

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 123
3 entitled “An act relating to Lyme disease and other tick-borne illnesses”
4 respectfully reports that it has considered the same and recommends that the
5 bill be amended by striking out all after the enacting clause and inserting in
6 lieu thereof the following:

7 Sec. 1. FINDINGS

8 The General Assembly finds:

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

12 (2) Lyme disease is the fastest growing vector-borne disease in
13 Vermont.

14 (3) Lyme disease may be successfully treated with a short-term course
15 of antibiotics if diagnosed early; however, for patients whose Lyme disease is
16 not identified early, complex and ongoing symptoms may require more
17 aggressive treatment as acknowledged by the Centers for Disease Control and
18 Prevention.

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

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

3 Sec. 2. PURPOSE

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

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

8 CHAPTER 40. LYME DISEASE AND
9 OTHER TICK-BORNE ILLNESSES

10 § 1791. DEFINITIONS

11 As used in this chapter:

12 (1) “Lyme disease” means the clinical diagnosis of a patient by a
13 physician licensed under 26 V.S.A. chapter 23 of the presence of signs or
14 symptoms compatible with acute infection with Borrelia burgdorferi; late
15 stage, persistent, or chronic infection with Borrelia burgdorferi; complications
16 related to coinfections; or with such other strains of Borrelia that are identified
17 or recognized by the Centers for Disease Control and Prevention (CDC) as a
18 cause of disease. Lyme disease shall also mean either an infection that meets
19 the surveillance criteria set forth by the CDC or a clinical diagnosis of Lyme
20 disease that does not meet the surveillance criteria but presents other acute and
21 chronic signs or symptoms of Lyme disease as determined by a physician. The

1 clinical diagnosis shall be based on knowledge obtained through medical
2 history and physical examination alone or in conjunction with testing that
3 provides supportive data for the clinical diagnosis.

4 (2) “Other tick-borne illnesses” means the clinical diagnosis of a patient
5 by a physician licensed under 26 V.S.A. chapter 23 of the presence of signs or
6 symptoms compatible with acute infection with anaplasmosis, babesiosis,
7 ehrlichiosis, Rocky Mountain spotted fever, rickettsiosis, Southern
8 tick-associated rash illness, tick-borne relapsing fever, or tularemia or
9 complications related to that infection.

10 (3) “Surveillance criteria” means the set of case definition standards
11 established by the CDC for the purposes of consistency in research or for
12 evaluating trends in the spread of various diseases but which the CDC does not
13 intend to be diagnostic criteria at the clinical level.

14 § 1792. TREATMENT

15 A licensed physician may use treatment modalities that are not universally
16 accepted by the medical profession, including conventional and
17 nonconventional treatments that effectively treat a patient’s infection or
18 symptoms, upon making a clinical diagnosis that the patient has Lyme disease
19 or other tick-borne illness or displays symptoms consistent with a clinical
20 diagnosis of Lyme disease or coinfection associated with another tick-borne

1 illness. A physician shall document the diagnosis of and treatment for Lyme
2 disease, other tick-borne illness, or coinfection in the patient's medical record.

3 § 1793. IMMUNITY

4 A physician shall not be subject to disciplinary action by the Board of
5 Medical Practice solely for use of treatment modalities that are not universally
6 accepted by the medical profession, including conventional and
7 nonconventional treatments for eliminating infection or controlling a patient's
8 symptoms when the patient is clinically diagnosed with Lyme disease or other
9 tick-borne illness, so long as the physician obtains the patient's informed
10 consent prior to administering the proposed treatment.

11 Sec. 4. EFFECTIVE DATE

12 This act shall take effect on July 1, 2014.

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16
17 (Committee vote: _____)

18 _____
19 Representative [surname]

20 FOR THE COMMITTEE