

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.

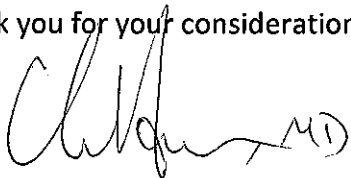
Moreover, consistently in the news are stories of "super-bugs", which are a direct consequence of irresponsible antibiotic prescribing, and pose a significant and increasing risk to public health (<http://www.npr.org/2013/10/22/239247134/antibiotics-cant-keep-up-with-nightmare-superbugs>).

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.

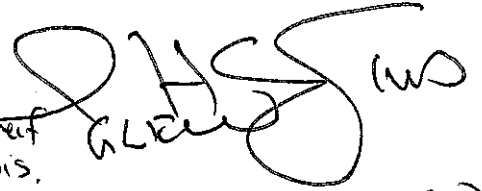
A handwritten signature in black ink, appearing to read 'Christina Hermos MD', with a circled 'MD' at the end.

Christina Hermos, MD

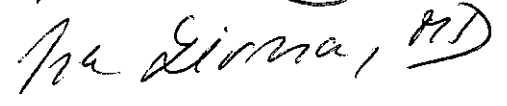
Assistant Professor of Pediatrics  
Division of Pediatric Immunology and Infectious Diseases  
UMass Memorial Children's Medical Center  
Associate Program Director, Pediatrics Residency  
University of Massachusetts Medical School  
Phone: 508-856-4166  
Fax: 508-856-4287  
Email: [christina.hermos@umassmemorial.org](mailto:christina.hermos@umassmemorial.org)

Jennifer S Oaly, MD  
Jose Funguata MD

- Clinical Director  
Adult Infectious Dis.

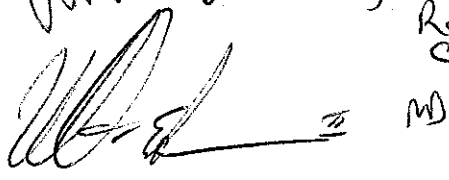
 (WS)

Sonia Ghiniesti MD - Associate Dean  
of Student Affairs  
UMass Medical

 (MD)

Robert Finberg, MD  
Robert Finberg  
Chair, Department  
of Medicine

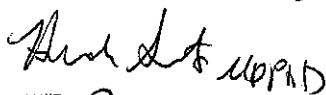
Read Puckler-Wolley MD

 MD

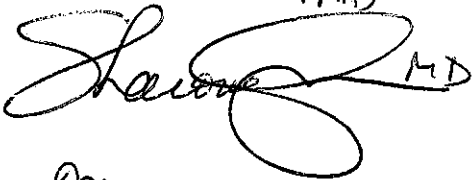
Steven Hatch MD

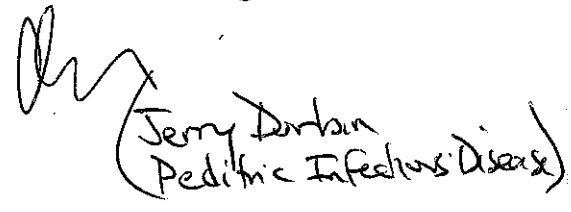
 (Lanjan Ram)

 David M. Boringer MD

 (UPPD)

Paul Suez, MD MPH

 MD

 (Jerry Dornan  
Pediatric Infectious Disease)

Mary Co MD

Laura Berman MD

Peter A. Rice



