

Department of Legislative Services
Maryland General Assembly
2010 Session

FISCAL AND POLICY NOTE

House Bill 798 (Delegate Lee, *et al.*)
Health and Government Operations

Task Force to Study Lyme Disease

This bill establishes a task force to study the prevalence of Lyme disease and associated tick-borne illnesses, including identifying areas of the State where reports of Lyme disease are most prevalent. The task force is required to report its findings and recommendations on issues regarding the prevention, awareness, diagnosis, and the treatment of Lyme disease by July 1, 2011. The President of the Senate and the Speaker of the House of Delegates must each designate a member from the members appointed from the General Assembly to serve as cochairs of the task force. The Department of Health and Mental Hygiene (DHMH) is required to staff the task force. A member of the task force is entitled to reimbursement for expenses under State travel regulations.

The bill terminates September 30, 2011.

Fiscal Summary

State Effect: Any expense reimbursements for task force members and staffing costs for DHMH are assumed to be minimal and absorbable within existing resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: General responsibilities of the Secretary of Health and Mental Hygiene include investigating causes of disease and mortality, developing regulations to prevent the spread of infectious diseases, and obtaining information about cancers, among other duties.

Physicians, health care institutions, and laboratories are required to report incidences of certain infectious and contagious diseases to their county health officers.

Background: Lyme disease is a bacterial disease transmitted to humans by the bite of an infected tick. It is most prevalent in the mid-Atlantic region. Symptoms include fever, headache, fatigue, and skin rash. Most cases are successfully treated with antibiotics, but untreated Lyme disease can spread to the heart and the nervous system.

Maryland is ranked the sixth highest in the nation for incidence of Lyme disease. In 2008, there were 1,746 confirmed cases of Lyme disease in Maryland, accounting for 6% of the nation's cases.

While not required by law, DHMH collects and records the number of Lyme disease cases reported each year.

In 2005, a Lyme Disease Subcommittee was appointed within the Maryland Vector-borne Disease Interagency Task Force. In March 2007, the subcommittee issued recommendations for the development of a strategic plan for Lyme disease prevention and control in Maryland. The subcommittee found that Lyme disease activity had risen in several regions in Maryland as well as in other states in the Mid-Atlantic region. In part, this is due to property development and expansion in rural areas of Maryland where people come in close contact with Lyme disease vectors. In addition, some local health departments (LHDs) had staffing shortages, limiting their ability to investigate reports of Lyme disease. The subcommittee also noted that an absence of federal support for Lyme disease surveillance programs and research studies in Maryland, combined with staffing shortages, has exacerbated problems related to Lyme disease surveillance. Additionally, the subcommittee found that health care providers were unaware of proper protocols for reporting to and following up with local public health investigators and that patients had limited knowledge and awareness in seeking early screening and prompt treatment for tick-borne illness. Finally, the subcommittee reported that providers are reluctant to treat patients for Lyme disease due to concerns about licensing penalties or adverse legal actions.

The subcommittee made numerous recommendations including enhancing surveillance for Lyme disease and other tick-borne illness, improving public education about tick

population control, increasing information sharing for the public and providers to enhance access to treatment information, and increasing the availability of educational materials to school-aged children and campers. The subcommittee also supported efforts to encourage early recognition and treatment of Lyme disease symptoms.

State Effect: DHMH advises that it would need to hire one epidemiologist and one secretary to staff the task force. The Department of Legislative Services advises, however, that since there would be four physicians on the task force itself, as well as the State epidemiologist, no additional epidemiologists to staff the task force should be necessary. Any additional clerical needs resulting from staffing the task force can be handled with existing resources.

Additional Information

Prior Introductions: HB 1323 of 2005 passed with amendments in both the Senate and the House; however, a conference committee was not appointed to reconcile the differences between the two chambers.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

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