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ALASKA STATE LEGISLATURE

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HB 292 Sponsor Statement

"An Act relating to insurance coverage for pediatric autoimmune neuropsychiatric disorders; and providing for an effective date."

HB 292 closes an important coverage gap for children in Alaska's insurance laws by mandating coverage for the diagnostic evaluation and treatment for PANS and PANDAS. These disorders are increasingly being diagnosed and treated throughout the country. However, currently Alaska children face insurance denials and delays in care for the treatments they need leaving them to suffer because the treatment deemed medically necessary is inaccessible.

Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) are pediatric medical diagnoses that result in sudden and severe neuropsychiatric illnesses in children. Children can experience drastic behavioral changes: such as obsessions and compulsions, food restrictions, anxiety, tics, mood disorders, sleep problems, urinary symptoms, sleep disturbances, and sudden academic deterioration. Not having timely medical treatment can result in long-term permanent disabilities and can even result in suicide.

HB 292 ensures that consistent application of treatment coverage, including intravenous administration of immunoglobulins (IVIG), is equal amongst Alaska insurers. Treatment coverage for PANS and PANDAS must match the extent of coverage available for any other medical condition in terms of cost-share requirements or treatment coverages.

Coverage under HB 292 would include evidence-based treatment established by a consortium of subject experts and published in the Journal of Child & Adolescent Psychopharmacology Journal in 2017 to help these Alaskan children. This bill also prohibits insurers from denying or delaying coverage based on a patient's prior receipt of treatment, variations in diagnostic vocabulary, age limitations, or seeking treatment out of state when medically necessary and not available in Alaska.

HOUSE BILL NO. 292

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVE COULOMBE

Introduced: 2/4/26

Referred: Health and Social Services, Labor and Commerce

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to insurance coverage for pediatric autoimmune neuropsychiatric**
2 **disorders; and providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 21.42 is amended by adding a new section to read:

5 **Sec. 21.42.450. Coverage for pediatric autoimmune neuropsychiatric**
6 **disorders.** (a) A health care insurer that offers, issues for delivery, delivers, or renews
7 in this state a health care insurance plan shall provide coverage for the prophylaxis,
8 diagnosis, and treatment of pediatric autoimmune neuropsychiatric disorders
9 associated with streptococcal infections and pediatric acute-onset neuropsychiatric
10 syndrome. Coverage must include treatment using antimicrobials, medication,
11 behavioral therapies to manage neuropsychiatric symptoms, immunomodulating
12 medicines, plasma exchange, and intravenous immunoglobulin therapy.

13 (b) An insurer may not

14 (1) deny or delay the coverage required under this section because the

1 enrollee previously received treatment, including the same or similar treatment, for the
2 conditions listed in this section or because the enrollee was diagnosed with or received
3 treatment for the condition under a different diagnostic name, including autoimmune
4 encephalopathy;

5 (2) limit coverage for immunomodulating therapy for the treatment of
6 pediatric autoimmune neuropsychiatric disorders associated with streptococcal
7 infections and pediatric acute-onset neuropsychiatric syndrome in a manner that is
8 inconsistent with the treatment guidelines developed by a consortium convened for the
9 purposes of researching, identifying, and publishing best practice standards for
10 diagnosis and treatment of pediatric autoimmune neuropsychiatric disorders associated
11 with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome that
12 are accessible for medical professionals and are based on evidence of positive patient
13 outcomes;

14 (3) require a trial of therapies that treat only neuropsychiatric
15 symptoms before authorizing coverage of immunomodulating therapies for the
16 treatment of pediatric autoimmune neuropsychiatric disorders associated with
17 streptococcal infections and pediatric acute-onset neuropsychiatric syndrome;

18 (4) deny coverage for out-of-state treatment if the service is not
19 available in the state; or

20 (5) deny coverage based on age.

21 (c) Nothing in this section prevents an insurer from requesting treatment notes,
22 the anticipated duration of treatment, or expected outcomes, or from undertaking usual
23 and customary procedures, including prior authorization, to determine the
24 appropriateness of and medical necessity for treatment of pediatric autoimmune
25 neuropsychiatric disorders associated with streptococcal infections and pediatric
26 acute-onset neuropsychiatric syndrome, if the appropriate and medical necessity
27 determinations are made in the same manner as those determinations are made for the
28 treatment of any other illness, condition, or disorder covered by the health benefit
29 plan.

30 (d) Coverage under this section may not be more restrictive than or separate
31 from coverage provided for any other illness, condition, or disorder for purposes of

1 determining deductibles, benefit year or lifetime durational limits, benefit year or
2 lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance
3 factors, and benefit year maximum for deductibles and copayments and coinsurance
4 factors.

5 (e) In this section,

6 (1) "pediatric acute-onset neuropsychiatric syndrome" means a
7 clinically defined disorder characterized by the sudden onset of obsessive-compulsive
8 symptoms or eating restrictions, associated with acute behavioral deterioration in at
9 least two designated domains with comorbid symptoms that may include anxiety,
10 sensory amplification or motor abnormalities, behavioral regression, deterioration in
11 school performance, mood disorder, urinary symptoms, or sleep disturbances;

12 (2) "pediatric autoimmune neuropsychiatric disorders associated with
13 streptococcal infection" means a subset of pediatric acute-onset neuropsychiatric
14 syndrome that is usually accompanied by similar comorbid symptoms found in
15 pediatric acute-onset neuropsychiatric syndrome and has the following five distinct
16 criteria for diagnosis:

17 (A) abrupt obsessive-compulsive symptoms or dramatic and
18 disabling tics;

19 (B) a relapsing-remitting, episodic symptom course;

20 (C) young age at onset;

21 (D) presence of neurological abnormalities; and

22 (E) temporal association between symptom onset and group A
23 streptococcal infection.

24 * **Sec. 2.** This Act takes effect January 1, 2027.

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Sectional Analysis
HB 292
Version 34-LS1209I
2/6/2026

"An Act relating to insurance coverage for pediatric autoimmune neuropsychiatric disorders; and providing for an effective date."

Section 1: AS 21.41 is amended by adding a new section to read "Coverage for pediatric autoimmune neuropsychiatric disorders". This new section ensures that in the state of Alaska, a health care insurance plan would require providing coverage for prophylaxis, diagnosis, and treatment of the pediatric disorders of PANS (Pediatric Acute-Onset Neuropsychiatric Syndrome) and PANDAS (Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections).

Subsection (a) Ensures children who are diagnosed with these severe neuropsychiatric illnesses can get the medical care they require as prescribed by their treating provider with their insurance company now providing coverage, for said treatments.

Subsection (b) Requires that insurance companies provide coverage for treatments prescribed in a timely manner, ensuring that no unnecessary delays take place.

Subsection (c) Makes it easier for PANS and PANDAS children diagnosed with to obtain treatment, making sure they aren't underserved.

Subsection (d) Ensures that insurance companies are to not undermine coverage by using higher costs for families affected by PANS or PANDAS are not financially punished due to said diagnosis.

Subsection (e) Defines uniform terminology for PANS and PANDAS to ensure that treating providers, insurers, and families all have shared language for understanding insurance coverage for needed treatments.

Section 2: Sets a January 1, 2027, effective date.

Fiscal Note

State of Alaska
2026 Legislative Session

Bill Version: HB 292
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB292-DCCED-DOI-02-27-26
Title: INSURANCE: PEDIATRIC NEUROPSYCH
DISORDERS
Sponsor: COULOMBE
Requester: (H) HEALTH & SOCIAL SERVICES

Department: Department of Commerce, Community and
Economic Development
Appropriation: Insurance Operations
Allocation: Insurance Operations
OMB Component Number: 354

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2027 Appropriation Requested	Included in Governor's FY2027 Request	Out-Year Cost Estimates				
			FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
OPERATING EXPENDITURES	FY 2027	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0						

Estimated SUPPLEMENTAL (FY2026) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2027) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: <u>Heather Carpenter, Director</u>	Phone: <u>(907)465-2518</u>
Division: <u>Division of Insurance</u>	Date: <u>02/27/2026</u>
Approved By: <u>Hannah Lager, Administrative Services Director</u>	Date: <u>02/27/26</u>
Agency: <u>Department of Commerce, Community, and Economic Development</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2026 LEGISLATIVE SESSION

BILL NO. HB 292

Analysis

HB 292 creates a new state benefit mandate for fully insured health plans regulated by the Division of Insurance to cover pediatric autoimmune neuropsychiatric disorders including pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). These conditions are marked by sudden onset of obsessive-compulsive disorders, tic disorders and eating changes. Coverage under the bill must include antimicrobials, medication, behavioral therapies, plasma exchange and intravenous immunoglobulin therapy. There are limitations on restrictions an insurer can place on the services.

Insurance plans do not currently have language expressly covering or excluding these services. Medical policies for insurers in Alaska indicate that some of the services listed in the bill are investigational for PANS and PANDAS.

Other states have enacted legislation mandating the coverage of PANS and PANDAS which have resulted in state defrayal of the increased cost. Minnesota has defrayed similar benefits since 2021. Virginia's mandate went into effect on January 1, 2026, and they anticipate defraying the cost. Washington has current legislation and they indicate that defrayal is expected to be necessary. Given the experience of other states, the division anticipates that the state would be required to defray the cost of the new mandate should this bill become law.

The Department of Health and Human Services - Centers for Medicare and Medicaid Services (CMS) has issued the Notice of Benefit and Payment Parameters for 2027 proposed rule. This proposed rule, which is for calendar year 2027, requires states to defray costs of all state mandates required after 2011, even if the mandated coverage is also included in the state Essential Health Benefits (EHB) benchmark plan. New benefits included in EHB updates are not required to be defrayed if not required by state mandate. If this rule is adopted as proposed, it further underscores the division would have to defray the cost to insurers to cover these benefits mandated by state statutes.

The division does not have an estimate of how many children in Alaska are diagnosed annually with PANS/PANDAS, and thus cannot accurately project what the yearly state defrayal amount for treatment would be to insurers.

**REPRESENTATIVE
JULIE COULOMBE**

HB 292

**INSURANCE COVERAGE FOR PEDIATRIC AUTOIMMUNE
NEUROPSYCHIATRIC DISORDERS**

WHAT ARE PANDAS/PANS ?

PANDAS

- Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections
- Occurs when a strep throat triggers a misdirected immune response

PANS

- Pediatric Acute-onset Neuropsychiatric Syndrome
- Misdirected immune response from *infectious triggers, environmental factors, and other possible triggers*

BOTH

- Result in inflammation in a child's brain
- Child begins showing life altering symptoms rapidly
- OCD, anxiety, severe restrictive eating, tics, personality changes, decline in math and handwriting skills, sensory sensitives, and more

TREATMENT NOT COVERED

INSURANCE: PEDIATRIC NEUROPSYCH DISORDERS

- 1 in 200 children in the U.S. alone are affected by these disorders, an estimated 870 children in Alaska
- Lack of awareness, treatment guidelines first published in 2015 & 2017
- Very recent research from Yale and Stanford confirm the presence of a biomarker in these children
- PANS/PANDAS are treatable, early treatment = better outcome



HB 292 PROPOSES **INSURANCE** **COVERAGE.**

When treatment is not covered by insurance, the cost for a family to pay privately is exorbitant with one treatment costing tens of thousands of dollars on the low end.

QUESTIONS?

HOUSE BILL 292

INSURANCE: PEDIATRIC NEUROPSYCH DISORDERS

Bill Sponsor-Representative Julie Coulombe

WHAT IS PANDAS/PANS?

PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections) occurs when a streptococcal infection (strep throat) triggers a misdirected immune response and results in inflammation in a child's brain. As a result, the child quickly begins to exhibit life changing symptoms such as OCD, anxiety, tics, personality changes, decline in math and handwriting abilities, sensory sensitivities, restrictive eating, and more.

PANS ("Pediatric Acute-onset Neuropsychiatric Syndrome") is when an infectious trigger, environmental factors, and other possible triggers create a misdirected immune response which results in inflammation in a child's brain. In turn, the child quickly begins to exhibit life changing symptoms such as OCD, severe restrictive eating, anxiety, tics, personality changes, decline in math and handwriting abilities, sensory sensitivities, and more.

HOW MANY ALASKA CHILDREN HAVE PANDAS/PANS?

A conservative estimate is 1 in 200 children in the U.S. alone are affected by these disorders. However, the true lifetime prevalence of PANDAS/PANS is not known. The statistical relevance is equal to Pediatric Cancer, Pediatric Diabetes I and II., and ALS. In Alaska, that conservative estimate indicates that around 870 children and families are affected by these disorders.

WHY IS THERE IS A LACK OF AWARENESS ABOUT PANDAS/PANS?

Discovered in the early 90's, it was Dr. Sue Swedo at the National Institute of Mental Health who identified the correlation between strep infections and the abrupt onset of OCD similar to Sydenham chorea, the neurological form of rheumatic fever which also causes neuropsychiatric symptoms related to untreated strep infections. Peer reviewed diagnostic and treatment guidelines were first published in 2015 and 2017 in the Journal of Child & Adolescent Psychopharmacology. Historically, medical providers have not had an avenue to diagnose PANDAS due to a lack of a billing code. In October of 2020 a medical billing code was released for which PANDAS now falls under (ICD 10, 89.89).

HOW IS IT DIAGNOSED?

PANDAS/PANS is a clinical diagnosis based on medical history and physical examination, rather than laboratory testing. Laboratory findings can still be helpful in identifying infectious triggers and inflammatory markers but are not definitive to a diagnosis of P/P. Recent research from [Yale](#) and [Stanford](#) confirm the presence of a biomarker in these children. Further development of mainstream testing is needed.

CAN IT BE TREATED?

YES! Early treatment of PANDAS/PANS results in better outcomes and sometime complete recovery. Treatment guidelines are based on severity of symptoms defined as mild, moderate or severe/extreme. Treatments include antibiotics, anti-inflammatories, cognitive behavioral therapy, steroids, IVIG and/or plasmapheresis.

IS TREATMENT COVERED?

First line treatments such as antibiotics, anti-inflammatories, steroids and even tonsillectomies are typically covered by health insurance. IVIG is often denied because it is being used 'off label' with insurers claiming it is 'investigational' or 'experimental' despite decades of studies to the contrary and expert consortium consensus. It is important to note that 1 in 3 medications are used off label. When treatment is not covered by insurance, the cost for a family to pay privately is exorbitant with one treatment costing tens of thousands of dollars on the low end.

WHAT IS THE IMPACT ON PREMIUMS?

A [2015 Massachusetts benefit review](#) found that average annual increase, over five years, to the typical member's monthly health insurance premiums of between \$0.003 (0.001%) and \$0.039 (0.008%) per year. Other states have concluded similar nominal premium impact.

WHAT IS IVIG?

IVIG is an intravenous pooled blood product comprised of immunoglobulins that is used in treating immune deficiencies, encephalitis, multisystem inflammatory syndrome in children caused by COVID and other medical conditions. IVIG is endorsed for treating PANDAS by a [consortium of physicians and researchers](#), as it is an autoimmune irregularity that causes encephalitic-like inflammation. This treatment has been shown to lessen symptom severity in children with tic disorders and OCD triggered by an infection. A 2020 [research study](#) published in the journal of Neurology found that "IVIG successfully ameliorated psychological symptoms and dysfunction, with sustained benefits for at [least 8 weeks, and up to 46 weeks](#), following the final infusion". A recent Phase 3 placebo controlled [IVIG trial sponsored by Octapharma](#) demonstrated a [statistically significant and clinically relevant improvement in their secondary benchmark](#), Clinical Global Impression (CGI). CGI assesses the overall impact of treatment on a child's life, including behavior, cognition and physical health.

DOES EVERY PANDAS/PANS CHILD REQUIRE IVIG?

NO! It's [estimated between 10% to 20% of children](#) with P/P require these interventions. Increased awareness will lead to more timely diagnosis and an expectation the percentages will decrease.

WHAT ARE THE ONGOING RISKS OF NOT TREATING PANDAS/PANS?

Undiagnosed and untreated children with PANDAS/PANS have demonstrated increased needs in the educational system, problems with the justice system, and frequent overuse of our emergency departments and crisis services. Long term those who go without proper diagnosis or treatment are at risk of suffering a lifetime of mental illness, brain injury or suicide. In addition, lifelong dependency on state services can be anticipated. Failure to address these preventable risks can impose a cost of life-long mental illness which is estimated to be \$1.85M per patient.

WHAT IS THE LEGISLATIVE PRECEDENT?

[15 other states](#) have already passed legislation requiring insurers to provide coverage for treatment, including IVIG. This includes Illinois, Delaware, Arkansas, Minnesota, New Hampshire, Massachusetts, Indiana, Maryland, Rhode Island, Oregon, Colorado, California, Virginia, Georgia and Tennessee. Several states have also been successful in advancing Medicaid coverage for some of the higher line treatments including Oregon and Washington. Oregon's Health Evidence Review Committee (HERC) spent 14 months examining the evidence and hearing from subject experts before ruling to provide coverage for IVIG.