

**PRELIMINARY STAFF MEASURE SUMMARY****CARRIER:**

Senate Committee on Senate Health Care

**REVENUE: May have revenue impact, statement not yet issued****FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 3/30, 4/20

**WHAT THE MEASURE DOES:** Requires Oregon Medical Board and Oregon State Board of Nursing to adopt rules no later than January 1, 2016 regarding diagnosis and treatment of Lyme disease. Requires rules to permit professionals to treat Lyme disease consistent with standards of care guidelines developed by International Lyme and Associated Diseases Society, Lyme disease and associated viral, bacterial and parasitic diseases. Requires rules to establish disciplinary procedures that consider as a mitigating factor whether, in diagnosing or treating Lyme disease or associated disorder, a professional facing discipline followed evidence-based diagnosis and treatment guidelines not recognized by Boards. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

- Severity, duration, and cost of Lyme disease
- Effectiveness of identification, care and treatment of Lyme Disease in Oregon
- Alternative treatment options and modalities
- Difference between treatment across states
- Physician authority in making judgements and decisions

**EFFECT OF COMMITTEE AMENDMENT: -2 Amendment:** Replaces measure. Requires Oregon Health Authority, Oregon Medical Board and Oregon Board of Nursing to study clinical guidance regarding Lyme disease and health outcomes. Requires report to Legislative Assembly by March 1, 2016. Declares emergency, effective on passage.

**BACKGROUND:** Lyme disease is an infection caused by bacteria transmitted by the bite of deer and western blacklegged ticks. Health care providers and clinical laboratories are required to report cases of Lyme disease to local health departments. During 2013, 42 cases of Lyme disease were reported in Oregon. People tend to be infected through bites of immature ticks which can be difficult to see. In most cases, ticks must be attached to a person for 36 to 48 hours before Lyme disease can be transmitted. The incubation period for Lyme disease ranges from three to thirty days after exposure, and early stages often show no symptoms. When symptoms present, they typically include fever, headache, fatigue, and skin rash. If untreated, the joint, heart, and nervous system can be affected. Lyme disease is diagnosed based on these symptoms and laboratory blood testing. The Centers for Disease Control and Prevention reports that certain antibiotics, if provided in the early stages, can allow a person to recover completely, but approximately 10 to 20 percent of patients, particularly those that did not receive appropriate, early antibiotic treatment, may have persistent or recurrent symptoms. The International Lyme and Associated Diseases Society (ILADS) is a nonprofit medical society which provides education to increase public awareness of Lyme disease, as well as advance standards of care and detection. ILADS provides treatment guidelines intended to assist clinicians. The guidelines address three clinical questions: the usefulness of antibiotics for known tick bites, the effectiveness of certain treatments, and the role of retreatment in patients with persistent manifestations of the disease. ILADS findings include that available evidence regarding treatment management is limited and that it is too early to standardize protocols and that patient goals and values

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***This summary has not been adopted or officially endorsed by action of the committee.***

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regarding treatment options should be considered. These guidelines are intended to present research evidence and clinical expertise. Recommendations differ from the Infectious Disease Society of America.