

# Fiscal Note

State of Alaska  
2026 Legislative Session

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

Identifier: HB292CS(HSS)-DOH-MS-03-27-26  
Title: INSURANCE: PEDIATRIC NEUROPSYCH  
DISORDERS  
Sponsor: COULOMBE  
Requester: (H) L&C

Department: Department of Health  
Appropriation: Medicaid Services  
Allocation: Medicaid Services  
OMB Component Number: 3234

**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 2027	FY 2028	FY 2029	FY 2030	FY 2031
<b>OPERATING EXPENDITURES</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? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/27

**Why this fiscal note differs from previous version/comments:**

Not applicable; initial version.

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Division: Medicaid Services Date: 03/27/2026  
Approved By: Pam Halloran, Assistant Commissioner Date: 03/27/26  
Agency: Department of Health

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2026 LEGISLATIVE SESSION

BILL NO. HB 292

### Analysis

HB 292 requires commercial insurance and Medicaid to cover pediatric autoimmune neuropsychiatric disorders including pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS).

Coverage under the bill must include antimicrobials, medication, behavioral therapies, plasma exchange and intravenous immunoglobulin therapy. The bill establishes coverage requirements for a range of services, including medications, behavioral therapies, and certain immunologic treatments. It also sets parameters for insurer practices, including limits on coverage restrictions and requirements for consistency with treatment guidelines. Insurers and Medicaid may continue to apply standard medical necessity and authorization processes, provided they are applied consistently across conditions. This legislation adopts the commercial insurance coverage requirements for neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome detailed in the bill as applicable to Medicaid by adding the services to AS 47.07.030(b), Medicaid optional services.

The legislation requires submission of a Medicaid State Plan Amendment, with implementation contingent on federal approval.

Some treatments referenced in the bill may not meet federal standards for “medically accepted indications.” As a result, federal matching funds may not be available for those services, which could shift costs to the state general fund and present uncertainty regarding federal approval.

Alaska Medicaid currently has a process to evaluate and approve off-label treatments on a case-by-case basis when supported by sufficient clinical evidence of safety, efficacy, and medical necessity.

### Fiscal Impact

The fiscal impact is indeterminate. Implementation depends on federal approval, and coverage of treatments not recognized under federal standards could result in state-only costs.