

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 reasonable clinical judgment of their physicians.

7           Sec. 3. MEMORANDUM OF UNDERSTANDING

8           The Vermont State Board of Medical Practice shall issue a memorandum of  
9           understanding to physicians that states the following:

10           (1) a physician shall document the basis for diagnosis of and treatment  
11           for Lyme disease, other tick-borne illness, or coinfection in a patient's medical  
12           record;

13           (2) a physician shall obtain a patient's informed consent in writing prior  
14           to administering any proposed treatment for Lyme disease, other tick-borne  
15           illness, or coinfection; and

16           (3) the Board shall not pursue disciplinary action against a physician  
17           solely for the use of medical care recognized by the guidelines of the Centers  
18           for Disease Control and Prevention, Infectious Diseases Society of America, or  
19           International Lyme and Associated Diseases Society for the treatment of a  
20           patient's symptoms when the patient is clinically diagnosed with Lyme disease

1 or other tick-borne illness; however, this does not preclude discipline for  
2 errors, omissions, or other misconduct when practicing within such guidelines.

3 Sec. 4. LYME DISEASE COALITION

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

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

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

16 Sec. 5. EFFECTIVE DATE

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

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20 (Committee vote: \_\_\_\_\_)

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Representative [surname]

FOR THE COMMITTEE

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