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## STATE OF VERMONT GENERAL ASSEMBLY HOUSE COMMITTEE ON HEALTH CARE

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May 8, 2013

Dr. Harry Chen, Commissioner Vermont Department of Health 108 Cherry Street Burlington, VT 05402

## Dear Commissioner Chen:

The House Committee on Health Care writes to strongly urge the Vermont Department of Health to take immediate action to respond to the increasingly pervasive infection of Vermont residents with Lyme disease and other tick-borne illnesses. During the current legislative session, the Committee heard testimony on this issue from numerous citizen advocates, but Lyme disease is not a new concern in the State of Vermont. For many years now, Vermonters have sought help to relieve pain and other symptoms that either they or their family members have experienced as a result of ineffective early treatment and long-term Lyme disease symptoms. While the Committee recognizes that medical experts disagree as to the actual cause of some of the symptoms experienced by these individuals, no one disagrees that the symptoms these Vermonters experience demand relief.

The Committee asks that the Department of Health increase its current efforts and take additional steps to address the challenges presented by the increasing presence of Lyme disease and other tick-borne illnesses in our State. Specifically, the Committee asks that the Department take the following actions:

- 1. The Department should engage in public education and outreach to inform the public as to which regions within the State present a high risk of infection for Lyme disease or other tick-borne illnesses, how to prevent or reduce the risk of infection, what to do after finding a tick on one's person, and tips for identifying the symptoms associated with Lyme disease and other tick-borne illnesses. To this end, the Department should develop multiple strategies for dispersing its message, such as social media and public service announcements via community access television.
- 2. The Department should develop strategies to educate health care professionals—including physicians, physician assistants, and nurses—and their patients about the sensitivity, specificity, and proper timing of all tests for Lyme disease and

- other tick-borne illnesses, including information on the importance of early treatment for these diseases, challenges due to the reliability of using these tests for diagnosing a patient, and the potential need for repeat testing.
- 3. The Department, in collaboration with the State Board of Medical Practice, should conduct at least four additional medical education courses each year throughout the State to educate physicians on the various approaches for the proper testing for, diagnosis of, and treatment of Lyme disease and other tickborne illnesses.
- 4. The Department, in collaboration with the Office of Professional Regulation and the Allied Mental Health Board, should develop strategies to educate professionals who deliver health care services—including mental health professionals, clinical social workers, naturopathic physicians, and clinical mental health counselors—about the symptoms associated with Lyme disease and other tick-borne illnesses.
- 5. The Department should continue to track ongoing research and recommendations regarding best practices for diagnosing and treating Lyme disease and other tick-borne illnesses from peer-reviewed, evidence-based sources. The Department should update its website to provide comprehensive information that both reflects changing practices and provides education for the public on Lyme disease and other tick-borne illnesses, similar to states such as Massachusetts, New Hampshire, New Jersey, and New York.
- 6. The Department should encourage all health care professionals to observe the requirement to file a report with the Department any time they diagnose a patient with Lyme disease or any other tick-borne illness through testing or clinical diagnosis.
- 7. The Department should work in collaboration with the Agency of Agriculture, Food and Markets to conduct a survey of tick populations in appropriate regions that present a high rate of tick-borne infections for the presence of ticks carrying Lyme disease or other tick-borne illnesses.

Please note that the Committee is not seeking to advise the medical community on proper or advisable treatment options for Lyme disease and other tick-borne illnesses. Nor is it interested in granting broad immunity for physicians outside the State's current disciplinary structure. The Committee supports the ongoing process of developing evidence-based treatment practices.

However, it is concerned about the perceived persecution that many advocates have reported to the Committee regarding physicians who will not provide long-term antibiotic treatment out of fear of discipline. While the State Board of Medical Practice and the Department have assured the Committee that disciplinary action would not be brought against a physician solely for treating a patient with Lyme disease or any other tick-borne illness outside the Center for Disease Control and Prevention (CDC) or the

Infectious Diseases Society of America (IDSA) guidelines, some members of the medical community continue to be fearful. Given this, the Committee would like clear communication from the State Board of Medical Practice and the Department about the likelihood of disciplinary action against physicians who treat Lyme disease and other tick-borne illnesses outside the CDC and IDSA guidelines.

The Committee thanks the Department for its efforts and attention to date in responding to tick-borne illnesses in Vermont and looks forward to receiving a report on the Department's progress, future plans, and actions taken in other states on this important issue. The Department should report to the Committee by February 1, 2014. With additional action from the Department and continued monitoring of Lyme disease and other tick-borne illnesses within the State, the Committee is confident that Vermont can meet the challenges that these diseases present.

Sincerely,	
Rep. Michael Fisher, Chair	