

CHAPTER 365

INSURANCE

HOUSE BILL 24-1382

BY REPRESENTATIVE(S) Amabile and Brown, Bacon, Bird, Boesenecker, Bradley, Catlin, Duran, English, Frizell, Garcia, Hamrick, Jodeh, Lieder, Lindsay, Lindstedt, Lukens, Marshall, Mauro, McCormick, McLachlan, Ortiz, Ricks, Rutinel, Sirota, Snyder, Soper, Story, Taggart, Titone, Weinberg, Woodrow, Young;
also SENATOR(S) Mullica, Buckner, Cutter, Exum, Ginal, Michaelson Jenet, Priola, Roberts, Zenzinger.

AN ACT

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

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

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

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

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

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

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

(II) COVERAGE FOR PANS AND PANDAS MUST ADHERE TO THE TREATMENT RECOMMENDATIONS DEVELOPED BY A CONSORTIUM OF MEDICAL PROFESSIONALS CONVENED TO RESEARCH, IDENTIFY, AND PUBLISH CLINICAL PRACTICE GUIDELINES

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

AND EVIDENCE-BASED STANDARDS FOR THE DIAGNOSIS AND TREATMENT OF PANS AND PANDAS.

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

(A) ANTIBIOTICS;

(B) MEDICATION AND PSYCHOLOGICAL AND BEHAVIORAL THERAPIES TO MANAGE NEUROPSYCHIATRIC SYMPTOMS;

(C) IMMUNOMODULATING MEDICINES;

(D) PLASMA EXCHANGE; AND

(E) INTRAVENOUS IMMUNOGLOBULIN THERAPY.

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

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

(A) WERE NOT EFFECTIVE;

(B) WERE NOT TOLERATED; OR

(C) DID NOT RESULT IN SUSTAINED IMPROVEMENT IN SYMPTOMS, AS MEASURED BY A LACK OF CLINICALLY MEANINGFUL IMPROVEMENT ON A VALIDATED INSTRUMENT DIRECTED AT THE PATIENT'S PRIMARY SYMPTOM COMPLEX; AND

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

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

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

(f) THE CARRIER SHALL NOT:

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

(II) DENY OR DELAY COVERAGE FOR PANS OR PANDAS TREATMENTS OR THERAPIES BECAUSE THE COVERED PERSON PREVIOUSLY RECEIVED TREATMENT OR THERAPY, INCLUDING THE SAME OR SIMILAR TREATMENT OR THERAPY, FOR PANS OR PANDAS, OR BECAUSE THE COVERED PERSON WAS DIAGNOSED WITH OR RECEIVED TREATMENT OR THERAPY FOR THE CONDITION UNDER A DIFFERENT DIAGNOSTIC NAME, INCLUDING AUTOIMMUNE ENCEPHALITIS;

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

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

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

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

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

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

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

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

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

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

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

SECTION 2. Appropriation. For the 2024-25 state fiscal year, \$7,333 is appropriated to the department of regulatory agencies for use by the division of insurance. This appropriation is from the division of insurance cash fund created in section 10-1-103 (3)(a)(I), C.R.S., and is based on an assumption that the division will require an additional 0.1 FTE. To implement this act, the division may use this appropriation for personal services.

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

Approved: June 3, 2024