

Legislative Analysis



LYME DISEASE PROTOCOLS

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House Bill 4603 as introduced
Sponsor: Rep. Gary R. Eisen

Analysis available at
<http://www.legislature.mi.gov>

House Bills 4604, 4607, 4608, and 4609
as introduced
Sponsor: Rep. Karen Whitsett

House Bill 4606 as introduced
Sponsor: Rep. Michele Hoyenga

House Bill 4605 as introduced
Sponsor: Rep. Sheldon A. Neeley

House Bill 4659 as introduced
Sponsor: Rep. Sheryl Y. Kennedy

Committee: Health Policy
Complete to 6-12-19

SUMMARY:

House Bills 4603 to 4609 and 4659 would incorporate precautions and protocols regarding Lyme disease into the Public Health Code, the Insurance Code, the Social Welfare Act, and the Natural Resources and Environmental Protection Act (NREPA).

House Bill 4603 would mandate that Lyme disease be included in the annual list of reportable diseases, infections, and disabilities under Article 5 (Prevention and Control of Diseases and Disabilities) of the Public Health Code.

The bill would require the Michigan Department of Health and Human Services (DHHS) to establish by rule requirements for reporting and other methods for measuring the occurrence of Lyme disease. The rules would have to require that a licensed health professional or health facility submit to DHHS or a local health department a report of an individual diagnosed with Lyme disease within 24 hours of the diagnosis. A violation of this requirement would be punishable by a warning from DHHS for a first violation, and a civil fine of between \$10 and \$100 for a second or subsequent violation.

MCL 333.5111

House Bill 4604 would add a section to the Insurance Code to require that insurers that deliver, issue for delivery, or renew a health insurance policy in Michigan provide coverage for Lyme disease treatment.

Proposed MCL 500.3406u

House Bill 4605 would add a section to the Public Health Code to limit liability for treatment of Lyme disease. Specifically, it would provide that, except in cases DHHS determined qualify as gross negligence or willful misconduct, a licensee or registrant who prescribed, administered, or dispensed a long-term antibiotic for the treatment of Lyme disease within his

or her scope of practice would not be subject to administrative action under Article 15 of the code, which governs occupations.

Proposed MCL 333.16221c

House Bill 4606 would add a section to Article 9 (Supportive Personal Health Services) of the Public Health Code, which would require testing for Lyme disease when certain health care licensees procure or collect blood, tissues, or organs for the purposes of transplantation, transfusion, introduction, or injection into a human body, except in an emergency situation. If the results of the test were positive, the specimen could not be used for transplantation, transfusion, introduction, or injection. If an emergency situation prevented the test from being conducted, the person receiving the specimen would have to have been informed and have agreed to the use of the specimen.

A person donating blood exclusively for his or her own transfusion needs whose test was positive could use the blood for that purpose as long as he or she and the person responsible for the transfusion had been informed and had consented to the use of the blood.

Additionally, under the bill, a person who ordered or performed a test for Lyme disease would have to inform the donor of a positive result.

MCL 333.9123

House Bill 4607 would add a section to the Public Health Code to require that a licensee who orders a laboratory test for Lyme disease also order an enzyme-linked immunosorbent assay (ELISA) test and a Western blot assay test, and also that the licensee provide the patient with information on Lyme disease and testing for Lyme disease before the tests are performed. The information would have to include all of the following:

- Information on the available treatment options for Lyme disease, a list of physicians with expertise in treating Lyme disease, and the symptoms and complications that a person with Lyme disease could experience.
- A notice saying, effectively, “Your health care provider has ordered a laboratory test for the presence of Lyme disease for you. Current laboratory testing for Lyme disease can be problematic, and standard laboratory tests often result in false negative and false positive results. If tested too early, you may not have produced enough antibodies to be considered positive because your immune response requires time to develop antibodies. If you are tested for Lyme disease and the results are negative, this does not necessarily mean that you do not have Lyme disease. If you continue to experience unexplained symptoms, you should contact your health care provider and inquire about the appropriateness of retesting or initial or additional treatment.”

Additionally, the bill would provide that a licensee who prescribed, administered, or dispensed an oral long-term antibiotic or an intravenous antibiotic administered through a vascular access device for the treatment of Lyme disease would not be subject to administrative action under Article 15 of the code, which governs occupations.

The bill would take effect 90 days after enactment.

Proposed MCL 333.16279

House Bill 4608 would add a section to Article 5 (Prevention and Control of Diseases and Disabilities) of the Public Health Code, requiring DHHS to develop standardized procedures and notifications regarding Lyme disease within 90 days of the bill's effective date. In consultation with *interested persons*, DHHS would have to develop both of the following:

- A standardized procedure for the diagnosis and treatment of Lyme disease and other tick-borne diseases identified by DHHS. The procedures would have to include providing guidance to health care providers in case a test is negative but a symptom persists.
- A standardized notification form to be distributed by health care providers to individuals being tested for Lyme disease or another tick-borne disease identified by DHHS. The notification form would have to be written in easy-to-understand language and contain the symptoms and risk factors, available methods for detection and diagnosis, and possible coinfections, as well as any other information DHHS considers relevant.

Under the bill, DHHS would have to distribute the procedures and notification form to health care providers and periodically review both and provide updates in case of advancements in testing and treatment.

Interested persons would mean a health care provider, research expert, and any other person DHHS considered necessary or appropriate, including the Michigan Lyme Disease Association, the Lyme Disease Association, the Michigan Board of Medicine, and the Michigan Board of Osteopathic Medicine and Surgery.

Proposed MCL 333.5147

House Bill 4609 would amend the Social Welfare Act to provide that an eligible individual could receive diagnostic and treatment services for Lyme disease or other related tick-borne illnesses and that it would be considered a medical service that could be provided under the act.

MCL 400.109

House Bill 4659 would add a section to NREPA that would require the Department of Natural Resources (DNR) to install warnings of Lyme disease at state parks and other locations.

By one year after the act took effect, DNR would have to install a sign warning that ticks could be found in the area and that tick bites could result in Lyme disease or other tick-borne diseases, at state park entrances, state park and state forest campgrounds, and access points to state trails.

Proposed MCL 324.515

Effective dates

House Bills 4605 and 4607 would take effect 90 days after enactment. House Bill 4604 would take effect for specified policies beginning 90 days after enactment.

FISCAL IMPACT:

House Bill 4603 may have fiscal implications for DHHS to report and track all cases of Lyme disease. The Michigan Disease Surveillance System is currently in place, which includes reporting of Lyme disease and about 140 other conditions, under which a weekly disease report is issued. Reporting to local health departments may have local government fiscal implications if tracking and response volume or systems are increased or altered from the current process. Revenue from civil fines as a result of reporting violations would be dedicated to the state general fund unless otherwise dedicated within the Public Health Code.

House Bills 4604, 4605, 4606, and 4607 would have no fiscal impact on state or local government.

House Bill 4608 would have fiscal implications for DHHS to establish, distribute to health care providers, and periodically review standardized procedures and notification forms about Lyme disease and other tick-borne diseases. DHHS currently has materials publicly available which may reduce the fiscal impact of carrying out the requirements of the bill.

House Bill 4609 would have no fiscal impact on state or local units of government. Medicaid currently provides enrollees diagnostic and treatment services for Lyme disease and other illnesses caused by tick-borne pathogens. This bill would only codify current practice into state law.

House Bill 4659 is likely to increase costs for the DNR by requiring the department to install signage at entrances to state parks, state forest campgrounds, and state trail access points warning of ticks and tick-borne illnesses. The department estimates that more than 2,000 installations would be required under the bill for a total cost of more than \$10,000, to be funded by annual appropriations. The DNR supports more than 130 state forest campgrounds and over 12,000 miles of state-designated trails from the annual Forest Recreation and Trails appropriation, which is \$6.3 million in FY 2018-19. Michigan's 103 state park facilities are supported by an appropriation of \$75.1 million in FY 2018-19. The bill is unlikely to affect departmental revenues or local government costs or revenues.

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