FIRST REGULAR SESSION

HOUSE BILL NO. 668

93RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES DEEKEN (Sponsor), PARKER AND BRUNS (Co-sponsors).

Read 1st time March 1, 2005 and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

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AN ACT

To repeal section 376.1219, RSMo, and to enact in lieu thereof one new section relating to health insurance coverage for treatment of inherited diseases of amino and organic acids.

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

Section A. Section 376.1219, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1219, to read as follows:

376.1219. 1. Each policy issued by an entity offering individual and group health insurance which provides coverage on an expense-incurred basis, individual and group health service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group health arrangements to the extent not preempted by federal law, and all health care plans provided by 6 managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after September 1, [1997] 2005, shall provide coverage for formula and low protein modified food products recommended by a physician for the treatment of a patient with phenylketonuria or any inherited disease of amino and organic acids who is covered under the policy, contract, or plan [and who is less than six years of age].

- 2. For purposes of this section, "low protein modified food products" means foods that are specifically formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of any inherited metabolic disease. Low protein modified food products do not include foods that are naturally low in protein.
 - 3. The coverage required by this section [may] shall not be subject to [the same] any

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.

H.B. 668

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greater deductible [for] or copayment than other 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 food products, and], but may be subject to an annual benefit maximum of not less than five thousand dollars per covered child. 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].