



15 School Street, Suite 200  
Annapolis, Maryland 21401  
410-269-1554

March 12, 2024

The Honorable Joseline A. Pena-Melnyk  
Chair, House Health and Government Operations Committee  
Room 241  
House Office Building  
Annapolis, MD 21401

**House Bill 1351 - Health Insurance – Lyme Disease and Related Tick-Borne Illnesses – Long-Term Antibiotic Treatment**

Dear Chairman Pena-Melnyk,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes** *House Bill 1351 – Health Insurance – Lyme Disease and Related Tick-Borne Illnesses – Long-Term Antibiotic Treatment* and urges the committee to give the bill an unfavorable report.

House Bill 1351 requires insurers, non-profit health service plans, and health maintenance organizations (collectively known as carriers) to provide coverage for the full length of long-term antibiotic treatment to be administered in the manner prescribed by the licensed treating physician and may not impose a quantitative limitation on the long-term antibiotic treatment, if the long-term antibiotic treatment of Lyme disease and related tick-borne illnesses has been ordered by a licensed treating physician for therapeutic purposes. Long term antibiotic therapy is defined in the bill as “the administration of oral, intramuscular or intravenous antibiotic medications for longer than 4 weeks.”

But, with House Bill 1351, and as a result it establishes a new mandated benefit. Under the ACA, each state must pay, for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland’s law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health

Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

Besides the cost impact of the mandated benefit, the League is concerned that it is not appropriate for the Maryland General Assembly to mandate coverage that is not a proven treatment, not effective and could possibly pose a long-term risk to beneficiaries. The Center for Disease Control's (CDC) posted guidance on the treatment of Post-Treatment Lyme Disease Syndrome (PTLDS) specifically states that while patients with PTLDS usually get better over time, there is no proven treatment for PTLDS. Moreover, studies funded by the National Institutes of Health (NIH), as well as others, have found that long-term outcomes are no better for patients who received additional prolonged antibiotic treatment than for patients who received placebo. The National Institute for Health and Care Excellence (NICE) published a guideline that covered diagnosing and managing Lyme disease (LD) with the aim of raising awareness of when Lyme disease should be suspected and ensure that individuals have prompt and consistent diagnosis and treatment.

We certainly are supportive of clinical research to help establish safe and effective treatment options for Lyme disease, but we cannot in good conscience support measures that might do harm to the patients we are all trying to help. There are serious complications, impacts, and potential side effects to some of these long-term antibiotic treatments that cannot be ignored and might do far more harm than good.

For these reasons, the League urges the committee to give House Bill 1351 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal stroke extending to the right.

Matthew Celentano  
Executive Director

cc: Members, House Health and Government Operations Committee