
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 174 Session of
2017

INTRODUCED BY BAKER, METZGAR, SCHWEYER, MILLARD, KAUFFMAN,
CAUSER, CORBIN, BARRAR, McNEILL, MURT, MACKENZIE, D. MILLER,
GAINNEY, DEAN, O'BRIEN, WHEELAND, WATSON, READSHAW, ROZZI,
BOBACK, PICKETT, ZIMMERMAN, PEIFER, WARD, LAWRENCE, MARSICO,
ORTITAY, HAHN, GABLER, R. BROWN AND FREEMAN, JANUARY 23, 2017

REFERRED TO COMMITTEE ON HEALTH, JANUARY 23, 2017

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
17 in every county of this 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 Guideline
12 Clearinghouse (NGC) maintains only the International Lyme and
13 Associated Diseases 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 Diseases Society of America's (IDSA)
19 guidelines were removed from the NGC in 2015 because they
20 were "outdated and not in compliance with current standards."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 ILADS recommendations.

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

30 Section 3. Definitions.

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

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

8 "Health insurance policy."

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

12 (i) The act of May 17, 1921 (P.L.682, No.284), known
13 as The Insurance Company Law of 1921.

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 the infection or with other strains of
29 *Borrelia*, including, but not limited to, *B. miyamotoi*, *B.*
30 *mayonii*, *B. garinii* and *B. afzelii*, that are recognized by the

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

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

12 Section 4. Treatment.

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

23 Section 5. Coverage requirement.

24 The following apply:

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

1 of antibiotic or antimicrobial treatments, as prescribed by
2 the patient's attending health care practitioner.

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

8 Section 6. Immunity.

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

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

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

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

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

1 Section 7. Effective date.

2 This act shall take effect in 180 days.