
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 629 Session of
2019

INTRODUCED BY RAPP, KAUFFMAN, BOROWICZ, HERSHEY, OWLETT,
ZIMMERMAN, SAYLOR, REESE, ROTHMAN, GLEIM, STRUZZI, HARKINS,
MURT, STURLA, QUINN, READSHAW, T. DAVIS, JAMES, STAATS,
PEIFER, BARRAR, McNEILL, D. MILLER, JOZWIAK, FREEMAN, BOBACK,
MACKENZIE, OTTEN, DeLUCA, CAUSER, PICKETT, LAWRENCE,
B. MILLER, GILLEN, GABLER AND MASSER, FEBRUARY 28, 2019

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 28, 2019

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 2017, Pennsylvania reported 79,283
12 confirmed cases of Lyme disease and in 2017 reported 10,001
13 new cases, ranking highest in the nation in confirmed cases
14 for the last seven 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 this Commonwealth and noted that 67
2 counties had 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 Guideline
13 Clearinghouse (NGC) maintains only the International Lyme and
14 Associated Diseases 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 Diseases Society of America's (IDSA)
20 guidelines were removed from the NGC in 2015 because they
21 were "outdated and not in compliance with current standards."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) An 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) The act of May 17, 1921 (P.L.682, No.284), known
14 as The Insurance Company Law of 1921.

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

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

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

27 "Lyme disease." Signs or symptoms compatible with acute,
28 late-stage, persistent infection with *Borrelia burgdorferi* or
29 complications related to the infection or with other strains of
30 *Borrelia*, including, but not limited to, *B. miyamotoi*, *B.*

1 *mayonii*, *B. garinii* and *B. afzelii*, that are recognized by the
2 Centers for Disease Control and Prevention as a cause of Lyme
3 disease. The term includes infection that meets the surveillance
4 criteria established by the Centers for Disease Control and
5 Prevention and other acute and persistent manifestations of the
6 infection as determined by a health 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. Treatment.

14 A health care practitioner may order diagnostic testing and
15 prescribe, administer or dispense antibiotic therapy for the
16 duration the health care practitioner determines appropriate for
17 a patient, for the therapeutic purpose of eliminating or
18 controlling a patient's infection or symptoms, upon making a
19 clinical diagnosis that the patient has Lyme disease or a
20 related tick-borne illness or displays symptoms consistent with
21 a clinical diagnosis of Lyme disease or related tick-borne
22 illness. The health care practitioner must document the
23 diagnosis and treatment in the patient's medical records.

24 Section 5. Coverage requirement.

25 The following apply:

26 (1) Every health insurance policy which is delivered,
27 issued for delivery, renewed, extended or modified in this
28 Commonwealth shall cover the prescribed treatment for Lyme
29 disease and related tick-borne illnesses if the diagnosis and
30 treatment plan are documented in the patient's medical

1 record. Treatment plans may include short or longer durations
2 of antibiotic or antimicrobial treatments, as prescribed by
3 the patient's attending health care practitioner.

4 (2) Coverage of longer-term antibiotic treatment shall
5 not be denied solely because the treatment may be
6 characterized as unproven, experimental or investigational in
7 nature for the treatment of Lyme disease and related tick-
8 borne illnesses.

9 Section 6. Immunity.

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

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

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

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

28 (3) fails to keep complete and accurate records of the
29 diagnosis, treatment and response to treatment of a patient
30 receiving longer-term antibiotic treatment relating to Lyme

1 disease or a related tick-borne illness.

2 Section 7. Effective date.

3 This act shall take effect in 180 days.