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TESTIMONY ON:

**HB 6200 - AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS
FOR THE TREATMENT OF LYME DISEASE**

Representative Ritter, Senator Harris and members of the Public Health Committee, thank you for the opportunity to speak before you today and for your willingness to hear testimony on HB 6200. I am joined by 12 additional co-introducers and a mounting number of co-sponsors in bringing this Bill before your committee for consideration.

The goal of this legislation is simple, protect doctors who are treating Lyme disease and by doing so improve patient care by expanding options, flexibility and treatment. And yet this Bill is not without controversy and critics.

How to diagnose and how to treat are at the crux of the conflict in testimony you will hear today, it is those two questions that are also central to the long standing controversy in this state and even occurring in this country over Lyme Disease.

Every major disease makes advances in how they both diagnose and treat the various conditions. Doctors get smarter, by experiencing results from alternative types of treatment and ultimately patient care gets better. I am completely baffled how over the nearly 30 years that we have been identifying Lyme disease this evolution in patient care had not similarly occurred.

You may hear about "guidelines" used for diagnosis and treatment or about the constantly ongoing and hotly contested controversy over how the guidelines have been written. No one in this room would deny that guidelines are not helpful but they are GUIDELINES intended to be a guide for doctors treating a complex disease, with numerous, often diverse symptoms. Common sense would dictate that along with the assistance of those guidelines the art of being a doctor kick in and practical knowledge and the ability to diagnose a patient clinically become paramount. For too many of the patients that have experienced the frightening impact of this disease it is life threateningly irresponsible for doctors not to look outside the guidelines to diagnose.

Those in opposition will also talk about long term antibiotic care and say it is not necessary or even dangerous to patient health. No reasonable patient or doctor wants to prescribe or be on antibiotics longer than absolutely necessary. But once again, as we have made strides in understanding this disease, attending doctors and patients have seen positive results with longer than the recommended 14-28 days of treatment with antibiotics. My own husband required about 4 months of intensive antibiotic therapy to be cured.

Today we are asking you to consider supporting this Bill because it is an important opportunity to answer the calls of thousands and thousands of patients that suffer from this disease each year. It is a Bill that tells the DPH, medical practitioners and Lyme patients that it is ok to diagnose and prescribe treatment while recognizing that each individual patient experiences unique symptoms that sometimes require a different course of care.