

SENATE

STATE OF MINNESOTA

EIGHTY-EIGHTH LEGISLATURE

S.F. No. 1221

(SENATE AUTHORS: ANDERSON, Ingebrigtsen, Kiffmeyer and Chamberlain)

DATE	D-PG	OFFICIAL STATUS
03/11/2013	767	Introduction and first reading Referred to Health, Human Services and Housing

A bill for an act
relating to public health; limiting the Board of Medical Practice from bringing
a disciplinary action against a physician for prescribing, administering, or
dispensing long-term antibiotic therapy for chronic Lyme disease.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. LONG-TERM ANTIBIOTIC THERAPY FOR CHRONIC LYME DISEASE.

Subdivision 1. Definitions. (a) For purposes of this section, the definitions in this
subdivision have the meanings given them.

(b) "Chronic Lyme disease" means the clinical diagnosis by a primary care
physician, rheumatologist, infectious disease specialist, or neurologist of the presence of
signs and symptoms compatible with *Borrelia burgdorferi* or with complications related to
such an infection that persist after the completion of an established recommended course
of antibiotic treatment for acute Lyme disease.

(c) "Long-term antibiotic therapy" means the prolonged administration of oral,
intramuscular, or intravenous antibiotics, singly or in combination, for periods of greater
than the recommended 28-day course of antibiotic treatment for acute Lyme disease.

(d) "Therapeutic purpose" means the use of antibiotics to control a patient's symptoms
determined by the physician as reasonably related to Lyme disease and its sequelae.

Subd. 2. Long-term antibiotic therapy. (a) Notwithstanding Minnesota Statutes,
section 147.091, a physician shall not be subject to disciplinary action by the Board of
Medical Practice solely on the basis of prescribing, administering, or dispensing long-term
antibiotic therapy for a therapeutic purpose to a patient who has been clinically diagnosed
with chronic Lyme disease.

2.1 (b) Nothing in this section shall prohibit the board from bringing disciplinary action
2.2 against any physician who:

2.3 (1) prescribes, administers, or dispenses long-term antibiotic therapy for a
2.4 nontherapeutic purpose;

2.5 (2) fails to monitor the ongoing care of a patient receiving long-term antibiotic
2.6 therapy; or

2.7 (3) fails to keep complete and accurate ongoing records of the diagnosis and
2.8 treatment of a patient receiving long-term antibiotic therapy.

2.9 Subd. 3. **Sunset.** This section expires July 1, 2019, or upon the passage of federal
2.10 legislation that provides for a scientifically qualified assessment of the research gaps
2.11 in the diagnosis and treatment of chronic Lyme disease and an evaluation of treatment
2.12 guidelines and their utilization, whichever is later.

2.13 Sec. 2. **EFFECTIVE DATE.**

2.14 Section 1 is effective the day following final enactment.