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1	HOUSE BILL NO. 615
2	Offered January 9, 2008
2 3	Prefiled January 8, 2008
4	A BILL to amend and reenact § 38.2-4319 of the Code of Virginia and to amend the Code of Virginia
5	by adding a section numbered 38.2-3418.15, relating to health insurance coverage for amino
6	acid-based elemental formulas.
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	Patrons—Amundson and Scott, J.M.; Senator: Whipple
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9	Referred to Committee on Commerce and Labor
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11	Be it enacted by the General Assembly of Virginia:
12	1. That § 38.2-4319 of the Code of Virginia is amended and reenacted and that the Code of Virginia is an ended by adding a section number of 28.2.2418 15 as follows:
13 14	Virginia is amended by adding a section numbered 38.2-3418.15 as follows:
14	§ 38.2-3418.15. Coverage for amino acid-based elemental formulas. A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or
16	group accident and sickness insurance policies providing hospital, medical and surgical, or major
17	medical coverage on an expense-incurred basis; each corporation providing individual or group
18	accident and sickness subscription contracts; and each health maintenance organization providing a
19	healthcare plan for healthcare services shall provide coverage for the provision of amino acid-based
20	elemental formulas for the diagnosis and treatment of Immunoglobulin E and non-Immunoglobulin E
21	mediated allergies to multiple food proteins, food protein-induced enterocolitis syndrome, eosinophilic
22	disorders, and impaired absorption of nutrients caused by disorders affecting the absorptive surface,
23	functional length, and motility of the gastrointestinal tract. However, coverage for the provision of
24	amino acid-based elemental formulas, regardless of delivery method, shall be provided when the
25	prescribing or ordering physician has issued a written order stating that the formula is medically
26	necessary for the treatment thereof.
27	B. No insurer, corporation, or health maintenance organization shall impose upon any person
28 29	receiving benefits pursuant to this section any copayment, fee, policy year or calendar year, or durational benefit limitation or maximum for benefits or services that is not equally imposed upon all
29 30	individuals in the same benefit category.
31	C. The requirements of this section shall apply to all insurance policies, contracts, and plans
32	delivered, issued for delivery, reissued, or extended in the Commonwealth on and after January 1, 2009,
33	or at any time thereafter when any term of the policy, contract, or plan is changed or any premium
34	adjustment is made.
35	D. This section shall not apply to short-term travel, accident-only, limited or specified disease, or
36	individual conversion policies or contracts, or to policies or contracts designed for issuance to persons
37	eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other
38	similar coverage under state or federal governmental plans.
39	§ 38.2-4319. Statutory construction and relationship to other laws.
40	A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this
41 42	chapter, §§ 38.2-100, 38.2-136, 38.2-200, 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218 through 28.2.225, 28.2.205, 28.2.216, 28.216, 28.216, 28.216, 28.216, 28.216, 28.216, 28
42 43	through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.),
43 44	\$ 38.2-1016.1 through 38.2-1023, 38.2-1057, Article 2 ($$$ 38.2-1306.2 et seq.), $$$ 38.2-1306.1,
45	\$ 38.2-1315.1, Articles 3.1 ($$$ 38.2-1316.1 et seq.), 4 ($$$ 38.2-1317 et seq.) and 5 ($$$ 38.2-1322 et seq.) of
46	Chapter 13, Articles 1 (§ $38.2-1400$ et seq.) and 2 (§ $38.2-1412$ et seq.) of Chapter 14, §§ $38.2-1400$ et seq.) and 2 (§ $38.2-1412$ et seq.) of Chapter 14, §§ $38.2-1800$
47	through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9
48	through 38.2-3407.16, 38.2-3411.2, 38.2-3411.3, 38.2-3411.4, 38.2-3412.1:01, 38.2-3414.1, 38.2-3418.1
49	through 38.2-3418.14 38.2-3418.15, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, subdivision
50	13 of § 38.2-3503, subdivision 8 of § 38.2-3504, §§ 38.2-3514.1, 38.2-3514.2, 38.2-3522.1 through
51	38.2-3523.4, 38.2-3525, 38.2-3540.1, 38.2-3542, 38.2-3543.2, Article 5 (§ 38.2-3551 et seq.) of Chapter
52	35, Chapter 52 (§ 38.2-5200 et seq.), Chapter 55 (§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.)
53	and § 38.2-5903 of this title shall be applicable to any health maintenance organization granted a license
54 55	under this chapter. This chapter shall not apply to an insurer or health services plan licensed and
55 56	regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health maintenance organization
56 57	with respect to the activities of its health maintenance organization. B. For plans administered by the Department of Medical Assistance Services that provide benefits
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57 B. For plans administered by the Department of Medical Assistance Services that provide benefits 58 pursuant to Title XIX or Title XXI of the Social Security Act, as amended, no provisions of this title

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59 except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-136, 38.2-200, 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218 through 38.2-225, 38.2-229, 60 38.2-232, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 61 62 38.2-620, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1016.1 through 38.2-1023, 38.2-1057, § 38.2-1306.1, 63 Article 2 (§ 38.2-1306.2 et seq.), § 38.2-1315.1, Articles 3.1 (§ 38.2-1316.1 et seq.), 4 (§ 38.2-1317 et 64 seq.) and 5 (§ 38.2-1322 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.) and 2 (§ 38.2-1412 et seq.) of Chapter 14, §§ 38.2-3401, 38.2-3405, 38.2-3407.2 through 38.2-3407.5, 38.2-3407.6 and 65 38.2-3407.6:1, 38.2-3407.9, 38.2-3407.9:01, and 38.2-3407.9:02, subdivisions 1, 2, and 3 of subsection F 66 of § 38.2-3407.10, 38.2-3407.11, 38.2-3407.11:3, 38.2-3407.13, 38.2-3407.13:1, and 38.2-3407.14, 67 38.2-3411.2, 38.2-3418.1, 38.2-3418.2, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, 68 subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, §§ 38.2-3514.1, 38.2-3514.2, 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3540.1, 38.2-3542, 38.2-3543.2, Chapter 52 (§ 38.2-5200 et seq.), 69 70 Chapter 55 (§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.) and § 38.2-5903 shall be applicable to 71 any health maintenance organization granted a license under this chapter. This chapter shall not apply to 72 73 an insurer or health services plan licensed and regulated in conformance with the insurance laws or 74 Chapter 42 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health 75 maintenance organization.

76 C. Solicitation of enrollees by a licensed health maintenance organization or by its representatives
77 shall not be construed to violate any provisions of law relating to solicitation or advertising by health
78 professionals.

79 D. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

E. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

F. For purposes of applying this section, "insurer" when used in a section cited in subsections A and
B of this section shall be construed to mean and include "health maintenance organizations" unless the section cited clearly applies to health maintenance organizations without such construction.