

SENATE BILL NO. 887

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHROER.

5289S.011

KRISTINA MARTIN, Secretary

AN ACT

To repeal section 192.020, RSMo, and to enact in lieu thereof five new sections relating to Lyme disease.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 192.020, RSMo, is repealed and five
2 new sections enacted in lieu thereof, to be known as sections
3 192.020, 192.026, 192.027, 192.028, and 376.1223, to read as
4 follows:

192.020. 1. It shall be the general duty and
2 responsibility of the department of health and senior
3 services to safeguard the health of the people in the state
4 and all its subdivisions. It shall make a study of the
5 causes and prevention of diseases. It shall designate those
6 diseases which are infectious, contagious, communicable or
7 dangerous in their nature and shall make and enforce
8 adequate orders, findings, rules and regulations to prevent
9 the spread of such diseases and to determine the prevalence
10 of such diseases within the state. It shall have power and
11 authority, with approval of the director of the department,
12 to make such orders, findings, rules and regulations as will
13 prevent the entrance of infectious, contagious and
14 communicable diseases into the state.

15 2. The department of health and senior services shall
16 include in its list of communicable or infectious diseases

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

which must be reported to the department methicillin-resistant staphylococcus aureus (MRSA), carbapenem-resistant enterobacteriaceae (CRE) as specified by the department, [and] vancomycin-resistant enterococcus (VRE), and Lyme disease.

192.026. 1. This section and sections 192.027, 192.028, and 376.1223 shall be known and may be cited as the "Missouri Lyme Disease Eradication Act".

2. As used in this section and sections 192.027, 192.028, and 376.1223, the following terms shall mean:

(1) "Department", the department of health and senior services;

(2) "Lyme disease", a condition caused by an infection of the bacterium *Borrelia burgdorferi*, *Borrelia mayonii*, *Borrelia afzelii*, *Borrelia garinii*, *Borrelia valaisiana*, *Borrelia lusitaniae*, *Bartonella*, *Babesia*, *Ehrlichia*, or related species, transmitted to humans through the bite of infected blacklegged ticks (*Ixodes scapularis*) or other ticks, as diagnosed by the two-tier serologic testing recommended by the federal Centers for Disease Control and Prevention (CDC) or by a similar blood test ordered by a treating health care provider or by clinical evaluation;

(3) "Medically necessary", health care services or products that a treating health care provider exercising prudent clinical judgment would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or symptoms of such, and that are:

(a) Clinically appropriate in terms of type, frequency, extent, site, and duration for the specific circumstances; and

27 (b) Not primarily for the mere convenience of the
28 patient, health care provider, or as determined by the
29 provider based on the patient's specific circumstances;

30 (4) "Posttreatment Lyme disease syndrome", a condition
31 characterized by persistent symptoms, including, but not
32 limited to, fatigue, pain, respiratory impairment,
33 neurological impairment, or other cognitive impairment
34 following standard antibiotic or other treatment for Lyme
35 disease.

36 3. Health care providers, laboratories, and local
37 health departments shall report to the department all
38 confirmed or suspected cases of Lyme disease within seven
39 days of diagnosis using standardized surveillance case
40 definitions developed by the CDC.

41 4. The department shall compile an annual report on
42 the incidence and prevalence of Lyme disease in Missouri,
43 including, but not limited to, demographic data, geographic
44 distribution, treatment outcomes, and barriers to care. The
45 department shall submit the report to the CDC and the
46 general assembly and make such report available to the
47 public on the department's website by no later than December
48 thirty-first of each year.

49 5. The department shall collaborate with the
50 University of Missouri or any public four-year institution
51 of higher education to integrate Lyme disease surveillance
52 data into existing tick-borne disease monitoring programs.

53 6. Any information collected or reported under this
54 section shall be done in a manner that protects individually
55 identifiable or potentially identifiable information and
56 that is consistent with state and federal privacy laws.

57 7. The department may promulgate any rules and
58 regulations necessary to implement the provisions of this

59 section and section 192.027. Any rule or portion of a rule,
60 as that term is defined in section 536.010, that is created
61 under the authority delegated in this section shall become
62 effective only if it complies with and is subject to all of
63 the provisions of chapter 536 and, if applicable, section
64 536.028. This section and chapter 536 are nonseverable and
65 if any of the powers vested with the general assembly
66 pursuant to chapter 536 to review, to delay the effective
67 date, or to disapprove and annul a rule are subsequently
68 held unconstitutional, then the grant of rulemaking
69 authority and any rule proposed or adopted after August 28,
70 2026, shall be invalid and void.

192.027. 1. There is hereby created in the state
2 treasury the "Lyme Research and Eradication Fund", which
3 shall consist of moneys appropriated to it by the general
4 assembly, as well as any grants, bequests, gifts, or
5 donations. The state treasurer shall be custodian of the
6 fund. In accordance with sections 30.170 and 30.180, the
7 state treasurer may approve disbursements. The fund shall
8 be a dedicated fund and money in the fund shall be used
9 solely by the department for the purposes of implementing
10 the provisions of this section. Notwithstanding the
11 provisions of section 33.080 to the contrary, any moneys
12 remaining in the fund at the end of the biennium shall not
13 revert to the credit of the general revenue fund. The state
14 treasurer shall invest moneys in the fund in the same manner
15 as other funds are invested. Any interest and moneys earned
16 on such investments shall be credited to the fund.

17 2. The department shall use the moneys in the fund to
18 distribute grants to public four-year institutions of higher
19 education, research institutions, and nonprofit

20 organizations for Lyme disease research, including, but not
21 limited to, the following:

22 (1) Development of improved diagnostics, therapies,
23 and treatments;

24 (2) Studies on novel therapies, such as those inspired
25 by natural host immunity; and

26 (3) Eradication strategies, including, but not limited
27 to, tick population control through acaricides, deer
28 management programs, and environmental interventions.

29 3. The department shall prioritize grants based on
30 insurance claims data reported under subsection 5 of section
31 376.1223, with an emphasis on high incidence areas and
32 underserved populations. No less than twenty percent of the
33 funds shall be utilized to support eradication efforts in
34 rural counties.

35 4. The department shall submit a report to the general
36 assembly no later than March first of each year detailing
37 fund expenditures, research outcomes, and progress toward
38 Lyme disease eradication in the state.

192.028. Notwithstanding any provision of law to the
2 contrary, a health care provider shall not be subject to any
3 discipline, suspension or revocation of a license, or denial
4 of a license renewal solely for, within such provider's
5 scope of practice, prescribing, administering, or dispensing
6 treatments or therapies for Lyme disease or posttreatment
7 Lyme disease syndrome, including, but not limited to,
8 extended antibiotic therapy or similar treatment deemed
9 medically necessary.

376.1223. 1. As used in this section, the terms
2 "health carrier" and "health benefit plan" shall have the
3 same meanings as given to the terms under section 376.1350
4 and the terms "Lyme disease", "medically necessary", and

5 "posttreatment Lyme disease syndrome" shall have the same
6 meanings as given to the terms under section 192.026.

7 2. Every health carrier or health benefit plan that
8 offers or issues health benefit plans that are delivered,
9 issued for delivery, continued, or renewed in this state on
10 or after January 1, 2027, shall, at a minimum, provide
11 coverage for diagnostic testing, treatment, and management
12 of Lyme disease and posttreatment Lyme disease syndrome for
13 insured persons who receive a diagnosis from a licensed
14 health care provider acting within the scope of his or her
15 practice, including, but not limited to, the following when
16 deemed as medically necessary by the treating provider:

17 (1) Serologic testing, immunofluorescence antibody
18 testing, immunity testing, C6 Lyme enzyme immunoassay
19 testing, or other similar blood tests and clinical
20 evaluations conducted according to guidelines issued by the
21 federal Centers for Disease Control and Prevention;

22 (2) Antibiotic therapy, including oral and intravenous
23 antibiotics, for a minimum of twenty-eight days for acute
24 Lyme disease and ninety days or longer for posttreatment
25 Lyme disease syndrome;

26 (3) Supportive therapies, including, but not limited
27 to, intravenous immunoglobulin, pain management, and
28 cognitive rehabilitation; and

29 (4) Holistic or herbal supplements and therapies.

30 3. The coverage described in subsection 2 of this
31 section shall be subject to the same deductibles,
32 coinsurance, and out-of-pocket maximums as apply to other
33 services covered under the health benefit plan for
34 nonpreventative services. No health carrier or health
35 benefit plan shall require prior authorization for any
36 testing, antibiotic therapy, or herbal therapy, but may

37 require prior authorization for other medically necessary
38 services.

39 4. A health carrier or health benefit plan shall not:

40 (1) Deny or limit coverage for Lyme disease tests or
41 treatments based solely on guidelines issued by the
42 Infectious Disease Society of America that deem extended
43 antibiotic therapy to be experimental;

44 (2) Impose step therapy or fail-first requirements for
45 Lyme disease treatments that differ from those required for
46 similar infectious or chronic conditions; and

47 (3) Rescind coverage retroactively for Lyme disease-
48 related claims without evidence of fraud.

49 5. By July first of every year, each health carrier
50 and health benefit plan shall report to the director of the
51 department of commerce and insurance the number of Lyme
52 disease claims processed, denial rates, average duration of
53 treatment, and total expenditures for Lyme disease-related
54 care. The director shall compile and submit this data to
55 the general assembly and the department of health and senior
56 services to inform research priorities.

57 6. The provisions of this section shall not apply to a
58 supplemental insurance policy, including a life care
59 contract, accident-only policy, specified disease policy,
60 hospital policy providing a fixed daily benefit only,
61 Medicare supplement policy, long-term care policy, short-
62 term major medical policies of six months' or less duration,
63 or any other supplemental policy as determined by the
64 director of the department of commerce and insurance.

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