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H.123

Introduced by Representatives Dickinson of St. Albans Town, Botzow of Pownal, Browning of Arlington, Campion of Bennington, Carr of Brandon, Christie of Hartford, Clarkson of Woodstock, Connor of Fairfield, Frank of Underhill, French of Randolph, Gage of Rutland City, Hebert of Vernon, Krebs of South Hero, Lenes of Shelburne, Lippert of Hinesburg, Mrowicki of Putney, O’Sullivan of Burlington, Poirier of Barre City, Savage of Swanton, Shaw of Pittsford, Shaw of Derby, Spengler of Colchester, Stevens of Shoreham, Strong of Albany, Stuart of Brattleboro, Terenzini of Rutland Town, Townsend of South Burlington, Waite-Simpson of Essex, Webb of Shelburne, Winters of Williamstown, Woodward of Johnson, and Yantachka of Charlotte

Referred to Committee on

Date:

Subject: Health; Lyme disease

Statement of purpose of bill as introduced: This bill proposes to allow a licensed physician to prescribe, administer, or dispense long-term antibiotic therapy for the purpose of eliminating or controlling a patient’s Lyme disease or other tick-borne illness.

1 An act relating to Lyme disease and other tick-borne illnesses

2 It is hereby enacted by the General Assembly of the State of Vermont:

3 Sec. 1. FINDINGS

4 The General Assembly finds:

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

8 (2) Lyme disease is the fastest growing vector-borne disease in
9 Vermont.

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

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

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

1 ~~Sec. 2. PURPOSE~~

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

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

6 CHAPTER 40. LYME DISEASE AND

7 OTHER TICK-BORNE ILLNESSES

8 § 1791. DEFINITIONS

9 As used in this chapter:

10 (1) “Long-term antibiotic therapy” means the administration of oral,
11 intramuscular, or intravenous antibiotics singly or in combination, for such
12 periods of time as decided by the attending physician.

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

1 ~~acute and chronic signs or symptoms of Lyme disease as determined by a~~
2 physician. The clinical diagnosis shall be based on knowledge obtained
3 through medical history and physical examination alone or in conjunction with
4 testing that provides supportive data for the clinical diagnosis.

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

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

15 § 1792. TREATMENT

16 A licensed physician may prescribe, administer, or dispense long-term
17 antibiotic therapy for the purpose of eliminating or controlling a patient's
18 infection or symptoms upon making a clinical diagnosis that the patient has
19 Lyme disease or other tick-borne illness or displays symptoms consistent with
20 a clinical diagnosis of Lyme disease or coinfection associated with another

1 ~~tick-borne illness and by documenting the diagnosis and treatment in the~~
2 ~~patient's medical records.~~

3 § 1793. IMMUNITY

4 (a) A physician shall not be subject to disciplinary action by the Board of
5 Medical Practice solely for prescribing, administering, or dispensing long-term
6 antibiotic therapy for the therapeutic purpose of eliminating infection or
7 controlling a patient's symptoms when the patient is clinically diagnosed with
8 Lyme disease or other tick-borne illness if this diagnosis and treatment plan
9 has been documented in the patient's medical record.

10 (b) Nothing in this section shall deny the right of the Board of Medical
11 Practice to deny, revoke, or suspend the license of any physician or to
12 discipline any physician who prescribes, administers, or dispenses long-term
13 antibiotic therapy for a nontherapeutic purpose or who fails to monitor the
14 ongoing care of a patient receiving long-term antibiotic therapy or who fails to
15 keep complete and accurate ongoing records of the diagnosis and treatment of
16 a patient receiving long-term antibiotic therapy.

17 Sec. 4. 8 V.S.A. § 4089m is added to read:

18 § 4089m. LYME DISEASE AND OTHER TICK-BORNE ILLNESSES

19 (a) A health insurance plan shall provide coverage for long-term antibiotic
20 therapy for a patient clinically diagnosed with Lyme disease or other
21 tick-borne illness, as defined in 18 V.S.A. § 1791, if prescribed for the

1 ~~therapeutic purpose of eliminating infection or controlling a patient's~~
2 ~~symptoms.~~

3 (b) As used in this section, "health insurance plan" means a health
4 insurance policy or health benefit plan offered by a health insurer, as defined in
5 18 V.S.A. § 9402, that is licensed to do business in Vermont, but does not
6 include:

7 (1) health benefit plans issued pursuant to 33 V.S.A. § 1811 (health
8 benefit plans for individuals and small employers); or

9 (2) policies or plans providing coverage for specified disease or other
10 limited benefit coverage.

11 Sec. 5. EFFECTIVE DATE

12 This act shall take effect on July 1, 2013

Sec. 1. FINDINGS

The General Assembly finds:

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

(2) Lyme disease is a fast growing vector-borne disease in Vermont.

(3) Lyme disease may be successfully treated with a short-term course of
antibiotics if diagnosed early; however, for patients whose Lyme disease is not
identified early, complex and ongoing symptoms may require more aggressive

treatment as acknowledged by the Centers for Disease Control and Prevention and the International Lyme and Associated Diseases Society.

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

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

Sec. 2. PURPOSE

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

Sec. 3. POLICY STATEMENT

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

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

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

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

Sec. 4. EFFECTIVE DATE

This act shall take effect on July 1, 2014.