

GREEN SHEET REDIGEST

HB 408

2025 Regular Session

Dickerson

**INSURANCE/HEALTH: Requires health insurance coverage relative to pediatric acute-onset neuropsychiatric syndrome and related conditions.**

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DIGEST

Proposed law outlines legislative findings. Provides that symptoms of PANS, PANDAS, and types of AE cause disruption to the neurological functioning of children. Provides that symptoms include but are not limited to episodes of anxiety, seizures, depression, and personality changes. Further provides that symptoms worsen with episodes.

Proposed law legislative findings further provide that younger children are often misdiagnosed with autism and many children meet criteria for state disability services because their symptoms are not solely attributable to mental illness.

Proposed law legislative findings further provide that studies have found several therapies and treatments to be effective in resolving symptoms, including but not limited to antibiotic therapy, intravenous immunoglobulin treatments, antidepressant medications, cognitive behavioral therapies, and plasma exchange.

Proposed law legislative findings further provide that early treatment is important to prevent permanent brain injury and nervous system damage, cognitive decline, and mental illness that may persist into adulthood and potentially death.

Proposed law requires health coverage plans issued in this state to provide coverage for PANS, PANDAS, and other types of AE, including but not limited to the use of intravenous immunoglobulin therapy. Further authorizes coverage to require annual deductibles, coinsurance, and copayment provisions as established under the health coverage plan.

Proposed law defines "autoimmune encephalitis" or "AE", "health coverage plan", "pediatric acute-onset neuropsychiatric syndrome" or "PANS", and "pediatric acute-onset neuropsychiatric disorders associated with streptococcal infections" or "PANDAS".

Proposed law recommends factors that insurers may use in determining coverage for certain treatments.

Proposed law allows insurers to limit intravenous immunoglobulin treatments to three monthly courses, unless additional treatment is deemed medically necessary.

Proposed law provides for applicability to new and existing policies.

(Adds R.S. 22:1028.6)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the engrossed bill

1. Remove legislative findings from codification.
2. Recommend factors insurers may use in determining coverage.
3. Limit intravenous immunoglobulin treatments to not more than three monthly courses unless additional treatment is deemed medically necessary.
4. Provide for applicability to new and existing policies.
5. Make technical changes.