Resolution of the
Minnesota Board of Medical Practice
November 8, 2014

1. Whereas: On March 10, 2010, the Minnesota Board of Medical Practice resolved to engage in a moratorium for a time period not to exceed five years; or the time at which double-blind, peer reviewed studies resolved issues relating to the presumptive diagnosis “chronic Lyme disease” and the long term prescription and administration of antibiotic therapy for its treatment, whichever is first; on the investigation, disciplining, or issuance of Corrective Action Agreements based solely on such therapeutic practice, except in the event of a complaint lodged by a patient or by a conservator, parent or guardian on the patient’s behalf for this specific use of antibiotic therapy.

2. Whereas: The science regarding the presumptive diagnosis “chronic Lyme disease” and the long term prescription and administration of antibiotic therapy for its treatment remains unsettled.

3. Whereas: The Minnesota Board of Medical Practice has never investigated, disciplined, or taken any other action against any practitioner solely on that basis.

4. Whereas: The Minnesota Board of Medical Practice has never received any complaints solely on that basis.

5. Whereas: Patients, some physicians, and the public are seeking guidance on this issue.

Therefore, in the interest of allowing additional time for science to resolve this issue:

1. The March 10, 2010, Resolution of the Minnesota Board of Medical Practice to engage in a moratorium not to exceed five years on the investigation, disciplining, or issuance of Corrective Action Agreements based solely on long term prescription and administration of antibiotic therapy for treatment of “chronic Lyme disease” is rescinded.

2. Effective November 8, 2014, the Minnesota Board of Medical Practice will voluntarily engage in a moratorium for a time period not to exceed five years, or the time at which double-blind, peer reviewed studies have resolved the issues, whichever is first, on the investigation, disciplining, or issuance of Corrective Action Agreements based solely on long term prescription or administration of antibiotic therapy for “chronic Lyme disease,” except in the event of a complaint lodged by a patient or by a conservator, parent or guardian on the patient’s behalf for this specific use of antibiotic therapy.

3. Will publicize this voluntary action on its website.

4. Will educate its staff, medical coordinators, and members regarding this voluntary action.

5. Will diligently seek the results of double-blind, peer reviewed scientific studies that address this issue.

6. At the end of the five year period, in the absence of such scientific studies which bring a conclusion to the issue of the legitimacy of this diagnosis and treatment, the Board will reexamine this issue based on evidence available at the time.