

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, MASSER, ECKER, RAVENSTAHL, HANBIDGE, MILLARD, EVERETT, EMRICK AND FRITZ, FEBRUARY 28, 2019

AS REPORTED FROM COMMITTEE ON HEALTH, HOUSE OF REPRESENTATIVES, AS AMENDED, MARCH 25, 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~~ 1990 to 2017, Pennsylvania reported ~~79,283~~<--
12 116,824 confirmed cases of Lyme disease and in 2017 reported <--
13 ~~10,001~~ 11,900 new cases, ranking highest in the nation in <--
14 confirmed cases for the last seven years. BECAUSE THE UNITED <--
15 STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR

1 DISEASE CONTROL AND PREVENTION ESTIMATES CASES MAY BE
2 UNDERREPORTED BY A FACTOR OF 10, IT IS ESTIMATED THAT THE
3 NUMBER OF LYME DISEASE CASES IN PENNSYLVANIA IN 2017 WAS
4 CLOSER TO 119,000.

5 (2) In 2015, the Department of Environmental Protection
6 published a study that confirmed a high risk of Lyme disease
7 in every county of this Commonwealth and noted that 67
8 counties had the blacklegged tick.

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

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

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27 ~~were "outdated and not in compliance with current~~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

29 (6) A 2013 Centers for Disease Control and Prevention
30 (CDC) study found that only 39% of individuals with Lyme

1 disease were treated using short-term ~~antibiotic~~ <--
2 ~~recommendations from the IDSA guidelines~~ ANTIBIOTICS. The <--
3 majority of the individuals were treated for longer periods, <--
4 ~~more in line with the ILADS recommendations.~~

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

8 Section 3. Definitions.

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

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

16 "Health insurance policy."

17 (1) An individual or group health, sickness or accident
18 policy, or subscriber contract or certificate offered, issued
19 or renewed by an entity subject to one of the following:

20 (i) The act of May 17, 1921 (P.L.682, No.284), known
21 as The Insurance Company Law of 1921, INCLUDING SECTION <--
22 630 AND ARTICLE XXIV OF THE ACT.

23 (ii) The act of December 29, 1972 (P.L.1701,
24 No.364), known as the Health Maintenance Organization
25 Act.

26 (iii) The provisions of 40 Pa.C.S. Ch. 61 (relating
27 to hospital plan corporations) or 63 (relating to
28 professional health services plan corporations).

29 (2) The term does not include accident only, fixed
30 indemnity, limited benefit, credit, dental, vision, specified

1 disease, Medicare supplement, Civilian Health and Medical
2 Program of the Uniformed Services (CHAMPUS) supplement, long-
3 term care or disability income, workers' compensation or
4 automobile medical payment insurance.

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

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

21 Section 4. Treatment.

22 A health care practitioner may order diagnostic testing and
23 prescribe, administer or dispense antibiotic therapy for the
24 duration the health care practitioner determines appropriate for
25 a patient, for the therapeutic purpose of eliminating or
26 controlling a patient's infection or symptoms, upon making a
27 clinical diagnosis that the patient has Lyme disease or a
28 related tick-borne illness or displays symptoms consistent with
29 a clinical diagnosis of Lyme disease or related tick-borne
30 illness. The health care practitioner must document the

1 diagnosis and treatment in the patient's medical records.

2 Section 5. Coverage requirement.

3 The following apply:

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

12 (2) Coverage of longer-term antibiotic treatment ~~shall~~ <--
13 MAY not be denied solely because the treatment may be <--
14 characterized as unproven, experimental or investigational in
15 nature for the treatment of Lyme disease and related tick-
16 borne illnesses.

17 Section 6. Immunity.

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

28 (b) Construction.--Nothing in this section shall be
29 construed to deny the right of a licensing board to deny, revoke
30 or suspend the license of or to discipline any health care

1 practitioner who:

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

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

6 (3) fails to keep complete and accurate records of the
7 diagnosis, treatment and response to treatment of a patient
8 receiving longer-term antibiotic treatment relating to Lyme
9 disease or a related tick-borne illness.

10 SECTION 7. APPLICABILITY. <--

11 (A) HEALTH INSURANCE POLICIES.--THIS ACT SHALL APPLY TO
12 HEALTH INSURANCE POLICIES AS FOLLOWS:

13 (1) FOR A HEALTH INSURANCE POLICY FOR WHICH EITHER RATES
14 OR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL GOVERNMENT
15 OR THE INSURANCE DEPARTMENT, THIS ACT SHALL APPLY TO ANY
16 POLICY FOR WHICH A FORM OR RATE IS FIRST FILED ON OR AFTER
17 180 DAYS AFTER THE DATE OF ENACTMENT OF THIS ACT.

18 (2) FOR A HEALTH INSURANCE POLICY FOR WHICH NEITHER
19 RATES NOR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL
20 GOVERNMENT OR THE INSURANCE DEPARTMENT, THIS ACT SHALL APPLY
21 TO ANY POLICY ISSUED OR RENEWED ON OR AFTER 180 DAYS AFTER
22 THE DATE OF ENACTMENT OF THIS ACT.

23 (B) CONTRACTS.--THIS ACT SHALL APPLY TO CONTRACTS BETWEEN
24 HEALTH CARE PRACTITIONERS AND INSURERS THAT ARE EXECUTED OR
25 RENEWED ON OR AFTER 180 DAYS AFTER THE DATE OF ENACTMENT OF THIS
26 ACT.

27 Section 7 8. Effective date. <--

28 This act shall take effect in 180 days.