



**Connecticut State Medical Society Testimony in Opposition to Senate Bill 368 An Act
Requiring the Department of Public Health to Report On Lyme Disease And Other Tick-
Borne Illnesses**
Public Health Committee
February 20, 2013

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is Robert McLean and I am an internal medicine physician specializing in rheumatology. On behalf of the almost 8,500 physicians and physicians in training of the Connecticut State Medical Society (CSMS), American College of Physicians Connecticut Chapter (ACP) and the American College of Surgeons Connecticut Chapter (ACS), thank you for the opportunity to provide this testimony to you today in opposition to Senate Bill 368 An Act Requiring the Department of Public Health to Report On Lyme Disease And Other Tick-Borne Illnesses.

Senate Bill 368 would establish an advisory board to study Lyme disease, and report to the General Assembly recommendations for best practices to prevent, diagnose, and treat Lyme disease and other tick-borne illnesses, and disseminate information to the public and health care providers concerning the prevention and treatment of Lyme disease. We offer that such an advisory board is unnecessary.

Lyme disease clearly is more frequent in our state than in many others. However, research continues to be done, and it is appropriate that the State of Connecticut continue to collect epidemiologic data on incidence and prevalence of this infection in our state. However, establishing a state-based advisory panel to make recommendations is not a prudent use of our state's limited financial resources.

The understanding of the best ways to diagnose and treat Lyme disease continues to evolve. Currently, the Centers for Disease Control (CDC) is involved in ongoing support of Lyme disease research and awareness, and has on its website an HHS Federal Research Update on Lyme Diagnostics webinar from September 24, 2012 detailing the comprehensive research being done in this area. It is available at: http://www.cdc.gov/lyme/resources/webinar/09242012_DiagnosticsWebinarTranscript.pdf

In addition, the Infectious Disease Society of America (IDSA) has also dealt extensively with Lyme disease in recent years. In July 2012, IDSA provided a statement "Global Challenges in Diagnosing and Managing Lyme Disease" before a subcommittee of the House Foreign Affairs Committee: http://www.idsociety.org/uploadedFiles/IDSA/Topics_of_Interest/Lyme_Disease/Policy_Documents/Lyme%20Disease%20Testimony-Global%20Health%20Subcommittee.pdf

Furthermore, IDSA issued guidelines on Lyme disease diagnosis and management in 2006. <http://cid.oxfordjournals.org/content/43/9/1089.full>. These guidelines were ultimately challenged by individuals and organizations critical of the process by which they were developed. However, upon review their scientific validity was upheld: http://www.idsociety.org/Lyme_Review_Panel_News_Release/

We do not question the good intention of Senate Bill 368. However, we see no need for mandating the State of Connecticut to direct resources for such purposes when other qualified organizations are already quite involved.

ACP in its *Statement of Principles on the Role of Governments in Regulating the Patient-Physician Relationship* in July 2012 stated, "Medical practice should reflect current scientific evidence and medical knowledge, which may evolve over time. Physicians should be guided by evidence-based clinical guidelines that allow flexibility to adapt to individual patient circumstances." We should feel comfortable that organizations like the CDC and the IDSA are evaluating ongoing issues related to Lyme disease diagnosis and treatment with the scientific rigor that warrants allowing physicians to practice under this principle. As a rheumatologist in practice, continually reviewing and updating my practice based on guidance and guidelines from such esteemed entities and associations, a state-level advisory board would provide no information beyond what federal agencies and specialist organizations are already working on. Nor would it impact or alter the manner in which I provide the highest level of quality care to my patients who suffer from Lyme disease.

Please oppose Senate Bill 368.