

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
90th General Assembly
Regular Session, 2015

A Bill

HOUSE BILL 1715

By: Representative J. Mayberry

For An Act To Be Entitled

AN ACT TO REVISE HEALTH INSURANCE COVERAGE FOR
MEDICALLY NECESSARY FOODS; AND FOR OTHER PURPOSES.

Subtitle

TO REVISE HEALTH INSURANCE COVERAGE FOR
MEDICALLY NECESSARY FOODS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 23-79-703 is amended to read as follows:

23-79-703. Health insurance coverage for medically necessary foods ==
Definition.

(a) As used in this section, "medical disorders requiring specialized nutrients or formulas" means an allergic reaction, discomfort, or failure to metabolize select nutrients due to:

(1) Inherited metabolic disorders including:

(A) Disorders of amino acid metabolism;

(B) Disorders of carbohydrate metabolism;

(C) Disorders of lipid metabolism; or

(D) Disorders of nitrogen metabolism;

(2) Disorders that require modified vitamin or mineral composition;

(3) An Immunoglobulin E and non-Immunoglobulin E mediated allergy to multiple food proteins;

(4) Food protein induced enterocolitis syndrome;

(5) An eosinophilic disorder; and

(6) Impaired absorption of nutrients caused by a disorder



affecting the absorptive surface, functional length, or motility of the gastrointestinal tract.

(b)(1)(A) All A health plans plan issued, delivered, amended, or modified in this state on or after January 1, 2000 2016, shall provide the minimum benefits set out in subsection (b) under subsection (c) of this section for medical foods, including without limitation and low protein modified food products, amino-acid-based elemental formulas, extensively hydrolyzed protein formulas, formulas with modified vitamin or mineral content, and modified nutrient content formulas.

(B) The products described in subdivision (b)(1)(A) of this section shall be covered by a health plan regardless of delivery method, whether enteral or oral, or sole source or supplemental, or the age of the covered person, for the treatment of a covered person inflicted with phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism with a medical disorder that requires specialized food or formula if:

(1) Either of the following occurs:

(A) The medical food or low protein modified food products, regardless of delivery method, are is prescribed as medically necessary; or

(B) A licensed healthcare practitioner issues a written order stating that a medical food is medically necessary for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism a medical disorder requiring specialized food or formula as described in subdivision (b)(1)(A) of this section; and

(2) The products are product is administered under the direction of a physician licensed healthcare practitioner under § 17-95-401 et seq.† and

(3) The cost of the medical food or low protein modified food products for an individual or a family with a dependent person or persons exceeds the income tax credit of two thousand four hundred dollars (\$2,400) per year per person allowed under § 23-79-702.

(b)(1) Every health insurance policy, contract, certificate, or healthcare plan issued in this state by an insurance company, hospital medical service corporation, or health maintenance organization, other than coverage limited to expenses from accident only, specified disease, hospital

~~indemnity, Medicare supplement, long term care, disability income, or other limited benefit health insurance policies, whether an individual or group policy, contract, certificate, or healthcare plan, that covers the insured and members of the insured's family shall provide coverage for amino acid modified preparations, low protein modified food products, and any other special dietary products and formulas prescribed under the direction of a physician for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism.~~

(c)(1) A health insurance policy, contract, certificate, or healthcare plan issued in this state by an insurance company, hospital medical service corporation, health maintenance organization, or a self-funded or self-insured governmental plan, whether an individual or group policy, contract, certificate, or healthcare plan, that covers the insured and the insured's family shall provide coverage and reimbursement for the treatment of a medical disorder requiring specialized formula or food as prescribed by a licensed healthcare practitioner, regardless of delivery method.

(2) Coverage limited to expenses from an accident only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policy or plan is exempt from the requirement of subdivision (c)(1) of this section.

~~(2)(3) This benefit~~ The benefit provided under subdivision (c)(1) of this section may be subject to a deductible, copayments, coinsurance, or other patient cost-sharing amounts required by the health plan.

~~(e)(d) If the cost of the medical food or low protein modified medical food products described in subdivision (b)(1)(A) for an individual or a family with a dependent child or children~~ a covered person exceeds the income tax credit of two thousand four hundred dollars (\$2,400) per year per ~~child~~ covered person allowed under § 23-79-702 and the ~~individual or a family with a dependent child or children~~ covered person has been denied accident and health insurance or coverage for ~~phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism~~ treatment of a medical disorder requiring specialized food or formula as described in subdivision (b)(1)(A) of this section or cannot afford insurance coverage for ~~phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism~~ treatment of a medical disorder requiring specialized food or

formula as described in subdivision (b)(1)(A) of this section, the Department of Health shall reimburse the provider up to one thousand dollars (\$1,000) per ~~individual~~ covered person from any funds appropriated ~~therefor~~ for the required healthcare service, including screening, diagnostic, and treatment services.