

1 TO THE HONORABLE SENATE:

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

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

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

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

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. POLICY STATEMENT

8           (a) A policy statement clearly communicating the following shall be issued  
9           by the Vermont State Board of Medical Practice to physicians licensed  
10           pursuant to 26 V.S.A. chapter 23 and to physician assistants licensed pursuant  
11           to 26 V.S.A. chapter 31; the Vermont Board of Osteopathic Physicians to  
12           physicians licensed pursuant to 26 V.S.A. chapter 33; and the Vermont Board  
13           of Nursing to advanced practice registered nurses licensed pursuant to  
14           26 V.S.A. chapter 28:

15           (1) a physician, physician assistant, or nurse practitioner, as appropriate,  
16           shall document the basis for diagnosis of and treatment for Lyme disease, other  
17           tick-borne illness, or coinfection in a patient's medical record;

18           (2) a physician, physician assistant, or nurse practitioner, as appropriate,  
19           shall provide verbal or written information to any patient on whom a  
20           diagnostic Lyme disease test is administered regarding the test's reliability or  
21           lack thereof;

1           (3) a physician, physician assistant, or nurse practitioner, as appropriate,  
2           shall obtain a patient’s informed consent in writing prior to administering any  
3           proposed long-term treatment for Lyme disease, other tick-borne illness, or  
4           coinfection; and

5           (4) the Board shall not pursue disciplinary action against a physician,  
6           physician assistant, or nurse practitioner, as appropriate, solely for the use of  
7           medical care recognized by the guidelines of the Centers for Disease Control  
8           and Prevention, Infectious Diseases Society of America, or International Lyme  
9           and Associated Diseases Society for the treatment of a patient’s symptoms  
10           when the patient is clinically diagnosed with Lyme disease or other tick-borne  
11           illness; however, this does not preclude discipline for errors, omissions, or  
12           other misconduct when practicing within such guidelines.

13           (b) As used in this section:

14           (1) “Lyme disease” means the clinical diagnosis of a patient by a  
15           physician licensed under 26 V.S.A. chapter 23 of the presence of signs or  
16           symptoms compatible with acute infection with *Borrelia burgdorferi*; late  
17           stage, persistent, or chronic infection with *Borrelia burgdorferi*; complications  
18           related to coinfections; or with such other strains of *Borrelia* that are identified  
19           or recognized by the Centers for Disease Control and Prevention (CDC) as a  
20           cause of disease. Lyme disease shall also mean either an infection that meets  
21           the surveillance criteria set forth by the CDC or a clinical diagnosis of Lyme

1 disease that does not meet the surveillance criteria but presents other acute and  
2 chronic signs or symptoms of Lyme disease as determined by a physician. The  
3 clinical diagnosis shall be based on knowledge obtained through medical  
4 history and physical examination alone or in conjunction with testing that  
5 provides supportive data for the clinical diagnosis.

6 (2) “Other tick-borne illnesses” means the clinical diagnosis of a patient  
7 by a physician licensed under 26 V.S.A. chapter 23 or 33 of the presence of  
8 signs or symptoms compatible with acute infection with anaplasmosis,  
9 babesiosis, ehrlichiosis, Rocky Mountain spotted fever, rickettsiosis, Southern  
10 tick-associated rash illness, tick-borne relapsing fever, or tularemia or  
11 complications related to that infection.

12 Sec. 4. DEPARTMENT OF HEALTH; WEBSITE

13 The Department of Health shall post on its website the following:

14 (1) the policy statements issued by the Vermont State Board of Medical  
15 Practice, the Vermont Board of Osteopathic Physicians, and to the Vermont  
16 Board of Nursing pursuant to Sec. 3 of this act;

17 (2) the definition of “Lyme disease” used in Sec. 3 of this act; and

18 (3) an electronic link to the International Lyme and Associated Diseases  
19 Society’s website.

20 Sec. 5. EFFECTIVE DATE

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

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3 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE