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To Maryland Legislators:

RE: HB 1268

Kindly read:

1)My letter to my then US Congressman, Chris Gibson from 2012

2)My Letter to the Institute of Medicine from 2010

3)Please note the published peer-reviewed article by Sapi et. al.

4)My Valley View opinion piece from the Poughkeepsie Journal.

In my letter to Congressman Gibson, I focus on pages 18-24 on the case of my patient Vicki Logan, one of the world's best documented cases of chronic and neurologic Lyme disease. The Lyme organism was grown from her cerebrospinal fluid at the Centers fo Disease for Disease Control in culture despite her having been treated with supposedly 'curative' intravenous antibiotics.

She was one of those cases, not too common but they exist, for whom any lesser intensive treatment than intravenous antibiotic therapy was insufficient. Whenever this mode of treatment was withdrawn, her condition deteriorated.

Many persons and entities bear moral culpability for her avoidable death. However, there is no doubt whatever that her insurance company and those in executive positions who developed policy concerning reimbursement for care for such patients, and who made the crass decisions to 'raise the bar' in order to maximize insurance company profits by making it more difficult for such patiente to receive the care that their treating physician determined was medically necessary, bear the greatest responsibility.

Such treatment has inherent risks and when it is undertaken, treating physicians must recognize this and conduct treatment in a way that is as safe as possible. However, failure to treat subjects patient to lives of suffering, deterioration and sometimes, regrettably, death.

Those who claim there is ‘no such thing as chronic Lyme disease’ (the infection) are either uninformed or blinded by ideology. There is overwhelming evidence in the published peer-reviewed scientific literature that proves this in animals (mice, ponies, dogs and Rhesus monkeys) and in jumans. Hundreds of articles on PubMed substantiate this truth.

I put it to the legislators: wait until your loved ones, your wives or husbands, children or parents or you yourself is affected by a serious case of chronic and neurologic Lyme disease and you are refused reimbursement for desperately needed treatment.

The ultimate answer, however, is to stop the denial that chronic Lyme diseaee exists and instead, get to work on better methods of both diagnosis and treatment that can enable safer, less costly and more effective therapies with the ultimate goal of sure biologic cure with complete eradication of the infection.

As long as this denial continues, this problem will never be solved. Compelling insurers to pay for needed treatment will motivate them and everyone to commit the resources necessary to solve these very difficult and complex problems. But, I truly believe it can be done.

Very truly yours,

Kenneth B. Liegner, M.D.

Member, Treatment Panel, N.I.H. State-of-the-Art Conference on Lyme Disease, March 1991, Bethesda, MD.

Co-Chair, Treatment Poster Discussion Section, Fifth International Conference on Lyme Borreliosis, May/June 1992, Arlington, VA.

Participant, N.I.A.I.D. Consultations on Chronic Lyme Disease, February & October, 1994, Rockville, MD.

Member, Program Committee, 7th International Conference on Lyme Borreliosis, San Francisco, CA., Spring 1996.

Presenter to Infectious Diseases Society of America Lyme Disease Review Panel, July 30, 2009, Washington, D.C.