
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 health plans other than health plans offered to public
9 employees and dependents under chapter 41.05 RCW issued or renewed on
10 or after January 1, 2027, health carriers shall provide coverage for
11 the prophylaxis, diagnosis, and treatment of pediatric autoimmune
12 neuropsychiatric disorders associated with streptococcal infections
13 and pediatric acute-onset neuropsychiatric syndrome. Coverage for
14 treatment of pediatric autoimmune neuropsychiatric disorders
15 associated with streptococcal infections and pediatric acute-onset
16 neuropsychiatric syndrome must include, but is not limited to,
17 antibiotics, medication and psychological and behavioral therapies to
18 manage neuropsychiatric symptoms, immunomodulating medicines, plasma
19 exchange, and intravenous immunoglobulin therapy.

20 (b) Except as provided in subsection (3) of this section, health
21 carriers must cover three initial monthly immunomodulatory courses of

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

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

8 (A) Were not effective;

9 (B) Were not tolerated; or

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

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

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

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

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

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

37 (c) Require a trial of therapies that treat only neuropsychiatric
38 symptoms before covering immunomodulatory courses of intravenous
39 immunoglobulin therapy for the treatment of pediatric autoimmune

1 neuropsychiatric disorders associated with streptococcal infections
2 or pediatric acute-onset neuropsychiatric syndrome;
3 (d) Deny coverage for out-of-state treatment if the service is
4 not available within the state; or
5 (e) Deny coverage based on the age of the patient.

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