

Legislative Budget and Finance Committee

Cost Estimates to Implement the Recommendations of the Task Force on Lyme Disease and Related Tick-borne Diseases

Report Presentation by Christopher Latta, October 19, 2016

Good morning. Act 2014-83, the Lyme and Related Tick-borne Disease Surveillance, Education, Prevention, and Treatment Act, directed the Department of Health to establish a Task Force on Lyme disease and related tick-borne diseases. The Task Force was directed to make recommendations to the Department of Health for the Commonwealth to consider, primarily in the areas of education and awareness, prevention, and surveillance.

One of the recommendations issued by the Task Force was to obtain an independent analysis of the cost to implement the other recommendations contained in their report. The Legislative Budget and Finance Committee was asked to provide that analysis.

The Task Force issued its report in September of 2015, with 16 recommendations in three areas: prevention, education and awareness, and surveillance. This report is the result of our efforts to provide a cost analysis for those recommendations.

First recognized in 1975, Lyme disease is the most common tick-borne infection in both North America and Europe. Approximately 30,000 cases are reported each year by state health departments across the United States. However, the Centers for Disease Control and Prevention estimates the cases are under-reported by a factor of ten, so the actual number of cases may be closer to 300,000 per year.

Symptoms associated with Lyme disease include fever, headache, fatigue, chills, muscle and joint aches, and a characteristic “bull’s-eye” skin rash. Left untreated the infection can spread to the joints, heart, and nervous system. In some cases the disease can be fatal.

Concentrated in the northeastern United States, 96 percent of all reported cases of Lyme disease come from 14 states – all but two are located in the northeast. In 2014, the most recent year for which data is available, Pennsylvania had the most confirmed cases of Lyme disease at 6,470, or nearly 3,000 more cases than the next closest state, Massachusetts. From 2009 to 2014, Pennsylvania had more confirmed cases of Lyme disease than any other state in five out of these six years.

In conducting our cost analysis, it soon became clear that many of the recommendations issued by the Task Force were broad and vague, thus making it difficult

to estimate costs. For example, Education and Awareness Recommendation 1 states, “Develop and implement comprehensive multimedia public awareness campaign targeting the general public and at-risk population to improve awareness and understanding of TBDs in Pennsylvania, and establish working relationships with partners that represent key stakeholders.”

This, of course leads to many questions. What does the Task Force mean by comprehensive? What level of market saturation is envisioned? Is the campaign to cover one year or multiple years? The answers to these questions have a direct and significant impact on the cost associated with the recommendation.

After speaking with the Chair of the Task Force, it became clear there was often a lack of consensus within the Task Force and, depending on with whom we spoke, we would get a wide range of opinion on what the recommendation was intended to encompass.

As such, it fell to us to fill in the blanks and make some significant assumptions as to the scope of the recommendations. Our approach was to develop two cost estimates; one which we labeled as a minimum or low-cost approach and the other that we considered would represent a maximum reasonable effort.

For example, for the statewide multimedia campaign our estimates ranged from little or no cost, which assumes the effort would rely entirely on e-mail blasts and free Public Service Announcements, to \$11.5 million for a professionally designed, 5-year campaign that would include media placements on TV, radio, and transit posters. In this case, we modeled the campaign against the Pennsylvania Department of Health's H1N1 Flu awareness campaign.

In the interest of time, I won't walk through our estimates for all the recommendations, but instead refer you to the table in the Summary section of the report that briefly summarizes the recommendation, our "minimum" and "maximum" cost estimates, and a brief explanation of what could be achieved for these dollar amounts.

In conclusion, we would like to thank the Pennsylvania State University; the Lyme disease Association of Southeastern Pennsylvania; and the Pennsylvania Departments of Agriculture, Conservation and Natural Resources, and General Services; and the Pennsylvania Game Commission for their excellent cooperation in providing information to complete this report.

Thank you.