As Introduced

133rd General Assembly
Regular Session
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H. B. No. 488

Representative Keller
Cosponsor: Representative DeVitis

A BILL

To enact sections 5.22108, 3902.50, and 3902.51 of the Revised Code to require health plan issuers to cover treatments and services related to Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome.

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

Section 1. That sections 5.22108, 3902.50, and 3902.51 of the Revised Code be enacted to read as follows:

Sec. 5.22108. The ninth day of October shall be designated "PANDAS and PANS Awareness Day," referring to pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections, commonly referred to as PANDAS, and pediatric acute onset neuropsychiatric syndrome, commonly referred to as PANS.

Sec. 3902.50. As used in sections 3902.50 and 3902.51 of the Revised Code:

(A) "Cost sharing" means the cost to a covered person under a health benefit plan according to any coverage limit,

copayment, coinsurance, deductible, or other out-of-pocket expense requirement.

(B) "Covered person," "health benefit plan," and "health plan issuer" have the same meanings as in section 3922.01 of the Revised Code.

(C) "Prior authorization requirement" means any practice adopted by a health plan issuer in which coverage of a health care service, device, or drug is dependent upon a covered person or a health care practitioner obtaining approval from the health plan issuer prior to the service, device, or drug being performed, received, or prescribed, as applicable. "Prior authorization" includes prospective or utilization review procedures conducted prior to providing a health care service, device, or drug.

(D) "Step therapy protocol" has the same meaning as in section 3901.83 of the Revised Code.

Sec. 3902.51. (A) Notwithstanding section 3901.71 of the Revised Code, a health benefit plan issued, delivered, or renewed on or after the effective date of this section shall provide coverage for the screening, diagnosis, and treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections, commonly referred to as PANDAS, and pediatric acute onset neuropsychiatric syndrome, commonly referred to as PANS.

(B) A health plan issuer shall not apply a cost-sharing requirement to the coverage required under division (A) of this section that is less favorable than the cost-sharing requirement that applies substantially to all medical and surgical benefits provided under the health benefit plan.

(C) Benefits required under division (A) of this section shall cover, at minimum, all of the following:

(1)(a) Comprehensive diagnostic evaluation, symptomatic relief, and related services, including laboratory, radiology, psychiatric, or behavioral services.

(b) "Diagnostic evaluation," as used in division (C)(1)(a) of this section, includes all testing and services appropriate for any class of medical, neurological, and immune-mediated disorders, including autoimmune encephalitis.

(2) Immunomodulatory therapies, including all of the following:

(a) Immunoglobulin therapy, including both high dose and low dose infusions, as well as the cost of related medications, administration, and monitoring.

(b) Corticosteroids;

(c) Plasmapheresis;

(d) Rituximab or similar products.

(3) Antimicrobial treatment, including antibiotics and antivirals;

(4) Therapeutic care, such as services provided by a speech therapist, speech-language pathologist, occupational therapist, or physical therapist licensed or certified in the state in which the therapist practices.

(D)(1) The coverage required under division (A) of this section shall not be subject to either a step therapy protocol or a prior authorization requirement.

(2) The coverage required under division (A) of this

section shall not be contingent upon either of the following:

(a) A patient's symptoms meeting a specified threshold of severity;

(b) A patient having a specified immunodeficiency status.

(E)(1) For billing and diagnosis purposes, if the American medical association and the United States centers for medicare and medicaid services has not created and assigned a specific international classification of diseases code for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, then such diseases shall be coded as autoimmune encephalitis.

(2) If the American medical association and the United States centers for medicare and medicaid services have created and assigned a specific international classification of diseases code for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, then such diseases may be coded as either autoimmune encephalitis, pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections, or pediatric acute onset neuropsychiatric syndrome.

(3) A health plan issuer shall not reject a claim or deny coverage required under division (A) of this section due to coding as required under division (E)(1) of this section or authorized under division (E)(2) of this section.

(F) If, at any time, this state is required to defray the cost of any coverage required under division (A) of this section, pursuant to any provision of the patient protection and affordable care act of 2010, including division (d)(3)(B) of 42

U.S.C. 18031, or any successor provision, or pursuant to any rules or regulations promulgated, or any opinion, guidance, or other action made, by the secretary of the United States department of health and human services, or its successor agency, then the requirement made under division (A) of this section shall be inoperative, other than any such coverage authorized under 42 U.S.C. 1396a, and the state shall not assume any obligation for the cost of coverage required under division (A) of this section.