



February 18, 2024

Dear Chair Paul Bailey and members of the Senate Commerce and Labor Committee,

I am writing to urge you to support **SB2401** AN ACT to amend Tennessee Code Annotated, Title 8; Title 56 and Title 71, relative to pediatric medical disorders and **SB2402** – AN ACT to amend Tennessee Code Annotated, Title 8; Title 56 and Title 71, relative to pediatric medical disorders. The passage of these bills will positively impact children and their families suffering from Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS).

Early and thorough treatment is crucial to an optimal outcome. Children who are treated early and appropriately within the first year of initial onset often recover. Conversely, children who do not receive timely and complete medical treatment may require more invasive protocols to heal. Due to a lack of insurance coverage for PANS, the process of denials and appeals delays or prevents crucial immune therapy, which can lead to a worsening of symptoms and long-term disability due to untreated brain inflammation. Patients who are not appropriately treated may remain affected both neurologically and psychologically throughout their entire childhood and into their adulthood. It is fiscally more responsible to identify and treat this illness than to create a situation of life-long care. Failure to treat the patient places a significant burden on the patient and their social, educational, and family systems. We must help these families now. We must minimize the financial, emotional, and physical impact of this disease by providing insurance coverage for PANS/PANDAS.

Current research in the PANS shows there are multiple etiologies. Still, the research field is elucidating that it is a type of autoimmune encephalopathy (inflammation and swelling of the brain) typically triggered by a common infection such as strep, mycoplasma pneumonia, and others. Currently, physicians are prescribing medically necessary and effective treatments for PANS/PANDAS, which include but are not limited to: long term antibiotics, steroids, intravenous immunoglobulin (IVIG), and in rare, severe cases, plasmapheresis. Doctors consider the use of IVIG in a small subset of patients who have severe symptoms; IVIG is deemed to be disease-modifying and can halt the autoimmune process. Ideally, patients will recover with the least invasive treatment if diagnosed and treated appropriately by treating the source of inflammation and infection and halting the autoimmune process so these patients can live healthy lives.

Alliance to Solve PANS & Immune-Related Encephalopathies (ASPIRE) speaks with doctors, therapists, families, and educators every day. PANS/PANDAS may only affect a small population, as physicians and researchers still consider it rare. Still, the impact on these children, their families, as well as their community is substantial. ASPIRE sees the burden this disorder puts on families. In addition to the difficulty of caring for a child with this disorder,



many families must shoulder the additional financial stress of selling their homes, incurring credit card debt, and using life savings to treat their children. This disease negatively impacts home life due to having to manage symptoms of OCD, separation anxiety, rage, restricted eating, sleep issues, and more. Multiple siblings may have PANS. Caregivers often have to leave work to provide the required in-home support of a medically sick child. Not only does it affect the family unit, but also the repercussions of leaving children medically untreated impacts the school system. Children commonly miss a significant amount of school and require multiple supports while in school. They often require special education services (IEPs and 504 plans) as symptoms can include significant regressions in handwriting, fine motor, math skills, school refusal, and behavioral regression. When PANS is not treated, children can require special education throughout their time in school as versus a short time period.

A vote for this legislation will provide doctors with the ability to treat our children in the manner that their professional experiences dictate without burdening families with the additional task of fighting with insurance companies. The prolonged denial and appeal process of insurance coverage delays treatment for these children and puts them at risk of further decline and potential long-term disability. Please help our doctors make the best medical choices without worrying about the implications of insurance company denials.

Critically ill children in Tennessee need your help to receive appropriate medical intervention. We must help these families now. We must minimize the financial, emotional, and physical impact of this disease by providing insurance coverage for PANS. We are hopeful that one day all insurers will cover PANS, but families in simply cannot for this happen; it is paramount you and your fellow legislators support and pass SB2401 and SB2402. Your constituents must be given the opportunity to access insurance coverage when confronted with PANS and the medical challenges it creates. Please join your fellow legislators who support HB SB2401 and SB2402. This is a bi-partisan issue.

Please reach out to me for additional information via email or phone. Thank you for your time and consideration. Thank you for your continued efforts to assist these families in our community, so our children grow up and reach their full potential.

Best regards,

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