



**County
Health Officials
of New York**
Leading the way to healthier communities

OPPOSES

S.1345 (Serino)

AN ACT TO AMEND THE INSURANCE LAW, IN RELATION TO MEETINGS AND REPORTS OF THE NEW YORK HEALTH CARE QUALITY AND COSCT CONTAINMENT COMMISSION

The New York State Association of County Health Officials (NYSACHO) opposes, as written, the above-referenced legislation. The bill includes language requiring a commission to consider the impact on health insurance costs and quality of legislation requiring coverage of long-term and chronic Lyme disease and other tick-borne diseases. The inclusion of the term chronic Lyme disease necessitates NYSACHO opposition to this legislation. There is no scientific evidence to support the existence of chronic Lyme disease and the treatment for what some term “chronic Lyme disease” is inappropriate.

The Infectious Disease Society of America (ISDA) states:

“Some people use the term “chronic Lyme disease” for these symptoms. However, this lacks a precise definition. Some people do not quickly recover fully after Lyme disease and have persisting symptoms; however, as there is no evidence of active infection nor evidence to support the effectiveness of additional antibiotic therapy, post-treatment Lyme disease syndrome (PTLDS) is a better term for these symptoms.”

The treatment of patients with protracted antibiotic courses has no evidence of effectiveness, and can be dangerous. Unnecessary antibiotics used for extended periods put patients at risk. The antibiotics kill beneficial bacteria and allows antibiotic-resistant bacteria to dominate. Patients have died because of receiving long-term and inappropriate courses of intravenous antibiotics leading to septic shock.

The World Health Organization (WHO) has called antibiotic resistance “one of the biggest threats to global health, food security, and development today” and while antibiotic resistance occurs naturally, the misuse of antibiotics is accelerating the process. Long-term courses of intravenous antibiotics are the type of misuse of that contribute to antibiotic resistant bacteria.

Due to the lack of scientific evidence regarding both the existence of an ongoing active infection of “chronic Lyme disease”, and of evidence to support that protracted antibiotic course are effective in addressing post-treatment Lyme disease syndrome, it would be inappropriate for insurance companies to pay for this treatment. Creating a commission tasked with studying so termed “chronic Lyme disease” would further raise public misconceptions.

NYSACHO, therefore, must oppose this bill.

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