



777 East Park Drive  
P.O. Box 8820  
Harrisburg, PA 17105-8820  
717-558-7750 ext: 1599  
Fax: 717-558-7841

**President**

Donald S. Miller, MD

**Vice President**

Donald P. Goldsmith, MD

**Secretary/ Treasurer**

Paul J. Killian, MD

**Past President**

Terence W. Starz, MD

**Councilors**

William T. Ayoub, MD

David A. Bevan, DO

Philip L. Cohen, MD

Mark Cruciani, MD

Theresa J. Fryer, MD

Bruce I. Hoffman, MD

Arthur S. Huppert, MD

Warren A. Katz, MD

Barbara Ellen Ostrov, MD

Alan D. Roumm, MD

Robert G. Sanford, MD

Kendra K. Zuckerman, MD

**MEMORANDUM**

**TO:** The Honorable Frank L. Oliver, Chairman,  
House Health and Human Services  
The Honorable Matthew E. Baker, Chairman,  
Members of the House Health and Human Services Committee  
The Honorable Matthew Bradford

**FROM:** Donald P. Goldsmith, MD  
Vice President, Pennsylvania Rheumatology Society

**DATE:** December 1, 2009

**RE:** House Bill 894, PN 1013

Dear Members of the House Health and Human Services Committee and Pennsylvania Legislators:

The purpose of this letter is to communicate to the members of the HHHS committee and all legislators that the Pennsylvania Rheumatology Society firmly opposes House Bill 894. This bill asks the legislators of Pennsylvania to endorse an unrecognized and potentially dangerous therapy for what is called "chronic Lyme disease", and also to protect those practitioners who advocate this therapy from actions that might be taken against them for medical misconduct.

In October 2007, an article was published in the New England Journal of Medicine entitled "A Critical Appraisal of Chronic Lyme Disease". The New England Journal of Medicine is the most respected and most influential medical journal in the world. There were six primary authors from centers around the world that specialize in Lyme disease: These included The Centers for Disease Control (CDC), The Lyme Borreliosis Unit, The Health Protection Agency and Microbiology Laboratory at Southampton General Hospital in England, Yale University College of Medicine, New York Medical College, Harvard University Medical School and The University of Connecticut College of Medicine. Additional reviewers and participants for this paper included 22 members of the Ad Hoc International Lyme Disease group from the United States and Canada.

This is a substantive group which is eminently qualified to offer health policy guidelines. The following were their conclusions: "The assumption that chronic, subjective symptoms are caused by persistent infection with B.Burgdorferi (the organism that causes Lyme disease) is not supported by carefully conducted laboratory studies or by controlled treatment trials. Chronic Lyme disease, which is equated with chronic B.Burgdorferi infection, is a misnomer, and the use of prolonged, dangerous, and expensive antibiotic treatments for it, are not warranted". Since 2007, no credible data been published to refute this determination.

Of further relevance is that passage of this bill, which endorses long-term antibiotic therapy, will exacerbate the emergence of antibiotic resistant bacteria in our communities. One compelling example is MRSA (Methicillin Resistant Staphylococcus Aureus) infection.

Staphylococcus Aureus is a common bacteria, most often found on the surface of the skin. Under certain circumstances it penetrates into the deep layers of the skin and causes a boil or pimple, or may result in severe disseminated infections in the brain or in the lungs. Staph bacteria in the past were very sensitive to penicillin however with the widespread and indiscriminate use of this antibiotic the organism became resistant to penicillin with disastrous consequences. Another antibiotic "methicillin" was developed. Unfortunately, now many staph aureus bacteria are no longer even susceptible to methicillin. This is a glaring example of the unintended consequences of pervasive antibiotic therapy. Antibiotics must only be used for situations in which their efficacy is documented.

As physicians, we must do the best for our patients as legislators do for their constituents. We both must champion what is best for our society-at large and our state. This legislation has profound negative health implications for the individuals that we serve.

The bill is designed to both promote and condone the use of long term antibiotic therapy for Lyme disease. It also stacks the task force with individuals who favor this approach. This initiative is not within the boundaries of currently accepted medical practice, and its recommendations are not evidence based. The members of Pennsylvania Rheumatology Society strongly recommend that state legislators oppose this bill.

We are grateful to have the opportunity to offer our input to the honorable members of the state legislature.