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HB 1319 – Health Insurance – Lyme Disease and Related Tick-Borne Illnesses – Long-Term Antibiotic Treatment

Position: Oppose

Thank you for the opportunity to provide written comments regarding House Bill 1319. This bill requires quires health insurers: (1) to provide coverage for the full length of long-term antibiotic treatment to be administered in the manner prescribed by the licensed treating physician; and (2) may not impose a quantitative limitation on the long-term antibiotic treatment, if the long-term antibiotic treatment of Lyme disease and related tick-borne illnesses has been ordered by a licensed treating physician for therapeutic purposes. Long term antibiotic therapy is defined in the bill as “the administration of oral, intramuscular or intravenous antibiotic medications for longer than 4 weeks.”

CareFirst opposes this bill and cautions the legislature from enacting into law a standard of care that is not a proven treatment, not effective and poses long-term risks for patients.

The **Center for Disease Control’s** (CDC) posted guidance on the treatment of Post-Treatment Lyme Disease Syndrome (PTLDS) specifically states that while patients with PTLDS usually get better over time, **there is no proven treatment for PTLDS**. Moreover, studies funded by the **National Institutes of Health** (NIH), as well as others, have found that long-term outcomes are **no better for patients who received additional prolonged antibiotic treatment than for patients who received placebo**. The **National Institute for Health and Care Excellence** (NICE) published a guideline that covered diagnosing and managing Lyme disease (LD) with the aim of raising awareness of when Lyme disease should be suspected and ensure that individuals have prompt and consistent diagnosis and treatment. They noted that safety available evidence suggests that prolonged use of parenteral antibiotics for treating Lyme Disease does not improve treatment outcomes and is associated with an increased incidence of adverse events. It is also important to note that the medical community has not come to a consensus on the symptom profile for a patient suffering from post-Lyme disease syndrome. Therefore, the patient could be put at risk by mandating the prescription of treatment for a disease the medical community has not clearly defined and evaluated.

We also caution the legislature about the potential serious impacts of the over diagnosis, overtreatment, and overuse of antibiotics for the treatment of Lyme disease. Long-term antibiotic treatment for Lyme disease has been associated with serious complications. Antibiotics, even used for short periods, let alone for long-term therapy, raise the issues of both toxicity and the emergence of bacterial antibiotic resistance. A serious side effect of long-term antibiotic therapy is that bacteria become increasingly antibiotic-resistant. Consequently, the resistant bacteria will not respond to the antibiotic in the future. The FDA warns against prescribing antibiotics in the absence of a proven or strongly suspected bacterial infection, or else the treatment is unlikely to benefit the patient and increases the risk of developing drug-resistant bacteria. Antibiotic overuse is a serious public health problem which could result in antibiotic resistance not only affecting patients with Lyme disease, but all patients.

While long term antibiotic use is not an appropriate treatment, we do believe that identifying treatment for patients that do not recover after the conventional treatment for Lyme disease warrants further clinical research.

For the reasons stated above, we urge the Committee to give this bill an unfavorable report.

About CareFirst BlueCross BlueShield

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