MAINE STATE LEGISLATURE

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Date: 5/16/13 Majority

L.D. 597 (Filing No. H- **/84**)

3	HEALTH AND HUMAN SERVICES
4	Reproduced and distributed under the direction of the Clerk of the House.
5	STATE OF MAINE
6	HOUSE OF REPRESENTATIVES
7	126TH LEGISLATURE
8	FIRST REGULAR SESSION
9	COMMITTEE AMENDMENT "A" to H.P. 416, L.D. 597, Bill, "An Act To Inform Persons of the Options for the Treatment of Lyme Disease"
11 12	Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:
13	'Sec. 1. 22 MRSA §1646 is enacted to read:
14	§1646. Lyme disease testing information disclosure
15 16 17	1. Definition. For the purposes of this section, "health care provider" means a physician, hospital or person that is licensed or otherwise authorized in this State to provide health care services.
18 19 20 21 22	2. Lyme disease testing information disclosure. Every health care provider that orders a laboratory test for the presence of Lyme disease shall inform the patient that a negative result for a Lyme disease test does not necessarily mean that Lyme disease is not present and that if symptoms continue, the patient should contact a health care provider and inquire about the appropriateness of retesting or additional treatment.
23 24 25 26 27	Sec. 2. Maine Center for Disease Control and Prevention; alternatives for treatment of Lyme disease. The Department of Health and Human Services, Maine Center for Disease Control and Prevention shall include on the publicly accessible website established pursuant to the Maine Revised Statutes, Title 22, section 1645, subsection 3 the following information regarding Lyme disease diagnosis and treatment:
28	1. Lyme disease may be difficult to diagnose and treat;
29 30 31 32	2. Some patients seem not to respond to the usual antibiotics used for treating Lyme disease and seem to have post-treatment Lyme disease syndrome. There are some doctors who believe that longer doses of antibiotics may sometimes be helpful. Some patients believe that they have benefited from extended treatments of antibiotics;
33 34 35	3. Antibiotics can be lifesaving medications but can have serious side effects, such as the development of drug-resistant organisms. A patient who contracts an infection from a drug-resistant organism may never fully recover; and

 4. Information on treatment alternatives for treating Lyme disease is available through Internet sites of organizations such as MaineLyme, http://www.mainelyme.org/, and Lyme Disease Association, Inc., http://lymediseaseassociation.org/.'

SUMMARY

This amendment, which is the majority report of the committee, requires any health care provider that orders a laboratory test for the presence of Lyme disease to inform the patient that a negative test for Lyme disease does not necessarily mean that Lyme disease is not present and that if symptoms continue, the patient should contact a health care provider and inquire about the appropriateness of retesting or additional treatment. The amendment also requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to include information on Lyme disease diagnosis and treatment on its publicly accessible website that informs users about the difficulty of diagnosing and treating Lyme disease, that some doctors and patients believe longer doses of antibiotics may be helpful and beneficial, that antibiotic use can lead to the development of drug-resistant organisms and that information on treatment alternatives for Lyme disease is available through certain websites.

FISCAL NOTE REQUIRED
(See attached)



126th MAINE LEGISLATURE

LD 597

LR 1506(02)

An Act To Inform Persons of the Options for the Treatment of Lyme Disease

Fiscal Note for Bill as Amended by Committee Amendment 'H' (H-184)

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

Additional costs to the Department of Health and Human Services are expected to be minor and can be absorbed within existing budgeted resources.