

May 25th, 2015

Oregon House of Representatives Health Committee

RE: SB 916A

Representatives;

I live in Josephine County Oregon where the Mighty Rogue River runs. My father, is a cardiologist and former Michigan legislator. My grandfather was a dentist.

I learned medicine from honorable people who inspired me with the love of helping; poor and rich, enemy or friend, seeing only a human being in need. I was taught the art of diagnosis and the greatness of science in my profession.

I am a general practioner, all diseases can walk through my door.

I have seen a group of tick borne diseases that concerns me, not just Lyme disease; *Mycoplasma*, *Ehrlichia*, *Coxiella*, *Bartonella*, *Chlamydia*, *Babeisa*, viruses and others.

The symptoms of these illnesses are vague and mimic many diseases. They have a multitude of complaints (malaise, joint pain, twitching, mood changes, vision changes, night sweats, sinus pressure, cough, sore throat, numbness, cognitive problems, headaches, cardiac arrhythmias). A patient can have a rash or not. If not diagnosed and treated, there can be devastating consequences for the patient; worsening debility and pain.

Patients treated promptly heal sooner. Rapid diagnostic tests are not available. Testing is expensive and inaccurate for early stages of disease. Testing for all possible infections in patients with vague complaints could cost \$5,000, sometimes covered by insurance, sometimes not.

Tick borne illness diagnosis at early stages is clinical. Clinical judgment is based on history and physical examination. Tick borne illness incidence is under reported. Medical providers are required to report positive cases by blood work. The classic bull's eye rash, occurring in 50-60% of cases, is not reportable or tracked by Oregon. When providers see this rash, they treat for tick borne illness. They do not need blood work.

I see a failure in diagnosis and treatment which disturbs me. I follow the Oregon guidelines for treatment of tick borne illnesses. Some of my patients get better, some do not. Oregon guidelines are most effective if diagnosis is made early which is not always the case.

Some patients seek treatment in Washington or California that have broader diagnostic criteria and more variable treatment guidelines. Some of those patients are getting better. Oregon providers cannot support these treatments due to fear of disciplinary action from licensing boards.

Some patients use dangerous remedies found on the internet or at local health food stores that can and have been harmful.

Some CDC positive Lyme patients have been refused treatment by Oregon providers.

I have heard of providers disciplined for following guidelines used by other states. My colleagues and I have discussed this. I am afraid to extend treatment beyond Oregon Guidelines for patients.

I see patients with a multitude of diseases. Patients see me first when they are ill. I am the gate keeper of medicine.

I would like to use broader evidence based guidelines for the diagnosis and treatment of tick borne illnesses than Oregon allows and better education for providers.

Some patients get better with Oregon's guidelines; some do not. Some patients are treated out of state and get better. Some providers in Oregon are unaware of tick borne illnesses and miss the clinical presentation of the disease. I've heard of providers being disciplined by their board about diagnosis and treatment of tick borne illnesses. Some patients with positive blood work for these diseases are not being adequately treated.

I care about the people of Josephine County and the State of Oregon. What is happening with tick borne illnesses saddens me. I believe I could provide more effective diagnosis and treatment if allowed to use broader guidelines than offered by the State of Oregon.

I thank you for your time and thoughtfulness.

Respectfully,

Heather Alaine Kahn MD