Boston Children's Hospital
Until every child is well

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

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June 16, 2016

The Honorable Jeffrey Sanchez
Massachusetts House of Representatives
State House
Boston, MA

Dear Representative Sanchez:

I write on behalf of myself and my colleagues in the Division of Infectious Diseases at Boston Children's Hospital to express our strong opposition to Bill H.4198, which proposes to mandate payments for long-term antibiotic treatment for Lyme disease. As specialists in pediatric infectious diseases, we believe such legislation is misguided and is not in the best interest of our patients.

We see many patients with Lyme disease in our clinical practice at Boston Children's Hospital. Our treatment of these patients follows well-established, evidence-based guidelines such as those published by the Infectious Diseases Society of America. These guidelines and rigorous scientific studies do not support extended courses of antibiotics for any form of Lyme disease or post-Lyme symptoms.

Well-designed studies have shown that administration of additional or prolonged courses of antibiotics confers no benefit to patients who have had a standard course of accepted treatment for Lyme disease. On the contrary, extended treatments expose patients to additional risks of allergic reactions, bloodstream infections as a complication of an indwelling intravenous catheter, disruption of the normal microbiota, and development of antibiotic-induced diarrhea. In addition, long courses of unwarranted antibiotics may distract patients and health care providers from pursuing alternative diagnoses in patients who have unexplained symptoms that are due to a disorder other than Lyme disease. Finally, the indiscriminate and medically unjustified use of antibiotics contributes to the growing problem of antimicrobial resistance.

Massachusetts has a well-deserved reputation for excellence in medical care. We should continue that tradition by rejecting this poorly considered and potentially very harmful legislation. To do otherwise threatens the health of children and adults of the Commonwealth.

Sincerely,

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Baystate Medical Center

Baystate Children's Hospital

June 17, 2016

Dear Representative Gonzalez,

I am a Pediatric Infectious Diseases specialist, and am writing on behalf of my colleagues in Pediatric and Adult Infectious Diseases at Baystate Medical Center. We have recently been informed by our Infectious Diseases colleagues at UMass Memorial Medical Center in Worcester about Bill H.4198, mandating provider payments for long-term antibiotics for Lyme Disease. We stand with our Infectious Diseases colleagues both in Worcester and throughout the Commonwealth in voicing our strong opposition to the passage of this bill, which runs contrary to established best medical practices and evidence-based medical research.

We oppose this bill for the reasons as outlined in the enclosed letter as written by Dr. Christina Hermos of UMass Memorial Medical Center and addressed to Representative Sanchez. As in Worcester, we at Baystate Medical Center have also witnessed firsthand adverse effects in our patients stemming from inappropriate receipt of prolonged antibiotic therapy for treatment of Lyme Disease. Such harms include bloodstream infections from intravenous catheters, blood clots from catheters (requiring subsequent long-term use of blood thinning medications), and infections caused by antibiotic-resistant microbes. The costs of treating the aforementioned adverse effects are a significant burden on our healthcare system that need not exist.

Additionally, passage of Bill H.4198 stands in direct opposition to achievement of the first specified goal of the National Action Plan for Combating Antibiotic-Resistant Bacteria set forth by the White House in March 2015; namely, to 'slow the emergence of resistant bacteria and prevent the spread of resistant infections by judicious use of antibiotics in healthcare settings.'
(https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibotic-resistant_bacteria.pdf)

We implore you to heed the recommendations of the Infectious Diseases physicians and significant majority of medical care providers throughout the Commonwealth by opposing passage and implementation of Bill H.4198. In doing so, you will be acting in the best interests of your constituents (i.e., our patients), and will be doing your part to assist us in optimizing their care.

Thank you for your consideration.

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June 10, 2016

Dear Representative Sanchez,

I am a Pediatric Infectious Diseases Specialist, and I am writing on behalf of my colleagues in Pediatric and Adult Infectious Diseases at UMass Memorial Medical Center. We are strongly opposed to Bill H.4198 mandating payments for long-term antibiotics for Lyme disease. From our experience in practice, we believe this bill is dangerous for patients and the community and would set an unfortunate precedent of legislating a practice known to conflict with good, evidence-based patient care. I would like to outline some the reasons we oppose this bill.

The main stream medical community understands that there is no evidence to support treating Lyme with long courses of antibiotics. Persistence of live bacteria that causes Lyme disease has never been shown after an appropriate course of antibiotics, and multiple trials in humans have shown no benefit to long-term antibiotic treatment. In fact, the long-term antibiotic treatments cause many harmful complications.

The small number of providers who treat patients with long-term antibiotics have a consistent record of practicing contrary to the best standards of care. As we see many of their patients, we have all witnessed the extremely unorthodox way their patients are treated including 1) prescribing courses of potentially toxic double or triple antibiotic therapy, 2) prescribing antibiotic therapy with agents that have no activity against Lyme infection, and most disturbingly, 3) attributing all symptoms to Lyme and frequently missing the true etiology of a patient's symptoms.

I have read that payment for long-term antibiotics would cost policy holders 11 cents per year. It is important to recognize that taxpayers and policy-holders are already paying for the consequences of unnecessary long-term antibiotic exposure for "chronic Lyme". These complications include 1) severe allergic reactions, 2) Steven-Johnson's syndrome (a life-threatening antibiotic toxicity), 3) blood stream infections from intravenous catheters, 4) blood clots from catheters that require blood-thinners to prevent clots to the lung and brain, 5) gall stones and infection of the gall bladder (a surgical emergency) 6) severe diarrhea (Clostridium difficile infection), 7) infections with antibiotic-resistant organisms and 8) advanced stages of untreated non-Lyme medical conditions often resulting in the need for aggressive (and expensive) medical treatment or death.

Moreover, consistently in the news are stories of "super-bugs", which are a direct consequence of irresponsible antibiotic prescribing, and pose a significant and increasing risk to public health (http://www.npr.org/2013/10/22/239247134/antibiotics-cant-keep-up-with-nightmare-superbugs).

Those of us in pediatrics have the extra burden of witnessing children subjected to unnecessary long-term antibiotics. These children often have other medical or psychological conditions that are left untreated due to an unnecessary focus on Lyme disease. When they do not recover on antibiotics for Lyme, typically an alternative antibiotic is prescribed rather than an alternative diagnosis explored. When I care for these children as part of my practice, I see parents have significant difficulty accepting that their children's symptoms are not from Lyme, because they have so much hope that treating this infection will cure their persistent symptoms. I find this situation especially difficult because there are many resources and other treatment options that I can recommend for these children that would likely help them.

We ask you to listen to the voices of the Infectious Disease specialists of Massachusetts and the vast majority of physicians and nurse practitioners in this state. We work every day in the best interest of our patients, making thoughtful and careful diagnoses and offering the best standard of care while minimizing risks. Many of your constituents would also oppose this bill. However, they may not be aware of the proposed legislation or its effects on them, thereby missing the opportunity to communicate their opinion as vehemently as the few who express support. We encourage the legislature to consider the health of this large albeit less-vocal majority when deciding the fate of this harmful bill. Voting against this bill protects the community from many possible complications of unnecessary long-term antibiotics, particularly the cost of this care and the risk of emerging antibiotic-resistant organisms.

Thank you for your consideration.

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