

Testimony

Senate Bill 1199

Presented to
Senate of Pennsylvania
Banking and Insurance committee

On
June 22, 2010

Presented by
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Pennsylvania
MEDICAL SOCIETY®

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Chairman White and members of the Senate Banking and Insurance Committee, I am Dr. Dan Kimball, a board-certified specialist in internal medicine from Reading. In addition, I am a member of the Pennsylvania Medical Society's Board of Trustees.

I thank you for the opportunity to testify before you today on a topic that I believe merits your careful consideration. To begin, I tell you that the Pennsylvania Medical Society opposes Senate Bill 1199.

In a nutshell, Senate Bill 1199 attempts to come to the aid of those with Lyme disease. If passed, this bill would create the Lyme and Related Tick-Bourne Education, Prevention, and Treatment Act. While the desire to help these patients is laudable, the bill as written may actually be harmful to those with the disease. As a result, the Pennsylvania Medical Society opposes it.

Within the bill is language that would statutorily endorse the use of long-term antibiotic therapy for the treatment of Lyme disease. Unfortunately, this type of treatment is not evidence-based and the overwhelming consensus of the medical community does not agree with it. Ironically, more and more physicians are significantly curbing the unnecessary use of antibiotics given the serious and growing problem of antimicrobial resistance.

The Centers for Disease Control (CDC) is an excellent resource for information regarding the prevention, symptoms, and diagnosis and treatment of Lyme disease. Similarly, the National Institutes of Health (NIH) and the Infectious Disease Society of America (ISDA) have done a great deal of research on Lyme disease and should be referenced when considering the merits of Senate Bill 1199. All three of these respected organizations continue to recommend treating Lyme disease with a relatively short course of antibiotics such as doxycycline, amoxicillin or cefuroxime axetil. Nowhere do these organizations endorse

the long term use of these medications for treating Lyme disease.

Please consider the following two excerpts from an article entitled “Inaccurate Information About Lyme Disease on the Internet,” published in *The Pediatric Infectious Disease Journal*, Volume 23, Number 12, December 2004:

“Persistent *B. burgdorferi* infection in patients with chronic Lyme encephalitis has not been demonstrated. Chronic subjective problems such as fatigue, headache, irritability, poor concentration, poor memory, arthralgias or myalgias do not indicate chronic Lyme disease. Some of these subjective symptoms may occur after Lyme disease and may be termed ‘post-Lyme syndrome.’ These symptoms may be unrelated to Lyme disease and have not been shown to respond to antibiotic treatment.

“The Infectious Diseases Society of America practice guidelines do not include treatment options for chronic Lyme disease because persistent infection has not been demonstrated. Combinations of antibiotics, prolonged courses of antibiotics or unusually high antibiotic doses should not be used to treat Lyme disease, because they may be harmful and have not been shown to be more effective than standard therapy.”

Information from the CDC's Division of Vector-Borne Infectious Diseases indicates that while patients treated with antibiotics in the early stages of the infection usually recover and a few patients may benefit from a second four-week course of therapy, "longer courses of antibiotic treatment have not been shown to be beneficial and have been linked to serious complications, including death."¹

So, up front, if we want to do what's best for the patient, we better be sure that we prescribe the correct treatment that is evidenced-based. Until then, this bill holds great potential of putting patients at risk.

Equally important, we believe legislative attempts to practice medicine should be avoided. The medical community must have the flexibility to prescribe treatments as new medications and procedures are discovered and then proven. Dictating medical treatment plans through legislation for Lyme disease or any other disease will only slow down appropriate newer treatment protocols for

¹ http://www.cdc.gov/ncidod/dvbid/lyme/ld_humandisease_treatment.htm, Aug. 31, 2007

patients because physicians and other providers will have their hands tied by previously passed legislation.

Let's not put a wedge between patients and physicians through legislation dictating medical treatments that eventually will be outdated. Physicians need to act in the best interest of their patients without such statutory barriers.

On a more positive note, there is one element within Senate Bill 1199 that the Pennsylvania Medical Society would support with some changes. The bill calls for the establishment of a task force focused on education and prevention of Lyme disease. The Pennsylvania Medical Society applauds that section and would welcome being a resource to help educate both the public and physicians about Lyme disease.

However, we are concerned with the provision that requires the panel's two physicians to be members of the International Lyme and Associated Diseases Society

(ILADS). To our knowledge, this is the only group that supports the use of long-term antibiotic therapy for the treatment of Lyme disease. It is also an organization that, according to the above-cited article in *The Pediatric Infectious Disease Journal*, provides inaccurate information about Lyme disease. In order to assure that the majority viewpoint is adequately represented, we recommend that the task force include at least three physicians, with no more than one affiliated with ILADS.

Thank you again for the opportunity to share with you our concerns about Senate Bill 1199. To the best of my ability, I would be happy to take any questions that you may have.