FIRST REGULAR SESSION

HOUSE BILL NO. 665

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE FRANKLIN.

1563H.01I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for amino acid-based elemental formulas.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1221, to read as follows:

known as section 3/6.1221, to read as follows:

376.1221. 1. Each policy issued by an entity offering individual and group health

- 2 insurance which provides coverage on an expense-incurred basis, individual and group
- 3 health service or indemnity type contracts issued by a nonprofit corporation, individual
- 4 and group service contracts issued by a health maintenance organization, all self-insured
- 5 group health arrangements to the extent not preempted by federal law, and all health care
- $6 \quad \hbox{plans provided by managed health care delivery entities of any type or description that are}$
- 7 delivered, issued for delivery, continued, or renewed in this state on or after September 1,
- 8 2015, shall provide coverage for amino acid-based elemental formulas recommended by
- 9 a physician, regardless of delivery method, for the treatment of a patient with
- $10 \quad \textbf{immunoglobulin E and nonimmunoglobulin E mediated allergies to multiple food proteins,} \\$
- 11 food protein-induced enterocolitis syndrome, eosinophilic disorders, and impaired
- 12 absorption of nutrients caused by disorders affecting the absorptive surface, functional
- 13 length, and motility of the gastrointestinal tract who is covered under the policy, contract,
- 14 or plan.
- 2. For purposes of this section, "amino acid-based elemental formulas" means
- 16 formulas made from single nonallergenic amino acids.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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3. The coverage required by this section may be subject to the same deductible for similar health care services provided by the policy, contract, or plan as well as a reasonable coinsurance or co-payment on the part of the insured, which shall not be greater than fifty percent of the cost of the formula, and may be subject to an annual benefit maximum of not less than five thousand dollars per covered individual. Nothing in this section shall prohibit a carrier from using individual case management or from contracting with vendors of the formula and food products.

4. This section shall not apply to a supplemental insurance policy including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

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