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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 306

01/24/2019 Authored by Albright
The bill was read for the first time and referred to the Committee on Commerce

1.1 A bill for an act
1.2 relating to health insurance; requiring health plan coverage for treatment of pediatric
1.3 autoimmune neuropsychiatric disorders associated with streptococcal infections
1.4 and pediatric acute-onset neuropsychiatric syndrome; requiring reports; proposing
1.5 coding for new law in Minnesota Statutes, chapter 62A.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. 62A.3096] PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC
1.8 DISORDERS ASSOCIATED WITH STREPTOCOCCAL INFECTIONS (PANDAS)
1.9 AND PEDIATRIC ACUTE-ONSET NEUROPSYCHIATRIC SYNDROME (PANS)
1.10 TREATMENT; COVERAGE.

1.11 Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this section.

1.12 (b) "Pediatric acute-onset neuropsychiatric syndrome" means a class of acute-onset
1.13 obsessive compulsive or tic disorders or other behavioral changes presenting in children
1.14 and adolescents that are not otherwise explained by another known neurologic or medical
1.15 disorder.

1.16 (c) "Pediatric autoimmune neuropsychiatric disorders associated with streptococcal
1.17 infections" means a condition in which a streptococcal infection in a child or adolescent
1.18 causes the abrupt onset of clinically significant obsessions, compulsions, tics, or other
1.19 neuropsychiatric symptoms or behavioral changes, or a relapsing and remitting course of
1.20 symptom severity.

1.21 Subd. 2. Scope of coverage. This section applies to all health plans that provide coverage
1.22 to Minnesota residents.

2.1 Subd. 3. **Required coverage.** Every health plan included in subdivision 2 must provide
 2.2 coverage for treatment for pediatric autoimmune neuropsychiatric disorders associated with
 2.3 streptococcal infections (PANDAS) and for treatment for pediatric acute-onset
 2.4 neuropsychiatric syndrome (PANS). Treatments that must be covered under this section
 2.5 must be recommended by the insured's licensed health care professional and include but
 2.6 are not limited to antibiotics, medication and behavioral therapies to manage neuropsychiatric
 2.7 symptoms, plasma exchange, and immunoglobulin.

2.8 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to health
 2.9 plans offered, sold, issued, or renewed on or after that date.

2.10 Sec. 2. **REPORT; DENIALS OF COVERAGE FOR TREATMENT FOR PEDIATRIC**
 2.11 **AUTOIMMUNE NEUROPSYCHIATRIC DISORDERS ASSOCIATED WITH**
 2.12 **STREPTOCOCCAL INFECTIONS (PANDAS) AND PEDIATRIC ACUTE-ONSET**
 2.13 **NEUROPSYCHIATRIC SYNDROME (PANS).**

2.14 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

2.15 (b) "Health carrier" has the meaning given in Minnesota Statutes, section 62A.011,
 2.16 subdivision 2.

2.17 (c) "Health plan" has the meaning given in Minnesota Statutes, section 62A.011,
 2.18 subdivision 3.

2.19 (d) "Pediatric acute-onset neuropsychiatric syndrome" and "pediatric autoimmune
 2.20 neuropsychiatric disorders associated with streptococcal infections" have the meanings
 2.21 given in Minnesota Statutes, section 62A.3096, subdivision 1.

2.22 Subd. 2. **Report required.** (a) A health carrier that offers a health plan providing coverage
 2.23 to Minnesota residents must report the following to the commissioner of health by October
 2.24 1, 2019:

2.25 (1) the number of times the health carrier has denied coverage for treatment for pediatric
 2.26 autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS)
 2.27 or for treatment for pediatric acute-onset neuropsychiatric syndrome (PANS); and

2.28 (2) for each denial of coverage, the specific treatment for which coverage was denied.

2.29 (b) The commissioner of health must compile the information submitted under this
 2.30 subdivision into a single report and must post that report to the department's website on or
 2.31 before November 1, 2019. The posted report must identify each reporting health carrier and
 2.32 must specify, for each carrier, the number of coverage denials for each specific treatment.

3.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.