February 5, 2009

Dear Members of the Public Health Committee,

I am writing in support of House Bill #6200, AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE TREATMENT OF LYME DISEASE. I am a family physician from Minnesota and am well acquainted with the issues surrounding the treatment of Lyme disease.

Lyme disease is not the minor illness many physicians believe it to be. I have reviewed the scientific evidence on this infection in great detail and it is obvious to me that a goot deal of mis-information has been repeated often enough in medical circles to take on the aura of fact when it is not. The Lyme bacteria, Borrelia burgdorferi, is a complex organism with many survival mechanisms which keep it safe from the human immune system; this is why some patients develop a persistent or chronic infection. These are the patients who need the bill to pass.

Like Connecticut, Minnesota is also a high risk state for Lyme and we, too, lack provisions to protect physicians who treat Lyme disease aggressively. The medical community is not well versed in the care of patients with persistent Lyme and most lack the skills to correctly diagnose the condition when it does not present in what has been touted as the "classic" manner. This ignorance and blind acceptance of the traditional views on Lyme have left a shortage of physicians willing to treat the disease. I wrote a continuing medical education course on Lyme disease trying to educate my peers on this illness but only a few came. Some of these now take on easier cases but they and other physicians, are very concerned that their approach will be frowned on by the state medical board. Their hope is to "fly under the radar" but to do so they take only a few patients and not challenging ones. As best I can tell, there are only 2 physicians in Minnesota willing to take on the extremely ill. This means that only a fraction of Lyme patients can receive appropriate care in their communities; the rest a forced to travel great distances, at great cost, to obtain the care they need. My own children have had to travel to Colorado and New York to see specialists on Lyme disease so they could regain their health; few families could afford those expenses on top of their staggering medication costs. I know the medical climate in Connecticut is not friendly to Lyme treating physicians, given the numbers of Lyme cases in your state, I suspect a large segment of these patients are not getting their medical needs met.

Thus, those who are most ill will gain the most from a bill like House Bill #6200. This bill is about patients having the freedom to choose the medical approach which best meets their needs and having access to that care. Having hand a first-hand look at this complex illness and the research on the topic, I am confident that the medical community will one day favor a more aggressive approach to the treatment of Lyme disease and worries of medical board interference will fade from physician consciousness. But the Connecticut patients who are ill today cannot wait for the future to come to them. They need physicians to treat them in their communities; they need reassurances that their physicians will not be unjustly target for aggressively dealing with the infection. They need this bill and they need it now.

Respectfully,
Elizabeth Maloney, MD