

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: 3/18/26

Referred: Labor and Commerce

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.