

## 2026 State PANS and PANDAS Legislation

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Jurisdiction	Bill Number	Description	Status
Georgia	<u>HB 878</u>	Designates October 9th of each year as PANDAS Day in Georgia.	4/2/2025 House Second Readers. Carries over from 2025.
Georgia	<u>HB 124</u>	Requires all health benefit policies issued or renewed after July 1, 2025, including individual and group health benefit plans and health care services contracts, to cover health care services for PANS and PANDAS. Coverage must include services for the diagnosis, treatment, appropriate management or ongoing monitoring of a covered person's disorder when such services are supported by nationally recognized clinical practice guidelines. Beginning January 1, 2026 and the state health benefit plan for employees is required to provide the same coverage.	2/26/2025 To Senate Insurance and Labor Committee. Carries over from 2025.
Georgia	<u>SB 205</u>	Requires individual and group health benefit plans, health care services contracts, and the state health benefit plan for employees to cover health care services for PANS and PANDAS. Coverage must include services for the diagnosis, treatment, appropriate management or ongoing monitoring of a covered person's disorder when such services are supported by nationally recognized clinical practice guidelines.	2/20/2025 Senate Read and Referred. Carries from 2025.
Iowa	<u>SF 242</u>	Requires a health carrier that offers individual, group or small contracts, policies or plans that provide third party payment or prepayment of health and medical expenses to offer coverage for the diagnosis and treatment of PANS, PANDAS and postinfectious autoimmune encephalopathy recommended by a covered person's health care professional as medically necessary. Treatment may include but is not limited to antibiotics, drugs, and behavioral therapies to manage behavioral symptoms, plasma exchange, and immunoglobulin. Coverage may not (1) be denied or delayed because an individual has received the same or similar prior treatment for the condition; (2) be denied or delayed because the covered person receives treatment for another medical condition; (3) limited over a covered person's lifetime unless limited by a policy period or because a person's health care provider has determined that the patient is no longer benefitting from the treatment. Covered entities include individual and group accident and sickness insurance providing coverage on an expense-incurred basis, individual or group hospital or medical service contracts, individual and group HMOs and a plan established for public employees.	2/17/2025 Subcommittee recommends passage. Session adjourned. Carries from 2025.
Kansas	<u>HB 2549</u>	Requires individual or group health insurance policies; medical service plans, contracts, and hospital service corporation contracts; hospital and medical service corporation contracts; fraternal benefit societies or health maintenance organizations that provide coverage for accident and health services that is delivered, issued for delivery, amended or renewed on or after January 1, 2027, to provide for the coverage for the diagnosis and prescribed treatment of PANS and PANDAS. In the coverage for the health plan commencing on January 1, 2027, the Kansas state employees health care commission must provide for the coverage for the diagnosis and prescribed treatment of PANS and PANDAS. Requires the Kansas state employees health care commission to submit a report to the President of the Senate and to the Speaker of the House of Representatives regarding the mandated coverage for PANS and PANDAS provided during the plan year commencing on January 1, 2026, and ending on December 31, 2026. Following receipt of the report, the legislature may consider whether or not to require the coverage for PANS and PANDAS to be included in any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for accident and health services and that is delivered, issued for delivery, amended or renewed in this state on or after January 1, 2027. (Note the language as currently written would already establish a coverage requirement on or after January 2027 prior to receipt of the report).	1/27/2026 To House Insurance Committee.

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<b>Jurisdiction</b>	<b>Bill Number</b>	<b>Description</b>	<b>Status</b>
<b>Massachusetts</b>	<u>S 1415</u>	Requires the Department of Mental Health, in conjunction with the Department of Education to conduct a study of pediatric and adolescent psychiatric hospital settings and therapeutic day schools to determine if any children within these settings have root causes in missed or known neuroimmune issues or PANS and PANDAS. The study findings must include information regarding prevalence and report outcomes of interviewed children & families previously misdiagnosed and subsequently found to have PANS and PANDAS.	11/6/25 Bill reported favorably by committee and referred to the Joint Committee on Health Care Financing. Carries from 2025.
<b>Massachusetts</b>	<u>S 805</u>	Requires the department of public health to establish a program for PANS and PANDAS screening, which must adhere to the recommendations developed by a medical professional consortium convened by the department for the purposes of researching, identifying, and publishing best practice standards for diagnosis and treatment of such disorders or syndrome that are accessible for medical professionals and are based on evidence of positive patient outcomes. The department also must develop PANS working criteria to describe a clinically distinct presentation as defined in legislation. Physicians, licensed child psychiatrists or psychologists, licensed certified social workers and licensed mental health counselors must screen patients for PANS and PANDAS using specified methods. Licensed, registered or approved health care facilities serving children, including but not limited to hospitals, clinics and HMOs must take appropriate steps to ensure that their patients receive specified PANS and PANDAS screening.	12/4/2025 To Joint Committee on Health Care Financing.
<b>Massachusetts</b>	<u>H 1249</u>	Requires the department of public health to establish a program for PANS and PANDAS screening, which must adhere to the recommendations developed by a medical professional consortium convened by the department for the purposes of researching, identifying, and publishing best practice standards for diagnosis and treatment of such disorders or syndrome that are accessible for medical professionals and are based on evidence of positive patient outcomes. The department also must develop PANS working criteria to describe a clinically distinct presentation as defined in legislation. Physicians, licensed child psychiatrists or psychologists, licensed certified social workers and licensed mental health counselors must screen patients for PANS and PANDAS using specified methods. Licensed, registered or approved health care facilities serving children, including but not limited to hospitals, clinics and HMOs must take appropriate steps to ensure that their patients receive specified PANS and PANDAS screening.	10/15/2025 Hearing October 27th at 10:30 am. To Joint Committee on Financial Services. Carries from 2025.
<b>Michigan</b>	<u>SB 447</u>	Health insurance policies and health insurance policies delivered, executed, issued, amended, adjusted, or renewed in Michigan must provide coverage for the prophylaxis, diagnosis, and treatment of PANDAS and PANS that is prescribed or ordered by a physician or provider, including, but not limited to, antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and the use of intravenous immunoglobulin therapy. Requires that treatment authorization is in a timely manner. Treatment may not be delayed or denied based on the insured previously receiving any treatment, including the same or similar. Insurers must adhere to treatment recommendations developed by a medical professional consortium convened for the purposes of researching, identifying, and publishing clinical practice guidelines and evidence-based standards for prophylaxis, diagnosis, and treatment of the disorders.	6/26/2025 Referred to Committee on Health Policy. Carries from 2025.

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<b>Michigan</b>	<u>SB 5136</u>	Requires the family independence agency to provide coverage under the medical assistance program for the prophylaxis, diagnosis, and treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome that is prescribed or ordered by a physician or provider, including, but not limited to, antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and the use of intravenous immunoglobulin therapy. Requires that treatment authorization is in a timely manner. Treatment may not be delayed or denied based on the insured previously receiving any treatment, including the same or similar. For billing purposes, PAND and PANDAS must be coded as autoimmune encephalopathy and coded as D89.89 (other specified disorders involving the immune mechanism not otherwise specified) unless a specific code for these conditions is later created. If enacted, the law applies to existing medical assistance coverage and medical assistance coverage covering eligible individuals, beginning 90 days after the date this amendatory act is enacted into law.	Referred to Insurance Committee on 10/23. Electronically reproduced 10/28. Carries from 2025.
<b>Michigan</b>	<u>HB 5226</u>	Requires a health insurance policy delivered, issued for delivery, or renewed in this state to provide coverage for the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin therapy.	11/12/2025 Bill electronically reproduced. 11/06/2025 to Committee on Insurance. Carries from 2025.
<b>Missouri</b>	<u>HB 2372</u>	Designates March 26th of each year as PANS/PANDAS Awareness Day.	01/15/2026 - Referred to Health and Mental Health (H)
<b>Missouri</b>	<u>SB 1263</u>	Establishes "Colton's Law." MO HealthNet and private health insurance carriers and health benefit plans for plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027, must provide coverage for medically necessary physician-prescribed treatment for PANDAS and PANS. Coverage must include antibiotics, medications, behavioral therapies, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy, to the extent described in the act and subject to no greater copayments, coinsurance, or deductibles than similar benefits provided by the health carrier or benefit plan.	1/27/2026 - To Senate Insurance and Banking Committee.
<b>Missouri</b>	<u>HB 1982</u>	Designates March 26th of each year as PANS/PANDAS Awareness Day.	01/08/2026 - Read Second Time (H)
<b>Nebraska</b>	<u>LB 762</u>	Requires individual or group sickness and accident insurance policies; subscriber contracts; hospital, medical, or surgical expense-incurred policies, except for policies that provide coverage for a specified disease or other limited benefit coverage; and any self-funded employee benefit plan to the extent not preempted by federal law to provide coverage for treatment of PANS and PANDAS. Treatments required by this section must be recommended by the insured's licensed health care provider to include, but not limited to, antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, plasma exchange, and immunoglobulin. Establishes a reporting requirement from insurers to the Department of Insurance no later than October 2027.	1/28/2026 Hearing: Feb 24 @ 1:30 pm To Legislature Banking, Commerce and Insurance Committee.
<b>New Jersey</b>	<u>S 598</u>	Requires health insurers (individual and group health insurance plans, health, hospital, and medical service corporations, health maintenance organizations, and State and School Employees' Health Benefits Program contracts) to provide coverage for expenses incurred in the diagnosis and treatment of PANDAS and PANS that is prescribed or ordered by the treating physician. Coverage pursuant to the bill includes antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy.	1/13/2026 Introduced in the Senate, Referred to Senate Commerce Committee.

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<b>New Jersey</b>	<u>A 3246</u>	Requires health insurers (individual and group health insurance plans, health, hospital, and medical service corporations, health maintenance organizations, and State and School Employees' Health Benefits Program contracts) to provide coverage for expenses incurred in the diagnosis and treatment of PANDAS and PANS that is prescribed or ordered by the treating physician. Coverage pursuant to the bill includes antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy.	1/13/2026 Introduced, Referred to Assembly Financial Institutions and Insurance Committee
<b>New York</b>	<u>S 2655</u>	Requires health plans and health issuers offering health insurance coverage as a group health plan to provide coverage for a beneficiary or participant who has PANS if the attending physician certifies in writing the medical necessity of the proposed course of rehabilitative treatment.	1/16/2026 Referred to Senate Commerce Committee.
<b>New York</b>	<u>A 3362</u>	Requires health plans and health issuers offering health insurance coverage as a group health plan to provide coverage for a beneficiary or participant who has PANS if the attending physician certifies in writing the medical necessity of the proposed course of rehabilitative treatment.	9/8/2025 Enacting clause stricken. Carries from 2025.
<b>New York</b>	<u>A 9659</u>	Requires every health plan and health insurance issuer offering coverage in connection with a group health plan to provide coverage for a participant of beneficiary who has PANS if the attending physician certifies in writing that proposed course of rehabilitative treatment.	1/21/2026 Referred to Insurance.
<b>Pennsylvania</b>	<u>HB 1803</u>	Establishes the Advisory Council on PANDAS and PANS. Provides for the duties of the Advisory Council on PANDAS and PANS.	8/14/2025 Referred to Health. Carries from 2025.
<b>Vermont</b>	<u>S 251</u>	Requires health insurance plans to provide coverage for the medically necessary diagnosis and treatment of PANS and PANDAS. Covered treatment include antibiotics, medication therapy, mental health services to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy. Coverage must adhere to the treatment recommendations set forth in current clinical practice guidelines published in peer-reviewed medical literature or endorsed by organizations composed of expert treating health professionals.	1/14/2026 Read 1st time & referred to Committee on Finance.
<b>Virginia</b>	<u>HB 328</u>	The State Corporation Commission's Bureau of Insurance must select a new essential health benefits benchmark plan for the 2029 plan year that includes, in addition to the essential health benefits package included in the existing benchmark plan, coverage for certain services, including the the prophylaxis, diagnosis, and treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome under the same terms and conditions provided in <a href="#">§ 38.2-3418.22</a> of the Code of Virginia, as amended in the bill.	1/27/2026 [Hearing: Jan 29] Subcommittee recommends reporting with amendment(s) and referring to Appropriations (6-Y 3-N).
<b>Washington</b>	<u>HB 1198</u>	Revised for 1st substitute: Making 2025-2027 fiscal biennium operating appropriations and 2023-2025 fiscal biennium second supplemental operating appropriations. Includes provision requiring the State Health Care Authority to consider evidence-based recommendations from the Oregon health evidence review commission when making coverage decisions for the treatment of PANDAS and PANS.	1/12/2026 By resolution, reintroduced and retained in present status. House Rules "X" file.
<b>Washington</b>	<u>HB 1741</u>	For health plans other than those offered to public employees and dependents, health carriers must provide initial coverage for three monthly immunomodulatory courses of intravenous immunoglobulin for the treatment of PANDAS and PANS and subsequent courses as deemed necessary by treating providers when certain conditions are met. Conditions include consultation with a subspecialist and that the subspecialist and primary care provider recommend the treatment. The health carrier may require that the patient be clinically reevaluated every three months.	1/12/2026 To House Health Care and Wellness Committee.

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<b>Washington</b>	<u>HB 2196</u>	For health plans other than those offered to public employees and dependents offered, health carriers must provide initial coverage for three monthly immunomodulatory courses of intravenous immunoglobulin therapy for the treatment of PANDAS and PANS and subsequent courses as deemed medically necessary by the testing provider when the following conditions have been met: (1) Clinically appropriate trials, which may be done concurrently if two less intensive treatments, were not effective, not tolerated or did not result in sustained improvement of symptoms; and (2) The patient's treating provider recommends the treatment. The bill also sets forth conditions under which coverage may not be denied or limited.	2/4/2026 [Hearing: Feb 4 @ 1:30 pm] House Health and Wellness Committee.
<b>Washington</b>	<u>SB 5810</u>	The State Health Care Authority must consider evidence-based recommendations from the Oregon health evidence review commission when making coverage decisions for the treatment of PANDAS and PANS. Provision is within appropriations bill making 2025-2027 fiscal biennium operating appropriations and 2023-2025 fiscal biennium second supplemental operating appropriations.	1/12/2026 By resolution, reintroduced and retained in present status. Referred to Senate Ways and Means.
<b>West Virginia</b>	<u>SB 71</u>	The Medicaid program; individual and group accident and sickness insurance; hospital service corporations, medical service corporations, dental service corporations and health service corporations; health care corporations; and health maintenance organizations shall provide coverage for intravenous immunoglobulin therapy for PANDAS, PANS and other autoimmune encephalopathies only if the insured's physician obtains prior authorization by showing that all other treatments have been exhausted.	1/14/2026 To Health and Human Resources.
<b>West Virginia</b>	<u>HB 4197</u>	Requires every group health insurance contract, and every group hospital or medical expense insurance policy, plan, and group policy delivered, issued for delivery, amended, or renewed in this state by a managed care organization (MCO), or an essential community health provider that participates in the state Children's Health Insurance Program (CHIP), on or after January 1, 2027, to provide coverage for physician prescribed treatment, deemed medically necessary of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). Such treatment must include antibiotics, medication, behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy. Coverage authorization must be provided in a timely manner consistent with insurance rules for urgent treatments. Sets forth requirements regarding medical necessity. It is the responsibility of the agency administering CHIP ultimately to determine what medical items and services are medically necessary for the program. The fact that a provider has prescribed, recommended or approved a medical item or service does not, in itself, make such item or service medically necessary.	1/14/2016 To House Health and Human Resources.
<b>Updated 1/29/2026</b>		<b>Johnson Policy Consulting</b> <a href="https://policyconsult.com/resources">https://policyconsult.com/resources</a>	<b>202-258-5529</b>