

Vermont Legislature Passes Bill Directing Board of Medical Practice Policy on Treatment of Lyme Disease



After several sessions debating the issue of whether long-term antibiotic treatment of Lyme disease should be declared acceptable medical practice by lawmakers, the General Assembly passed [Act 134](#). This law directs the Board of Medical Practice and other licensing authorities of health care professionals to issue policy statements on treatment of Lyme. The law itself does not state that long-term antibiotic treatment is acceptable practice, but it directs the oversight bodies to establish in policy that they will not discipline licensees based solely on the fact that they administered long-term treatment in accordance with guidelines issued by the International Lyme and Associated Diseases Society (ILADS). The law also calls for the policies to set certain other standards for practitioners treating Lyme.

On June 4, 2014, the Vermont Board of Medical Practice adopted the required policy. As called for by the law, the policy includes [the required statement](#) about not disciplining licensees based solely on following ILADS standards. However, as also allowed by the law, the policy notes that licensees may be disciplined for errors, omissions, or other unprofessional conduct committed while practicing within those guidelines. The law also mandates that the policy include provisions requiring:

- documentation in the record of the basis for a diagnosis of Lyme disease or other tick-borne illness and the treatment ordered;
- provision to patients of information about Lyme disease tests, the meaning of diagnostic Lyme disease test results, and limitations of those results; and,
- written informed consent from the patient before administration of long-term treatment (which the Board established as over 28 days in the policy statement).



The Board has long been on record in opposition to this law and earlier versions that called for setting the standard of care in statute. The Board is generally against the concept of setting the standard of care in law, and believes that it should make decisions based on the issue before it, as well as the current scientific evidence and best practice guidelines. The Board was against setting a law directing its hand on the standard of care on this issue in particular, given that the weight of scientific evidence does not support long-term antibiotic treatment.

The Board is also concerned about the potential harm to patients, both from the treatment they receive and by virtue of other more appropriate care that they might forego, and there are concerns in general about the effects of overuse of antibiotics and the potential for contributing to the development of medication-resistant organisms. Nonetheless, the Board has issued the policy in accordance with the law and is pleased that the law requires proper documentation of the basis for diagnosis and for the health care professional to obtain a written informed consent whenever long-term treatment is ordered.

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