



January 30, 2026

**Dear members of the Banking, Commerce and Insurance Committee,**

I urge you to support **LB762, Require Insurance Coverage of Pediatric Autoimmune Disorders**. Passage will have a meaningful and immediate impact on patients and families affected by Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS).

Early and comprehensive treatment is critical to achieving optimal outcomes. Patients who receive appropriate care within the first year of symptom onset often experience significant recovery. When treatment is delayed or denied, symptoms can worsen, and patients may require more invasive interventions. Because PANS lacks consistent insurance coverage, families frequently face prolonged cycles of denials and appeals that delay or prevent access to medically necessary immune-based treatments. These delays can lead to worsening brain inflammation, increased symptom severity, and, in some cases, long-term disability. Without appropriate treatment, patients may remain neurologically and psychiatrically affected throughout childhood and into adulthood.

It is fiscally responsible to identify and treat this illness early rather than allow it to progress into a condition requiring years, or even a lifetime, of care. Failure to treat PANS places an extraordinary burden on patients, families, schools, and community systems. Ensuring insurance coverage for PANS reduces long-term costs while minimizing the financial, emotional, and physical toll on families. Current research shows that PANS has multiple etiologies and is increasingly understood as a form of autoimmune encephalopathy, characterized by inflammation of the brain, often triggered by common infections such as streptococcal infections or mycoplasma pneumonia. Physicians prescribe medically necessary, evidence-supported treatments for PANS, which may include antibiotics, steroids, intravenous immunoglobulin (IVIG), and, in rare severe cases, plasmapheresis. IVIG is used in a small subset of patients with severe symptoms and is considered disease-modifying, with the potential to halt the autoimmune process. When diagnosed and treated appropriately, many patients recover using the least invasive interventions available.

The Alliance to Solve PANS & Immune-Related Encephalopathies (ASPIRE) speaks with physicians, therapists, families, and educators every day. While PANS is considered rare, its impact on affected children, families, schools, and communities is profound. Families are often forced to exhaust savings, incur significant debt, or leave the workforce to care for a medically ill child. Severe symptoms, including obsessive-compulsive behaviors, separation anxiety, rage, restricted eating, and sleep disturbances, disrupt family life and place sustained strain on caregivers.

The consequences of untreated PANS extend into the education system. Children commonly miss substantial amounts of school and require extensive supports upon return. Symptoms often include academic regression, school refusal, and behavioral difficulties. Without treatment, children may require long-term special education services rather than short-term supports during recovery. A vote in favor of LB762 will allow physicians to treat patients according to their clinical judgment without placing the burden of insurance appeals on already overwhelmed families. Prolonged denials



and delays place children at risk of further deterioration and long-term disability. This legislation supports both good medicine and responsible stewardship of healthcare resources. Critically ill patients with PANS/PANDAS need your help now. This is a bipartisan issue, and families cannot wait.

Best regards,

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