



General Assembly
January Session, 2009

House of Representatives

File No. 903

(Reprint of File No. 583)

Substitute House Bill No. 6200
As Amended by House Amendment

Schedule "A"

Approved by the Legislative Commissioner

May 4, 2009

AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE TREATMENT OF LYME DISEASE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2009*) (a) As used in this section, (1) "long-term antibiotic therapy" means the administration of oral, intramuscular or intravenous antibiotics, singly or in combination, for periods of time in excess of four weeks; and (2) "Lyme disease" means the clinical diagnosis by a physician, licensed in accordance with chapter 370 of the general statutes, of the presence in a patient of signs or symptoms compatible with acute infection with *borrelia burgdorferi*; or with late stage or persistent or chronic infection with *borrelia burgdorferi*, or with complications related to such an infection; or such other strains of *borrelia* that, on and after July 1, 2009, are recognized by the National Centers for Disease Control and Prevention as a cause of Lyme disease. Lyme disease includes an infection that meets the surveillance criteria set forth by the National Centers for Disease Control and Prevention, and other acute and chronic manifestations of such an infection as determined by a physician, licensed in accordance with the provisions of chapter 370 of the general statutes, pursuant to a clinical diagnosis

that is based on knowledge obtained through medical history and physical examination alone, or in conjunction with testing that provides supportive data for such clinical diagnosis.

(b) On and after July 1, 2009, a licensed physician may prescribe, administer or dispense long-term antibiotic therapy to a patient for a therapeutic purpose that eliminates such infection or controls a patient's symptoms upon making a clinical diagnosis that such patient has Lyme disease or displays symptoms consistent with a clinical diagnosis of Lyme disease, provided such clinical diagnosis and treatment are documented in the patient's medical record by such licensed physician. Notwithstanding the provisions of sections 20-8a and 20-13e of the general statutes, on and after said date, the Department of Public Health shall not initiate a disciplinary action against a licensed physician and such physician shall not be subject to disciplinary action by the Connecticut Medical Examining Board solely for prescribing, administering or dispensing long-term antibiotic therapy to a patient clinically diagnosed with Lyme disease, provided such clinical diagnosis and treatment has been documented in the patient's medical record by such licensed physician.

(c) Nothing in this section shall prevent the Connecticut Medical Examining Board from taking disciplinary action for other reasons against a licensed physician, pursuant to section 19a-17 of the general statutes, or from entering into a consent order with such physician pursuant to subsection (c) of section 4-177 of the general statutes. Subject to the limitation set forth in subsection (b) of this section, for purposes of this section, the Connecticut Medical Examining Board may take disciplinary action against a licensed physician if there is any violation of the provisions of section 20-13c of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2009	New section

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill as amended makes allowances concerning the prescribing of long-term antibiotics by physicians related to Lyme disease and does not result in a fiscal impact.

House "A" makes certain specifications regarding the above and does not result in a fiscal impact.

The Out Years

None

Sources: 2/6/09 Public Hearing Testimony

OLR Bill Analysis

sHB 6200 (as amended by House "A")*

AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE TREATMENT OF LYME DISEASE.

SUMMARY:

Beginning July 1, 2009, this bill allows a licensed physician to prescribe, administer, or dispense long-term antibiotic therapy to a patient for a therapeutic purpose that eliminates the infection or controls the patient's symptoms if (1) a clinical diagnosis is made that the patient has Lyme disease or has symptoms consistent with such a diagnosis and (2) the physician documents the diagnosis and treatment in the patient's medical record.

Also beginning July 1, 2009, the bill prohibits (1) the Department of Public Health from initiating disciplinary action against a physician and (2) the Connecticut Medical Examining Board from taking disciplinary action solely because the physician prescribed, administered, or dispensed long-term antibiotic therapy to a patient clinically diagnosed with Lyme disease. The physician must document the clinical diagnosis and treatment in the patient's record.

The bill specifies that, subject to the limits on discipline of physicians treating Lyme disease established by the bill, it does not limit the ability of the Connecticut Medical Examining Board to take disciplinary action for other reasons against physicians, including entering into a consent order, for violations of existing law concerning their practice of medicine.

*[House Amendment "A"](#) (1) specifies that the physician's prescribing and administering long-term antibiotic therapy must be for therapeutic purposes that eliminates the infection or controls the symptoms; (2) specifies that a Lyme disease determination by a physician must be (a) based on a medical history and physical examination alone or (b) in conjunction with testing supporting the determination; (3) clarifies that the bill allows

the Medical Examining Board to take disciplinary action against physicians for other reasons; and (4) makes technical changes.

EFFECTIVE DATE: July 1, 2009

LYME DISEASES DIAGNOSIS AND TREATMENT

The bill defines “Lyme disease” as the clinical diagnosis, by a state-licensed physician, of the presence in a patient of signs or symptoms compatible with acute infection with *borrelia burgdorferi*; or with late stage or persistent or chronic infection with *borrelia burgdorferi*, or with complications related to such an infection; or such other strains of *borrelia* that beginning July 1, 2009, are recognized by the federal Centers for Disease Control and Prevention (CDC) as a cause of Lyme disease.

Lyme disease also includes an infection that meets the surveillance criteria of CDC, and other acute and chronic manifestations of such an infection as determined by a physician according to a clinical diagnosis based on medical history and physical examination alone, or in conjunction with testing that provides supportive data for the diagnosis.

“Long-term antibiotic therapy” means administering oral, intramuscular, or intravenous antibiotics, singly or in combination, for periods exceeding four weeks.

BACKGROUND

Borrelia Burgdorferi

This is the bacterium that causes Lyme disease. The bacterium belongs to a small group of bacteria, called spirochetes, whose appearance resembles a coiled spring. *Borrelia* are very small and cannot be seen without a microscope.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/26/2009)

[TOP](#)