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Greetings Senator Jonathan Harris and Representative Elizabeth Ritter and members of the Public Health Committee,

Regarding Proposed bill No. 6200, I wish to offer some suggestions for your consideration when making a determination on the outcome of this bill, which would allow physicians to treat Lyme disease with long term antibiotics. First I am not from your great state of Connecticut, but I do have many friends there and we have many patients from Maine who travel to see knowledgeable doctors in your state, thus your decision will impact not only your citizens, but those of other states as well.

You have heard the horrible stories of suffering patients who have been treated short term and continue to be ill. You may even have friends and relatives who are in that situation. My concern for you to consider is what all this chronic illness is doing to your fiscal budget! In 2007 you had 3,058 cases reported which may actually be 30,000 cases based on the CDC's estimate that only 10% of all cases are reported. Some of those cases were treated early and have done well. Others were not diagnosed and treated early and have gone on to develop chronic illness. If that person is a child, s/he will probably end up in a special education class or even be unable to attend school at all. Adults often end up on SSDI, and can no longer be productive citizens who can work, volunteer, pay taxes, and participate in your economy in any meaningful way. They may need to have frequent doctor visits and multiple medications for all the complicating factors produced by an insufficiently treated case of Lyme and associated tick borne infections. All of this costs a lot of money, which may or may not be paid for by expensive insurance policies, or state run programs.

It is customary and usual to have a patient treated by a physician with informed consent and with the physician basing his treatment options on a patient's response to treatment. While the scientific issues related to the relapsing, chronic nature of tick borne infections, are uncertain there are currently more than one standard of care in the treatment of Lyme disease, just as there are in other diseases like prostate cancer and breast cancer. In other diseases where a patient is treated and responds well to treatment, the treatment is continued in spite of there not being any studies verifying the benefit of the treatment. Allowing a physician and patient determine the best course of treatment together, based on risks and benefits, is required by the American Medical Association. Passing this bill is in the best interest of patients and your bottom line!

Regards,

Constance E. Dickey RN