By: Van de Putte

S.B. No. 2205

	A BILL TO BE ENTITLED
1	AN ACT
2	relating to health benefit plan coverage for certain amino
3	acid-based elemental formulas.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Subtitle E, Title 8, Insurance Code, is amended
6	by adding Chapter 1377 to read as follows:
7	CHAPTER 1377. COVERAGE FOR CERTAIN AMINO ACID-BASED ELEMENTAL
8	FORMULAS
9	SUBCHAPTER A. GENERAL PROVISIONS
10	Sec. 1377.001. DEFINITION. In this chapter, "enrollee"
11	means an individual entitled to coverage under a health benefit
12	plan.
13	Sec. 1377.002. APPLICABILITY OF CHAPTER. (a) This chapter
14	applies only to a health benefit plan, including a small employer
15	health benefit plan written under Chapter 1501 or coverage provided
16	by a health group cooperative under Subchapter B of that chapter,
17	that provides benefits for medical or surgical expenses incurred as
18	a result of a health condition, accident, or sickness, including an
19	individual, group, blanket, or franchise insurance policy or
20	insurance agreement, a group hospital service contract, or an
21	individual or group evidence of coverage or similar coverage
22	document that is offered by:
23	(1) an insurance company;

	S.B. No. 2205
1	under Chapter 842;
2	(3) a fraternal benefit society operating under
3	Chapter 885;
4	(4) a stipulated premium company operating under
5	Chapter 884;
6	(5) an exchange operating under Chapter 942;
7	(6) a Lloyd's plan operating under Chapter 941;
8	(7) a health maintenance organization operating under
9	Chapter 843;
10	(8) a multiple employer welfare arrangement that holds
11	a certificate of authority under Chapter 846; or
12	(9) an approved nonprofit health corporation that
13	holds a certificate of authority under Chapter 844.
14	(b) Notwithstanding Section 172.014, Local Government Code,
<b>T</b> 1	
15	or any other law, this chapter applies to health and accident
15	or any other law, this chapter applies to health and accident
15 16	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local
15 16 17	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code.
15 16 17 18	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code. (c) Notwithstanding any provision in Chapter 1551, 1575,
15 16 17 18 19	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code. (c) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this chapter applies to:
15 16 17 18 19 20	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code. (c) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this chapter applies to: (1) a basic coverage plan under Chapter 1551;
15 16 17 18 19 20 21	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code. (c) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this chapter applies to: (1) a basic coverage plan under Chapter 1551; (2) a basic plan under Chapter 1575;
15 16 17 18 19 20 21 22	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code. (c) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this chapter applies to: (1) a basic coverage plan under Chapter 1551; (2) a basic plan under Chapter 1575; (3) a primary care coverage plan under Chapter 1579;
15 16 17 18 19 20 21 22 23	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code. (c) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this chapter applies to: (1) a basic coverage plan under Chapter 1551; (2) a basic plan under Chapter 1575; (3) a primary care coverage plan under Chapter 1579; and
15 16 17 18 19 20 21 22 23 24	or any other law, this chapter applies to health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code. (c) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this chapter applies to: (1) a basic coverage plan under Chapter 1551; (2) a basic plan under Chapter 1575; (3) a primary care coverage plan under Chapter 1579; and (4) basic coverage under Chapter 1601.

S.B. No. 2205

1	Sec. 1377.003. EXCEPTION. This chapter does not apply to:
2	(1) a plan that provides coverage:
3	(A) only for benefits for a specified disease or
4	for another limited benefit, other than a plan that provides
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	<pre>benefits for a disease or disorder listed in Section 1377.051(a);</pre>
6	(B) only for accidental death or dismemberment;
7	(C) for wages or payments in lieu of wages for a
8	period during which an employee is absent from work because of
9	<u>sickness or injury;</u>
10	(D) as a supplement to a liability insurance
11	policy;
12	(E) only for dental or vision care; or
13	(F) only for indemnity for hospital confinement;
14	(2) a Medicare supplemental policy as defined by
15	<pre>Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);</pre>
16	(3) a workers' compensation insurance policy;
17	(4) medical payment insurance coverage provided under
18	an automobile insurance policy;
19	(5) a credit insurance policy;
20	(6) a limited benefit policy that does not provide
21	coverage for physical examinations or wellness exams; or
22	(7) a long-term care insurance policy, including a
23	nursing home fixed indemnity policy, unless the commissioner
24	determines that the policy provides benefit coverage so
25	comprehensive that the policy is a health benefit plan as described
26	by Section 1377.002.

[Sections 1377.004-1377.050 reserved for expansion] 1 2 SUBCHAPTER B. COVERAGE FOR CERTAIN AMINO ACID-BASED ELEMENTAL 3 FORMULAS 4 Sec. 1377.051. REQUIRED COVERAGE FOR CERTAIN AMINO 5 ACID-BASED ELEMENTAL FORMULAS. (a) A health benefit plan must provide coverage as provided by this chapter for amino acid-based 6 7 elemental formulas, regardless of the formula delivery method, that are used for the diagnosis and treatment of: 8 9 (1) immunoglobulin E and non-immunoglobulin Ε 10 mediated allergies to multiple food proteins; (2) severe food protein-induced enterocolitis 11 12 syndrome; (3) eosinophilic disorders, as evidenced by the 13 14 results of a biopsy; and 15 (4) impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and 16 17 motility of the gastrointestinal tract. (b) Subject to Subsection (c), the coverage required under 18 19 Subsection (a) is required if the treating physician has issued a written order stating that the amino acid-based elemental formula 20 is medically necessary for the treatment of an enrollee who is 21 diagnosed with a disease or disorder listed in Subsection (a). The 22 coverage must include coverage of any medically necessary services 23 24 associated with the administration of the formula. 25 (c) A health benefit plan must provide the coverage 26 described by Subsection (a) on a basis no less favorable than the 27 basis on which prescription drugs and other medications and related

S.B. No. 2205

S.B. No. 2205

services are covered by the plan, and to the same extent that the 1 plan provides coverage for drugs that are available only on the 2 3 orders of a physician. 4 Sec. 1377.052. UTILIZATION REVIEW. (a) A utilization review 5 agent acting on behalf of a health benefit plan issuer may review a treating physician's determination of the medical necessity of the 6 7 use of an amino acid-based elemental formula for the treatment of an enrollee who is diagnosed with a disease or disorder listed in 8 Section 1377.051(a). 9 10 (b) Utilization review under this section is subject to Chapter 4201. 11 SECTION 2. Chapter 1377, Insurance Code, as added by this 12

Act, applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2010. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2010, is covered by the law in effect at the time the plan was delivered, issued for delivery, or renewed, and that law is continued in effect for that purpose.

19 SECTION 3. This Act takes effect September 1, 2009.