

1 S.112

2 Introduced by Senators Lyons, Zuckerman, and Campbell

3 Referred to Committee on

4 Date:

5 Subject: Health; antibiotic therapy; tick-borne illness

6 Statement of purpose of bill as introduced: This bill proposes to allow a
7 licensed physician to prescribe, administer, or dispense long-term antibiotic
8 therapy for the purpose of eliminating or controlling a patient's Lyme disease
9 or other tick-borne illness.

10 An act relating to Lyme disease and other tick-borne illnesses

11 It is hereby enacted by the General Assembly of the State of Vermont:

12 Sec. 1. FINDINGS

13 The General Assembly finds:

14 (1) Lyme disease, caused by one or more Borrelia species of spirochete
15 bacteria, is increasingly widespread in Vermont and has become endemic in
16 the State.

17 (2) Lyme disease is the fastest growing vector-borne disease in
18 Vermont.

19 (3) Lyme disease may be successfully treated with a short-term course
20 of antibiotics if diagnosed early; however, for patients whose Lyme disease is

1 not identified early, complex and ongoing symptoms may require more
2 aggressive treatment as acknowledged by the Centers for Disease Control and
3 Prevention.

4 (4) Treatment of Lyme disease needs to be tailored to the individual
5 patient, and there is a range of opinions within the medical community
6 regarding proper treatment of Lyme disease.

7 (5) Coinfection by other tick-borne illnesses may complicate and
8 lengthen the course of treatment for Lyme disease.

9 Sec. 2. PURPOSE

10 The purpose of this act is to ensure that patients have access to treatment for
11 Lyme disease and other tick-borne illnesses in accordance with their needs and
12 the clinical judgment of their physicians.

13 Sec. 3. 18 V.S.A. chapter 40 is added to read:

14 CHAPTER 40. LYME DISEASE AND

15 OTHER TICK-BORNE ILLNESSES

16 § 1791. DEFINITIONS

17 As used in this chapter:

18 (1) “Long-term antibiotic therapy” means the administration of oral,
19 intramuscular, or intravenous antibiotics singly or in combination, for such
20 periods of time as decided by the attending physician.

1 (2) “Lyme disease” means the clinical diagnosis of a patient by a
2 physician licensed under 26 V.S.A. chapter 23 of the presence of signs or
3 symptoms compatible with acute infection with Borrelia burgdorferi; late
4 stage, persistent, or chronic infection with Borrelia burgdorferi; complications
5 related to coinfections; or with such other strains of Borrelia that are identified
6 or recognized by the Centers for Disease Control and Prevention (CDC) as a
7 cause of disease. “Lyme disease” shall also mean either an infection that
8 meets the surveillance criteria set forth by the CDC or a clinical diagnosis of
9 Lyme disease that does not meet the surveillance criteria but presents other
10 acute and chronic signs or symptoms of Lyme disease as determined by a
11 physician. The clinical diagnosis shall be based on knowledge obtained
12 through medical history and physical examination alone or in conjunction with
13 testing that provides supportive data for the clinical diagnosis.

14 (3) “Other tick-borne illnesses” means the clinical diagnosis of a patient
15 by a physician licensed under 26 V.S.A. chapter 23 of the presence of signs or
16 symptoms compatible with acute infection with anaplasmosis, babesiosis,
17 ehrlichiosis, Rocky Mountain spotted fever, rickettsiosis, Southern
18 tick-associated rash illness, tick-borne relapsing fever, or tularemia or
19 complications related to that infection.

20 (4) “Surveillance criteria” means the set of case definition standards
21 established by the CDC for the purposes of consistency in research or for

1 evaluating trends in the spread of various diseases but which the CDC does not
2 intend to be diagnostic criteria at the clinical level.

3 § 1792. TREATMENT

4 A licensed physician may prescribe, administer, or dispense long-term
5 antibiotic therapy for the purpose of eliminating or controlling a patient's
6 infection or symptoms upon making a clinical diagnosis that the patient has
7 Lyme disease or other tick-borne illness or displays symptoms consistent with
8 a clinical diagnosis of Lyme disease or coinfection associated with another
9 tick-borne illness and by documenting the diagnosis and treatment in the
10 patient's medical records.

11 § 1793. IMMUNITY

12 (a) A physician shall not be subject to disciplinary action by the Board of
13 Medical Practice solely for prescribing, administering, or dispensing long-term
14 antibiotic therapy for the therapeutic purpose of eliminating infection or
15 controlling a patient's symptoms when the patient is clinically diagnosed with
16 Lyme disease or other tick-borne illness if this diagnosis and treatment plan
17 has been documented in the patient's medical record.

18 (b) Nothing in this section shall deny the right of the Board of Medical
19 Practice to deny, revoke, or suspend the license of any physician or to
20 discipline any physician who prescribes, administers, or dispenses long-term
21 antibiotic therapy for a nontherapeutic purpose or who fails to monitor the

1 ongoing care of a patient receiving long-term antibiotic therapy or who fails to
2 keep complete and accurate ongoing records of the diagnosis and treatment of
3 a patient receiving long-term antibiotic therapy.

4 Sec. 4. 8 V.S.A. § 4089m is added to read:

5 § 4089m. LYME DISEASE AND OTHER TICK-BORNE ILLNESSES

6 (a) A health insurance plan shall provide coverage for long-term antibiotic
7 therapy for a patient clinically diagnosed with Lyme disease or other
8 tick-borne illness, as defined in 18 V.S.A. § 1791, if prescribed for the
9 therapeutic purpose of eliminating infection or controlling a patient's
10 symptoms.

11 (b) As used in this section, "health insurance plan" means a health
12 insurance policy or health benefit plan offered by a health insurer, as defined in
13 18 V.S.A. § 9402, that is licensed to do business in Vermont, but does not
14 include:

15 (1) health benefit plans issued pursuant to 33 V.S.A. § 1811 (health
16 benefit plans for individuals and small employers); or

17 (2) policies or plans providing coverage for specified disease or other
18 limited benefit coverage.

19 Sec. 5. EFFECTIVE DATE

20 This act shall take effect on July 1, 2013.