SPONSOR: Rep. Schwartzkopf & Rep. D. Short & Sen. Lopez & Sen. Ennis
Reps. Baumbach, Bentz, Carson, Dukes, Gray, Heffernan, Hensley, Hudson, Jaques, Q. Johnson, Keeley, Kenton, Kowalko, Longhurst, Lynn, Miro, Mitchell, Mulrooney, Osienski, Outten, Potter, Ramone, B. Short, M. Smith, Smyk, Spiegelman, Viola, K. Williams, Wilson, Yearick; Sens. Blevins, Bushweller, Hall-Long, Henry, Hocker, Lavelle, Marshall, McDowell, Pettyjohn, Richardson, Sokola

HOUSE OF REPRESENTATIVES
148th GENERAL ASSEMBLY

HOUSE BILL NO. 291

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE CREATION OF AN OVERSIGHT BOARD TO EDUCATE HEALTH CARE PROFESSIONALS ABOUT LYME DISEASE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Subchapter II, Chapter 1, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 140. Lyme disease education oversight board.

(a) The Lyme Disease Education Oversight Board ("the Board") is established to implement health care professional education on Lyme disease to improve understanding of the disease. For administrative and budgetary purposes only, the Board shall be placed within the Department of Health and Social Services. The Delaware Division of Public Health shall provide staff support for the Board.

(b) The Board shall consist of 7 members who possess the qualifications and are appointed as follows:

(1) The Governor shall appoint:

a. One member who is an advocate for the prevention and treatment of Lyme disease, such as a Lyme disease patient or patient advocate.

b. One member who is licensed to practice medicine in Delaware.

c. One member who is licensed to practice nursing in Delaware.

d. One member who is a licensed health care professional other than physicians or nurses.

e. One member who has knowledge and experience in the licensure and regulation of health care.

(2) The Pro Tempore of the Delaware State Senate shall appoint 1 member of the Lyme Disease Prevention Task Force established by Senate Joint Resolution No. 10 of the 147th General Assembly. Upon the resignation or replacement of that member, the Pro Tempore shall appoint a member to represent the public at large.

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(3) The Speaker of the Delaware House of Representatives shall appoint 1 member of the Lyme Disease Prevention Task Force established by Senate Joint Resolution No. 10 of the 147th General Assembly. Upon the resignation or replacement of that member, the Speaker shall appoint a member to represent the public at large.

(c) The Board shall:

(1) Determine the content of Lyme disease medical education materials, ensuring quality and balanced medical education.

(2) Educate health care professionals in the State that Lyme disease can be diagnosed clinically based on history and physical examination, and serologic antibody testing can confirm, but is not required to make, a clinical diagnosis.

(3) Educate health care professionals to develop a high level of awareness of Lyme disease.

(4) Develop continuing medical education credits and nursing continuing education units on Lyme disease and encourage health care professionals to take the continuing education courses as soon as reasonably practicable.

(5) Host continuing medical education and nursing continuing education trainings in all three counties and, if reasonably practicable, at hospitals to encourage the largest possible attendance by health care professionals.

(6) Deliver education in a variety of methods, using professional associations, medical journals, radio, Internet, conferences, and linking medical training with a public awareness campaign.

(d) Appointment terms for the Board are as follows:

(1) The members appointed by the Pro Tempore of the Senate and the Speaker of the House and the member who is an advocate for the prevention and treatment of Lyme disease are appointed for an initial term of 3 years.

(2) The member who is licensed to practice medicine and the member who is licensed to practice nursing are appointed for an initial term of 2 years.

(3) The member who is a health care professional other than physician or nurse and the member who has knowledge and experience in the licensure and regulation of health care are appointed for an initial term of 1 year.

(4) After the initial terms, members are appointed or reappointed for terms of 3 years, but each appointing authority may appoint or reappoint members for a term of less than 3 years to ensure that no more than 3 members' terms expire annually.

(e) The Board shall select a Chair and Vice Chair from among its members.

(f) A majority of members appointed to the Board shall constitute a quorum to conduct official business.

(g) Members of the Board shall serve without compensation, except that they shall be reimbursed for reasonable and necessary expenses incident to their duties as members of the Board. The Department shall pay such expenses.

(h) The Department shall submit to the Governor and the General Assembly an annual report that contains, at a minimum, all of the following information:

(1) The title, description, and schedule of continuing medical education and nursing continuing education courses related to Lyme disease education.

(2) Attendance of continuing medical education and nursing continuing education courses by the health care professional population.

(3) Specific accounting of fees and costs.

Section 2. This Act expires 8 years after its enactment into law unless otherwise provided by a subsequent act of the General Assembly.

SYNOPSIS

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and transmitted through the bite of an infected tick. Typical symptoms include fatigue, fever, and headache. Without treatment, the infection can damage the joints, heart, and central nervous symptom, resulting in meningitis, temporary facial paralysis, and impaired muscle function. Newly-diagnosed patients can be treated with antibiotics. Even with treatment, many patients experience chronic symptoms. Due to the general nature of the symptoms and lack of awareness or understanding of the disease, however, many patients have experienced difficulty in receiving an accurate diagnosis and receiving appropriate treatment.

According to the Centers for Disease Control, the number of people diagnosed with Lyme disease each year is around 300,000. Delaware, along with our neighboring states, is in the red zone for Lyme disease. In 2013, 13 states in the northeast region of the U.S. alone reported more than 94% of the confirmed cases of Lyme disease across the country; Delaware had the 6th highest incidence of those reported cases. Delaware has a greater need to understand and respond to Lyme disease than other states. The statistics show that Delaware has a heightened interest in educating its health care professionals about Lyme disease.

This Act is the result of the findings of the Lyme Disease Task Force ("the Task Force"). On June 1, 2015, the Task Force issued a report that made several recommendations to address this critical health threat which is unique to Delawareans, including the creation of the Lyme Disease Education Oversight Board ("the Board"), which is tasked with the following:

(1) Educating health care professionals to develop a high index of suspicion for Lyme disease, because Delaware is in an endemic area for the disease.
(2) Educating health care professionals that Lyme disease can be diagnosed clinically based on history and physical examination, and serologic antibody testing can confirm, but is not required to make, a clinical diagnosis.
(3) Encouraging continuing medical education credits and nursing continuing education units regarding Lyme disease and make the topic enticing to encourage health care professionals to attend such courses as soon as they are available.
(4) Hosting continuing education credits and units in all three counties, making efforts to host the courses in hospitals to get the most health care professionals together at once.
(5) Delivering education in a variety of methods, using professional associations, medical journals, radio, internet, and conferences, and linking medical training with a public awareness campaign.
(6) Trying to bring all health care professionals together for collaboration.

This Act includes a sunset provision and will expire 8 years after its enactment unless otherwise provided by a subsequent act of the General Assembly.