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New law recognizes options in treatment of Lyme disease

DES MOINES, IA – Iowa physicians may consider more options in their treatment of patients diagnosed with Lyme disease under a new state law.

Enacted on March 23, 2017, House File 577 allows a physician to expand upon the traditional standards of care for Lyme patients if the physician has thoroughly reviewed all clinical information about tick-borne diseases and has the patient’s consent. The legislation provides for the provision of complementary therapy if the diagnosing/treating physician meets the following conditions:

- The treatment is provided after an examination is performed and informed consent is received from the patient.
- The licensee identifies a medical reason for recommending or providing the treatment.
- The treatment is provided after the licensee informs the patient about other recognized treatment options and describes to the patient the licensee’s education, experience, and credentials regarding the treatment of Lyme disease or other tick-borne disease.
- The licensee uses the licensee’s own medical judgment based on a thorough review of all available clinical information and Lyme disease or other tick-borne disease literature to determine the best course of treatment for the individual patient.
- The treatment will not, in the opinion of the licensee, result in the direct and proximate death of or serious bodily injury to the patient.
The Board of Medicine is responsible for ensuring that Iowa physicians practice within recognized standards. The new law provides that physicians may not be subject to discipline for using treatment options based on clinical judgment following the foregoing conditions.

There were 232 cases of Lyme disease reported to the Iowa Department of Public Health in 2016. The disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted to humans through the bite of a blacklegged tick, which lives in wooded or brush-covered areas. Symptoms and signs of the disease can include fever, headache, fatigue, and a characteristic bull’s-eye skin rash.

Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics, following a regimen that is monitored for potential adverse effects of the medicine.

Over the past several years, the International Lyme and Associated Diseases Society (ILADS) has supported longer courses of antibiotics for some patients, versus the prescribed treatment durations identified by the Infectious Disease Society of America (IDSA) and referenced by the U.S. Centers for Disease Control and Prevention.

While IDSA has expressed concern about over-treatment, ILADS points out that treatment decisions should be based on a risk-benefit analysis. Both groups have published evidence-based guidelines.

Iowans who believe they have been bitten by a tick should promptly consult with their primary care provider who, after appropriate evaluation and diagnosis, may choose to provide treatment or refer the patient to another provider.