

# INSURANCE COVERAGE FOR PANS AND PANDAS

## Providing Equal and Comparable Access to Medically Necessary Care

### Legislative Rationale

Mandated insurance coverage for PANS/PANDAS ensures access to medically necessary care at minimal cost, while reducing avoidable disability, educational disruption, workforce loss, and long-term public expense. Without clear coverage standards, costs shift from insurers to families, schools, and public systems. Mandated coverage promotes equitable, criteria-based access to care and improves outcomes by supporting timely treatment. **The cost of care is small. The cost of inaction is not.**

### Why Insurance Coverage Is Necessary

#### The Cost of Inaction Exceeds the Cost of Care

PANS/PANDAS are immune-mediated conditions characterized by sudden or newly worsening neuropsychiatric symptoms, such as obsessive-compulsive behaviors, restricted eating, anxiety, aggression, cognitive impairment, and functional decline. **Delaying or denying physician-recommended treatment often leads to greater severity, disability, and higher costs.**

Without mandated coverage, patients face insurance denials for medically necessary care. Families are forced to delay treatment, rely on psychiatric-only care that does not address the underlying disease process, or pay out of pocket, often at catastrophic financial cost.

#### Delayed or denied treatment leads to:

- Increased emergency visits and psychiatric hospitalizations
- Prolonged educational disruption, including homebound or out-of-district placement
- Higher risk of long-term disability and reliance on public systems
- Workforce loss occurs when parents or adult patients cannot maintain employment
- Immeasurable human suffering: Delayed or denied treatment causes severe neuropsychiatric symptoms not reflected in cost data and impacts the entire family

Failure to mandate coverage does not eliminate costs; it shifts them to families, schools, emergency services, and public programs, increasing the risk of lasting harm.

### Precedent: Coverage Is Established and Workable

Several states have enacted legislation or policies providing insurance coverage for PANS/PANDAS, reflecting recognition that timely treatment reduces long-term disability and public costs.

#### States with established coverage include:

Arizona, Arkansas, California, Colorado, Delaware, Georgia, Idaho, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Minnesota, New Hampshire, Oregon, Rhode Island, Tennessee, Virginia, and Washington.  
(Coverage type and scope vary.)

**A major national insurer has updated its medical policy to recognize PANS and PANDAS**, allowing coverage when diagnostic and medical necessity criteria are met. This demonstrates that coverage can be implemented responsibly with clear standards and clinical review. Relying on individual insurer policies creates inequity. Patients with the same diagnosis may receive different care based on their insurance plan or location. Mandated coverage ensures consistent, criteria-based access for both pediatric and adult patients.

### Financial Impact: Minimal Cost, Meaningful Protection

**Actuarial analyses consistently show that mandated PANS/PANDAS coverage has a negligible impact on insurance premiums.**

- Virginia estimated the cost at **\$0.0046 per member** per month—less than half a cent.
- Other state analyses report similarly minimal impacts, often measured in fractions of a cent.

Not all patients require high-cost treatment. Many improve with early diagnosis, treatment of underlying triggers, immune stabilization, and appropriate psychiatric care. Coverage supports timely, clinically appropriate care rather than crisis-driven interventions. A review by the Rhode Island Office of the Health Insurance Commissioner **found that mandated coverage does not meaningfully increase premiums.**

The analysis did not assess the costs of delayed care, hospitalization, educational disruption, or long-term disability, where the greatest burdens occur.

**Bottom line: Mandated coverage has minimal cost. Delayed or denied care drives far higher long-term expenses.**