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**Connecticut State Medical Society Testimony on  
Senate Bill 200 An Act Requiring Lyme Disease Testing in Certain Circumstances  
February 27, 2018**

Senator Kelly, Senator Larson, Representative Scanlon and members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony in opposition to **Senate Bill 200 An Act Requiring Lyme Disease Testing in Certain Circumstances**.

CSMS is opposed to required testing specific to Lyme disease for patients with idiopathic pain for the following reasons: 1) Pain is not a vital sign, but a subjective symptom, impacting individual patients in unique ways and for many reasons, including psychosomatic. 2) Pain is a common symptom of many diseases or disease processes and is not specific to any one disease. 3) The statutory attribution of pain to Lyme disease is likely to distort patient attitudes and expectations for treatment that may not be appropriate and that could prove expensive, dangerous and even deadly when one considers the potential for allergic reactions to antibiotics, and the development of drug resistance. 4) Laboratory testing for Lyme disease, even when positive, does not necessarily prove the presence of an active infection that would require or benefit from treatment. 5) Diagnosis is a complex process that requires skill and training, with multiple factors, including patient history and complaints, physical findings, and appropriate lab and imaging studies. There is no one size fits all. 6) Medical practices, like all scientific endeavors, are constantly evolving and advancing. A requirement for a specific test cannot easily adjust to improvements in care. 7) The cost of such testing would be an enormous burden on patients, the state and the business community.

Per the CDC regarding Lyme disease: "Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migraines. If left untreated, infection can spread to joints, the heart, and the nervous system." Further, CDC states: Lyme disease is diagnosed based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks. Laboratory testing is helpful if used correctly and performed with validated methods. Just as it is important to correctly diagnose and treat Lyme disease when a patient has it, it is important to avoid misdiagnosis when the true cause of the illness is something else." It bears recognition that pain does not appear in the CDC list of common symptoms of Lyme disease and as such its significance should be left to the discretion of the physician and not result in mandatory laboratory testing. We understand that some patients may not be happy with their

care as they perceive it. These patients should be encouraged to discuss this with their care providers, and have the freedom to seek advice from another provider, if they feel unsatisfied. We should not force all patients to undergo potentially unnecessary testing to satisfy a few and we should not ignore what science tells us is the best course.

Appropriate reference to the CDC position can be found here:

[https://www.cdc.gov/lyme/signs\\_symptoms/index.html](https://www.cdc.gov/lyme/signs_symptoms/index.html)

<https://www.cdc.gov/lyme/diagnostesting/index.html>

<https://www.cdc.gov/lyme/treatment/index.html>

Senate Bill 200 is an example of legislating standards of medical care. It removes the decision-making process from the patient-physician relationship and shifts it to rigid state statute. CSMS has consistently and vigorously opposed the statutory codification of medical care for the simple reason that medical knowledge and practice are constantly changing and rarely absolute. These decisions belong in the hands of the experts, the physicians who treat disease, in consultation with the patient and informed by the latest science, to make the best decision for each individual patient, and should not be frozen in statute.

Please oppose SB 200