

§3282-B. Lyme disease treatment

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

- A. "Long-term antibiotic therapy" means the administration of oral, intramuscular or intravenous antibiotics, singly or in combination, for a period of time in excess of 4 weeks. [PL 2015, c. 235, §1 (NEW).]
- B. "Lyme disease" means:
- (1) The presence of signs or symptoms compatible with acute infection with *Borrelia burgdorferi*;
 - (2) Late stage, persistent or chronic infection with *Borrelia burgdorferi*;
 - (3) Complications related to an infection under subparagraph (1) or (2); or
 - (4) The presence of signs or symptoms compatible with acute infection or late stage, persistent or chronic infection with other strains of *Borrelia* that are identified or recognized by the United States Department of Health and Human Services, Centers for Disease Control and Prevention as a cause of disease.

"Lyme disease" includes an infection that meets the surveillance criteria for Lyme disease established by the federal Centers for Disease Control and Prevention or a clinical diagnosis of Lyme disease that does not meet the surveillance criteria for Lyme disease set by the federal Centers for Disease Control and Prevention but presents other acute and chronic signs or symptoms of Lyme disease as determined by a patient's treating physician. [PL 2015, c. 235, §1 (NEW).]
[PL 2015, c. 235, §1 (NEW).]

2. Lyme disease treatment. A physician licensed under this chapter may prescribe, administer or dispense long-term antibiotic therapy for a therapeutic purpose to eliminate infection or to control a patient's symptoms upon making a clinical diagnosis that the patient has Lyme disease or displays symptoms consistent with a clinical diagnosis of Lyme disease. The physician shall document the clinical diagnosis and treatment in the patient's medical record. The clinical diagnosis must be based on knowledge obtained through medical history and physical examination only or in conjunction with testing that provides supportive data for the clinical diagnosis.
[PL 2015, c. 235, §1 (NEW).]

SECTION HISTORY

PL 2015, c. 235, §1 (NEW).

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