nation in confirmed cases for the last
15 five years.

16 (2) In 2015, the Department of Environmental Protection
17 published a study that confirmed a high risk of Lyme disease
18 in every county of the Commonwealth and that 67 counties had

1 the blacklegged tick.

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

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

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19 were removed from the NGC in 2015 because they were "outdated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

21 (6) A 2013 Centers for Disease Control and Prevention
22 (CDC) study found that only 39% of individuals with Lyme
23 disease were treated using short-term antibiotic
24 recommendations from the IDSA guidelines. The majority of the
25 individuals were treated for longer periods, more in line
26 with the International Lyme and Associated Disease Society's
27 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 (8) The exercise of the patient's right of self-
2 determination is a cornerstone of medical ethics, endorsed by
3 the American Medical Association, American College of
4 Physicians and other professional medical organizations.
5 Patients should be fully informed of their options, taking
6 into account the best scientific evidence available,
7 especially in emerging diseases, and the physician's clinical
8 judgment and, in light of the patient's values and
9 preferences, patients should be informed in order to make the
10 best decision for themselves.

11 (9) In 2014, the Massachusetts Center for Health and
12 Information Analysis (CHIA) found little to no increase in
13 insurance costs as a result of expanding coverage to include
14 longer-term courses of antibiotics. The expansion by fully-
15 insured health plans was projected to result in an average
16 annual increase, over five years, to the typical member's
17 monthly health insurance premiums of between a negligible
18 amount and \$0.13 per year.

19 Section 3. Definitions.

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

23 "Clinical diagnosis." A diagnosis of a patient based
24 primarily on information obtained from medical history, a
25 physical examination of the patient and review of medical
26 records, including laboratory tests and radiologic studies or
27 other differential diagnostic testing.

28 "Health care professional." A licensed physician,
29 physician's assistant, certified registered nurse practitioner
30 or other licensed health care professional.

1 "Lyme disease." Signs or symptoms compatible with acute,
2 late-stage, persistent infection with *Borrelia burgdorferi* or
3 complications related to such infection or with such other
4 strains of *Borrelia*, including, but not limited to, *B.*
5 *miyamotoi*, *B. mayonii*, *B. garinii* and *B. afzelii*, that are
6 recognized by the Centers for Disease Control and Prevention as
7 a cause of Lyme disease. The term includes infection that meets
8 the surveillance criteria established by the Centers for Disease
9 Control and Prevention and other acute and persistent
10 manifestations of such an infection as determined by a health
11 care professional.

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

18 "Surveillance criteria." The set of case definition
19 standards established by the Centers for Disease Control and
20 Prevention for the purposes of consistency in research or for
21 evaluating trends in the spread of various diseases, but which
22 the Centers for Disease Control and Prevention does not intend
23 to be used by health care professionals for individual patient
24 diagnoses.

25 Section 4. Legislative intent.

26 It is the intent of the General Assembly to ensure that
27 patients have access to available and emerging diagnostics and
28 treatment options for Lyme disease and related tick-borne
29 illnesses as prescribed by attending health care professionals.

30 Section 5. Treatment.

1 A licensed health care professional may order diagnostic
2 testing and prescribe, administer or dispense antibiotic therapy
3 of the duration they determine appropriate for the patient, for
4 the therapeutic purpose of eliminating or controlling a
5 patient's infection or symptoms upon making a clinical diagnosis
6 that the patient has Lyme disease or a related tick-borne
7 illness or displays symptoms consistent with a clinical
8 diagnosis of Lyme disease or related tick-borne illnesses and by
9 documenting the diagnosis and treatment in the patient's medical
10 records.

11 Section 6. Required coverage.

12 (a) Duty to provide.--

13 (1) Except as provided in subsection (b), every health
14 care policy which is delivered, issued for delivery, renewed,
15 extended or modified in this Commonwealth by a health insurer
16 shall cover the prescribed treatment for Lyme disease or
17 related tick-borne illnesses if the diagnosis and treatment
18 plan are documented in the patient's medical record.

19 Treatment plans may include short or longer durations of
20 antibiotic or antimicrobial treatments, as prescribed by the
21 patient's attending health care professional.

22 (2) Longer-term antibiotic treatment otherwise eligible
23 for benefits under this section shall not be denied coverage
24 solely because the treatment may be characterized as
25 unproven, experimental or investigational in nature for the
26 treatment of Lyme disease and related tick-borne illnesses.

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

29 (1) Hospital indemnity.

30 (2) Accident.

- 1 (3) Specified disease.
- 2 (4) Disability income.
- 3 (5) Dental.
- 4 (6) Vision.
- 5 (7) Medicare and Medicare Advantage.
- 6 (8) Any federally funded plans, including TRICARE,
- 7 formerly CHAMPUS, covering military personnel and dependents,
- 8 Veterans Administration and the Federal Employee's Health
- 9 Benefit Plan.
- 10 (9) Self-insured plans, subject to Federal law.
- 11 (10) Other limited insurance benefit plans.

12 Section 7. Immunity.

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

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

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

29 (2) fails to monitor ongoing care of a patient receiving
30 longer-term antibiotics; or

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

5 Section 8. Effective date.

6 This act shall take effect immediately.