

# A STUDY OF NEW JERSEY SENATE BILL 598

REQUIRES HEALTH INSURANCE COVERAGE  
FOR CERTAIN NEUROLOGICAL DISEASES

Report to the New Jersey Senate

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Mandated Health Benefits Advisory Commission



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## **INTRODUCTION**

The Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review S598 (see Appendix I for a copy of the legislation), a bill that requires health insurance carriers to “provide coverage for expenses incurred in the diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS).” The bill provides that, when prescribed or ordered by the treating physician, coverage “shall include, but is not limited to, antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy.” The bill would apply to health insurance carriers, including insurance companies, health service corporations, hospital service corporations, medical service corporations, health maintenance organizations, individual and group health insurance policies, individual and small employer health benefits plans, and the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP).

The coverage mandate that would be established under S598 would expand existing treatments and therapies for PANS and PANDAS to require the use of antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy when prescribed or ordered by a treating physician.

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1 *et seq.*) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The Act does not ask the Commission to recommend whether to enact the legislation, and the Commission does not do so here. The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections. The MHBAC has sought to include information from a number of reputable sources that it found credible but recognizes that opinions and analyses may differ.

## **MEDICAL EVIDENCE**

Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) are conditions that are considered rare, occurring in children before puberty.<sup>i</sup> A variety of infections, immune system issues, or environmental factors may be catalysts for PANS.<sup>ii</sup> The exact cause of PANS is still being determined by researchers but there is one theory that its onset is related to an immune response that results in brain inflammation.<sup>iii</sup> PANDAS is a subtype of PANS and is primarily associated with infections from streptococcal (strep) bacteria, specifically Group A strep (GAS)

infections.<sup>iv</sup> PANDAS has a similar immune response; however, it may attack other healthy areas of the body including the brain.<sup>v</sup>

Children with PANS or PANDAS may experience sudden and severe onset of obsessive compulsive disorder (OCD) or tic disorder, refusing to eat or showing highly selective eating patterns, changes in motor skills (*e.g.*, handwriting), joint pain, mood changes (*e.g.*, irritability, sadness, or the tendency to laugh or cry unexpectedly and inappropriately), sudden onset of nighttime bed-wetting, frequent daytime urination, sudden onset of separation anxiety, hyperactivity, inattention, fidgeting, and trouble sleeping.<sup>vi</sup> PANS and PANDAS are episodic disorders in which symptoms can subside for prolonged periods and then reemerge.<sup>vii</sup> These symptoms, especially sudden onset of OCD, restrictive eating, and anxiety, are the primary indicators medical providers use to establish a PANS or PANDAS diagnosis.<sup>viii</sup>

The American Academy of Pediatrics recognizes PANS and PANDAS as legitimate conditions, but indicates that the diagnostic and treatment process is challenging due to lack of clear, evidence-based clinical guidelines to ensure consistency and accuracy.<sup>ix</sup> In that regard, “[I]t is critical to conduct a thorough patient and family history, physical and psychiatric examination, and a phased laboratory and imaging workup.”<sup>x</sup> When a child presents with one or more symptoms consistent with the diagnostic criteria for PANS, it is important to consider the typical age of onset for primary psychiatric disorders within the context of normal pediatric development.<sup>xi</sup> In addition, a study conducted by The Journal of the American Medical Association (JAMA) found high occurrences of neurological soft signs (NSS) that may be associated with basal ganglia dysfunction in patients with PANS.<sup>xii</sup> From this, JAMA concluded that “targeted neurological examinations” have the potential to further support PANS diagnoses.<sup>xiii</sup>

A PANS Consensus Conference was assembled at Stanford University in 2013 with clinicians and researchers from different geographic regions and medical specialties to address ambiguous diagnostic and treatment plans for PANS.<sup>xiv</sup> As for treatment, a three-part series of articles were published by the PANS Research Consortium (PRC) detailing treatment options.<sup>xv,xvi,xvii</sup> These options included psychiatric and behavioral interventions, nonsteroidal anti-inflammatory drugs (NSAIDs), antibiotic therapy, corticosteroids, plasmapheresis, and intravenous immunoglobulin (IVIG).<sup>xviii,xix,xx</sup> PRC guidelines recommended that treatment should reflect a multi-system approach including treatment of infections, specifically GAS, with antibiotics, psychiatric and behavioral management, and the use of immunomodulatory therapies such as IVIG and plasmapheresis.<sup>xxi</sup> The PRC publications noted that early diagnosis is the key to initiating appropriate treatment options to improve the long-term health outcomes and reduce episodic frequency of symptoms for patients with PANS and PANDAS.

For mild to severe PANS patients, studies suggest oral or intravenous corticosteroids may be beneficial, however IVIG is the preferred treatment per most PRC clinicians.<sup>xxii</sup> IVIG is a dose of donated immune system antibodies used to manage immunodeficiencies caused by health conditions.<sup>xxiii</sup> A small number of studies have been conducted testing the effects of IVIG as a

treatment for PANS and PANDAS; in each of those studies, children diagnosed with PANS or PANDAS showed symptom improvement following IVIG treatment, leading the authors to conclude that IVIG may be an effective strategy for some patients.<sup>xxiv,xxv,xxvi</sup> However, the authors of a separate systematic review of existing research into the various treatment options available for PANS concluded that “available evidence neither supports nor excludes potential beneficial effects, but supports that such treatment can result in adverse effects.”<sup>xxvii</sup> Research conducted by The National Institute of Mental Health (NIMH) suggests IVIG and similar treatments may improve symptoms of PANS and PANDAS, however these treatments can cause side effects such as nausea, vomiting, headaches, and dizziness.<sup>xxviii</sup> NIMH also found that IVIG can heighten the risk of infection.<sup>xxix</sup> The applicability of the findings of these studies for treating these conditions is limited by the studies’ small sample sizes and research designs.<sup>xxx,xxxi</sup> As the authors of a research note on PANS and PANDAS published in a European journal concluded, “Until evidence-based treatment and guidelines become available, insights from over a decade of multidisciplinary best practice clinical experience of centers specialized in the treatment of PANS/PANDAS may close this gap.”<sup>xxxii</sup>

## **SOCIAL IMPACT**

Qualitative studies of families were conducted to analyze the impacts of PANS and PANDAS and families’ experiences with it. There were a couple common themes through these studies, including a lack of initial medical support and financial strain for families, as well as other specific parent and child impacts.<sup>xxxiii,xxxiv,xxxv</sup> One study revealed that parents of children with PANS and PANDAS reported higher burden levels than caregivers of those with illnesses like Alzheimer’s, due to the condition’s unpredictability and episodic nature.<sup>xxxvi</sup> Furthermore, caregiver burden was higher for parents whose children had to switch schools or miss school and when parents had to reduce work hours to manage the child’s illness.<sup>xxxvii</sup> When the child’s symptoms grew more severe, so did the impact on the family.<sup>xxxviii</sup>

Studies included in-depth interviews that explored the experiences of families with children diagnosed with PANS and PANDAS. Parents consistently reported being turned away by several doctors, either due to lack of awareness of the condition or because the doctors did not believe PANS or PANDAS were real conditions.<sup>xxxix,xl,xli</sup> Children’s symptoms were often misdiagnosed as psychiatric issues.<sup>xlii</sup> Parents frequently reported having to resort to gathering information on their own because they knew something was “off” with their children.<sup>xliii</sup> Some parents mentioned that finally getting a diagnosis was the most important step of their child’s treatment path.<sup>xliv</sup> Even in a “privileged cohort” in which children with PANS and PANDAS had health care professionals as parents, there still were significant diagnostic delays.<sup>xlv</sup> These delays, in turn, set back treatment timeframes and “... particularly in conditions like PANS and PANDAS that manifest with significant mental health and cognitive problems, produces harms unique to children by altering children’s developmental paths.”<sup>xlvi</sup> Evidence of developmental harm was presented in parent

testimonies that their children were often labeled as “problematic” in the classroom and had high absenteeism or had to be removed from school completely.<sup>xlvi</sup>

After diagnosis, financial strain was another common reported theme of these studies, as PANS and PANDAS treatment requires attention from various practitioners in different specialties, and services from those various practitioners may only be partially covered or not covered at all by insurance.<sup>xlvi</sup> In addition to professional services, medical treatment options that are available for these conditions also may not be covered by insurance, particularly IVIG, resulting in parents paying out-of-pocket for medical treatment.<sup>xlvi,li</sup> Out-of-pocket costs for IVIG treatment can range from \$4,000 to \$200,000.<sup>lii,liii,liv</sup> According to studies, many families opt for their children not to receive care for long periods of time due to cost.<sup>lv</sup> A few families reported having to file for bankruptcy as they were relying on credit cards for medical expenses.<sup>lvi,lvii</sup>

Furthermore, in all studies, marriages were strained and relationships with siblings and outside friends and family members suffered. Marriages were strained and sometimes ended because of the unequal division of responsibilities; for example, studies found mothers tend to take on most of the direct care for children with PANS or PANDAS.<sup>lviii</sup> A number of parents reported that they were “grieving the loss of their child” and sometimes experienced frustration and feelings of resentment.<sup>lix</sup> In addition, parents frequently reported feeling that they were neglecting their other children and asking them to make accommodations for the behavior of their siblings with PANS and PANDAS that would not be acceptable otherwise.<sup>lx</sup> Families reported that maintaining relationships with extended family and friends was difficult, especially when family and friends did not understand the challenges of PANS and PANDAS.<sup>lxi</sup> Some families reported that friends and family would blame the parent for the child’s behavior, ultimately leading to the reduction of support.<sup>lxii</sup> The studies found that parents often turned to communities of people who were also caring for one or more children with PANS or PANDAS.<sup>lxiii</sup>

The studies concluded that most of the challenges families face when caring for children with PANS and PANDAS stem from not being able to access care in a timely manner.<sup>lxiv,lxv,lxvi</sup> Delayed treatment leads to exacerbated symptoms and therefore worsening of the condition.<sup>lxvii</sup> Researchers concluded that poor provider understanding of the conditions is common and that educating “front line community physicians remain critical.”<sup>lxviii</sup> Finally, the researchers asserted that advancing research on the various treatments for PANS and PANDAS “will reduce insurance difficulties”.<sup>lxix</sup>

## **OTHER STATES**

Sixteen states have enacted legislation that, like S598, requires commercial insurance coverage for the treatment of PANS and PANDAS. Table 1 provides an overview of the provisions of those state laws.

Table 1. Laws in Other States Mandating Insurance Coverage for the Treatment of PANS and PANDAS

<b>State (Year) and Citation</b>	<b>Markets Covered</b>	<b>Coverage Requirement for PANS and PANDAS</b>
<p>Arkansas (2019)</p> <p>Arkansas Code of 1987 (2024), Title 23, Chapter 79, Subchapter 1905<sup>lxx</sup></p>	<p>Any healthcare insurer that issues or delivers health benefit plans</p>	<p>Use of intravenous immunoglobulin (IVIG) if the pediatric patient’s primary care physician, in consultation with a pediatric psychiatrist and a physician who practices in a pediatric subspecialty who has treated the pediatric patient determines and agrees that the treatment is necessary</p>
<p>California (2024)</p> <p>California Statutes of 2024, Chapter 822, Section 1367.38 of the Health and Safety Code<sup>lxxi</sup>, and Section 10123.38 of the Insurance Code<sup>lxxii</sup></p>	<p>A health care service plan contract or health insurance policy issued, amended, or renewed</p>	<p>Prophylaxis, diagnosis, and treatment prescribed or ordered by the treating physician and surgeon and is medically necessary, including antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and IVIG therapy. Prohibits a plan or insurer from denying or delaying coverage for therapies because the enrollee or insured previously received treatment or was diagnosed with or received treatment for the condition under a different diagnostic name. Requires insurance coverage to adhere to the treatment recommendations delineated in current clinical practice guidelines published in peer-reviewed medical</p>

		literature or put forth by organizations composed of expert treating clinicians
<p>Colorado (2024)</p> <p>2024 Colorado Revised Statutes, Title 10, Article 16-104(27)<sup>lxxiii</sup></p>	All individual and group health benefit plans issued or renewed	<p>Prophylaxis, diagnosis, and treatment, including antibiotics, medication and psychological and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and IVIG therapy. Coverage must include up to six immunomodulatory courses of immunoglobulin therapy when 1) clinically appropriate trials, which may be done concurrently, of two or more less intensive treatments were not effective, were not tolerated, or did not result in sustained improvement in symptoms; and 2) the patient’s treating provider recommends the treatment or therapy or it is recommended by a subspecialist after consultation with the treating provider. The coverage mandate will not be implemented if the U.S. Department of Health and Human Services determines that the coverage is in addition to essential health benefits and would be subject to defrayal by the State</p>
Delaware (2018)	All individual and group health insurance policies, contracts, or certificates delivered, issued for	Treatment, including the use of IVIG therapy. The mandate becomes inoperative if the U.S. Department of Health and

<p>Delaware Code, Title 18, Chapter 33; Title 18, Chapter 35; Title 29, Chapter 52; and Title 31, Chapter 5 (2025)<sup>lxxiv</sup></p>	<p>delivery, renewed, extended, or modified by any health insurer, health service corporation, or health maintenance organization</p>	<p>Human Services requires the State to defray the cost of any coverage</p>
<p>Georgia (2025)  Senate Bill 5 Enrolled (2025)<sup>lxxv</sup></p>	<p>Any individual or group health insurance plan, policy, or contract and state employees' insurance and benefits plans</p>	<p>Diagnosis, treatment, appropriate management, or ongoing monitoring of a covered person's disorder when such services are supported by nationally recognized clinical practice guidelines</p>
<p>Illinois (2017)  Illinois Compiled Statutes, Chapter 215 (Insurance), 5 (Insurance Code Provisions), Section 356z.25 (2025)<sup>lxxvi</sup></p>	<p>A group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed</p>	<p>Treatment, including, but not limited to, the use of IVIG therapy</p>
<p>Illinois (2019)  Illinois Compiled Statutes, Chapter 215 (Insurance), 5 (Insurance Code Provisions), Section 356z.25 (2025)<sup>lxxvii</sup></p>	<p>A group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed</p>	<p>Establishes temporary billing codes until permanent billing codes are created and assigned by the American Medical Association and the Centers for Medicare and Medicaid Services. The mandate becomes inoperative if the U.S. Department of Health and Human Services requires the State to defray the cost of any coverage</p>
<p>Illinois (2023)  Illinois Compiled Statutes, Chapter 215 (Insurance), 5</p>	<p>A group or individual policy of accident and health insurance or managed care plan that is</p>	<p>Specifies that no group or individual policy or managed care plan shall deny or delay coverage for medically necessary treatment solely</p>

<p>(Insurance Code Provisions), Section 356z.25 (2025)<sup>lxxviii</sup></p>	<p>amended, delivered, issued, or renewed</p>	<p>because the insured, enrollee, or beneficiary previously received any treatment, including the same or similar treatment, or because the insured, enrollee, or beneficiary has been diagnosed with or receives treatment for an otherwise diagnosed condition</p>
<p>Indiana (2020)  2025 Indiana Code, Title 27, Article 8, Chapter 37, Section 2<sup>lxxix</sup></p>	<p>State employee health plan, accident and sickness insurance policies, and health maintenance organization contracts</p>	<p>Treatment, including IVIG therapy</p>
<p>Kansas (2021)  2022 Kansas Statutes, Chapter 75, Article 6525<sup>lxxx</sup></p>	<p>State Employee Health Plan only</p>	<p>Diagnosis and prescribed treatment</p>
<p>Louisiana (2025)  2025 Louisiana Laws Revised Statutes, Title 22:1028.6<sup>lxxxii</sup></p>	<p>Every health coverage plan renewed, delivered, or issued, excluding Louisiana state employees covered under programs of the Office of Group Benefits</p>	<p>Coverage, including but not limited to the use of IVIG therapy. A health coverage plan may limit IVIG treatments to no more than three monthly courses of treatment, unless additional treatment is deemed medically necessary. Treatment should be based on evidence of positive patient outcomes</p>
<p>Maryland (2020)</p>	<p>Insurers, nonprofit health service plans, and health maintenance organizations that</p>	<p>Medically necessary diagnosis, evaluation, and treatment, including the use of IVIG therapy.</p>

<p>2025 Maryland Statutes, Title 15, Subtitle 8, Section 15-855<sup>lxxxii</sup></p>	<p>provide hospital, medical, or surgical benefits to individuals or groups on an expense–incurred basis under health insurance policies or contracts that are issued or delivered in the State</p>	
<p>Massachusetts (2021)</p> <p>Acts of 2020, Chapter 260, Sections 47NN, 48, 50, and 52<sup>lxxxiii</sup></p>	<p>Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed, including state employees insured under the Group Insurance Commission</p>	<p>Treatment, including, but not limited to, the use of IVIG therapy.</p>
<p>Minnesota (2019)</p> <p>Minnesota Statutes 2025, Chapter 62A.3097<sup>lxxxiv</sup></p>	<p>All health plans that provide coverage to Minnesota residents</p>	<p>Treatments recommended by the insured’s licensed health care professional and include but are not limited to antibiotics, medication and behavioral therapies to manage neuropsychiatric symptoms, plasma exchange, and immunoglobulin</p>
<p>New Hampshire (2019)</p> <p>New Hampshire Revised Statutes Annotated, Chapter 417-E:1 (2019)<sup>lxxxv</sup></p>	<p>Each insurer that issues or renews any policy of accident or health insurance and each nonprofit health service corporation and health maintenance organization providing benefits for disease or sickness</p>	<p>Treatment and diagnosis of certain biologically-based mental illnesses under the same terms and conditions and which are no less extensive than coverage provided for any other type of health care for physical illness, including pediatric autoimmune neuropsychiatric disorders, when treatment, including the</p>

		use of IVIG therapy, is ordered by a physician
Oregon (2023)  Enrolled Senate Bill 628 <sup>lxxxvi</sup>	Each health benefit plan and health care service contract	Up to three monthly courses of IVIG therapy when (a) clinically appropriate trials, which may be done concurrently, of two or more less intensive treatments were not effective, were not tolerated, or did not result in a sustained improvement in symptoms; and (b) a subspecialist was consulted and recommended the treatment, in agreement with the patient’s primary care provider
Rhode Island (2022)  Rhode Island General Laws, Chapter 27-18; Chapter 27-19; Chapter 27-20; and Chapter 27-41 (2022) <sup>lxxxvii</sup>	Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier. [ <i>N.B.</i> , a subsequent bill to remove a sunset provision to repeal this coverage mandate in the original law was enacted in 2025]	Treatment, including, but not limited to, the use of IVIG therapy.
Virginia (2025)  2025 Acts of the Assembly, Chapter 8 <sup>lxxxviii</sup>	Each insurer issuing individual or group accident and sickness policies, each corporation providing individual or group	Prophylaxis, diagnosis, and treatment, including using antibiotics, medication, and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines,

	accident and sickness contracts, and each health maintenance organization providing a health care plan	plasma exchange, and IVIG therapy. Prohibits an insurer, corporation, or organization from denying or delaying coverage because the enrollee previously received treatment or because the enrollee was diagnosed with or received treatment under a different diagnostic name, or requiring a trial of therapies that treat only neuropsychiatric symptoms before authorizing coverage of immunomodulating therapies
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Source: ASPIRE, “PANS AND PANDAS Legislative Recap, Insurance Mandates,” 2026. Accessed 2/18/26. [PANS AND PANDAS Legislative Recap - Aspire](#)

The laws of two states (Minnesota and Oregon) specifically mention immunoglobulin therapy, while twelve states’ laws (Illinois, Delaware, Arkansas, New Hampshire, Indiana, Maryland, Massachusetts, Rhode Island, California, Colorado, Louisiana, and Virginia) specifically name IVIG under the treatments covered in their PANS and PANDAS insurance mandates. Three of these states (Oregon, Louisiana, and Colorado) limit insurance coverage to three- or six-monthly courses of immunoglobulin or IVIG therapy; Louisiana’s mandate requires additional courses of treatment with these therapies if the additional treatments are deemed medically necessary and there is evidence of positive patient outcomes. Three states’ laws (California, Maryland, and Georgia) stipulate that their coverage mandates for PANS and PANDAS treatment and management are to be directed or take effect when such services are supported as medically necessary by nationally recognized clinical practice guidelines or when IVIG receives approval as a treatment for PANS and PANDAS from the Food and Drug Administration (FDA).

The laws of three states (Illinois, Delaware, and Colorado) stipulate that their PANS and PANDAS insurance coverage mandates would not be implemented or would become inoperative if the U.S. Department of Health and Human Services determines that the state must defray the cost of the new coverage. Finally, seven states (Minnesota, New Hampshire, Indiana, Kansas, Louisiana, California, and Virginia) provided fiscal analyses estimating that the enactment of their PANS and PANDAS insurance coverage mandates would increase costs to their states to some extent.

## DISCUSSION

A sampling of the current coverage guidelines for some New Jersey and national insurers suggests carriers are adopting significantly varied approaches to coverage for PANS and PANDAS treatments, in part because some insurers consider PANS and PANDAS treatments to be unproven or experimental. In some policies, PANDAS and PANS are specifically listed under “Conditions Not Covered,”<sup>lxxxix</sup> on the grounds that they are “experimental, investigational, or unproven” or “not medically necessary.”<sup>xc</sup> In other cases, the clinical guidelines for coverage of IVIG therapy may provide that IVIG is considered investigational due to lack of supporting clinical evidence published in the medical literature.<sup>xc1</sup>

In contrast, some policies may expressly cover treatment of PANS and PANDAS, albeit subject to fail-first requirements using a lower-cost drug, require precertification of a given PANS or PANDAS treatment, or require prior authorization.<sup>xcii</sup>

The complexity of ensuring coverage for PANS and PANDAS treatment under clinical guidelines may include a finding that (IVIG) therapy is considered medically necessary only when certain criteria are met, such as requiring that the child meet PRC Diagnostic Criteria for PANS and PANDAS, with documentation of abrupt, dramatic onset of symptoms such as OCD, severely restricted food intake,<sup>xciii</sup> or the concurrent presence of additional neuropsychiatric symptoms.<sup>xciv</sup> The guidelines may further require documentation that other causes of symptoms have been ruled out or that other treatments, such as treatment using corticosteroids, have been tried but failed to remediate symptoms.<sup>xcv</sup> Guidelines may further require the child have a documented objective assessment of baseline symptoms using an approved assessment tool.

The variability in whether and how carriers provide coverage for PANS and PANDAS reflects a lack of consensus among carriers as to whether to accept PANS and PANDAS as discrete medical conditions, as well as a lack of consensus as to the clinical evidence and medical efficacy of available treatments for PANS and PANDAS. The variability also means that whether a given child is able to access treatment for PANS and PANDAS depends on the child’s insurance carrier. A coverage mandate would ensure more consistent access to services to diagnose and treat PANS and PANDAS, which could reduce the strain and expense for parents who currently do not have insurance coverage for PANS and PANDAS. However, a coverage mandate like that proposed under S598 would also potentially mandate coverage in the absence of clear, evidence-based clinical guidelines needed to ensure consistency and accuracy in the diagnosis and treatment of PANS and PANDAS.<sup>xcvi</sup>

As outlined above, studies suggest that denied or delayed insurance coverage for PANS and PANDAS can lead to incomplete or inconsistent treatment, more hospitalizations, and worse long-term outcomes.<sup>xcvii</sup> To the extent an insurance coverage mandate would promote faster and easier access to treatments, it would presumably foster greater consistency in treatment, fewer PANS and PANDAS-related hospitalizations, and improve long-term outcomes.

## FINANCIAL IMPACT

Of the states discussed above, in the “Other States” section, that have adopted a PANS and PANDAS health insurance coverage mandate, eleven provided fiscal notes or financial impact statements analyzing the impact of those mandates on insurance costs, examining either the cost impact to state budgets or to insurance policy premiums. Some notes were brief and provided little information. Oregon’s Legislative Fiscal Office, for example, determined that the state’s PANS and PANDAS health insurance mandate would have no expenditure impact on state or local government.<sup>xcviii</sup> Similarly, Colorado’s Legislative Council Staff produced a Final Fiscal Note on the enacted version of its PANS and PANDAS health insurance mandate law. The analysis found, “[T]he coverage requirements of the bill...may increase state expenditures on employee health insurance. Any cost increase could contribute to higher insurance premiums, which would be shared by state agencies and employees.... the impact of the bill on premiums is not estimated.”<sup>xcix</sup>

In its Fiscal Note on the impact of its PANS and PANDAS health insurance mandate, New Hampshire’s Insurance Department indicated, “[T]he Department cannot determine the potential impact on insurance premiums....The Department assumes the cost of this coverage for exchange based coverage would have to be paid for by the State general fund pursuant to the Affordable Care Act.”<sup>c</sup> The Fiscal Note also reported that New Hampshire’s bill would have no impact on its self-insured State health benefit plan for employees and retirees.<sup>ci</sup>

Maryland’s Department of Legislative Services (DLS) prepared a Fiscal and Policy Note analyzing the impact of the state’s PANS and PANDAS health insurance mandate on state expenditures. The DLS reported that, based on a finding of Maryland’s Department of Budget and Management, “[M]edical plans in the state plan would not cover IVIG for PANS and PANDAS until it is FDA-approved for these conditions and no longer considered experimental.”<sup>cii</sup> As a result of this finding, DLS expected no impact on expenditures for the State Employee and Retiree Health and Welfare Benefits Program resulting from the mandate. The DLS added that were IVIG to gain FDA approval as a treatment for PANS and PANDAS, “[S]tate plan expenditures increase by an indeterminate amount.”<sup>ciii</sup> The DLS also found that, “To the extent the mandate increases the cost of health insurance, expenditures may increase for local governments that purchase fully insured plans.”<sup>civ</sup> Lastly, the DLS reported that the new health insurance coverage requirement would have a potentially minimal impact on Maryland’s small businesses.<sup>cv</sup>

Other states provided more detailed analyses of the impacts of their mandate laws. Delaware’s Statewide Benefits Office, for example, estimated that mandated health insurance coverage for the treatment of PANS and PANDAS in the state employees’ health plan would cost the state approximately \$100,000 per fiscal year. This analysis assumed the state health plan would have 10 covered members requiring an estimated \$10,000 each per year to cover intravenous immunoglobulin (IVIG) therapy.<sup>cvi</sup> Indiana’s Office of Fiscal and Management Analysis estimated that the state’s PANS and PANDAS health insurance mandate would increase FY 2022 General Fund expenditures “to finance coverage for intravenous immunoglobulin therapy...between

\$65,000 and \$130,000 per year....”<sup>cvii</sup> Indiana’s analysis estimated that 13 children would receive care each year as a result of the mandate at a cost of treatment between \$5,000 and \$10,000 per case per year.<sup>cviii</sup>

Kansas’ Division of the Budget drafted a Fiscal Note analyzing the impact of its PANS and PANDAS health insurance mandate, which only applies to the State Employee Health Plan (SEHP). The analysis estimated that the mandate would increase state costs by \$511,117 for FY 2023.<sup>cix</sup> A supplemental note on the legislation presented a range of estimated costs to the state for implementing the SEHP coverage mandate, from a low of \$211,150 to a high of \$704,500 per year, depending on the actual prevalence of children requiring treatment for PANS and PANDAS.<sup>cx</sup> The supplemental note assumed an average annual treatment cost of \$11,835 per case.

Minnesota’s Health and Human Services Committee, Finance Division, produced a Consolidated Fiscal Note to estimate the impact of its PANS and PANDAS health insurance mandate on state expenditures. The analysis found that the mandate would cost the state’s General Fund \$102,000 in FY 2020, rising to \$117,000 in FY 2023 to cover health plan costs associated with the new health insurance benefit.<sup>cxii</sup> The report also found, “There will be a cost to cities, counties and school districts, who must follow state mandates regardless of whether their health plan is insured or self-insured.”<sup>cxiii</sup> Finally, the fiscal note reported that Minnesota Management and Budget, which administers the State Employee Group Insurance Program’s self-funded Minnesota Advantage Health Plan, “does not expect a fiscal impact from this legislation....”<sup>cxiiii</sup> To pay for additional costs arising from the mandate, the Minnesota statute states, “Each fiscal year an amount necessary to make payments to health carriers to defray the cost of providing coverage under this section is appropriated to the commissioner of commerce.”<sup>cxv</sup>

Virginia’s Department of Planning and Budget (DPB) prepared a State Fiscal Impact Statement estimating the costs of the state’s health insurance coverage mandate for PANS and PANDAS on the state employees’ health program, under the Department of Health Resource Management, and on other health insurers regulated under the State Corporation Commission, including Virginia’s Insurance Marketplace. The DPB estimated the cost to the state of the new requirement to cover state employees was \$1,610,000 per year, projected to FY 2030, assuming the cost to treat each child was about \$15,000 per year.<sup>cxvi</sup> The DPB estimated the cost of the mandate to the state for other regulated insurers rose from roughly \$101,490 in FY 2027 to approximately \$107,705 in FY 2030.<sup>cxvii</sup>

Louisiana and California produced the most detailed fiscal impact statements on their PANS and PANDAS mandates, including analyses of both cost impacts to their states and impacts on insurance premiums, measured in dollar amounts, percentage changes, and as per member per month (PMPM) premium changes. Louisiana’s Legislative Fiscal Office (LFO) prepared a Fiscal Note with estimates of the mandate’s impact on state expenditures and on health insurance premiums. The analysis also noted that Louisiana’s law specifically excludes the state’s employees from the new health insurance coverage requirement. LFO estimated that expenditures from the

State General Fund to cover higher costs for insurers in Louisiana’s healthcare exchanges would be between \$430,000 and \$900,000 in FY 2026 and increasing in subsequent years.<sup>cxvii</sup> In terms of the mandate’s premium impact on private health insurers and policyholders, LFO found, “The estimated costs for therapies and treatments...is between \$0.12 PMPM (low) and \$0.25 PMPM (high) on an average \$1,200 monthly premium....”<sup>cxviii</sup> Overall, the new mandate was estimated to increase private health insurance market premiums by between \$1.3 million and \$2.7 million for insurers and insured in FY 2026, rising to between \$1.5 million and \$2.9 million in premium increases in FY 2030. LFO stated the estimated cost “represents an annual premium increase between 0.010% (low) to 0.021% (high) on an average monthly premium PMPM of \$1,200.”<sup>cxix</sup>

The California Health Benefits Review Program (CHBRP) examined the impact of the PANS and PANDAS health insurance mandate on state expenditures and premium costs. In estimating its effects on health insurance premiums in the first year after the mandate was enacted, the CHBRP found that employer-sponsored premium costs would increase \$895,000 or 0.002%, and health insurance premium costs for the California Public Employees’ Retirement System would increase \$83,000 or 0.001%.<sup>cxx</sup> The CHBRP also estimated health insurance premium costs for enrollees purchasing group coverage would increase \$274,000 or 0.002%, while premium costs for enrollees with individually purchased coverage would rise by \$114,000 or 0.001%.<sup>cxxi</sup> Looking at the premium data from a slightly different perspective, the CHBRP estimated that health insurance premiums for large group plans regulated by the Department of Managed Health Care (DMHC) would increase by \$0.0098 PMPM, premiums for individual plans regulated by the DMHC would rise by \$0.0034 PMPM, and premiums for individual plans regulated by the California Department of Insurance would increase by \$0.0044 PMPM.<sup>cxii</sup>

In summary, states that conducted fiscal analyses of PANS and PANDAS coverage mandates found that the cost of treatment would likely range from approximately \$10,000 to \$15,000 per patient per year. The relative rareness of the conditions would likely limit the overall cost of the mandate, and in states that conducted a more granular analysis, it was estimated the effect on PMPM premium would be *de minimis*.

An additional consideration is that the federal Patient Protection and Affordable Care Act requires states to defray the cost of any health insurance benefit mandate enacted after December 31, 2011, that is part of an insurance plan sold on a state exchange that is in addition to the state’s essential health benefits (EHBs) and related to specific care, treatment, or services (P.L. 111-148 § 1311(d)(3) & 45 CFR 155.170). The state must then defray the cost of the additional mandates by making the appropriate payment directly to an enrollee or to the insurer on the enrollee’s behalf (45 CFR 155.170). A 2017 federal final rule (§ 19) changed the entity responsible for identifying mandates and receiving excess cost reports from the state’s exchange to the state. Defrayment does not apply to the large group market. For more information on State-required benefits, please refer to this CMS FAQ on Defrayal of State Additional Required Benefits.<sup>cxiii</sup> As part of the HHS Notice of Benefit and Payment Parameters for 2025, for plan years beginning on or after January 1, 2027, CMS revised the standards for state selection of EHB-benchmark plans to address long-

standing requests from states to improve, and reduce the burden of, the EHB-benchmark plan update process.<sup>cxxiv</sup> The process of updating the state's EHB-benchmark plan could create a pathway to adding benefits to the benchmark plan that may not trigger defrayal provided certain parameters are met. However, in the HHS Notice of Benefit and Payment Parameters for 2027, CMS has proposed walking back the revised process to update state EHB-benchmark plans and requiring states to defray the costs of all health insurance benefit mandates adopted after December 31, 2011, regardless of whether those benefits are included in the state's EHB-benchmark plan.<sup>cxxv</sup> Thus, although this is a state-by-state analysis and no such analysis has been performed for New Jersey, and federal guidance concerning how defrayal is applied may be in flux, a health insurance coverage mandate for PANDAS and PANS may trigger the federal defrayment requirements. This was a consideration in the financial impact analyses of the PANS and PANDAS coverage mandates for a number of other states.

## CONCLUSION

PANS and PANDAS are rare conditions that occur in children before puberty. These conditions stem from a variety of infections and are known to cause brain inflammation. Even though hard to diagnose, PANS and PANDAS are characterized by the sudden and severe onset of OCD or tic disorder, followed by a variety of other symptoms. Psychiatric and behavioral interventions are recommended to manage some symptoms such as OCD and tics, however, medications are suggested to be the most effective treatments. Specifically, there is limited evidence to suggest that IVIG is the most effective treatment for PANS and PANDAS, however the data to support this finding come from studies with small sample sizes and less rigorous research designs, limiting researchers' ability to conclude definitively that IVIG is effective.

Qualitative studies, mostly done with parents of children with PANS and PANDAS, describe challenges they face in getting diagnoses and treatment for their children, as well as the disruptions in family dynamics caused by the conditions. Most children were not able to get timely diagnoses, exacerbating symptoms and delaying treatment. Once diagnosed, treatment became an issue due to insurers' refusal to cover IVIG. As a result, families experienced financial difficulties in attempting to receive treatment for their children, with some reporting bankruptcy or having to delay treatment for long periods due to high out-of-pocket costs. In many cases, children had high absenteeism or were removed from school, parents were forced to reduce work hours or quit employment completely, and marriages were strained.

Sixteen states have established insurance coverage mandates for PANS and PANDAS in some form. These states' insurance requirements differ by the markets impacted and treatments covered; several have tied the implementation or continuation of their PANS and PANDAS coverage mandates to a federal determination that the states can interpret coverage for the conditions as part of their health plans' essential benefits, sparing those states from having to defray the full cost of

the new requirement. While individual treatments for PANS and PANDAS can be expensive, the conditions are rare. A number of states have either found the costs to be negligible or have factored in paying the costs of their insurance coverage mandates for PANS and PANDAS from state general funds.

As demonstrated in the survey of insurers' clinical guidelines outlined above, the scientific evidence to establish the medical necessity of, and therefore the requirement for insurers to cover, treating PANS and PANDAS using the most expensive treatments (*i.e.*, IVIG) is not definitively settled. Although a coverage mandate would ensure more consistent access to treatment for PANS and PANDAS regardless of carrier and plan, and would potentially result in improved long-term outcomes, reduced hospitalizations, reduced out-of-pocket costs, and improved quality of life for patients living with PANS and PANDAS and their families, the limited clinical evidence for PANS and PANDAS treatment may recommend against mandating coverage for particular forms of treatment without additional medical and clinical evidence. The relative breadth of the mandate that would be established under S598 suggests it would capture both current and future insurance coverage for PANS and PANDAS treatments as medical knowledge of the conditions increases and clinical evidence of treatment efficacy improves, but also makes it more difficult to effectively estimate the prospective costs and ultimate scope of the mandate.

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<sup>cxxiv</sup> *Ibid.*

<sup>cxxv</sup> Federal Register, “Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program,” February 11, 2026. Accessed 4/8/26. <https://www.federalregister.gov/documents/2026/02/11/2026-02769/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2027-and>

# SENATE, No. 598

# STATE OF NEW JERSEY

## 222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

**Sponsored by:**

**Senator JAMES BEACH**

**District 6 (Burlington and Camden)**

**Co-Sponsored by:**

**Senators Space, Henry, Singleton and Corrado**

**SYNOPSIS**

Requires health insurance coverage for certain neurological diseases.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning health insurance coverage of certain  
2 neurological diseases and supplementing various parts of the  
3 statutory law.

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. a. A hospital service corporation contract that provides  
9 hospital and medical expense benefits and is delivered, issued,  
10 executed or renewed in this State pursuant to P.L.1938, c.366  
11 (C.17:48-1 et seq.), or approved for issuance or renewal in this State  
12 by the Commissioner of Banking and Insurance, on or after the  
13 effective date of this act, shall provide coverage for expenses  
14 incurred in the diagnosis and treatment of Pediatric Autoimmune  
15 Neuropsychiatric Disorders Associated with Streptococcal  
16 Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric  
17 Syndrome (PANS) that is prescribed or ordered by the treating  
18 physician. Coverage pursuant to this act shall include, but is not  
19 limited to, antibiotics, medication and behavioral therapies to  
20 manage neuropsychiatric symptoms, immunomodulating medicines,  
21 plasma exchange, and intravenous immunoglobulin therapy.

22 b. The benefits shall be provided to the same extent as for any  
23 other condition under the contract.

24 c. This section shall apply to those hospital service corporation  
25 contracts in which the hospital service corporation has reserved the  
26 right to change the premium.

27  
28 2. a. A medical service corporation contract that provides  
29 hospital and medical expense benefits and is delivered, issued,  
30 executed or renewed in this State pursuant to P.L.1940, c.74  
31 (C.17:48A-1 et seq.), or approved for issuance or renewal in this  
32 State by the Commissioner of Banking and Insurance, on or after  
33 the effective date of this act, shall provide coverage for expenses  
34 incurred in the diagnosis and treatment of Pediatric Autoimmune  
35 Neuropsychiatric Disorders Associated with Streptococcal  
36 Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric  
37 Syndrome (PANS) that is prescribed or ordered by the treating  
38 physician. Coverage pursuant to this act shall include, but is not  
39 limited to, antibiotics, medication and behavioral therapies to  
40 manage neuropsychiatric symptoms, immunomodulating medicines,  
41 plasma exchange, and intravenous immunoglobulin therapy.

42 b. The benefits shall be provided to the same extent as for any  
43 other condition under the contract.

44 c. This section shall apply to those medical service corporation  
45 contracts in which the medical service corporation has reserved the  
46 right to change the premium.

1       3. a. A health service corporation contract that provides  
2 hospital and medical expense benefits and is delivered, issued,  
3 executed or renewed in this State pursuant to P.L.1985, c.236  
4 (C.17:48E-1 et seq.), or approved for issuance or renewal in this  
5 State by the Commissioner of Banking and Insurance, on or after  
6 the effective date of this act, shall provide coverage for expenses  
7 incurred in the diagnosis and treatment of Pediatric Autoimmune  
8 Neuropsychiatric Disorders Associated with Streptococcal  
9 Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric  
10 Syndrome (PANS) that is prescribed or ordered by the treating  
11 physician. Coverage pursuant to this act shall include, but is not  
12 limited to, antibiotics, medication and behavioral therapies to  
13 manage neuropsychiatric symptoms, immunomodulating medicines,  
14 plasma exchange, and intravenous immunoglobulin therapy.

15       b. The benefits shall be provided to the same extent as for any  
16 other condition under the contract.

17       c. This section shall apply to those health service corporation  
18 contracts in which the health service corporation has reserved the  
19 right to change the premium.  
20

21       4. a. An individual health insurance policy that provides  
22 hospital and medical expense benefits and is delivered, issued,  
23 executed or renewed in this State pursuant to N.J.S.17B:26-1 et  
24 seq., or approved for issuance or renewal in this State by the  
25 Commissioner of Banking and Insurance, on or after the effective  
26 date of this act, shall provide coverage for expenses incurred in the  
27 diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric  
28 Disorders Associated with Streptococcal Infections (PANDAS) and  
29 Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is  
30 prescribed or ordered by the treating physician. Coverage pursuant  
31 to this act shall include, but is not limited to, antibiotics, medication  
32 and behavioral therapies to manage neuropsychiatric symptoms,  
33 immunomodulating medicines, plasma exchange, and intravenous  
34 immunoglobulin therapy.

35       b. The benefits shall be provided to the same extent as for any  
36 other condition under the contract.

37       c. This section shall apply to those individual health insurance  
38 policies in which the insurer has reserved the right to change the  
39 premium.  
40

41       5. a. A group health insurance policy that provides hospital and  
42 medical expense benefits and is delivered, issued, executed or  
43 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or  
44 approved for issuance or renewal in this State by the Commissioner  
45 of Banking and Insurance, on or after the effective date of this act,  
46 shall provide coverage for expenses incurred in the diagnosis and  
47 treatment of Pediatric Autoimmune Neuropsychiatric Disorders  
48 Associated with Streptococcal Infections (PANDAS) and Pediatric

1 Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed  
2 or ordered by the treating physician. Coverage pursuant to this act  
3 shall include, but is not limited to, antibiotics, medication and  
4 behavioral therapies to manage neuropsychiatric symptoms,  
5 immunomodulating medicines, plasma exchange, and intravenous  
6 immunoglobulin therapy.

7 b. The benefits shall be provided to the same extent as for any  
8 other condition under the contract.

9 c. This section shall apply to those group health insurance  
10 policies in which the insurer has reserved the right to change the  
11 premium.

12  
13 6. a. An individual health benefits plan that provides hospital  
14 and medical expense benefits and is delivered, issued, executed or  
15 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et  
16 seq.), or approved for issuance or renewal in this State by the  
17 Commissioner of Banking and Insurance, on or after the effective  
18 date of this act, shall provide coverage for expenses incurred in the  
19 diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric  
20 Disorders Associated with Streptococcal Infections (PANDAS) and  
21 Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is  
22 prescribed or ordered by the treating physician. Coverage pursuant  
23 to this act shall include, but is not limited to, antibiotics, medication  
24 and behavioral therapies to manage neuropsychiatric symptoms,  
25 immunomodulating medicines, plasma exchange, and intravenous  
26 immunoglobulin therapy.

27 b. The benefits shall be provided to the same extent as for any  
28 other condition under the contract.

29 c. This section shall apply to those health benefits plans in  
30 which the carrier has reserved the right to change the premium.

31  
32 7. a. A small employer health benefits plan that provides  
33 hospital and medical expense benefits and is delivered, issued,  
34 executed or renewed in this State pursuant to P.L.1992, c.162  
35 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this  
36 State by the Commissioner of Banking and Insurance, on or after  
37 the effective date of this act, shall provide coverage for expenses  
38 incurred in the diagnosis and treatment of Pediatric Autoimmune  
39 Neuropsychiatric Disorders Associated with Streptococcal  
40 Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric  
41 Syndrome (PANS) that is prescribed or ordered by the treating  
42 physician. Coverage pursuant to this act shall include, but is not  
43 limited to, antibiotics, medication and behavioral therapies to  
44 manage neuropsychiatric symptoms, immunomodulating medicines,  
45 plasma exchange, and intravenous immunoglobulin therapy.

46 b. The benefits shall be provided to the same extent as for any  
47 other condition under the contract.

1 c. This section shall apply to those health benefits plans in  
2 which the carrier has reserved the right to change the premium.

3

4 8. a. A health maintenance organization contract for health care  
5 services that is delivered, issued, executed, or renewed in this State  
6 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for  
7 issuance or renewal in this State by the Commissioner of Banking  
8 and Insurance, on or after the effective date of this act, shall provide  
9 coverage for expenses incurred in the diagnosis and treatment of  
10 Pediatric Autoimmune Neuropsychiatric Disorders Associated with  
11 Streptococcal Infections (PANDAS) and Pediatric Acute-onset  
12 Neuropsychiatric Syndrome (PANS) that is prescribed or ordered  
13 by the treating physician. Coverage pursuant to this act shall  
14 include, but is not limited to, antibiotics, medication and behavioral  
15 therapies to manage neuropsychiatric symptoms,  
16 immunomodulating medicines, plasma exchange, and intravenous  
17 immunoglobulin therapy.

18 b. The benefits shall be provided to the same extent as for any  
19 other condition under the contract.

20 c. This section shall apply to those contracts for health care  
21 services under which the health maintenance organization has  
22 reserved the right to change the schedule of charges for enrollee  
23 coverage.

24

25 9. a. The State Health Benefits Commission shall ensure that  
26 every contract purchased by the commission on or after the  
27 effective date of this act that provides hospital and medical expense  
28 benefits shall provide coverage for expenses incurred in the  
29 diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric  
30 Disorders Associated with Streptococcal Infections (PANDAS) and  
31 Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is  
32 prescribed or ordered by the treating physician. Coverage pursuant  
33 to this act shall include, but is not limited to, antibiotics, medication  
34 and behavioral therapies to manage neuropsychiatric symptoms,  
35 immunomodulating medicines, plasma exchange, and intravenous  
36 immunoglobulin therapy.

37 b. The benefits shall be provided to the same extent as for any  
38 other condition under the contract.

39

40 10. a. The School Employees' Health Benefits Commission  
41 shall ensure that every contract purchased by the commission on or  
42 after the effective date of this act that provides hospital and medical  
43 expense benefits shall provide coverage for expenses incurred in the  
44 diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric  
45 Disorders Associated with Streptococcal Infections (PANDAS) and  
46 Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is  
47 prescribed or ordered by the treating physician. Coverage pursuant  
48 to this act shall include, but is not limited to, antibiotics, medication

1 and behavioral therapies to manage neuropsychiatric symptoms,  
2 immunomodulating medicines, plasma exchange, and intravenous  
3 immunoglobulin therapy.

4 b. The benefits shall be provided to the same extent as for any  
5 other condition under the contract.

6

7 11. This act shall take effect on the first day of the sixth month  
8 next following enactment and shall apply to contracts delivered,  
9 issued, executed, or renewed on or after that date.

10

11

12

STATEMENT

13

14 This bill requires health insurance carriers (insurance companies,  
15 health, hospital, and medical service corporations, health  
16 maintenance organizations, and State and School Employees' Health  
17 Benefits Program contracts) to provide coverage for expenses  
18 incurred in the diagnosis and treatment of Pediatric Autoimmune  
19 Neuropsychiatric Disorders Associated with Streptococcal  
20 Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric  
21 Syndrome (PANS) that is prescribed or ordered by the treating  
22 physician. Coverage pursuant to the bill includes antibiotics,  
23 medication and behavioral therapies to manage neuropsychiatric  
24 symptoms, immunomodulating medicines, plasma exchange, and  
25 intravenous immunoglobulin therapy.

## Appendix II

**Joseph A. Lagana**  
*Chair*

**Joseph P. Cryan**  
*Vice-Chair*

Gordon M. Johnson  
Jon M. Bramnick  
Robert W. Singer



Liza Ackerman  
Jamie Galembo  
*Office of Legislative Services*  
*Committee Aides*  
609-847-3845

# **NEW JERSEY LEGISLATURE**

## **SENATE COMMERCE COMMITTEE**

STATE HOUSE ANNEX • P.O. BOX 068 • TRENTON, NJ 08625-  
0068  
[www.njleg.gov](http://www.njleg.gov)

February 5, 2026

New Jersey Mandated Health Benefits Advisory Commission  
P.O. Box 325  
Trenton, NJ 08625

Dear Members of the Commission:

As the Chair of the Senate Commerce Committee, I respectfully request the Commission to review and prepare a written report of Senate Bill 598, sponsored by Senator Beach. The bill requires health insurance coverage for certain neurological diseases.

If you have any questions, please do not hesitate to contact Allison Meyers or Sadie Novak, Senate Commerce Committee Aides, at 609-847-3700. Thank you for your immediate attention to this matter.

Sincerely,

Joseph A. Lagana  
Senator, 38th District

CC: Allison Meyers  
Policy Analyst  
Senate Majority Office

Sadie Novak  
Policy Analyst  
Senate Majority Office