

# STATE STATUTES: PANS AND PANDAS

Jurisdiction	Statute Citation	Summary
Arkansas <sup>1</sup>	A.C.A. § <u>23-79-1901 et</u> <u>seq.; §20-77-142</u>	<p>The University of Arkansas for Medical Sciences must organize an interdisciplinary panel to: (1) create a protocol for the treatment of and diagnostic framework for the coverage of PANS and PANDAS by June 1, 2019; and (2) report to the General Assembly no later than August 31, 2019, including recommendations concerning mandating insurance coverage for the treatment of PANS and PANDAS. Once the diagnostic criteria for purposes of insurance coverage is determined, all insurance companies and health benefit plans must provide coverage for the treatment of PANS and PANDAS diagnosed according to the established criteria.</p> <p>A health benefit plan must provide coverage for (1) off-label use of intravenous immunoglobulin (IVIG) under a patient-specific treatment plan consistent with the Insurance Commissioner's protocols and rules developed in consultation with the Childhood Post-infectious Autoimmune Encephalopathy (CPAE) Center of Excellence; (2) IVIG to treat individuals diagnosed with PANS and PANDAS, or both, on or after January 1, 2024, if the patient's primary care physician, in consultation with an Arkansas-licensed pediatric psychiatrist and an Arkansas-licensed physician who practices in at least one pediatric subspecialty, including a neurology, rheumatology, or infectious disease, agrees and follows a follows a patient-specific treatment plan.</p> <p>The Arkansas Medicaid program must provide coverage for off-label use of drug treatments, including IVIG without limitation to treat Medicaid beneficiaries diagnosed with PANS or PANDAS under a treatment plan established by CPAE.</p>
California	Health and Safety Code § <u>1367.38</u> ; Insurance Code § <u>10123.38</u>	<p>Health care service plan contracts issued, amended, or renewed on or after January 1, 2025, must provide coverage for the prophylaxis, diagnosis, and treatment of PANDAS and PANS prescribed or ordered by the treating physician and medically necessary, as defined by current nationally recognized clinical practice guidelines. Covered treatment includes antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and IVIG. Required authorization must be provided in a timely manner appropriate for the severity of an enrollee's condition. Coverage may not be denied or delayed because the enrollee previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for their condition under a different diagnostic name. Coverage for immunomodulating therapies may not be limited in a manner inconsistent with the treatment recommendations in current clinical practice guidelines or be subject to a copayment, coinsurance, deductible, or other cost sharing in excess of that applied to other benefits. Insurers may not require a trial of therapies that treat only neuropsychiatric symptoms before authorizing coverage of immunomodulating therapies. Provides guidance regarding diagnosis codes in the absence of a specific code for PANS and PANDAS.</p>
Colorado	C.R.S. <u>10-16-104</u> <u>(27)</u>	<p>All individual and group health benefit plans must provide for the prophylaxis, diagnosis, and treatment of PANS and PANDAS with some exceptions contingent on the US Department of Health and Human Services (HHS) determination as to whether the benefit is in addition to essential health benefits and would be subject to defrayal by the state. The requirements then may apply to large employer health benefit plans on or after January 1, 2025. The requirements apply to individual and small on or after January 1, 2026, if the coverage is not determined an additional benefit requiring state defrayal, or there is no response from HHS within a year.</p> <p>Coverage must adhere to treatment guidelines developed by a consortium of experts. Covered treatments include antibiotics; medication and psychological and behavioral therapies to manage neuropsychiatric symptoms; immunomodulating medicines; plasma exchange; and IVIG. Up to six course of IVIG must be covered if (1) trials of two or more less intensive treatments were not effective, not tolerated or did not result in sustained improvement; and (2) the patient's treating provider or a subspecialist recommends the treatment or therapy. A carrier may require patient reevaluation after three months. Provides guidance regarding diagnosis codes in the absence of a specific code for PANS and PANDAS. Carriers may not (1) impose deductibles, copayments, coinsurance, or other limitations on coverage that differ from those applied to other benefits; (2) deny or delay coverage because the enrollee previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for their condition under a different diagnostic name; (3) delay timely determination of prior authorization requests or fail to expedite requests for urgent services or (4) limit coverage in a manner inconsistent with the treatment recommendations in current clinical practice guidelines.</p>
Delaware	Del. Code Chapter 33, Title 18 § <u>3370B</u> ; Chapter 35, Title 18 § <u>3571I</u> ; Chapter 52, Title 29 § <u>5211</u> ; Chapter 5, Title 31 § <u>527</u>	<p>All individual and group health insurance policies, contracts, or certificates offered by any health insurer, health service corporation, or HMO; the state employee health insurance plans; and carriers offering health insurance as public assistance must provide coverage for treatment of PANS and PANDAS, including IVIG. If the state determines that under federal law there is cost defrayal to state for any coverage for PANS and PANDAS, the requirements are inoperative, and the state may not assume any obligation for the cost of coverage.</p>

Jurisdiction	Statute Citation	Summary
Georgia	OCGA §§ <u>33-24-59.36</u> ; <u>45-18-4.2</u>	Individual or group plans, policies, or contracts for healthcare services, including contracts for state employees offered by a healthcare corporation, HMO, preferred provider organization, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, or other insurer must provide coverage for healthcare services for PANDAS or PANS, including 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. Deductibles, coinsurance, copayment provisions, and other limitations must be the same as applied to other services.
Illinois	<u>215 ILCS 5/356z.25</u> ; <u>20 ILCS 2310/2310-676</u>	<p>A group or individual policy of accident and health insurance or managed care plan offered after July 18, 2017 must provide coverage for treatment of PANS and PANDAS, including, but not limited to, the use of IVIG. Coverage must adhere to treatment recommendations developed by a medical professional consortium. Insurers may not (1) deny or delay coverage for medically necessary treatment because the patient previously received treatment for PANS and PANDAS or is diagnosed with or receives treatment for an otherwise diagnosed condition; and (2) limit medically necessary treatment over a lifetime unless the patient is no longer benefitting or by policy period. Provides guidance regarding diagnosis codes in the absence of a specific code for PANS and PANDAS. If at any time HHS requires the state to defray the cost of any coverage for PANS and PANDAS, then the insurance coverage requirement is inoperative other than coverage authorized under federal law concerning state Medicaid plans. The state will not assume any obligation for the cost of coverage for PANS and PANDAS.</p> <p>A PANS PANDAS Advisory Council is established to advise the Director of Public Health on research, diagnosis, treatment, and education relating to the disorder and syndrome. The law specifies composition of membership and requires the advisory council to issue an annual report to the General Assembly beginning in 2017 with recommendations concerning (1) practice guidelines; (2) mechanisms to increase clinical awareness and education; (3) outreach to educators and parents; and (4) development of network of volunteer experts on diagnosis and treatment to assist with education and outreach.</p>
Indiana	IC §§ <u>27-8-37-1</u> et seq; <u>27-13-7-26</u> ; <u>5-10-8-24</u>	A policy of accident and sickness insurance, individual or group contracts and a state employee health benefit plan must provide coverage for treatment of PANS and PANDAS, including IVIG. Coverage may not be subject to annual or lifetime limitation, deductible, copayment, or coinsurance provisions that are more restrictive applied generally under the policy.
Kansas	KSA <u>§75-6525</u>	The state employees health care commission must provide coverage for the diagnosis and treatment of PANS and PANDAS in the 2023 plan year. On or before March 1, 2024, the commission must submit a report to the Senate President and Speaker concerning the mandated coverage in the prior year that includes (1) the impact on the state benefit program; (2) data on the utilization of coverage; and (3) a recommendation whether mandated coverage should continue for the state health care benefits program or if additional utilization and cost data is required. After receipt of the report, the legislature may consider whether to require PANS and PANDAS coverage in individual or group health insurance policies, medical service plans, contracts, hospital service corporation contracts, hospital and medical service corporation contracts, fraternal benefit societies or HMOs that provide coverage for accident and health services offered on or after July 1, 2025.
Louisiana	LRS <u>22 §1028.6</u>	Every health coverage plan must provide coverage for PANS, PANDAS, and other types of AE, including IVIG. In determining coverage insurers may consider but not require strict adherence to other treatment options or recommendations developed by a medical professional consortium, such as the PANDAS Physician Network. The treatment should be based on evidence of positive patient outcomes. Coverage of IVIG may be limited to no more than three monthly courses of treatment, unless additional treatment is deemed medically necessary based on a clinical review using such guidelines. Health coverage plan is defined to include any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, contract, or other agreement with a HMO or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan and a self-insurance plan.
Maryland	Insurance Code <u>§15-855</u>	Insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies or contracts and HMOs that provide hospital, medical, or surgical benefits to individuals or groups under contracts must provide coverage for medically necessary diagnosis, evaluation, and treatment of PANDAS and PANS, including the use of IVIG. Deductibles, copayments, or coinsurance requirements may not be greater than those for similar coverages. Provides guidance regarding diagnosis codes in the absence of a specific code for PANS and PANDAS.
Massachusetts	<u>176G §4GG</u> , <u>175 §47NN</u> , <u>176B §4OO</u> , <u>32A§17R</u> , <u>176A §8OO</u> , <u>111 §242</u> , <u>6§15VVVV</u>	<p>Individual or group health maintenance contracts; policies, contracts, agreements, plans or certificates of insurance; subscription certificates under an individual or group medical service agreement; the commission responsible for benefits for active or retired state employee; and contracts between a subscriber and a corporation under an individual or group hospital service plan must provide coverage for treatment of PANDAS and PANS including, but not limited to, the use of IVIG.</p> <p>An advisory council on PANDAS and PANS is established to advise the commissioner of public health on research, diagnosis, treatment and education relating to the disorder and syndrome. The council must issue an annual report concerning (1) practice guidelines for the diagnosis and treatment; (2) development of screening protocols; (3) mechanisms to increase clinical awareness and education among physicians, including pediatricians, school-based health centers and providers of mental health services; (4) outreach to educators and parents to increase awareness; and (5) development of a network of volunteer experts on the diagnosis and treatment.</p> <p>The Governor shall annually declare October 9 as PANDAS/PANS Awareness Day.</p>

Jurisdiction	Statute Citation	Summary
Minnesota	Minn. Stat. Ann. §§ 62A.3097, 256B.0625 Subd. 66	Every health plan that provides coverage to Minnesotans must cover treatment for PANDAS and PANS, including antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, plasma exchange, and immunoglobulin, when recommended by the insured's licensed health care professional. The commissioner of commerce must reimburse health carriers for coverage. Reimbursement is available only for coverage that would not have been provided by the health carrier without the established requirements. Each fiscal year an amount necessary to make payments to health carriers to defray the cost of providing coverage under this section is appropriated to the commissioner of commerce. Health carriers must report to the commissioner quantified costs attributable to the additional benefit under this section in a format developed by the commissioner.  State medical assistance covers treatment of PANDAS and PANS.
Nebraska	2006 LB 762 Slip Law	On or after January 1, 2027, individual or group sickness and accident insurance policies or 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 self-funded employee benefit plans to the extent not preempted by federal law must provide coverage for treatment of PANDAS and PANS. Treatments must be recommended by the patient's licensed physician and include, but not be limited to, antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, plasma exchange, and immunoglobulin.
New Hampshire	RSA §417-E:1	Each insurer that issues or renews any policy of accident or health insurance, each nonprofit health service corporation and HMO providing benefits for disease or sickness in the state must provide benefits for treatment and diagnosis of certain biologically-based mental illnesses such as obsessive-compulsive disorder, including Pediatric Autoimmune Neuropsychiatric Disorders.
New York	Public Health Ch. 45 Art. 2, Title 1 §207 (n)	Establishes the health care and wellness education and outreach program within the health department. Activities may include education and outreach programs for consumers, patients, educators, and health care providers relating to health care matters and various conditions. The law lists PANS and PANDAS as one eligible condition if the program includes an advisory council with representatives of people with PANS and their families and health care providers who specialize in treating the syndrome, among others.
Oregon	ORS §§743A.315, 187.290	A health benefit plan, defined as hospital expense, medical expense or hospital or medical expense policy or certificate; subscriber contract of a health care service contractor; or plan provided by a multiple employer welfare arrangement or by another benefit arrangement to the extent that the plan is subject to state regulation, must cover up to three monthly immunomodulatory courses of IVIG for the treatment of PANDAS and PANS when (1) clinically appropriate trials of two or more less-intensive treatments were not effective, not tolerated or did not result in sustained improvement in symptoms; and (2) a subspecialist and the patient's primary care provider recommend the treatment. The health benefit plan may require reevaluation of the patient at three-month intervals.  Designates October 9 of each year as PANDAS/PANS Awareness Day.
Rhode Island	R.I. Gen. Laws § §27-41-95, 27-20-78, 27-19-82, 27-18-90	Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy offered by any health insurance carrier, on or after January 1, 2023, including nonprofit medical service corporations, accident and sickness insurance policies, HMOs, and nonprofit hospital service corporations must provide coverage for treatment of PANDAS and PANS, including IVIG. The requirements apply only to services delivered within the state except that all health insurance carriers are required to provide coverage outside of the state when the services are not available in the state of Rhode Island from a provider in the health insurance carrier's network.
Tennessee	Tenn. Code Ann. §§15-2-148; 71-5-172	TennCare may require every group health insurance contract, group hospital or medical expense insurance policy, plan, and group policy offered by an managed care organization on or after January 1, 2026, to provide coverage for medically necessary treatment of PANDAS and PANS, including antibiotics, medication, behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and IVIG. Benefits may not be subject to a greater co-payment, deductible, or coinsurance than similar benefits provided. Coverage authorization must be timely consistent with department of commerce and insurance rules for urgent treatments. Group or individual policies of accident and health insurance or managed care may not deny or delay coverage for medically necessary treatment under this section of the law solely because the recipient previously received treatment for PANDAS or PANS or has been diagnosed with or received treatment for their condition under a different diagnostic name. Coverage determinations may take into consideration the treatment recommendations developed by a medical professional consortium.  Declares October 9 of each year as PANDAS Awareness Day to increase public awareness of the serious illnesses PANDAS and PANS.
Texas	Texas Health and Safety Code §119A.001 et seq.	The Pediatric Acute-Onset Neuropsychiatric Syndrome Advisory Council is established to advise the Health and Human Services Commission and the legislature on research, diagnosis, treatment, and education related to PANS. The law outlines composition of council membership and requires the Council to prepare, no later than September 1 of each year, and submit to the governor, legislature, and commission a written report that includes recommendations on (1) practice guidelines for diagnosis and treatment; (2) mechanisms to increase clinical awareness and education among physicians, including pediatricians, school-based health centers, and mental health care providers; (3) strategies for outreach to educators and parents to increase awareness; and (4) develop a network of volunteer experts on diagnosis and treatment to assist with education and outreach. The chapter is expected to sunset in 2033 unless otherwise continued.

Jurisdiction	Statute Citation	Summary
Virginia	Code of Virginia §§32.1-73.9 et seq, 38.2-3418.22, 32.1-325(34)	<p>The Advisory Council on PANDAS and PANS is created for the purpose of advising the Commissioner of Health on research, diagnosis, treatment, and education relating to these conditions. The law specifies composition of membership. This section expires on July 1, 2028.</p> <p>Each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each HMO providing a health care plan for health care services must provide coverage for the prophylaxis, diagnosis, and treatment of PANDAS and PANS, including antimicrobials, medication, and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and IVIG. Insurers may not (1) deny or delay coverage because the enrollee previously received treatment for these conditions or was diagnosed with or received treatment for the condition under a different diagnostic name; (2) limit coverage of immunomodulating therapies in a manner that is inconsistent with the treatment guidelines developed by a consortium; (3) require a trial of therapies that treat only neuropsychiatric symptoms before authorizing coverage of immunomodulating therapies; or (5) deny coverage for out-of-state treatment if the service is not available within the Commonwealth. The law does not preclude usual and customary procedures, including prior authorization, to determine the appropriateness of and medical necessity for treatment, provided that decisions are made in the same manner as for other covered conditions, and coverage may not be more restrictive than or separate from coverage for other conditions.</p> <p>The state plan for medical assistance services must include a provision for payment of medical assistance for the prophylaxis, diagnosis, and treatment of PANDAS and PANS, including antimicrobials, medication, and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and IVIG.</p>
		<i>The Louisa Adelynn Johnson Fund for Complex Disease, April 2026</i>

1. The Arkansas legislature currently funds a clinic annually in its appropriations bills. See [2025 SB 128](#) for FY 2026 funding of \$175,000. In 2025 the Arkansas House recommended a measure, HB 1573, for further study in the Interim, which would modify the statute section concerning the development of the protocol.