

Legislators hear testimony about treatment of Lyme disease



by T.W. Budig

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Legislation, advocates say will help remove a fear factor among Minnesota physicians in the treatment of chronic Lyme disease, is heading to the Senate floor.

But detractors of Sen. John Marty's bill argue that it sets a precedent of government meddling in medicine and question whether chronic Lyme disease even exists.

Green-shirted supporters of legislation concerning Lyme disease treatment appeared at the Capitol today (Monday, Feb. 8) to back a bill by Sen. John Marty, DFL-Roseville, that protects from disciplinary action by the Board of Medical Practice doctors who prescribe or dispense long-term antibiotic treatment to treat chronic Lyme disease. (Photo by T.W. Budig, ECM Capitol Reporter)

Marty's bill stipulates that physicians cannot be subject to disciplinary actions by the state board of medical practices solely on basis of prescribing, administering or dispensing long-term antibiotic treatment for patients diagnosed with chronic Lyme disease.

"This bill frees physicians to use all of their skills to treat Lyme disease patients," said Dr. Elizabeth Maloney of Wyoming to the Senate Health, Housing and Family Security Committee.

Marty, a Democrat from Roseville, chairs the committee.

A number of people before the committee testified to the difficulties they encountered in trying to get treatment for chronic Lyme disease.

Concerns not taken seriously

The illness was misdiagnosed, their concerns not taken seriously, and the lack of help — physicians willing to prescribe long-term antibiotics — forced them to other states for treatment, several said.



Michelle Backes of Lindstrom, a former college athlete, marathon runner and educator, testified that her chronic Lyme disease was diagnosed as MS. “Not the words anybody would want to hear,” she told the committee. (Photo by T.W. Budig, ECM Capitol Reporter)

Bat Backes questioned the diagnosis.

“I was completely fine before the tick bite,” she said.

Backes believed additional antibiotic treatment could be answer to her illness — Bells palsy, vomiting, other symptoms. “But I could not find a doctor in the state that would treat me,” she said.

Like others who testified before the committee, Backes eventually found a physician in Missouri who treated her with a series of antibiotics over 15 months. “I am now symptom free and have no new brain lesions,” she said.

She’s back to running marathons.

Transmitted by black-legged ticks

Lyme disease is a bacterial infection transmitted by black-legged ticks, also called deer ticks.



Testifiers, such as Dr. Elizabeth Maloney, of Wyoming, and Michelle Backer, of Lindstrom, a Lyme disease victim, spoke on behalf of the legislation. (Photo by T.W. Budig, ECM Capitol Reporter)

If left untreated, the disease can cause paralysis, pain or numbness in limbs, irregular heartbeat, and loss of ability to concentrate, according to Minnesota Department of Health.

In 2008 there were 1,050 confirmed cases of Lyme disease in Minnesota.

A telltale mark of the disease is the distinctive “bull’s eye” skin rash that often, but not always, appears on Lyme disease victims after infection.

But not all physicians believe that a chronic Lyme disease exists.

Chronic Lyme disease

Dr. Johan Bakken, a physician at University of Minnesota-Duluth Medical School who helped draw up Lyme disease treatment guidelines along with others from the Infectious Diseases Society of America (IDSA), testified that there was no scientific evidence to support “chronic Lyme disease” after completion of antibiotic therapy.

Additionally, there is no published human evidence that demonstrates benefit from long-term antibiotic treatment, he explained.

Indeed, such treatment could prove harmful or fatal while also producing multi-resistant strains of bacteria.

Bakken invited those who believed in the validity of long-term treatment and existence of chronic Lyme disease to conduct research. “But right now there isn’t the scientific evidence,” he said.



Dr. Johan Bakken, of the University of Minnesota-Duluth and one of the authors of an Infectious Disease Society of America treatment guideline for Lyme disease, argued that there is no scientific evidence supporting the existence of chronic Lyme disease nor the benefit of long-term antibiotic treatment. (Photo by T.W. Budig, ECM Capitol Reporter)

Bakken advised the committee to delay a decision on Marty’s bill until after an independent review of the IDSA Lyme disease treatment guidelines, which were the subject of legal actions by the State of Connecticut Attorney General.

No Minnesota physician has been subjected to discipline by the board of medical practices as the result of prescribing long-term antibiotics, said Marty.

But bill supporters believe complaints could come from insurance companies unwilling to pay for such treatments.

It's a bigger problem

"I think this is a bigger problem than I think anybody realizes," said Sen. Paul Koering, R-Ft. Ripley, of Lyme disease in Minnesota. Koering serves on the committee.

Sen. Sharon Erickson Ropes, DFL-Winona, a registered nurse, said she would rather err on the side of patients and supported Marty's bill.

Sen. John Doll, DFL-Burnsville, amended the bill, putting on sunset date. He voted for the bill, too.

So did Sen. Debbie Johnson, R-Ham Lake.

The bill was not an attempt, explained Marty, to force a kind of treatment but allow physicians to use their best judgment.

But a Minnesota Medical Association spokesman argued the legislation was setting a bad precedent.