Massachusetts Infectious Diseases Society

July 14, 2016

Hon. Robert A. DeLeo, Speaker of the House Commonwealth of Massachusetts State House, Room 356 Boston, MA 02133 Hon. Stanley C. Rosenberg, Senate President Commonwealth of Massachusetts State House, Room 332 Boston, MA 02133

re: House Bill 4505 Attachment J: Amended language on Lyme Disease Treatment - FY'17 Budget

Dear Speaker DeLeo and President Rosenberg,

I write as President of the Massachusetts Infectious Diseases Society (MIDS) to ask that you support Governor Charlie Baker's amended budget language for FY'17 related to Lyme disease (Sections 108,111,113,115). In addition, MIDS strongly opposes two bills (H.4198 and S.2231) regarding treatment of Lyme disease that include a mandate requiring coverage for long-term antibiotic therapy for a patient with Lyme disease including off-label and experimental drug use in the treatment of Lyme disease.

MIDS represents the greater than 500 Infectious Disease Specialists in Massachusetts and was formed to promote and recognize excellence in research, patient care, public health, disease prevention and education in the field of infectious diseases as well as provide public education and service with regard to the recognition, prevention and treatment of infectious diseases in the region. Our members focus on the epidemiology, diagnosis, investigation, prevention and treatment of infectious diseases and care for patients of all ages with serious infections, including Lyme and other tick-transmitted infections that are prevalent in New England.

MIDS remains strongly opposed to mandating coverage for Lyme disease with long-term antibiotic therapies, including the off-label use of pharmaceutical drugs. MIDS completely agrees with Governor Baker's statement in his proposed revision that "requiring coverage of experimental drugs for offlabel use sets a concerning precedent". Extensive scientific evidence and clinical experience indicates that long-term antibiotic therapy for Lyme disease has no additional beneficial effects on health-related quality of life beyond those of shorter-term treatment and may actually be dangerous to patients. Adverse drug events are frequent as both oral and intravenous antibiotics are often given at doses much higher than their approved therapeutic dosages. Far from improving the patient's quality of life, prolonged antibiotic therapy may actually increase the patient's suffering. Although the bacteria that causes Lyme disease does not acquire resistance to antibiotics, long-term antibiotic exposure can lead to drug-resistance among other microorganisms, creating "super bugs" that cannot be treated with currently available drugs. As you know, rising antimicrobial resistance is a major public health crisis.

As an Infectious Disease specialist who treats patients with serious infections on a daily basis and who has been treating patients with Lyme infection for almost 30 years, I have profound empathy for patients who are ill and have been told their illness is due to "chronic" Lyme disease. However, mandating long-

term antibiotic use for the treatment of Lyme disease conflicts with sound, evidence-based patient care, which will ultimately be dangerous for patients and the community.

I wish to also address misinformation being promulgated in the press that Governor Baker's amended language will "make obtaining treatment more difficult and more costly" in part because of the need to see board-certified specialists in Infectious Diseases, Neurology, and Rheumatology. To the contrary a study published this week in *JAMA Internal Medicine* documented that the two lowest paid medical specialities are Neurology and Infectious Disease. Jena AB, Olenski AR, Blumenthal DM. *JAMA Intern Med.* Published online July 11, 2016. doi:10.1001/jamainternmed.2016.3284 (Table 2). MIDS members promptly see and effectively treat people with Lyme infection on a daily basis, generally at much lower cost than is quoted in the press for the treatments these proposals would mandate.

Governor Baker's amended language strikes an appropriate balance related to the treatment of Lyme disease and, for these reasons, the Massachusetts Infectious Diseases Society urges you to adopt these changes.

Sincerely,

Daniel P. McQuillen, MD, FIDSA, FACP President, Massachusetts Infectious Diseases Society Senior Staff Physician, Center for Infectious Diseases and Prevention, Lahey Hospital & Medical Center Assistant Professor of Medicine, Tufts University School of Medicine

cc: Massachusetts Legislature