

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

17 (b) A physician shall obtain a patient’s informed consent in writing prior to  
18 administering any proposed treatment for Lyme disease, other tick-borne  
19 illness, or coinfection.

1     § 1793. IMMUNITY

2           (a) The Vermont State Board of Medical Practice shall not construe  
3     existing law to affect or prevent a physician’s use of medical care that  
4     effectively treats human disease, including the elimination or control of a  
5     patient’s symptoms when the patient is clinically diagnosed with Lyme disease  
6     or other tick-borne illness.

7           (b) The Vermont State Board of Nursing shall not construe existing law to  
8     affect or prevent a nurse’s use of medical care that effectively treats human  
9     disease, including the elimination or control of a patient’s symptoms when the  
10    patient is clinically diagnosed with Lyme disease or other tick-borne illness.

11    Sec. 4. LYME DISEASE COALITION

12           (a) The Department of Health shall explore the formation of a coalition  
13    among neighboring states for the purpose of performing a double blind,  
14    placebo controlled prospective study on the use of long-term antibiotic therapy  
15    to treat long-term Lyme disease symptoms. The Department shall also explore  
16    grant opportunities to fund the coalition.

17           (b) On or before January 15, 2015, the Department shall report to the  
18    Senate Committee on Health and Welfare and to the House Committee on  
19    Health Care regarding its findings and recommendations for the establishment  
20    of a Lyme disease coalition pursuant to subsection (a) of this section.

1        (c) As used in this section, “long-term antibiotic therapy” means the  
2        administration of oral, intramuscular, or intravenous antibiotics singly or in  
3        combination for such periods of time as decided by the attending physician.

4        Sec. 5. EFFECTIVE DATE

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

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8        (Committee vote: \_\_\_\_\_)

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Representative [surname]

FOR THE COMMITTEE