1 2	State of Arkansas 91st General Assembly	A Bill	
3	Regular Session, 2017		HOUSE BILL 1900
4			
5	By: Representative Bentley		
6			
7	For An Act To Be Entitled		
8	AN ACT TO AMEND THE REQUIREMENTS FOR HEALTH INSURANCE		
9	COVERAGE FOR MEDICALLY NECESSARY FOODS USED IN THE		
10 11	TREATMENT OF INBORN ERRORS OF METABOLISM; AND FOR OTHER PURPOSES.		
12	OTHER PUR	PUSES.	
13			
14		Subtitle	
15	TO A	AMEND THE REQUIREMENTS FOR HEALTH	
16	INSU	JRANCE COVERAGE FOR MEDICALLY	
17	NECE	ESSARY FOODS USED IN THE TREATMENT OF	
18	INBC	ORN ERRORS OF METABOLISM.	
19			
20			
21	BE IT ENACTED BY THE	GENERAL ASSEMBLY OF THE STATE OF ARKA	ANSAS:
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23	SECTION 1. Ark	ansas Code § 23-79-703 is amended to	read as follows:
24		th insurance coverage for medically r	necessary foods <u>–</u>
25	<u>Definition</u> .		
26		this section, "medical disorder requ	
27		" means an inherited metabolic disord	_
28		etabolize certain nutrients, includir	<u>1g :</u>
29		o acid metabolism disorder;	
30 31		ohydrate metabolism disorder; d metabolism disorder; and	
32	<del>-</del>	ogen metabolism disorder.	
33	<u> </u>	ealth <del>plans</del> <u>plan</u> issued, delivered, a	amended, or modified
34	<del></del>	fter January 1, <del>2000</del> 2018, shall prov	
35		ubsection (b) under subsection (c) of	
36	medical foods, including without limitation and low:		

1	(A) Low protein modified food products;		
2	(B) Amino-acid-based elemental formulas;		
3	(C) Extensively hydrolyzed protein formulas;		
4	(D) Formulas with modified vitamin or mineral content; and		
5	(E) Modified nutrient content formulas.		
6	(2) The products and formulas listed in subdivision (b)(1) of		
7	this section shall be covered by a health plan regardless of delivery method		
8	whether enteral or oral, or sole source or supplemental, or the age of the		
9	covered person, for the treatment of a covered person inflicted with		
10	phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid		
11	metabolism with a medical disorder requiring specialized nutrients or		
12	formulas if:		
13	(1)(A) Either of the following occurs:		
14	(i) The medical food or low protein modified food		
15	products, regardless of delivery method, are prescribed as medically		
16	necessary; or		
17	(ii) A licensed healthcare provider issues a written		
18	order stating that a medical food is medically necessary for the therapeutic		
19	treatment of phenylketonuria, galactosemia, organic acidemias, and disorders		
20	of amino acid metabolism a medical disorder requiring specialized nutrients		
21	or formulas as described in subdivision (b)(1) of this section; and		
22	(2)(B) The products are product or formula is administered		
23	under the direction of a physician licensed healthcare practitioner under §		
24	17-95-401 et seq. <del>; and</del>		
25	(3) The cost of the medical food or low protein modified food		
26	products for an individual or a family with a dependent person or persons		
27	exceeds the income tax credit of two thousand four hundred dollars (\$2,400)		
28	per year per person allowed under § 23-79-702.		
29	(b)(1) Every health insurance policy, contract, certificate, or		
30	healthcare plan issued in this state by an insurance company, hospital		
31	medical service corporation, or health maintenance organization, other than		
32	coverage limited to expenses from accident only, specified disease, hospital		
33	indemnity, Medicare supplement, long-term care, disability income, or other		
34	limited benefit health insurance policies, whether an individual or group		
35	policy, contract, certificate, or healthcare plan, that covers the insured		
36	and members of the incured's family shall provide soverage for amino acid		

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     modified preparations, low protein modified food products, and any other
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     special dietary products and formulas prescribed under the direction of a
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     physician for the therapeutic treatment of phenylketonuria, galactosemia,
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     organic acidemias, and disorders of amino acid metabolism.
           (c)(1) A health insurance policy, contract, certificate, or healthcare
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     plan issued in this state by an insurance company, hospital medical service
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     corporation, health maintenance organization, or a self-funded or self-
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     insured governmental plan, whether an individual or group policy, contract,
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     certificate, or healthcare plan, that covers the insured and the insured's
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     family shall provide coverage and reimbursement for the treatment of a
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     medical disorder requiring specialized nutrients or formulas in accordance
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     with subsection (b) of this section.
                 (2) Coverage limited to expenses from an accident-only,
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     specified disease, hospital indemnity, Medicare supplement, long-term care,
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     disability income, or other limited benefit health insurance policy or plan
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     is exempt from the requirement of subdivision (c)(1) of this section.
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                 \frac{(2)}{(3)} This The benefit provided under subdivision (c)(1) of
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     this section may be subject to a deductible, copayments, coinsurance, or
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     other patient cost-sharing amounts required by the health plan.
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           (c)(d) If the cost of the medical food or low protein modified food
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     products products or formulas described in subdivision (b)(1) of this section
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     for an individual or a family with a dependent child or children a covered
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     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
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     individual or a family with a dependent child or children has been denied
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     accident and health insurance or coverage for phenylketonuria, galactosemia,
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     organic acidemias, and disorders of amino acid metabolism or covered person
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     cannot afford insurance coverage for phenylketonuria, galactosemia, organic
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     acidemias, and disorders of amino acid metabolism treatment of a medical
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     disorder requiring specialized nutrients or formulas as described in
     subdivision (b)(1) of this section, the Department of Health shall reimburse
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     the healthcare provider up to one thousand dollars ($1,000) per individual
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     covered person from any funds appropriated therefor for the required
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     healthcare service, including screening, diagnostic, and treatment services.
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