
ENGROSSED SUBSTITUTE HOUSE BILL 2196

State of Washington

69th Legislature

2026 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Simmons, Low, Leavitt, Paul, Nance, Duerr, Stonier, Couture, Davis, Stuebe, and Lekanoff)

READ FIRST TIME 02/04/26.

1 AN ACT Relating to expanding access to treatment of pediatric
2 autoimmune neuropsychiatric disorders associated with streptococcal
3 infections and pediatric acute-onset neuropsychiatric syndrome; and
4 adding a new section to chapter 48.43 RCW.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
7 RCW to read as follows:

8 (1)(a) For nongrandfathered group health plans issued or renewed
9 on or after January 1, 2027, health carriers shall provide coverage
10 for the prophylaxis, diagnosis, and treatment of pediatric autoimmune
11 neuropsychiatric disorders associated with streptococcal infections
12 and pediatric acute-onset neuropsychiatric syndrome. Coverage for
13 treatment of pediatric autoimmune neuropsychiatric disorders
14 associated with streptococcal infections and pediatric acute-onset
15 neuropsychiatric syndrome must include, but is not limited to,
16 antibiotics, medication and psychological and behavioral therapies to
17 manage neuropsychiatric symptoms, immunomodulating medicines, plasma
18 exchange, and intravenous immunoglobulin therapy.

19 (b) Except as provided in subsection (3) of this section, health
20 carriers must cover three initial monthly immunomodulatory courses of
21 intravenous immunoglobulin therapy for the treatment of pediatric

1 autoimmune neuropsychiatric disorders associated with streptococcal
2 infections and pediatric acute-onset neuropsychiatric syndrome, and
3 subsequent courses as deemed medically necessary by the treating
4 provider, when the following conditions are met:

5 (i) Clinically appropriate trials, which may be done
6 concurrently, if two less intensive treatments:

7 (A) Were not effective;

8 (B) Were not tolerated; or

9 (C) Did not result in sustained improvement in symptoms, as
10 measured by a lack of clinically meaningful improvement on a
11 validated instrument directed at the patient's primary symptom
12 complex; and

13 (ii) The patient's treating provider recommends the treatment.

14 (2) When providing coverage of intravenous immunoglobulin therapy
15 required under subsection (1)(b) of this section, the health carrier
16 may require that the patient be clinically reevaluated at three-month
17 intervals.

18 (3) Notwithstanding subsection (1) of this section, a health
19 carrier may not:

20 (a) Deny or delay the coverage required by this section because
21 the enrollee previously received treatment, including the same or
22 similar treatment, for pediatric autoimmune neuropsychiatric
23 disorders associated with streptococcal infections or pediatric
24 acute-onset neuropsychiatric syndrome or because the enrollee was
25 diagnosed with or received treatment for the condition under a
26 different diagnostic name, including autoimmune encephalopathy;

27 (b) Limit coverage of immunomodulatory courses of intravenous
28 immunoglobulin therapy for the treatment of pediatric autoimmune
29 neuropsychiatric disorders associated with streptococcal infections
30 or pediatric acute-onset neuropsychiatric syndrome in a manner that
31 is inconsistent with the treatment guidelines developed by a
32 consortium convened for the purposes of researching, identifying, and
33 publishing best practice standards for diagnosis and treatment of
34 such syndrome or disorders that are accessible for medical
35 professionals and are based on evidence of positive patient outcomes;

36 (c) Require a trial of therapies that treat only neuropsychiatric
37 symptoms before covering immunomodulatory courses of intravenous
38 immunoglobulin therapy for the treatment of pediatric autoimmune
39 neuropsychiatric disorders associated with streptococcal infections
40 or pediatric acute-onset neuropsychiatric syndrome;

1 (d) Deny coverage for out-of-state treatment if the service is
2 not available within the state; or

3 (e) Deny coverage based on the age of the patient.

4 (4) This section does not apply to small group health plans or
5 health plans offered to public employees and their dependents under
6 chapter 41.05 RCW.

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