

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 24-0236.01 Brita Darling x2241

HOUSE BILL 24-1382

HOUSE SPONSORSHIP

Amabile and Brown,

SENATE SPONSORSHIP

(None),

House Committees

Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING REQUIRING HEALTH-CARE COVERAGE FOR PEDIATRIC**
102 **ACUTE-ONSET NEUROPSYCHIATRIC SYNDROME, AND, IN**
103 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires all individual and group health benefit plans to provide health insurance coverage for pediatric acute-onset neuropsychiatric syndrome (PANS) and includes pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS).

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

The coverage provided for PANS and PANDAS includes antibiotics, medication and psychological and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy if certain conditions are met.

The mandatory coverage provision applies to large group policies and contracts issued or renewed in this state on or after January 1, 2025. For individual and small group policies and contracts issued on or after January 1, 2026, the mandatory coverage provision applies if the division of insurance in the department of regulatory agencies receives confirmation from the federal department of health and human services that the coverage requirement does not require state defrayal of any increased cost for the coverage.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **add** (27)
3 as follows:

4 **10-16-104. Mandatory coverage provisions - definitions - rules**
5 **- applicability. (27) Pediatric acute-onset neuropsychiatric syndrome**
6 **(PANS) and pediatric autoimmune neuropsychiatric disorder**
7 **associated with streptococcal infections (PANDAS). (a) AS USED IN**
8 **THIS SUBSECTION (27), UNLESS THE CONTEXT OTHERWISE REQUIRES:**

9 (I) "PANDAS" MEANS PEDIATRIC AUTOIMMUNE
10 NEUROPSYCHIATRIC DISORDER ASSOCIATED WITH STREPTOCOCCAL
11 INFECTIONS.

12 (II) "PANS" MEANS PEDIATRIC ACUTE-ONSET NEUROPSYCHIATRIC
13 SYNDROME.

14 (b) (I) EXCEPT AS PROVIDED IN SUBSECTION (27)(g)(III) OF THIS
15 SECTION AND TO THE EXTENT THAT SUCH COVERAGE IS NOT IN ADDITION
16 TO BENEFITS PROVIDED PURSUANT TO THE BENCHMARK PLAN, ALL
17 INDIVIDUAL AND GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN
18 THIS STATE SHALL PROVIDE THE PROPHYLAXIS, DIAGNOSIS, AND

1 TREATMENT OF PANS AND PANDAS.

2 (II) COVERAGE FOR PANS AND PANDAS MUST ADHERE TO THE
3 TREATMENT RECOMMENDATIONS DEVELOPED BY A CONSORTIUM OF
4 MEDICAL PROFESSIONALS CONVENED TO RESEARCH, IDENTIFY, AND
5 PUBLISH CLINICAL PRACTICE GUIDELINES AND EVIDENCE-BASED
6 STANDARDS FOR THE DIAGNOSIS AND TREATMENT OF PANS AND
7 PANDAS.

8 (III) THE COVERAGE REQUIRED PURSUANT TO THIS SUBSECTION
9 (27) INCLUDES TREATMENTS AND THERAPIES PRESCRIBED OR ORDERED BY
10 THE TREATING HEALTH-CARE PROVIDER, INCLUDING:

- 11 (A) ANTIBIOTICS;
- 12 (B) MEDICATION AND PSYCHOLOGICAL AND BEHAVIORAL
13 THERAPIES TO MANAGE NEUROPSYCHIATRIC SYMPTOMS;
- 14 (C) IMMUNOMODULATING MEDICINES;
- 15 (D) PLASMA EXCHANGE; AND
- 16 (E) INTRAVENOUS IMMUNOGLOBULIN THERAPY.

17 (c) COVERAGE FOR PANS AND PANDAS MUST INCLUDE UP TO SIX
18 IMMUNOMODULATORY COURSES OF INTRAVENOUS IMMUNOGLOBULIN
19 THERAPY FOR THE TREATMENT OF PANS AND PANDAS WHEN THE
20 FOLLOWING CONDITIONS HAVE BEEN MET:

21 (I) CLINICALLY APPROPRIATE TRIALS, WHICH MAY BE DONE
22 CONCURRENTLY, OF TWO OR MORE LESS INTENSIVE TREATMENTS:

- 23 (A) WERE NOT EFFECTIVE;
- 24 (B) WERE NOT TOLERATED; OR
- 25 (C) DID NOT RESULT IN SUSTAINED IMPROVEMENT IN SYMPTOMS,
26 AS MEASURED BY A LACK OF CLINICALLY MEANINGFUL IMPROVEMENT ON
27 A VALIDATED INSTRUMENT DIRECTED AT THE PATIENT'S PRIMARY

1 SYMPTOM COMPLEX; AND

2 (II) THE PATIENT'S TREATING HEALTH-CARE PROVIDER
3 RECOMMENDS THE TREATMENT OR THERAPY OR THE TREATMENT OR
4 THERAPY IS RECOMMENDED BY A PEDIATRIC OR, FOR AN ADOLESCENT
5 PATIENT, AN ADULT SUBSPECIALIST, AFTER CONSULTATION WITH THE
6 TREATING HEALTH-CARE PROVIDER.

7 (d) THE CARRIER MAY REQUIRE THAT THE PATIENT BE CLINICALLY
8 REEVALUATED AT THREE-MONTH INTERVALS.

9 (e) FOR BILLING AND DIAGNOSTIC PURPOSES, PANS AND PANDAS
10 SHALL BE CODED AS AUTOIMMUNE ENCEPHALITIS UNTIL THE AMERICAN
11 MEDICAL ASSOCIATION AND THE FEDERAL CENTERS FOR MEDICARE AND
12 MEDICAID SERVICES CREATE AND ASSIGN A SPECIFIC CODE OR CODES FOR
13 PANS AND PANDAS. AFTER THE CREATION OF THE CODE OR CODES,
14 PANS AND PANDAS MAY BE CODED AS AUTOIMMUNE ENCEPHALITIS,
15 PANS, OR PANDAS. IF PANS OR PANDAS BECOMES KNOWN BY A
16 DIFFERENT COMMON NAME, IT MAY BE CODED UNDER THAT NAME AND
17 THIS SECTION APPLIES TO THAT DISORDER OR SYNDROME.

18 (f) THE CARRIER SHALL NOT:

19 (I) IMPOSE DEDUCTIBLES, COPAYMENTS, COINSURANCE, OR OTHER
20 LIMITATIONS ON COVERAGE FOR PANS OR PANDAS THAT ARE DIFFERENT
21 FROM DEDUCTIBLES, COPAYMENTS, COINSURANCE, OR OTHER LIMITATIONS
22 IMPOSED ON BENEFITS FOR SERVICES COVERED UNDER THE HEALTH
23 BENEFIT PLAN THAT ARE NOT RELATED TO PANS OR PANDAS;

24 (II) DENY OR DELAY COVERAGE FOR PANS OR PANDAS
25 TREATMENTS OR THERAPIES [REDACTED] BECAUSE THE COVERED PERSON
26 PREVIOUSLY RECEIVED TREATMENT OR THERAPY, INCLUDING THE SAME OR
27 SIMILAR TREATMENT OR THERAPY, FOR PANS OR PANDAS, OR BECAUSE

1 THE COVERED PERSON WAS DIAGNOSED WITH OR RECEIVED TREATMENT OR
2 THERAPY FOR THE CONDITION UNDER A DIFFERENT DIAGNOSTIC NAME,
3 INCLUDING AUTOIMMUNE ENCEPHALITIS;

4 (III) DELAY TIMELY DETERMINATION OF PRIOR AUTHORIZATION
5 REQUESTS FOR TREATMENTS OR THERAPIES, OR FAIL TO EXPEDITE
6 REQUESTS FOR URGENT HEALTH-CARE SERVICES; OR

7 (IV) LIMIT COVERAGE OF IMMUNOMODULATING THERAPIES FOR
8 PANS OR PANDAS IN A MANNER THAT IS INCONSISTENT WITH THE
9 TREATMENT RECOMMENDATIONS MADE PURSUANT TO SUBSECTION
10 (27)(b)(II) OF THIS SECTION, AND SHALL NOT REQUIRE A TRIAL OF
11 THERAPIES THAT TREAT ONLY NEUROPSYCHIATRIC SYMPTOMS BEFORE
12 AUTHORIZING COVERAGE OF IMMUNOMODULATING THERAPIES PURSUANT
13 TO THIS SECTION.

14 (g) (I) THE DIVISION SHALL SUBMIT TO THE FEDERAL DEPARTMENT
15 OF HEALTH AND HUMAN SERVICES:

16 (A) ITS DETERMINATION AS TO WHETHER THE BENEFIT SPECIFIED
17 IN THIS SUBSECTION (27) IS IN ADDITION TO ESSENTIAL HEALTH BENEFITS
18 AND WOULD BE SUBJECT TO DEFRAYAL BY THE STATE PURSUANT TO 42
19 U.S.C. SEC. 18031 (d)(3)(B); AND

20 (B) A REQUEST THAT THE FEDERAL DEPARTMENT OF HEALTH AND
21 HUMAN SERVICES CONFIRM THE DIVISION'S DETERMINATION WITHIN SIXTY
22 DAYS AFTER RECEIPT OF THE DIVISION'S REQUEST AND SUBMISSION OF ITS
23 DETERMINATION.

24 (II) THIS SUBSECTION (27) APPLIES TO, AND THE DIVISION SHALL
25 IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (27) FOR, LARGE
26 EMPLOYER HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE ON
27 OR AFTER JANUARY 1, 2025.

1 (III) THIS SUBSECTION (27) APPLIES TO, AND THE DIVISION SHALL
2 IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (27) FOR,
3 INDIVIDUAL AND SMALL GROUP HEALTH BENEFIT PLANS ISSUED OR
4 RENEWED IN THIS STATE ON OR AFTER JANUARY 1, 2026, IF:

5 (A) THE DIVISION RECEIVES CONFIRMATION FROM THE FEDERAL
6 DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT THE COVERAGE
7 SPECIFIED IN THIS SUBSECTION (27) DOES NOT CONSTITUTE AN ADDITIONAL
8 BENEFIT THAT REQUIRES DEFAYAL BY THE STATE PURSUANT TO 42 U.S.C.
9 SEC. 18031 (d)(3)(B);

10 (B) THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES
11 HAS OTHERWISE INFORMED THE DIVISION THAT THE COVERAGE DOES NOT
12 REQUIRE STATE DEFAYAL PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B);
13 OR

14 (C) MORE THAN THREE HUNDRED SIXTY-FIVE DAYS HAVE PASSED
15 SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST FOR
16 CONFIRMATION THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (27)
17 IS NOT AN ADDITIONAL BENEFIT THAT REQUIRES STATE DEFAYAL
18 PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B), AND THE FEDERAL
19 DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS FAILED TO RESPOND
20 TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE THE DIVISION
21 SHALL CONSIDER THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN
22 SERVICES' UNREASONABLE DELAY A PRECLUSION FROM REQUIRING
23 DEFAYAL BY THE STATE.

24 (h) THE COMMISSIONER SHALL ADOPT RULES CONSISTENT WITH
25 AND AS ARE NECESSARY TO IMPLEMENT THIS SUBSECTION (27).

26 **SECTION 2. Appropriation.** For the 2024-25 state fiscal year,
27 \$7,333 is appropriated to the department of regulatory agencies for use by

1 the division of insurance. This appropriation is from the division of
2 insurance cash fund created in section 10-1-103(3)(a)(I), C.R.S., and is
3 based on an assumption that the division will require an additional 0.1
4 FTE. To implement this act, the division may use this appropriation for
5 personal services.

6 **SECTION 3. Safety clause.** The general assembly finds,
7 determines, and declares that this act is necessary for the immediate
8 preservation of the public peace, health, or safety or for appropriations for
9 the support and maintenance of the departments of the state and state
10 institutions.