

**Public Health Committee: H.B. 6200**

Written testimony submitted on 2/6/09 by

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I am a New York State licensed psychologist with specialties in clinical psychology, neuropsychology and family therapy. I have documented through neuropsychological testing that children diagnosed with Lyme disease have neurocognitive impairments that have a negative impact on academic, interpersonal and family functioning. Impairments have been documented in speed of information processing, working memory, visual discrimination, visual scanning, verbal fluency, visual and verbal memory, fine motor coordination, executive functioning, reading and mathematics.

The children with these impairments have required academic accommodations under Section 504 of the Rehabilitation Act of 1973 or the Individual With Disabilities Education Act. My findings are consistent with those of other clinicians and investigators documenting cognitive impairments and neuropsychiatric symptoms in children and adults diagnosed with Lyme disease (Bransfield, 2008; Burrascano, Jr. 2007; Fallon et. al, 1994; Keilp et. al., 2006; McAuliffe et. al., 2008; Rissenberg et. al., 1998; Tager et. al., 2001; Westervelt et. al., 2002).

The medical histories of these children diagnosed with Lyme disease often reveal:

- Long-standing health and developmental problems.
- Decline in cognitive and behavioral functioning.
- Recurrence of symptoms and increase in symptom severity and frequency.
- Decline in academic performance and ability to consistently attend school.
- Reduced ability to participate in extracurricular activities.
- Disrupted social relationships.
- Exertion of enormous effort and extra time to keep up with schoolwork.
- Compromised self-confidence and self-esteem.
- Experience of family stress related to coping with Lyme disease symptoms.
- Delay in diagnosis and treatment.
- Symptoms that compromise academic performance and day-to-day functioning including problems with attention and concentration, reduced memory, auditory processing problems, visual problems, sensory sensitivities, sleep difficulties and extreme fatigue.

The severity and persistence of the symptoms found in children with Lyme disease supports the need for early intervention and opportunity for maximum access to care. Children with Lyme disease endure physical and emotional suffering. To minimize their suffering and the negative impact of their symptoms on development and their cognitive, emotional and social functioning, I advocate for access to information about all available Lyme treatment options judged appropriate by their treating physicians. Allowing for individual physician discretion in diagnosis and treatment, and providing information about all treatment options provides these children with the best chances for physical, social and emotional well-being.