

SENATE BILL 2402

By Briggs

AN ACT to amend Tennessee Code Annotated, Title 8;
Title 56 and Title 71, relative to pediatric medical disorders.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) For the purpose of this section, "managed care organization" or "MCO" means a health maintenance organization, behavioral health organization, or managed health insurance issuer that participates in the TennCare program.

(b) The bureau of TennCare shall require that 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 an MCO on or after January 1, 2025, provide coverage for physician prescribed treatment, deemed medically necessary pursuant to § 71-5-144, of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). Such treatment must include, but is not limited to, antibiotics, medication, behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy. Benefits provided under this section are not subject to a greater co-payment, deductible, or coinsurance than another similar benefit provided by the MCO. Coverage authorization must be provided in a timely manner consistent with department of commerce and insurance rules for urgent treatments adopted pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(c) A group or individual policy of accident and health insurance or managed care must not deny or delay coverage for medically necessary treatment under this section solely because the recipient previously received treatment, including the same or similar treatment, for PANDAS or PANS, or because the recipient has been diagnosed with or received treatment for their condition under a different diagnostic name, such as autoimmune encephalopathy. For the purposes of this section, coverage of PANDAS and PANS must adhere to the treatment recommendations developed by a medical professional consortium convened for the purposes of researching, identifying, and publishing best practice standards for diagnosis and treatment of such disorders that are accessible for medical professionals and are based on evidence of positive patient outcomes. Coverage for a form of medically necessary treatment must not be limited over the lifetime of a recipient, or by the duration of a policy period. This section does not prevent an MCO from requesting treatment notes and anticipated duration of treatment and outcomes.

(d) For billing and diagnosis purposes, PANDAS and PANS must be coded as autoimmune encephalitis until the American Medical Association and the centers for medicare and medicaid services create and assign a specific code for PANDAS and PANS. Thereafter, PANDAS and PANS may be coded as autoimmune encephalitis, PANDAS, or PANS. If a new common name or code is utilized for PANDAS and PANS, then this section, at such time, applies to patients with conditions under such new common name or code.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.