



121 STATE STREET  
ALBANY, NEW YORK 12207-1693  
TEL: 518-436-0751  
FAX: 518-436-4751

RE: AN ACT to amend the insurance law, in relation to coverage of long term medical care for Lyme disease and other tick borne related pathogens; and to amend the tax law and the state finance law, in relation to providing for taxpayer gifts for tick borne illness research, detection and education and establishing the tick borne illness research, detection and education fund

A178 (Cahill)  
S426 (Hoylman)

### **MEMORANDUM IN OPPOSITION**

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans strongly oppose enactment of this legislation, which would require health insurance plans to cover long term treatment of Lyme disease, even when such treatment is not proven to be medically necessary or appropriate. This bill would also require coverage for *unlimited* long-term antibiotic treatment upon a physician's order, despite the fact that the Infectious Disease Society of America (IDSA) has repeatedly stated that long-term antibiotic treatment (considered over 30 days of Intravenous antibiotic therapy treatment) is not recommended or beneficial to Lyme patients. Accordingly, this bill is a thinly veiled attempt to require insurers to cover expensive treatments that are not medically unnecessary and not recommended by the medical community, with the ultimate cost to be borne by New Yorkers through higher insurance premiums.

#### **1. This Bill Would Require Plans to Cover Treatment that is Not Generally Recommended by Organized Medicine**

##### What this Bill Requires

This bill would require insurance plans to pay for "all costs of treatment" for Lyme disease, and specifically, for "no less" than

- 30 days of IV antibiotic therapy;
- 60 days of oral antibiotic therapy;
- Both sets of treatment and *any further* treatment if recommended by a physician.

## What the Medical Community Says

Practice guidelines regarding the treatment of Lyme disease have been issued by the Infectious Diseases Society of America (IDSA, 2006). These guidelines include recommendations for the use of the following *specific* IV antibiotics: ceftriaxone, cefotaxime, and Penicillin G. The recommended courses of treatment are:

- Meningitis or radiculopathy; **14–28 days**
- Second- or third-degree atrioventricular block, or with first-degree heart block when the PR interval is prolonged to 30 milliseconds or greater; **14–21 days**
- Recurrent arthritis after oral regimen; **14–28 days**
- CNS or peripheral nervous system disease; **14–28 days**

The Infectious Disease Society of America (IDSA) has *repeatedly* stated that long-term antibiotic treatment—or anything longer than 30 days-- is *not recommended* or beneficial to Lyme patients. Similarly, in 2007, the American Academy of Neurology published a practice parameter that specifies that "prolonged courses of antibiotics do not improve the outcome of post-Lyme syndrome, are potentially associated with adverse events, and are therefore not recommended (Level A recommendation)."

There is clear consensus in the medical community on this point. In the Brown University Publication, MEDICINE AND HEALTH/RHODE ISLAND, an article titled *Neurological Complications of Lyme Disease* reported: "prolonged courses of antibiotics do not improve outcomes and are not recommended. The duration of parenteral treatment suggested is 2 to 4 weeks, with no data showing any definite advantage of prolonged treatment. Oral regimens are generally given for 30 days." <sup>1</sup>

Therefore, this bill ignores clear medical consensus. The coverage requirements that would be imposed are completely arbitrary and dangerous expansions of accepted medical practice. In contrast, if such coverage is currently sought and is denied by a health plan, the member is entitled to have the denial reviewed by an expert external review specialist in the field to determine whether the denial was appropriate and based on sound medical judgment. Indeed, New York's landmark External Review law is designed to ensure that coverage denials are reviewed independently and are in the best interest of the patient.

### **2. Notwithstanding the Above, this Bill is Yet Another Expensive Mandate that will be Borne by New York Consumers Through Higher Insurance Premiums**

Coverage for IV infusions for Lyme disease cost on average \$100/day. Thus, a 30 day treatment costs \$3,000 per member. With unlimited treatment, which this bill would allow, you can see how quickly this would become an extremely costly mandate.

---

<sup>1</sup> Syed Rizvi, MD, and Amanda Diamond, MD, *Neurological Complications of Lyme Disease*, Medicine & Health/Rhode Island (2008), P.217, available at <http://med.brown.edu/neurology/articles/sr21608.pdf>

Further, since IV treatment and other courses of treatment are not essential health benefits under the Affordable Care Act (ACA), the cost of coverage would be completely borne by New Yorkers through higher insurance premiums. This is yet another example of an unfunded mandate that seeks to benefit providers and not consumers. With millions of New Yorkers struggling to afford health insurance coverage, the citizens of this state can ill afford to foot the bill for unnecessary treatment that is not even recognized within the medical community.

For all of the forgoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans strongly opposes the enactment of this legislation.

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC  
Legislative Counsel for the Blue Cross and Blue Shield Plans