

REPRESENTATIVE JULIE COULOMBE  
ALASKA STATE LEGISLATURE

SESSION  
Alaska State Capitol  
Juneau, AK 99801  
Phone: (907) 465-6879



DISTRICT  
1500 W Benson Blvd.  
Anchorage, AK 99503  
Phone: (907) 269-0222  
Rep.Julie.Coulombe@akleg.gov

## 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.

34-LS1209\G  
Wallace  
3/17/26

**CS FOR HOUSE BILL NO. 292(HSS)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

**BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE**

**Offered:  
Referred:**

**Sponsor(s): REPRESENTATIVE COULOMBE**

**A BILL**

**FOR AN ACT ENTITLED**

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

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

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

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

1 symptoms, immunomodulating medicines, plasma exchange, and intravenous  
2 immunoglobulin therapy.

3 (b) An insurer may not

4 (1) deny or delay the coverage required under this section because the  
5 enrollee previously received treatment, including the same or similar treatment, for the  
6 conditions listed in this section or because the enrollee was diagnosed with or received  
7 treatment for the condition under a different diagnostic name, including autoimmune  
8 encephalopathy;

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

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

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

24 (5) deny coverage based on age.

25 (c) Nothing in this section prevents an insurer from requesting treatment notes,  
26 the anticipated duration of treatment, or expected outcomes, or from undertaking usual  
27 and customary procedures, including prior authorization, to determine the  
28 appropriateness of and medical necessity for treatment of pediatric autoimmune  
29 neuropsychiatric disorders associated with streptococcal infections and pediatric  
30 acute-onset neuropsychiatric syndrome, if the appropriate and medical necessity  
31 determinations are made in the same manner as those determinations are made for the

1 treatment of any other illness, condition, or disorder covered by the health benefit  
2 plan.

3 (d) Coverage under this section may not be more restrictive than or separate  
4 from coverage provided for any other illness, condition, or disorder for purposes of  
5 determining deductibles, benefit year or lifetime durational limits, benefit year or  
6 lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance  
7 factors, and benefit year maximum for deductibles and copayments and coinsurance  
8 factors.

9 (e) In this section,

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

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

21 (A) abrupt obsessive-compulsive symptoms or dramatic and  
22 disabling tics;

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

24 (C) young age at onset;

25 (D) presence of neurological abnormalities; and

26 (E) temporal association between symptom onset and group A  
27 streptococcal infection.

28 \* **Sec. 2.** AS 47.07.030(b) is amended to read:

29 (b) In addition to the mandatory services specified in (a) of this section and the  
30 services provided under (d) of this section, the department may offer only the  
31 following optional services: case management services for traumatic or acquired brain

1 injury; case management and nutrition services for pregnant women; personal care  
 2 services in a recipient's home; emergency hospital services; long-term care  
 3 noninstitutional services; medical supplies and equipment; advanced practice  
 4 registered nurse services; clinic services; rehabilitative services for children eligible  
 5 for services under AS 47.07.063, substance abusers, and emotionally disturbed or  
 6 chronically mentally ill adults; targeted case management services; inpatient  
 7 psychiatric facility services for individuals 65 years of age or older and individuals  
 8 under 21 years of age; psychologists' services; clinical social workers' services; marital  
 9 and family therapy services; professional counseling services; midwife services;  
 10 prescribed drugs; physical therapy; occupational therapy; chiropractic services; low-  
 11 dose mammography screening, as defined in AS 21.42.375(e); **treatment of pediatric**  
 12 **autoimmune neuropsychiatric disorders associated with streptococcal infections**  
 13 **and pediatric acute-onset neuropsychiatric syndrome as covered in AS 21.42.450;**  
 14 hospice care; treatment of speech, hearing, and language disorders; adult dental and  
 15 dental hygiene services; prosthetic devices; [AND] eyeglasses; optometrists' services;  
 16 intermediate care facility services, including intermediate care facility services for  
 17 persons with intellectual and developmental disabilities; skilled nursing facility  
 18 services for individuals under 21 years of age; and reasonable transportation to and  
 19 from the point of medical care.

20 \* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to  
 21 read:

22 MEDICAID STATE PLAN FEDERAL APPROVAL. To the extent necessary to  
 23 implement sec. 2 of this Act, the Department of Health shall amend and submit to the United  
 24 States Department of Health and Human Services for approval the state plan for medical  
 25 assistance coverage consistent with AS 47.07.030(b), as amended by sec. 2 of this Act.

26 \* **Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to  
 27 read:

28 CONDITIONAL EFFECT; NOTIFICATION. (a) Section 2 of this Act takes effect  
 29 only if, on or before January 1, 2027, the United States Department of Health and Human  
 30 Services

31 (1) approves the amendment to the state plan for medical assistance coverage

1 under AS 47.07.030(b); or

2 (2) determines that approval of the amendment to the state plan for medical  
3 assistance coverage under AS 47.07.030(b) is not necessary.

4 (b) The commissioner of health shall notify the revisor of statutes in writing within 30  
5 days after the United States Department of Health and Human Services approves the  
6 amendment to the state plan or determines that approval is not necessary under this section.

7 \* **Sec. 5.** If sec. 2 of this Act takes effect, it takes effect on the day after the United States  
8 Department of Health and Human Services approves the amendment submitted under sec. 3  
9 of this Act or determines that approval of the amendment is not necessary.

10 \* **Sec. 6.** Except as provided in sec. 5 of this Act, this Act takes effect January 1, 2027.

# REPRESENTATIVE JULIE COULOMBE

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## HB 292 Summary of Changes

HB 292 I (34-LS1209\I) to G (34-LS1209\G)

3/31/2026

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

**Section 1:** Page 1, line 2, following "disorders,": insert "relating to medical assistance for pediatric autoimmune neuropsychiatric disorders,". Clarifying this bill is related to the medical assistance of children dealing with PANS/PANDAS.

Additionally, following "Coverage must include" on Page 1, line 11, adds: "the current standard of care for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome,". Ensure that the most current standard of care for PANS/PANDAS will be enacted.

**Section 2-5:** Page 3, line 28 to Page 5, line 9: Adds legal language to include Medicaid into the bill, as is standard language used for addition of Medicaid into bills of similar stature.

**Section 6:** Page 5, line 10: Reorders Section 2 and renames it as Section 6 (no change of verbiage or date) due to the bill being added into section 1.

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Sectional Analysis (Version G)  
HB 292 Version 34-LS1209\G  
3/31/2026

"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: relating to medical assistance 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 need. Coverage must include the current standard of care for treatment, 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 2-5: Adds Medicaid into the bill language to ensure that children and families are covered.

Section 6: Sets a January 1, 2027, effective date.



## 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.

# Fiscal Note

State of Alaska  
2026 Legislative Session

Bill Version:	CSHB 292(HSS)
Fiscal Note Number:	1
(H) Publish Date:	3/18/2026

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
<b>OPERATING EXPENDITURES</b>	<b>FY 2027</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>	<b>FY 2030</b>	<b>FY 2031</b>	<b>FY 2032</b>
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	***	<b>0.0</b>	***	***	***	***	***

**Fund Source (Operating Only)**

None							
<b>Total</b>	***	<b>0.0</b>	***	***	***	***	***

**Positions**

Full-time							
Part-time							
Temporary							

**Change in Revenues**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2026 LEGISLATIVE SESSION

## 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.

## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Wednesday, March 4, 2026 2:35 PM  
**To:** Rep. Julie Coulombe  
**Subject:** HB 292

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

[REDACTED]  
[REDACTED]  
Re: Support for HB 292

Representative Coulombe,

I am writing with wholehearted thanks for you sponsoring HB 292.

As a parent who has been fighting for treatment for PANS on behalf of my son for the last four years, to see this coming before the legislature is so heartening. Not only for my family - this would make such a difference for so many others; if it saves a child from waiting years for effective treatment, plus the mental, psychological financial and emotional toll it leaves, the impact cannot be overstated.

As I am sure you are aware, it is estimated that 1/200 kids in the U.S. have this diagnosis. In Alaska in particular, there is really no one treating this effectively, resulting in a huge cost to Alaskan families, as we seek out of state treatment options. There is a huge out of pocket cost for testing that only naturopaths or functional med doctors tend to do, that help with diagnosis. This is extremely prohibitive to getting timely diagnosis and treatment.

IVIG costs run from \$10-30,000 per treatment (depending on medication, dose needed, location, etc) and the average person needs at least 3-5 rounds to show efficacy (this varies hugely case by case, and depends on severity). Passing this bill would make a huge difference for many Alaskan families. We are going broke trying to get treatment for our kids.

As an Alaskan parent whose child has been staggeringly impacted by PANS, thank you for sponsoring HB 292.

Please, reach out if I can answer any further questions about how deeply this has impacted our family, PANS/PANDAS in general, or anything that may be helpful.

[REDACTED]  
[REDACTED]



## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Thursday, March 5, 2026 9:51 AM  
**To:** House Health and Social Services  
**Cc:** Rep. Julie Coulombe  
**Subject:** HB 292

My name is [REDACTED] and I am an Alaska constituent, located in Craig. I am writing to you to request that you vote pro on HB 292, IVIG for PANDAS/PANS kids. We became informed of PANDAS/PANS when our neighbor's 9 year old daughter developed it overnight after a typical illness for a school aged kid. You will immediately become a memorable hero to these and the future Alaskan families that are currently and will be diagnosed with PANDAS/PANS in the future.

My friend's daughter is a classic case of PANS. She literally became ill and a different person overnight when her immune system attacked her basal ganglia of the brain. It took a couple months to find a functional medicine doctor that would treat her with a five week course of an antibiotic and a six week course of naproxen. It took eight months for her mental cognition to completely heal and return. Thankfully, she is healthy right now and back to baseline. But they live their life on edge everyday, knowing that an infection, virus, cold, puberty, dental infections, loss of baby teeth, and even mold can trigger another flare, sending the family into crisis mode once again. If antibiotics and steroids don't heal her, there will be a likely chance that she will be a good candidate for IVIG. If the family cannot access IVIG, **WITHIN A TIMELY MANNER**, and **avoid declines**, they will be forced to watch their young daughter lose mental and physical abilities very quickly, risking permanent brain damage. Risking the possibility that they will **NEVER** get their bright, joyful, intelligent, and confident daughter back! They live in great fear knowing that IVIG is not mandated in Alaska, even though it is in 15 other states, which they are not able to live in due to their fishing and boat businesses.

Paying for ongoing IVIG treatments, **\$15,000 to \$30,000 per month typically**, will be a very temporary option for them as savings will dry up. My heart breaks daily for the families that are less fortunate than them, with zero savings or valuables to sell. **Many medical expenses and appointments are already out of pocket**, even prior to IVIG. Without treatment, parents are forced to watch their child decline on the couch each day, not knowing if they will ever get their child back. PANDAS/PANS is such a thief! No child deserves this suffering and to be ignored by leaders that have the authority and power to heal them. Please vote on HB 292 as soon as possible.

**Please note that the fiscal note for HB 292 is minimal.** Please prioritize this bill, especially since the state expense is significantly lower than most bills.

**IVIG has a 70% efficacy rate** and it is the **final hope** for many. Please create hope soon, since **the longer treatment is denied and delayed, the less effective treatment is. This is a race to health.**

Unfortunately, **lives have been lost** that could have been saved, as some ill kids and young adults gave up the fight and took their own lives while waiting for IVIG insurance approval.

My friends experienced similar darkness of this illness within the first 2 months of onset, prior to receiving an antibiotic. It came on quick and the previously joyful and confident daughter verbalized, **"I want to kill myself!" after she fell ill.** I'll never forget the day when they delivered all the household knives and

sharp objects to another neighbor's home to protect their daughter. Please do not let these kids and families continue to wait any longer! This treatment works and changes lives forever! Thankfully, our friend's daughter's symptoms improved immediately, as soon as she was treated with an oral antibiotic, and naproxen.

Majority of Alaska PANDAS/PANS families **can't** afford IVIG out of pocket. Please recognize the financial strain on these families since many PANDAS/PANS patients require 24/7 care due to night rages, monitoring for safety, and providing consistent care throughout the day due to mood and food security, OCD, as well as multiple weekly doctor appointments. It typically requires one parent to be the full-time caregiver in all cases, regardless of severity. I have no idea how a single parent emotionally, physically, and financially survives this illness. Thankfully, in Washington, even **Medicaid patients already have access to IVIG**, as they are developing a similar mandate.

It is estimated that 1 in 200 kids get PANDAS/PANS. PANDAS/PANS is not declining, it is just beginning to get recognized and diagnosed in every state. **Most kids will not require IVIG, but the ones that do, will have likely already exhausted all other options.**

Lastly, I encourage you to please access **PANDAS PARENTS** on Facebook. It is an authentic peek into the lives of these families as they try to support each other with treatment ideas while waiting for IVIG approvals, knowledgeable providers, several insurance claims, and desperate requests for help when IVIG is denied. I encourage you to be **brave** as it isn't easy to read their stories, but it is important that you have a clear understanding of the symptoms and urgencies.

Thank you for your time and consideration. Please be our voice for HB 292.

## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Tuesday, March 3, 2026 5:36 PM  
**To:** House Health and Social Services  
**Cc:** Rep. Justin Ruffridge; Rep. Rebecca Schwanke; Rep. Andrew Gray; Rep. Zack Fields; Rep. Julie Coulombe; Rep. Mike Prax; Rep. Donna Mears; Rep. Genevieve Mina  
**Subject:** HB 292: Insurance Coverage for Pediatric Autoimmune Neuropsychiatric Disorders

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

I strongly support HB 292 which provides Insurance coverage for youth suffering with PANS/PANDAS. These are post infectious neuro-inflammatory disorders with severe and sudden onset of Obsessive-compulsive Disorder (OCD),

tics (both motor and vocal), eating restrictions, and mood/anxiety disorders.

Families dealing with children with one or the other of these syndromes should be well supported medically.

Early intervention leads to better outcomes and treatment options should not be disputed for insurance coverage. Fifteen states have passed this legislation and four are pending. Children in Alaska also deserve to be supported.

A simple case of strep throat can lead to a child developing PANS/PANDAS. Causation of these syndromes is

not completely understood but generally it is a common infection by a virus/bacteria/fungus that sets the stage.

There are families in Fairbanks and throughout the state that are dealing with this right now. Please support this legislation.

Thank You.

[REDACTED]

[REDACTED]

*Laughter: The tangible evidence of hope.*

## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Wednesday, March 4, 2026 2:27 PM  
**To:** Rep. Julie Coulombe  
**Subject:** HB 292

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Representative Coulombe,

Please vote to pass HB 292.

With sincere appreciation,

[REDACTED]

## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Wednesday, March 4, 2026 7:40 PM  
**To:** Rep. Julie Coulombe  
**Subject:** HB292

Dear House Representatives,

Hello! I am [REDACTED], an Alaska constituent from Craig on Prince of Wales Island. I urge and request that you vote pro on HB 292, IVIG for PANDAS/PANS kids. I witnessed the emotional, and physical burden that a family friend of mine experienced before, during, and after their daughter was diagnosed with PANS. They had to jump through many hoops to provide the proper treatment for their girl, of which resulted in out of pocket expenses. Thankfully they had savings. I can't imagine what a family without savings would do.

While many health issues are stressful, PANDAS/PANS is immediate trauma for the child and trauma as it has a quick onset, and often occurs overnight. PTSD is the result for many caregivers since emergency rooms and residential hospitals do not treat P/P properly or timely. In fact kids typically get worse very quickly when they become inpatients. Families take day and night shifts to ensure their child's safety which can lead to limited income for many families.

IVIG ranges from \$15,000 to \$30,000, out of pocket, about every 3 to 4 weeks. Most kids do not require IVIG, but it is one of the last hopes for many. Of those cases, they might need 3 to 30 sessions of IVIG.

Families would experience much less stress if the treatment was covered by insurance. Their daughter's case is considered mild. Based on my memories and our conversations, I cannot imagine how the families of children with moderate to severe cases of PANDAS/PANS physically and emotionally heal after experiencing the quick and long term onset of PANDAS/PANS symptoms. Please help and become these kids' heroes. We must intervene and support this fragile population since insurance companies frequently allow themselves to deny coverage leading to exponential declines and even loss of lives since the torment of this illness has led some to suicide. Thankfully, IVIG has about a 70% efficacy rate for moderate to severe cases. Please be part of their healing process!

Sincerely,

[REDACTED]

## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Tuesday, March 3, 2026 11:21 AM  
**To:** House Health and Social Services  
**Cc:** Rep. Julie Coulombe  
**Subject:** Please Prioritize HB 292

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

My name is [REDACTED] and I live at 1620 Washington Drive, Apt 11, Fairbanks AK 99709.

I'm emailing to seek your support on HB 292 so children with PANDA/PANS can have access to life-saving treatment known as IVIG. PANDA/PANS are post-infectious neuroinflammatory disorders that have profound and life-altering symptoms such as OCD, tics, eating restrictions and more. These disorders require medical treatment and too often, insurers deny coverage. Earlier intervention leads to better outcomes.

15 other states have passed legislation, with four more pending. Don't leave these Alaska children behind.

Can we count on your support?

Regards,  
[REDACTED]

## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Thursday, March 5, 2026 1:07 PM  
**To:** House Health and Social Services  
**Cc:** Rep. Julie Coulombe  
**Subject:** Please Support HB292

Dear Representative Mina, Representative Gray, Representative Fields, Representative Mears, Representative Prax, Representative Ruffridge, and Representative Schwanke,

I am writing to urge your speedy approval of HB292, an act which would require insurance companies to provide coverage for little-understood and devastating pediatric autoimmune neuropsychiatric disorders, which can be prohibitively expensive for Alaskan families.

My family is affected by a pediatric autoimmune neuropsychiatric disorder. While our diagnosis is recent and we are not suffering to the degree other families have, we know without prompt treatment our child's condition may continue to deteriorate. With many other serious and complex health conditions in our family, we are already personally acquainted with the unnecessary challenges and additional burdens imposed by insurance companies being reluctant to cover treatments, even life-saving ones, and with hardship in finding practitioners open-minded enough to consider diagnoses that were not understood in the mainstream when they attended medical school. The medical field is advancing by leaps and bounds, and this act will require insurance companies to provide the services they are paid for, and provide the recognition needed for doctors to provide the support families desperately need in a medical landscape already challenged by scarcity of expertise in our state.

I am tired of seeing my child spiral into panic and horrific fear in the face of autoimmune triggers. The last thing she needs is to be subjected to gaslighting from the insurance industry, and a slow-walk on treatments to help her get back to her true self. She has a childhood to enjoy. Please help me as I seek to help my child grow beyond this disorder to her full, brilliant potential.

Thank you for taking my comment.

Thank you also to Representative Coulombe for sponsoring this bill.

Sincerely,

[REDACTED]

## Emily Durfee

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**From:** [REDACTED]  
**Sent:** Tuesday, March 3, 2026 5:10 PM  
**To:** House Health and Social Services  
**Cc:** Rep. Julie Coulombe  
**Subject:** HB 292

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hello,

My name is Amanda Campbell and I live in Homer, Alaska. I am emailing to seek your support on HB 292 so that children in Alaska that have PANS and/or PANDAS can have access to life saving treatment known as IVIG. PANS/PANDA is a pediatric neuropsychiatric disorder causing inflammation in the brain when the immune system overreacts and attacks the brain. This can cause terrible symptoms such as OCD, restrictive eating, debilitating anxiety and loss of motor control amongst an array of other symptoms.

My son is still dealing with the repercussions of having this disorder and not getting the treatment he needed in Alaska when he needed it. We had to go to New Hampshire to get the medical support that we needed for him to heal. Earlier interventions lead to better outcomes as with any disease or illness. Too often doctors and insurance carriers deny that this disorder is real. 15 states have passed this legislation, please consider doing this for our Alaskan children so that my child can be treated here in our home state along with all the other Alaskan kids who need this.

Thank you,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## Emily Durfee

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**From:** [REDACTED]  
[REDACTED]  
**To:** Wednesday, March 4, 2026 10:48 AM  
House Health and Social Services  
**Cc:** Rep. Julie Coulombe  
**Subject:** Vote pro on HB 292

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Dear House Representatives,

My name is [REDACTED] and I am an Alaska constituent on Prince of Wales Island. I want to encourage and request you to vote pro on HB 292 regarding IVIG treatment for PANDAS/PANS kids.

P/P is a type of autoimmune encephalitis where various infections and brain inflammation trigger the immune system, causing the autoimmune system to attack the basal ganglia which results in physical, emotional, behavioral, psychological, and neurological symptoms that can literally steal your child overnight.

Thankfully, my close family friend, Emma Endsley, responded immediately to the first line of defense which is typically an antibiotic for the infection and naproxen for the brain inflammation. A small percentage of kids are considered severe and require IVIG infusions approximately once a month for 3 to 20 months. Each infusion ranges from \$15,000 to \$30,000, out of pocket, depending on the weight of the child. It is very typical that families are denied IVIG. The sooner that P/P is properly treated, the more effective treatment is so you can see it is especially a race to get IVIG treatment in some cases.

15 other states have approved similar bills, including California and Oregon unanimously, and we are hoping Alaska becomes the 16th. Thankfully, Alaska Medicaid already covers IVIG. Please note that a 3rd party fiscal study was completed for other states and Alaska premiums would see, literally, their monthly premiums increase just pennies each month since the majority of patients do not require IVIG. But for the ones that do, IVIG is one of their last hopes. IVIG has high efficacy rates and improves the lives and heals 70% of the cases that receive it. Thankfully AAP, the American Academy of Pediatrics is recognizing the need for urgent, timely, and aggressive treatment based on studies in their publications.

In closing, I ask you to please vote pro on HB 292. There have already been too many lives lost, families destroyed emotionally and financially, and children whose entire childhood and young adult lives were stolen from them due to this illness, as well as improper treatments. Please restore their hope and the hope for the future cases. There will be more cases but Alaska can prepare and help heal this vulnerable and desperate population. It is financially impossible for the high majority of cases to access proper care without this bill.

Thank you for your time and consideration.

Sincerely,  
[REDACTED]

Sent from my Galaxy

# **HB 292**

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**INSURANCE COVERAGE FOR PEDIATRIC AUTOIMMUNE  
NEUROPSYCHIATRIC DISORDERS**

**REPRESENTATIVE  
JULIE COULOMBE**

# 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?