

# STATE OF NEW YORK

4508

2023-2024 Regular Sessions

## IN SENATE

February 9, 2023

Introduced by Sen. STEC -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to creating a pilot program for Lyme and tick-borne disease testing in children

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 206-b of the public health law, as added by chapter  
2 260 of the laws of 1988, is amended to read as follows:

3 § 206-b. Lyme and tick-borne disease. 1. Special requirements with  
4 respect to Lyme disease diagnosis. [~~1-~~] a. Within thirty days after the  
5 effective date of this section, the commissioner shall, in writing,  
6 order every physician practicing in Suffolk, Westchester and Nassau  
7 counties to review the medical records of any patient such physician  
8 treated during the period commencing January first, nineteen hundred  
9 seventy-five and ending on the date of such order wherein such physician  
10 made a diagnosis of juvenile rheumatoid arthritis and to review the  
11 circumstances of such diagnosis to reconsider whether such patient has  
12 suffered, or is suffering, from the complex, multi-system disorder  
13 caused by the bacterium *Borrelia burgdorferi*, which disease is transmit-  
14 ted by the *Ixodes dammini* tick and is commonly referred to as "Lyme  
15 disease". In any case where a hospital or other health care institution  
16 or provider has custody or control of the medical records for a patient  
17 so diagnosed, upon request such physician shall be entitled to review  
18 such medical records for purposes of complying with such order or the  
19 commissioner may order any such hospital or other health care institu-  
20 tion or provider wherever situated within the state to review such  
21 records to reconsider a diagnosis of Lyme disease.

22 [~~2-~~] b. The commissioner, upon a showing that there is a reasonable  
23 basis to believe that the order provided for herein has not been  
24 complied with, shall be entitled to apply to a justice of the supreme  
25 court for an order requiring any such physician to submit for the

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[~~-~~] is old law to be omitted.

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1 commissioner's consideration such records, charts or other pertinent  
2 data which will enable him or her to determine whether there has been  
3 full compliance with such order.

4 ~~[3-]~~ c. In any case where a review of such records indicates that a  
5 patient may have been, or is, suffering from Lyme disease, such physi-  
6 cian shall, consistent with customary and acceptable medical standards,  
7 take such action he or she deems necessary to inform such patient or in  
8 the case of a minor, his or her parent or guardian of his or her find-  
9 ings, conduct additional tests, administer other necessary treatments or  
10 refer such patient to another physician for further diagnosis and/or  
11 treatment.

12 2. Pilot program for Lyme and tick-borne disease testing in children.

13 a. Subject to appropriation, the commissioner is hereby authorized to  
14 establish a pilot program to test for Lyme and tick-borne diseases in  
15 children with qualifying diagnoses who present with similar symptoms.  
16 Such program, subject to the rules and regulations of the commissioner,  
17 shall provide for a test to rule out Lyme and tick-borne diseases in  
18 children with a qualifying diagnosis by an approved New York state qual-  
19 ified medical research institution or laboratory, at the request of a  
20 patient, medical provider, practitioner, hospital, or health care facil-  
21 ity. The qualified medical research institution or laboratory shall be  
22 responsible for conducting serology testing, or other Lyme and tick-  
23 borne disease tests approved by the commissioner, to determine the esti-  
24 imated rate of misdiagnosis and co-infections in children and for the  
25 development of continuing graduate medical education curriculum address-  
26 ing the symptoms and diagnostic tools that can assist in accurately  
27 identifying and testing for Lyme and tick-borne diseases in children.  
28 The qualified medical research institution or laboratory may work with  
29 not-for-profits, professional associations, or academic institutions to  
30 develop the continuing graduate medical education curriculum.

31 b. For purposes of this subdivision, the following terms shall have  
32 the following meanings:

33 (i) "qualified medical research institution or laboratory" may include  
34 academic medical institutions, agencies, public or private organiza-  
35 tions, public or private laboratories or any other institution or labo-  
36 ratory approved by the department that is conducting Lyme and tick-borne  
37 disease research, including but not limited to, testing for the presence  
38 of such infections;

39 (ii) "qualifying diagnoses" shall mean juvenile rheumatoid arthritis  
40 or any other common medical diagnosis that presents with similar symp-  
41 toms to Lyme and tick-borne disease infections that the commissioner  
42 deems relevant; and

43 (iii) "children" shall mean all individuals under the age of eighteen  
44 who have a qualifying diagnosis.

45 c. The commissioner shall require the qualified medical research  
46 institution or laboratory under the pilot program to submit an annual  
47 report, which shall include data analyzing the cost, efficiency, and  
48 accuracy of tests provided under such program. The report shall also  
49 include estimated rates of misdiagnosis or co-infections of Lyme and  
50 tick-borne diseases of children with qualifying diagnoses. On or before  
51 December thirty-first, two thousand twenty-four, and annually thereaft-  
52 er, the commissioner shall submit such report to the governor, the  
53 temporary president of the senate and the speaker of the assembly.

54 d. Participation in the pilot program shall be voluntary and subject  
55 to participation guidelines established by the department. Nothing in  
56 this subdivision shall establish liability for any reasonable acts or

1 omissions on the part of a hospital, health care institution, or provid-  
2 er participating in the program.

3 § 2. This act shall take effect on the ninetieth day after it shall  
4 have become a law.