

**MEDICAL SOCIETY**  
of the  
**STATE OF NEW YORK**

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*Division of Governmental Affairs*  
**MEMORANDUM IN SUPPORT**

**Passed Senate**

**S. 2621-A SERINO**

**In Assembly Higher Education  
Committee**

**A5501-A BARRETT**

**AN ACT to amend the public health law, in relation to grants for graduate medical education in Lyme and tick-borne disease**

This measure would establish grants for graduate medical education in Lyme and tick-borne disease, as well as allow the commissioner of health to designate Lyme and tick-borne disease resource centers. **The Medical Society of the State of New York supports this measure.**

Nationally, and in New York State, tick-borne diseases are on the rise. Lyme disease is now in the Northeast, mid-Atlantic, and upper Midwest, with pockets of lower risk along the west coast. However, the range of the tick that transmits Lyme disease also is expanding. While nearly 95 percent of Lyme disease cases occur in 14 states: Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, and Wisconsin, infected ticks can also be found in neighboring states and in some areas of Northern California, Oregon and Washington. Ticks can spread disease. Lyme disease is the most common disease spread by ticks in New York but there are other serious diseases spread by ticks. And like Lyme, the other diseases will begin to spread to other regions across the state.

To help to respond to this public health threat, this measure would establish grants for fellowships for medical residents seeking a fellowship after they complete their residency. Currently, teaching hospitals and associated ambulatory settings provide educational training for resident physicians. Residents have graduated from medical school and then go on to complete several years of supervised, hands-on training in a particular area of expertise. Hospitals that train residents usually receive payments from Medicare for a portion of these added costs through direct graduate medical education (DGME) payments. The DGME payment compensates teaching hospitals for "Medicare's share" of the costs directly related to the training of residents. A residency enables the individual to become a board certified clinical specialist— in this case infectious disease. A fellowship usually follows a residency or can be included in the year of the residency, and in some cases, enable a young physician to learn and gain expertise in treating a particular condition within that clinical specialty. This legislation would help

with the opportunity for a young physician to participate in a fellowship to gain more knowledge and training to help diagnose and treat tick-borne diseases.

For all the reasons cited above, the Medical Society of the State of New York supports this measure and urges that it be passed.

Respectfully submitted,

Division of Governmental Affairs

PFC/support  
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