

Department of Legislative Services
Maryland General Assembly
2010 Session

FISCAL AND POLICY NOTE

House Bill 290 (Delegate Pena-Melnyk, *et al.*)
Health and Government Operations

Licensed Physicians - Treatment of Lyme Disease - Discipline

This bill authorizes physicians to treat patients with Lyme disease and other related tick-borne illnesses with long-term antibiotic or antimicrobial therapy without being subject to disciplinary action by the State Board of Physicians. However, circumstances in which the board is able to seek disciplinary action against a physician are addressed. The bill may not be enforced if the federal Centers for Disease Control and Prevention recommend that long-term antibiotic or antimicrobial therapy not be used for the treatment of Lyme disease.

The bill takes effect July 1, 2010, and applies to disciplinary actions already pending before the board as well as new proceedings initiated on or after the effective date.

Fiscal Summary

State Effect: None. The State Board of Physicians has never disciplined a physician for treating Lyme disease with long-term antibiotic or antimicrobial therapy.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: “Long-term antibiotic or antimicrobial therapy” is the administration of oral, intramuscular, or intravenous antibiotics or antimicrobial medications for more than four weeks.

The bill does not prohibit the State Board of Physicians from taking disciplinary action against a physician for prescribing long-term antibiotic or antimicrobial therapy for a nontherapeutic purpose, failing to monitor the care of an individual receiving the therapy, failing to keep complete records of the diagnosis and treatment, or prescribing incorrect antibiotic doses to treat the patient's diagnosis.

Current Law: Grounds for disciplinary actions against physicians include 40 provisions, including failing to meet appropriate standards of care as determined by peer review.

The State Board of Physicians within the Department of Health and Mental Hygiene is responsible for the licensing, certification, and discipline of various health care practitioners. The primary duties of the board include:

- licensing physicians and other health care providers, including physician assistants, respiratory care practitioners, medical radiation technologists, nuclear medicine technologists, polysomnographers, and radiation oncology therapy technologists to practice in Maryland;
- investigating complaints against licensees;
- disciplining licensees who violate the Maryland Medical Practice Act;
- taking action against the license of practitioners who fail to meet certain standards of medical care or break licensure laws;
- providing consumer information on licensing and licensees who have been charged or sanctioned with violations of the Maryland Medical Practice Act; and
- providing information on licensee credentials and training.

Background: Lyme disease is a bacterial disease transmitted to humans by the bite of an infected tick. It is most prevalent in the mid-Atlantic region. Symptoms include fever, headache, fatigue, and skin rash. Most cases are successfully treated with antibiotics, but untreated Lyme disease can spread to the heart and the nervous system.

Maryland is ranked the sixth highest in the nation for incidence of Lyme disease. In 2008, there were 1,746 confirmed cases of Lyme disease in Maryland, accounting for 6% of the nation's cases.

While not required by law, the Department of Health and Mental Hygiene collects and records the number of Lyme disease cases reported each year.

The American Lyme Disease Foundation states that Lyme disease is almost always cured by a single course of conventional antibiotic treatment of three to four weeks. The National Institutes of Health indicate long-term antibiotic or antimicrobial therapy for the treatment of Lyme disease has no therapeutic value and can be dangerous. Medications, including antibiotics, are not typically specific to one strand of bacteria. Therefore, they not only can destroy “bad bacteria” such as *Borrelia burgdorferi*, which causes Lyme disease, but also kill “good bacteria” that inhabit the body. Good bacteria play a crucial role in maintaining general health and preventing disease-causing organisms from invading the body. Intravenous antibiotics, sometimes used to treat symptoms associated with Lyme disease, require lines and catheters that present an avenue for dangerous secondary infections to occur. Patients also risk negative and sometimes serious reactions to antibiotics themselves. In addition to concerns regarding patient safety, unnecessary use of antibiotics contributes to the growing problem of antimicrobial resistance in which bacteria becomes resistant to the antibiotic used to combat it.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): American Lyme Disease Association, U.S. Centers for Disease Control and Prevention, National Institutes of Health, Department of Health and Mental Hygiene, Department of Legislative Services

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