

SECOND REGULAR SESSION

HOUSE BILL NO. 2051

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES DEEKEN (Sponsor) AND COOPER (Co-sponsor).

4940L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to the treatment of Master's disease.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto one new section, to be known as section 191.635, to read as follows:

191.635. 1. As used in this section, the following terms shall mean:

- 2 **(1) "Board", the Missouri state board of registration for the healing arts**
3 **established in section 324.001;**
- 4 **(2) "Clinical diagnosis", a diagnosis based upon signs, symptoms, or complications**
5 **consistent with a Borrelia infection, which may be acute or chronic. Criteria for the**
6 **diagnosis of Borrelia burgdorferi set forth by the federal Centers for Disease Control and**
7 **Prevention (CDC) are for disease surveillance, as stated by the CDC. Such criteria shall**
8 **not be used in day-to-day clinical medicine by practicing physicians and shall not be used**
9 **to exclude the diagnosis of Master's disease;**
- 10 **(3) "Long-term antibiotic therapy", the administration of oral, intramuscular, or**
11 **intravenous antibiotics, singly or in combination, for periods of greater than four weeks;**
- 12 **(4) "Master's disease", the clinical diagnosis by a physician of the presence in a**
13 **patient of signs or symptoms compatible with an acute or chronic or late-stage illness**
14 **occurring in mid-America that is generally believed to be a tick-borne infection with a**
15 **Borrelia bacterium, or with complications related to such an infection. Symptoms which**
16 **may be recognized in the diagnosis of Master's disease include, but are not limited to, pain,**
17 **fatigue, cognitive, ophthalmic, and neurological disorders;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 (5) "Medical specialist", a physician with a recognized expertise in a particular
19 medical field;

20 (6) "Physician", a physician licensed under chapter 334.

21 2. Beginning January 1, 2011, a physician may take a history of a patient, perform
22 a physical examination of such patient, and at the physician's discretion, order laboratory
23 or other diagnostic tests to make a diagnosis of Master's disease or a tick-borne infection.
24 Laboratory evidence may or may not be supportive of the clinical diagnosis, and shall not
25 be used to rule out the diagnosis of a tick-borne infection. Because a history of erythema
26 migrans-like rash is not present in a significant percentage of Master's patients, the
27 presence of such rash shall not be required to make a diagnosis of Master's disease.

28 3. Beginning January 1, 2011, a physician may prescribe, administer, or dispense
29 antibiotic therapy to a person clinically diagnosed with and having symptoms of Master's
30 disease if such diagnosis and treatment plan has been documented in the physician's
31 medical record for the patient.

32 4. Notwithstanding any provision of chapter 334, beginning January 1, 2011, the
33 board shall not initiate a disciplinary action against a physician solely for prescribing,
34 administering, or dispensing long-term antibiotic therapy to a patient clinically diagnosed
35 with Master's disease, provided such diagnosis and treatment plan has been documented
36 in the physician's medical record for the patient.

37 5. No physician shall be required to obtain a second opinion from another physician
38 or medical specialist as a requirement for continuing the prescribing, administering, or
39 dispensing of long-term antibiotic therapy for the treatment of Master's disease.

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