

Concurrent Resolution Regarding Pediatric Care for Autonomic Disorders

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Todd Weiler

House Sponsor:

LONG TITLE**General Description:**

This resolution addresses awareness and diagnosis of autonomic disorders.

Highlighted Provisions:

This resolution:

encourages the medical community to increase awareness of, education about, and diagnosis of postural orthostatic tachycardia syndrome (POTS) and related autonomic disorders, particularly in children and adolescents; and

encourages insurers to provide appropriate coverage to address the gaps in access to diagnosis and treatment of POTS.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:

WHEREAS, postural orthostatic tachycardia syndrome (POTS) is a common autonomic nervous system disorder that causes an excessively fast heart rate, dizziness, lightheadedness, or other symptoms when someone with POTS goes from sitting or lying down to standing;

WHEREAS, treatment of POTS may sometimes require medication, but can usually be managed with lifestyle changes such as increasing sodium intake, wearing compression garments, and gradually increasing exercise;

WHEREAS, there are an estimated 3 million patients in the United States with chronic, complex dysautonomia conditions, which is the larger disease classification for POTS, presenting as orthostatic intolerance, with many remaining undiagnosed;

WHEREAS, over 25% of patients whose POTS is not effectively managed go on to be completely disabled, contributing to increased costs to social safety net programs;

WHEREAS, the Mayo Clinic estimates the prevalence of POTS in teenagers to be as high

31 as one in 100, with onset of symptoms usually occurring in early adolescence, between the
32 ages of 12 and 15;

33 WHEREAS, there is a high prevalence of POTS among those with connective tissue
34 disorders with Utah showing higher rates of connective tissue disorders than the national
35 average;

36 WHEREAS, the onset of symptoms for POTS commonly occurs after puberty, pregnancy,
37 head trauma, or viral illness;

38 WHEREAS, approximately 77% of POTS patients are initially misdiagnosed and about
39 67% of POTS patients reported that at least one provider told the patient that the provider had
40 never heard of POTS;

41 WHEREAS, POTS patients face significant barriers to treatment with Utah ranking 49 out
42 of 50 states for access to primary care access and providers;

43 WHEREAS, individuals with chronic complex illnesses such as POTS face systemic
44 challenges in our current insurance-based healthcare system, where short, acute-care visits are
45 incentivized and the ongoing health management that POTS diagnosis and treatment often
46 requires is disincentivized;

47 WHEREAS, there is a significant lack of research specific to pediatric dysautonomia and
48 orthostatic intolerance disorders which limits the development of effective treatments; and

49 WHEREAS, primary care providers may lack necessary knowledge and resources to
50 manage patients referred to them following a diagnosis of POTS from a specialist:

51 NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the
52 Governor concurring therein, encourages the medical community to increase awareness of,
53 education about, and diagnosis of POTS, particularly in children and adolescents.

54 BE IT FURTHER RESOLVED that the Legislature and the Governor encourage insurers to
55 provide appropriate coverage to address the gaps in access to diagnosis and treatment of POTS.