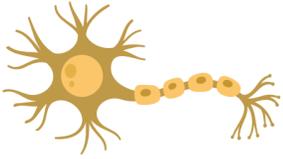


Background Context



PANDAS/PANS are terms used to describe a subset of children with symptoms that include a sudden onset of **OCD** and/or **tic disorders** co-occurring with a collection of **neuropsychiatric symptoms** usually following an infection. PANDAS is classified as a subset of PANS, hypothesized by some to be triggered by a response to Strep bacteria.



PANDAS/PANS has been primarily described in **children** between the ages of **3** and **12**; the exact prevalence and age distribution of PANDAS/PANS is unknown. Much **remains unknown** about PANDAS/PANS. Controversy exists regarding whether PANDAS differs enough from other disorders to warrant a different diagnostic category.

Bill Summary



Assembly Bill (AB) 907 would require DMHC-regulated health plans and CDI-regulated health policies to provide **coverage** for the prophylaxis, diagnosis, and treatment of **PANDAS** and **PANS**. Covered treatments must include antibiotics, medications and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and IVIG therapy.

Medical Effectiveness

The body of research on PANDAS/PANS is small (number of studies and sample sizes of available studies). CHBRP found:

- **Insufficient evidence** on the effectiveness of CBT, psychotropics, NSAIDs, corticosteroids, plasma exchange, rituximab, mycophenolate mofetil, and vitamin D in reducing or eliminating the prominent symptoms associated with PANDAS/PANS.
- **Inconclusive evidence** on the effectiveness of antibiotics and IVIG in reducing or eliminating the prominent symptoms associated with PANDAS/PANS

Insurance Subject to the Mandate

- CDI and DMHC Regulated (Commercial & CalPERS)
- Medi-Cal (DMHC Regulated)
- Federally Regulated (Medicare beneficiaries, self-insured, etc.)

Benefit Coverage and Utilization



CHBRP estimates **670** enrollees have a PANDAS/PANS diagnosis

At baseline, **100%** of enrollees have **coverage** for diagnostic tests and all treatments **except** intravenous immunomodulating therapies, therefore there would be **no change** in utilization.

0% of enrollees have coverage for intravenous immunomodulating therapies at baseline.

Postmandate, an additional **90** enrollees would receive **IVIG** at least once per year, **22** would receive 3 infusions of **rituximab** per year, and **0** would receive **plasma exchange**. Coverage would remain subject to prior authorization.

Cost Impacts



AB 907 would increase total net annual expenditures by **\$2,992,000** or **0.002%** for enrollees with DMHC-regulated plans and CDI-regulated policies.