

Senator Bailey, Representative Mathieson and members of the Health Coverage, Insurance and Financial Services Committee. I'm Dr. Julie Pease and I live in Topsham. I've practiced in Maine since 1987. I'm here today on behalf of colleagues, patients, family and friends.

This testimony is neither for nor against LD 1688.

As a psychiatrist who has practiced in Maine since 1987, I have received many referrals of patients with unexplained or difficult-to-explain symptoms. Often these patients turn out to have real and significant medical problems, and the associated stress and debilitation caused by their symptoms has led them to become depressed. Often the referrals come from overworked practitioners, for whom the simplest diagnosis for their patient is "hypochondriasis" and the treatment plan is "refer to psychiatry".

I'm here to tell you that these conditions are very real, and can be very disabling. Infection-associated chronic conditions are complicated and difficult to detect, diagnose and treat. Getting a response to treatment requires time, persistence and patience. It requires teaching patients how to manage their symptoms. The main barriers that prevent people from getting a diagnosis are access to healthcare and awareness of the conditions.

Desperate patients are prone to become victims of scams, or may visit unethical practitioners who offer expensive or invasive unproven treatments that may cause more harm than good. Education for our practitioners about these conditions may help patients to access accurate diagnosis and appropriate treatment.

On the other hand, I do not think it should be the role of the legislature to direct or even to recommend specific education or training for medical or nursing practitioners. Though this legislation is very modest in that it simply "encourages" continuing education, I worry about the "slippery slope" of the Legislature dictating the practice of medicine.

Instead I encourage patients and practitioners to directly contact the licensing boards for physicians, nurse practitioners and physician assistants with their concerns.

I've provided 3 references for your information. The first is an example of CME that seems to be well researched, unbiased, and non-proprietary. The second is an eloquent personal perspective on long COVID. The third is the Cleveland Clinic website, which provides medical information that is helpful for patients, nurses and physicians.

Autonomic Dysfunction (article and free CME), National Library of Medicine

<https://www.ncbi.nlm.nih.gov/books/NBK430888/>

A Lifelong Adventurer Tries to Come Back from Long COVID, Sierra Magazine, Winter 2023;

<https://www.sierraclub.org/sierra/2023-4-winter/eyewitness/lifelong-adventurer-tries-come-back-long-covid>

Cleveland Clinic Diseases & Conditions (search "long COVID", Dysautonomia, "chronic fatigue syndrome", etc.)

An excellent resource for both patients and medical practitioners.

<https://my.clevelandclinic.org/health/diseases?dFER%5Btype%5D%5B0%5D=diseases>