

STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING

JURISDICTION AND CITATION	DISORDERS NAMED	TREATMENT DEFINITIONS	PRIVATE INSURANCE REQUIREMENTS	STATE SERVICES AND ASSISTANCE
Alabama AC §22-20-3 AAC §40-20-10-.01 et seq.	PKU, CH, GALT, CAH, hearing loss, hemoglobinopathy, BD, CF, AAD, FAOD, OAD, and other heritable diseases	No provision	No provision	Statutes authorize board of health to create regulations to provide for treatment, including but not limited to advising dietary treatment. Regulations permit the health department to inform parents about department services, which may include treatment.
Alaska AS §21.42.380 7 AAC 43.924 7 AAC 43.454	PKU	Necessary formula to treat PKU	Health insurers except fraternal benefit societies must cover formulas. Reasonable contract limitations allowed.	State reimburses enrolled providers for nutrition services given to Medicaid-eligible patients under 21 and pregnant women between 10 and 55 with metabolic disease.
Arizona ARS §20-826 ARS §20-1057 ARS §20-1342 ARS §20-1402 ARS §20-2327 AAC R9-7-202 AAC R9-7-401 AAC R9-7-410	Insurance: metabolic disorders that are part of the newborn screening (NBS) program; involve amino acid, carbohydrate and fat metabolism; have standard methods of diagnosis, treatment and monitoring; & require specially processed or treated medical foods State services: AAD, BD, CF, hemoglobinopathy, HCY, hypothyroidism, PKU, MSUD, OAD, storage disease and other conditions with similar treatment requirements.	Insurance: low protein foods & formula necessary for lifetime and used under physician orders to avoid serious impairment. ⁱ State services: services exclude lactose-free nutrition for GALT, formula/milk products mixed with modified amino acid formula, & low protein nutrition	Hospital & medical service corporations, health care service organizations, disability insurers and health benefit plans with prescription drug benefits must cover at least 50% of cost of medical foods to treat inherited metabolic disorders up to \$5,000 annually.	Children’s rehabilitative services program provides nutrition to treat metabolic disorders and services for CF, including nutrition taken via tube that supplies 50% of daily caloric need or nutrition taken without a tube that supplies 100% caloric need.

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<p>Arkansas ACA §20-15-304 ACA §23-79-701 et seq. AAR §17-16-07-001</p>	<p>Insurance and tax credit: PKU, GALT, OAD, and AAD State services: PKU, GALT, and other metabolic conditions</p>	<p>Insurance and tax credit: medical foods to treat a condition with recognized nutritional requirements; low protein modified food products with ≤1 gram of protein per serving that are prescribed, medically necessary foods taken under physician direction State services for PKU & GALT: formula and foods undefined State reimbursement to providers: reimbursable treatment services undefined</p>	<p>If the cost of medical foods and low protein modified food products is ≥\$2,400 annually, insurance company, hospital medical service corporation and HMO policies must cover amino acid modified food preparations, low protein modified foods, and other special dietary products and formulas.</p>	<p>Statutes authorize health department to assist in treatment and care. For PKU and GALT, rules provide for formula and foods. For other metabolic conditions, rules provide for nutritional therapy as recommended by consultants. Department reimburses providers ≤\$1,000 per person treated without insurance whose expenses exceed \$2,400. Tax credit applies up to \$2,400 annually per child for medical food & low protein modified food.</p>
<p>California Health and Safety §1374.56 17 CCR §2932 22 CCR §40675 22 CCR §40715 22 CCR §41848, 41849 22 CCR §51313.3</p>	<p>Insurance: PKU Genetically handicapped persons program (GHPP): CF, hemoglobinopathies, and certain metabolic disorders California children services (CCS): inborn errors of metabolism, CF and other lung disorders from metabolic & genetic defects For Medi-Cal: no conditions specified</p>	<p>Insurance: formula, or medically necessary, enteral product prescribed or ordered for home use; special food products prescribed or ordered based on best practices & used in lieu of normal foods; foods modified to contain ≤1 gram of protein per serving (not naturally low in protein) GHPP: treatment not defined</p>	<p>Health care service plan contracts and disability insurance plans must cover treatment of PKU, including formula and special food products.</p>	<p>GHPP provides inpatient, outpatient, & home treatment services to CCS clients under 21 with eligible conditions and GHPP clients over 21. Medi-Cal covers enteral nutritional supplements and replacements if used as a therapy to prevent serious disability or death in patients with conditions that preclude use of regular food.</p>

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Colorado CRS §10-16-104 10 CCR 2505-3	Insurance: inherited enzymatic disorders caused by single gene defects involved in metabolism of amino, organic and fatty acids, including but not limited to PKU, maternal PKU, maple syrup urine disease (MSUD), TYR, HCY, histidinemia, urea cycle disorders, hyperlysinemia, glutaric acidemias, MMA and propionic acidemia State svcs: metabolic disorder	Insurance: medically necessary foods prescribed by participating provider, including metabolic formula & its modular counterparts to treat disorders; formulated to be deficient in one or more nutrients; taken via tube or orally at home; available from participating pharmacy; and excluding formulas to treat CF and lactose-intolerance State services: formula not defined	Group and individual health insurance policies with pharmacy benefits must cover medical foods. Deductibles, coinsurance or other cost-sharing methods may apply. PKU benefits are required through 21 years of age for men and women through age 35.	Under the Colorado Children's Basic Health Plan, eligible children under 19 and pregnant women may receive formula for metabolic disorders
Connecticut CGSA §19a-55, 59a CGSA §38a-492c CGSA §38a-518c	Insurance: CF, PKU and other metabolic diseases, hypothyroidism, GALT, SCD, MSUD, HCY, BD, CAH and other inborn errors of metabolism as prescribed by the health department State services: conditions listed for insurance except CF	Insurance: low protein modified foods formulated to have ≤1 gram protein per serving and amino acid modified food preparations prescribed to treat inherited metabolic disease with doctor supervision; medically necessary specialized formula for children up to age eight exempt from FDA labeling and intended for dietary management of disease under physician supervision For state services: same as above except formula not defined	Individual and group health insurance policies must cover prescribed amino acid modified preparations and low protein modified food products on same basis as outpatient prescription drugs.	Statute authorizes health department to include cost of treatment in setting fees and allows department to purchase special infant formula, amino acid modified preparations, and low protein modified food products directly and without a purchase order.

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Delaware DC §16-201 DC §18-3355 DC §18-3571 DAC §16-4103	Insurance: PKU and other inherited metabolic diseases caused by an inherited abnormality of biochemistry, including any diseases for which the state screens newborns State services: inherited metabolic disorders defined same as above	Insurance: prescribed low protein modified formula or food formulated to have ≤1 gram of protein per serving (not naturally low in protein) and recognized medical formulas or food to treat inherited metabolic disease used under doctor supervision and consumed enterally State services: medically necessary, prescribed specialty formula or milk product substitution to treat inherited metabolic disorders used under doctor supervision	Under family member coverage, health insurance contracts and group and blanket health insurance policies must provide coverage for prescribed medical formulas and foods, low protein modified formulas and modified food products.	Statute declares intent to provide treatment. Under regulations, specialty formula fund allows the health department to cover costs of specialty formula to treat inherited metabolic disease not covered by insurance. Eligible women of child bearing age and children receive aid based on fee schedule less the cost of normal infant formula or soy based milk products.
District of Columbia DCA §7-838	GALT, HCY, hypothyroidism, MSUD, PKU, and sickle hemoglobinopathy and other metabolic disorders identified by the committee of metabolic disorders	Reimbursable treatment costs not defined	No provision	Legislation recognizes intent to provide appropriate treatment and requires the District to partially pay for treatment on a sliding scale if an infant's parents are indigent.
Florida FS §383.13 FS §627.42395	Insurance: inherited fat, carbohydrate, amino & organic acid metabolism diseases or malabsorption as a result of congenital or neonatal defects State services: PKU and other metabolic diseases	Insurance: prescription and nonprescription enteral formulas for home use prescribed by a physician; for AAD and OAD, low protein modified foods State services: dietary treatment not defined	Health insurance must cover enteral formulas to treat certain inherited diseases and up to \$2,500 annually for low protein modified foods to treat AAD and OAD until age 24 ⁱⁱ	State supplies necessary dietary treatment for PKU and other metabolic diseases as medically indicated if not otherwise available and supplemental foods to eligible families under WIC.

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Georgia GC §31-12-6	Genetic conditions such as PKU, GALT, HCY, MSUD, hypothyroidism, CAH, and other inherited metabolic and genetic disorders	Therapy is not defined.	No provision.	Health department may use state or federal funds, if available, including Maternal and Child Health Services Block Grant, to provide therapy.
Hawaii HRS §346-67 HRS §431:10A-120 HRS §432:1-609	Insurance & public assistance: inborn error of metabolism caused by inherited abnormal biochemistry characterized by congenital or neonatal onset metabolic defect of amino acid, organic acid, carbohydrate or fat	Insurance & public assistance: medical foods taken enterally under doctor supervision to manage conditions with recognized nutritional requirements; prescribed, medically necessary low protein modified foods formulated to have ≤1 gram protein per serving to treat an inborn error of metabolism	Accident and sickness insurance, employer group health policies, and individual and group hospital and medical service plans must cover medical foods and low protein modified food products to treat inborn errors of metabolism.	The state provides coverage to public assistance recipients for medical foods and low-protein modified food products to treat inborn errors of metabolism.
Idaho IC §39-910 IDAPA §16.03.09	Local health agencies: PKU and other preventable diseases Medicaid: conditions that prevent use of traditional foods alone	Local health agencies: treatment not defined Medicaid: oral or tube fed nutritional products medically necessary to meet the patient's caloric needs	No provision	Local health agencies responsible for treatment and cure of infants. Medicaid Basic Plan covers nutritional products for eligible persons.
Illinois 410 ILCS 240/2 IAC §661.50	Statutes: amino & organic acid metabolism disorders, including PKU, and FAOs For regulations: same as above and additionally lists hyperphenylalaninemia	Statutes and regulations: medically necessary, prescribed treatment formulas	No provision	Statutes require the health department to, as indicated, supply otherwise unavailable formulas for some disorders & nutrition services. Regulations provide for formula to treat some conditions.

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Indiana IC §16-41-17-10 IC §27-28-24.1 IC §27-13-7-18	Insurance: inherited metabolic diseases caused by inborn errors of amino or organic acids or urea cycle metabolism and treatable by dietary restriction of one or more amino acids State services: PKU, hypothyroidism, hemoglobinopathies, including sickle cell anemia, GALT, MSUD, HCY, inborn errors of metabolism identified by the health department that result in mental retardation, CAH, BD and disorders detected by tandem mass spectrometry (MS/MS) ⁱⁱⁱ	Insurance: medical foods prescribed to a covered individual to treat inherited metabolic disease State services: family support, including equipment, supplies, formula and other materials	Accident and sickness insurance policies must cover medically necessary medical foods.	Statute creates a NBS program that provides support for all infants and individuals identified as having a disorder.
Iowa IC §641-4.3(136A) IAC §441-78.1	University of Iowa services: Inherited diseases of amino acid and organic acids. Medical assistance: metabolic or digestive disorder	University of Iowa services: special medical formula not defined Medical assistance: daily medically necessary enteral nutrition therapy, if unable to obtain any nutritional value from usual foods in any form and must avoid certain foods; oral nutrition products if unable to obtain sufficient nutrients from usual foods	No provision	NBS refers diagnosed infants to University of Iowa special medical formula program. Client payments, sliding fee scales, donations and screening fee (last resort only) support purchase of formula. Medical assistance provides enteral nutrition therapy and oral nutrition products if they provide ≥51% of daily calories to eligible persons.

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<p>Kansas KSA §65-180 KAR 28-4-514</p>	<p>Statute: CH, GALT, PKU, MSUD and other genetic diseases being screened under the NBS program Regulations: MSUD and PKU</p>	<p>Statute: treatment products and food treatment products not defined Regulations: Medically necessary food treatment product specially formulated to have ≤1 gram protein per serving (not naturally low in protein), used under the direction of a physician to treat inherited metabolic disease; necessary treatment product or medical protein source used under the direction of a physician to treat specific metabolic diseases to prevent, delay or reduce medical complications</p>	<p>No provision</p>	<p>Statutes allow health department to provide necessary treatment products as indicated if funding available and no other resource exists. Regulations state program reimburses families for percentage of cost as follows:</p> <ul style="list-style-type: none"> • 100% if 300% less than poverty level • 50% if 301-500% of poverty level • 25% if 501-700% of poverty level • 0 if over 701% of poverty level <p>Program may purchase or reimburse purchasers of treatment products up to \$1,500 per year for children 18 and under whose families are ≤300% poverty level.</p>

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Kentucky KRS §205.560 KRS §213.41 KRS §304.17A-139 806 KAR 17:150 806 KAR 17:500 902 KAR 4:035 902 KAR 4:040 907 KAR 1:479	PKU/hyperphenylalaninemia, TYR Type I, II and II, MSUD, A-ketoacid dehydrogenase deficiency, Isovaleryl-CoA dehydrogenase deficiency, 3-methylcrotonyl-CoA carboxylase deficiency, 3-methylglutaconyl-CoA hydratase deficiency, 3-hydroxy-3-methylglutaryl-CoA lyase deficiency, B-ketothiolase deficiency, HCY, glutaric aciduria type I and II, lysinuric protein intolerance, non-ketotic, hyperglycinemia, propionic academia, gyrate atrophy, hyperornithinemia, hyperammonemia, homocitrullinuria syndrome, carbamoyl phosphate synthetase deficiency, ornithine carbamoyl transferase deficiency, citrullinemia, arginosuccinic aciduria, MMA & argininemia	Insurance: amino acid modified preparations and low protein modified foods formulated to have ≤1 gram protein per serving prescribed by and used under the direction of a physician to treat inherited metabolic disease State services: drugs, including amino acid modified preparations and low protein modified food products prescribed by and used under direction of a physician to treat certain conditions	Health benefit plan with prescription drug benefits must cover amino acid modified food preparations and low protein modified food products. Plans may cap benefits at \$25,000 annually for medical formulas and \$4,000 annually for low protein modified foods, subject to inflation adjustments. When filing rates with the insurance department, insurers must include the effects of this mandated benefit such as percentage cost and actual dollars attributable to the rates and the number of policyholders affected.	Health department may provide assistance for treatment referred to as drugs when recipients are out of hospital and costs are not covered by a public or private health benefit plan. Birth record fees help to support cost of treatment. Regulations state that WIC covers amino acid modified preparation and low protein modified food products for eligible recipients and individuals without private insurance and unable to use WIC, Medicaid or K-CHIP may qualify for assistance. The health department reimburses providers for actual cost plus 20% with proper documentation.

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<p>Louisiana LRS §22:246 LRS §22:469 LRS §22:1035 LR 48:6301 et seq. LR 32:319 et seq.</p>	<p>Insurance: glutaric academia, isovaleric academia, MSUD, MMA, PKU, propionic academia, TYR, urea cycle defects State services: PKU, CH, BD, SCD, and GALT screening but treatment provision refers to PKU and other rare inborn errors of metabolism</p>	<p>Insurance: low protein modified food products formulated to have ≤1 gram of protein per serving (not naturally low in protein) used under the direction of a physician to treat inherited metabolic disease State services: special formulas not defined</p>	<p>HMOs, self-insurers, employee welfare benefit plans, health, hospital or medical expense insurance, accident and sickness insurance must cover low protein food products subject to deductibles, coinsurance and copayments, and obtained from approved source as long as coverage will not otherwise be denied. Maximum benefit is \$200 per month.</p>	<p>Health department NBS program and WIC provide special formulas to treat inborn errors of metabolism if guidelines regarding clinical and dietary management services and administrative guidelines are followed. State employee benefits provide for same benefits as private insurance coverage requirements.</p>
<p>Maine MRSA 24§2320-D MRSA 24-A§§2745-D, 2837-D and 4238 02-031 CMR</p>	<p>Insurance: inborn error of metabolism, or genetically determined biochemical disorder in which enzyme defect produces a metabolic block that may have pathogenic consequences at birth or later</p>	<p>Insurance: special modified food product, or food formulated to reduce protein content to ≤1 gram of protein per serving (not naturally low in protein)</p>	<p>Individual and group nonprofit medical service plans, nonprofit health care plans, individual and group health insurance and HMOs must reimburse for metabolic formula and modified low protein food products. \$3,000 annual cap applies to food products.</p>	<p>No provision</p>

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<p>Maryland Health-General §19-705.5 Health-General §15-807 COMAR 10.11.03.04 COMAR 10.54.03.03 COMAR 31.11.06.03 COMAR 31.11.12.03</p>	<p>Insurance: inherited metabolic disease caused by an inherited abnormality, including diseases for which the state screens newborns</p>	<p>Insurance: prescribed, medically necessary low protein modified food products formulated to have ≤1 gram protein per serving (not naturally low in protein) to treat metabolic disease under physician direction; medical foods taken enterally under physician direction to treat disease or condition for which medical evaluation shows nutritional requirement Medical services program: metabolic errors not defined WIC: medical foods authorized for children and women with special dietary needs</p>	<p>HMOs, individual hospital or major medical insurance policy, group or blanket health insurance policy, and nonprofit health service plan must cover medical foods and low protein modified food products.</p>	<p>Children’s medical services program specialized care coordination services and activities to facilitate a treatment program may include formula and medication to correct metabolic errors. Medical foods are authorized WIC foods.</p>
<p>Massachusetts MGL 32A§17A MGL 175§47C MGL 176A§8B,8L MGL 176B§4C,4K MGL 176G§4D 105 CMR 270.001 114.3 CMR 22</p>	<p>Insurance: PKU, TYR, HCY, MSUD, propionic acidemia or MMA, maternal PKU Private and civil service insurance: inherited diseases of amino and organic acids State payment rates: inherited disease of metabolism, including protein, fat, carbohydrate, vitamins, minerals and possibly fiber</p>	<p>Insurance: medically necessary, prescribed medical formulas approved by health department; medically necessary nonprescription enteral formulas for home use ordered by a physician and low protein modified foods Civil service insurance: enteral formulas as defined above State payment rates: enteral formula, nutritionally complete for special metabolic needs</p>	<p>Blanket or general accident and sickness insurance, and non-profit hospital, hospital and medical service corporations must cover medical formulas for infants, children and pregnant women with PKU and enteral formulas and low protein modified food products up to \$2,500 annually.</p>	<p>Civil service retirement contributory group or blanket insurance covers enteral formulas and low protein modified food products up to \$2,500 annually. State has established rates of payment to be used by governmental units in making payment to eligible providers for enteral formula.</p>

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Michigan 2008 SB 1094 (budget bill presented to Governor July 10)	Specified metabolic disorders not listed in legislation	Special formula and treatment not defined	No provision	Michigan medical services program determines reimbursement policies for treatment of children with special health care needs (CSHCN). Appropriations allow provision of special formula for eligible clients with specified metabolic disorders as well as treatment for eligible patients with CF who are 21 or older.
Minnesota MSA §62A.26 MSA §256B.0625 MAR 4615.0760 MAR 9505.0325	Insurance: PKU State medical assistance: PKU, hyperlysinemia, MSUD, or any other childhood or adulthood disease, conditions or disorders identified by the health commissioner State health department: hemoglobinopathy, PKU, GALT, hypothyroidism and CAH	Insurance: special dietary treatment not defined State medical assistance: medically necessary, prescribed parenteral and enteral nutritional products needed because nutrients cannot be properly absorbed, formulated to provide nourishment and affect nutritive and metabolic processes of the body (disorders only specifically listed for enteral products)	Accident and health insurers, HMOs, fraternal benefits societies and nonprofit health service plan corporations must cover special dietary treatment for PKU per doctor recommendation.	State medical assistance for needy persons covers parenteral and enteral nutrition products for eligible persons. Parenteral nutrition subject to limits similar to pharmacy services. State health department regulations require arrangements for medically indicated treatment, including referral to private insurance, medical assistance, MinnesotaCare, and Services for Children with Disabilities.
Mississippi	No provision	No provision	No provision	No provision

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<p>Missouri MRS §191.331 et seq. MRS §376.1219</p>	<p>Insurance: PKU and any other inherited disease of amino or organic acid State services: inherited diseases of amino and organic acids</p>	<p>Insurance: low protein modified foods specifically formulated to contain ≤1 gram protein per serving used under direction of physician to treat inherited metabolic disease State services: formula not defined</p>	<p>Expense-incurred or indemnity type health insurers, HMOs, group health self-insurers and health care plans managed by health care delivery entities must cover formula and low protein modified foods for children under six up to \$5,000 per year. Deductible, coinsurance or copayments may not exceed %50 of cost of food and formula.</p>	<p>Subject to appropriations, the health department provides formula for children under five if all other sources have been exhausted, to children between six and 18 if family income is ≤300% of poverty level, or to children between six and 18 whose family is ≥300% of poverty level on a sliding fee scale, and applicants above 18 based on income-based means test.</p>
<p>Montana MCA §32-22-131 ARM 37.57.110</p>	<p>Insurance: inborn errors of metabolism that involve amino acid, carbohydrate, and fat metabolism for which medical standards of diagnosis, monitoring and treatment exist State services: metabolic disorders not defined</p>	<p>Insurance: medical foods to be taken enterally under physician supervision, distinct in one or more nutrients present in natural food, used for medical and nutritional management of patients with limited capacity to metabolize food or nutrients or who have specific nutrient needs essential for growth, health and metabolic homeostasis. State services: medical foods to treat a metabolic disorder, including prescriptive supplements</p>	<p>Group and individual medical expense disability insurance must cover treatment of inborn errors of metabolism, including clinical services, medical supplies, prescription drugs, nutritional management and medical foods. Durational limits, caps, deductibles, coinsurance and copayments may apply if terms same as other illnesses.</p>	<p>The handicapped children's services program provides medical foods benefits to eligible children under 19 up to a maximum of \$12,000 per year.</p>

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Nebraska NRS §71-520	PKU, primary hypothyroidism, BD, GALT, hemoglobinopathies, MCAD, and other disease specified by the health department	State services: pharmaceutically manufactured food supplements; treatment services not defined	No provision	Health department provides food supplement and treatment services to individuals with inherited metabolic disease. No fee exists for formula, but scale of fees for food supplements, which are capped at \$2,000 annually, may apply.
Nevada NRS §689A.0423 NRS §689B.0353 NRS §695B.1923 NRS §695C.1723 NAC 442.685 NAC 442.782 et seq.	Insurance: inherited metabolic diseases characterized by deficient metabolism or malabsorption caused by an inherited abnormality of body chemistry as a result of a congenital or neonatal defect of amino or organic acid, fat, or carbohydrate State services: inborn errors of metabolism, including but not limited to aminoaciduria, BD, CF, GALT, glycogen storage disease, HCY, MSUD, PKU, TYR and those detected by the NBS program	Insurance: medically necessary enteral formulas for home use or special food products formulated to have ≤1 gram of protein per serving (not naturally low in protein) prescribed or ordered by a physician to treat inherited metabolic diseases	Health insurance policies, contracts for hospital and medical service, and HMOs must cover enteral formulas and special food products. Annual cap of \$2,500 applies to food only.	State provides medical services, including dietary supplements to eligible children under 19 with inborn errors of metabolism.

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New Hampshire NHRS §415:6-c NHRS §415:18-e NHRS §420-A:17 NHRS §420-B:8-ff	Insurance: inherited diseases of amino or organic acids	Insurance: medically necessary, nonprescription enteral formula or food products to treat inherited diseases ordered by a physician and the least restrictive and most cost effective means for meeting patient needs	Individual, group or blanket accident or health insurance, health service corporations, and HMOs must provide coverage for enteral formulas and food products. Annual cap of \$1,800 for food products. Normal deductibles and coinsurance may apply.	No provision
New Jersey NJSA §§17:48A-7q, 17:48E-35.16, 17B:26-2.1o, 17B:27-46.1r, §17B:27A-7.4 & 19.6, §26:2J-4.17, §52:14-17.29c	Insurance and state benefits: inherited metabolic disease of abnormal body chemistry for which the state screens newborns	Insurance and state benefits: low protein modified food product formulated to have ≤1 gram of protein per serving used under physician direction to treat inherited metabolic disease; medical food to treat disease of condition with established nutritional needs to be taken enterally under physician direction	Individual or group medical or health service corporation, health insurer, small employer health benefits, and HMO plans must cover therapeutic treatment of metabolic disease on same basis as other conditions.	State Health Benefits Program covers therapeutic treatment of inherited metabolic diseases.

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New Mexico NMSA §59A-22-41.1 NMAC 7.30.3.1 et seq.	Insurance: genetic inborn errors of metabolism of amino acid, fat and carbohydrate for which treatment standards exist State services: CH, GALT, hyperphenylalanemia, PKU, BD, disorders of amino acid and carbohydrate transport and metabolism, lipidoses, CAH, hypothyroidism, hemoglobinopathies and other disorders	Insurance: medical foods to be taken enterally under physician supervision and distinct in one or more nutrients present in natural food, used for the medical and nutritional management of patients with limited capacity to metabolize ordinary food or certain nutrients in it or who have specific nutrient needs essential for growth, health and metabolic homeostasis. State services: treatment services not defined	Individual and group health insurance policies, health care plans, certificate of health insurance, and managed care plans must cover treatment of genetic inborn errors of metabolism, including clinical services, medical , prescription drugs, nutritional management and medical foods. Durational limits, caps, deductibles, coinsurance and copayments may apply if terms same as other illnesses.	Children's medical services program provides treatment to individuals under 21 at increased risk of physical or developmental conditions, adults with CF, and adults at risk of having a child with special needs.
New York Insurance Law §4322	PKU, branch-chained ketonuria, GALT and HCY	Prescribed nutritional supplements (formulas) obtained from a participating pharmacy	HMO in-plan and out-of-plan contracts must cover nutritional supplements to treat certain disorders. Normal deductibles and copayments may apply.	No provision
North Carolina NCGS §130A-125 10A NCAC 43H .0314	PKU, GALT, CH, CAH, SCD, and other hereditary and congenital disorders	Medically necessary dietary treatment products or medications	No provision	The NBS program provides treatment products or medications for identified children as indicated and when not otherwise available.

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North Dakota NDCC §25-17-00.1 et seq. NDCC §26.1-36-09.7 NDCC §54-52.1-01 et seq. NDAC 75-03-35-01 et seq.	Insurance and state services: PKU, MSUD	Insurance and state services: medically necessary low protein modified food product formulated to have ≤1 gram of protein per serving (not naturally low in protein) and used under physician direction to treat metabolic disease; medical food to treat disease or condition with established nutritional needs to be taken enterally under physician direction	Insurance companies, nonprofit health services corporations and HMOs must cover medical foods and low protein modified food products as part of prescription drug coverage. Annual cap of \$3,000 for low protein modified food products and medical foods applies.	The human services and health departments provide medical food at no cost to males under 22 and females under 45 and offer sale at cost to those older with PKU or MSUD regardless of income. Low protein modified foods are available to females under 45 and males under 22. Human services department may seek reimbursement from other government programs. The public employees retirement board provides same coverage as required of private insurers.
Ohio ORCA §3701.502	Genetic disease	Treatment, habilitation and rehabilitation not defined	No provision	The director of health encourages and assists in the treatment of genetic diseases and provides for habilitation and rehabilitation.
Oklahoma	No provision	No provision	No provision	No provision

STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING

JURISDICTION AND CITATION	DISORDERS NAMED	TREATMENT DEFINITIONS	PRIVATE INSURANCE REQUIREMENTS	STATE SERVICES AND ASSISTANCE
Oregon ORS §743A.070, 743A.188	Inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism for which medically standard methods of diagnosis, treatment, and monitoring exist, including quantification of metabolites in blood, urine, or spinal fluid or enzyme or DNA confirmation in tissues and severe intestinal malabsorption	For metabolic disorder, foods formulated for enteral consumption under physician supervision that are deficient in one or more nutrients for medical and nutritional management of patients with limited capacity to metabolize nutrients or have specific nutrient requirements necessary for growth, health and metabolic homeostasis. For malabsorption, medically necessary nonprescription enteral formula for home use ordered by a physician that comprises the sole source or an essential source of nutrition	For metabolic disorder, individual and group health insurance policies must cover medical foods. For malabsorption, health insurance policies must cover enteral formula.	No provision
Pennsylvania 40 PS §3904 et seq. 028 Pa. Code §1101.1 et seq.	Insurance: PKU, branch-chained ketonuria, GALT and HCY State services: nutritional risk, including conditions that predispose a person to nutritionally related medical conditions	Insurance: medically necessary nutritional supplements (formula) to treat certain disorders administered under physician direction WIC: allowable foods on the WIC food list	Health insurance policies must cover nutritional supplements. Normal copayment and coinsurance may apply. Benefits are exempt from deductibles.	The WIC Program provides allowable foods to eligible pregnant, breast-feeding and postpartum women and children until age 5 who are at nutritional risk because of medical problems.

STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING

JURISDICTION AND CITATION	DISORDERS NAMED	TREATMENT DEFINITIONS	PRIVATE INSURANCE REQUIREMENTS	STATE SERVICES AND ASSISTANCE
Rhode Island RIGL §23-13-14 RIGL §27-18-69 RIGL §27-19-60 RIGL §27-20-55 RIGL §27-41-73 RIGL §40-6-3.12	Insurance: inherited diseases of amino and organic acids State services: inborn errors of metabolism such as PKU, TYR, HCY, MSUD, propionic aciduria and MMA	Insurance: Medically necessary enteral nutrition products to treat malabsorption caused by inherited disease, including low protein modified foods State services: medically necessary enteral nutrition products taken via tube or orally ordered by a physician as therapeutic regimen; medical necessity includes but is not limited to (1) conditions that require enteral nutrition to prevent disability or death as a result of a diagnosed condition preventing use of regular food and (2) clinical signs and symptoms of impaired digestion malabsorption or nutritional risk	Accident and sickness insurers, nonprofit hospital and medical service corporations and HMOs must cover enteral formula and low protein modified food products with an annual cap of \$2,500. Normal copayment or deductibles may apply.	Public assistance pays for enteral nutrition products for eligible neonates, infants, children and adults up to \$2,500 per year. The health department must create rules and regulations pertaining to metabolic diseases, including treatment services as indicated by accepted medical practice. ^{iv}
South Carolina	No provision	No provision	No provision	No provision

STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING

JURISDICTION AND CITATION	DISORDERS NAMED	TREATMENT DEFINITIONS	PRIVATE INSURANCE REQUIREMENTS	STATE SERVICES AND ASSISTANCE
South Dakota SDCL §58-17-62 SDCL §58-18-41 SDCL §58-38-23 SDCL §58-40-21 SDCL §58-41-98 SDAR 67:16:42:01 et seq.	Insurance: PKU State services: inborn errors of metabolism	Insurance: treatment, including dietary management and formulas State services: enteral nutrition therapy for home use to treat inability to maintain weight and strength as a result of a medical condition; oral nutritional supplements for home use when protein or caloric intake from normal foods or infant formula not tolerated due to illness	Individual and group health insurers, nonprofit medical and surgical plans, hospital service corporations and HMOs must cover treatment.	State covers enteral nutrition therapy and oral nutritional supplements for eligible children.
Tennessee TCA §56-7-2505 TCRR 1200-15-2-.01 et seq.	Insurance: PKU State services: metabolic disorders and PKU	Insurance: licensed professional medical services under physician supervision and special dietary formulas medically necessary to treat PKU State services: food supplements not defined	Health insurance policies, medical service plans, hospital and medical service corporation contracts, fraternal benefit societies, and HMOs must cover treatment.	TennCare covers food supplements for individuals with PKU as required and for other metabolic disorders in children under 21.

STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING

JURISDICTION AND CITATION	DISORDERS NAMED	TREATMENT DEFINITIONS	PRIVATE INSURANCE REQUIREMENTS	STATE SERVICES AND ASSISTANCE
Texas Insurance Code §1359.001 et seq. Health and Safety Code §33.031 et seq. TAC Health Services §38	Insurance: heritable disease that may result in mental or physical retardation or death; PKU CSHCN statute: PKU, other heritable diseases, hypothyroidism, or another disorder for which the state screens newborns CSHCN regulations: metabolic disorder, other medical condition and inborn metabolic disorders not listed	Insurance: physician ordered medically necessary formulas CSHCN: prescribed nutritional services and products excluding hyperalimentation and total parenteral nutrition as medically necessary therapeutic agent for life and health or when all or part of nutritional intake is via tube; approved medical foods to treat inborn metabolic disorders	Group health benefit plans issued by an insurer, HMOs, or group hospital service corporations must cover formulas to treat PKU and other heritable diseases. Coverage must mirror prescription drug benefits.	CHCSN program serves eligible individuals of any age. CSHCN provides nutritional services and products for identified metabolic disorders or other conditions. Medical food coverage is available to treat inborn metabolic disorders only.
Utah Utah Code §31A-22-623 UAC R590-194	Insurance: inborn errors of amino acid or urea cycle metabolism caused by an inherited abnormality of body chemistry treatable by dietary restriction	Insurance: dietary products, including formulas and low protein modified foods, to treat inborn errors of metabolism used under physician direction	Accident and health insurers must cover dietary products as a major medical benefit.	No provision
Vermont 18 VSA §4089e 18 VSA §115, 115a	Insurance: inherited metabolic disease caused by an abnormality of body chemistry for which the state screens newborns State services: chronic diseases such as CF	Insurance: low protein modified food products formulated to have ≤1 gram of protein per serving and medical food (amino acid modified preparation) used under physician direction to treat metabolic disease State services: treatment not defined	An insurer must cover medically necessary medical foods. Coverage of low protein modified food products also required to at least \$2,500 annually.	The health department may accept children suffering from chronic diseases for treatment.

STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING

JURISDICTION AND CITATION	DISORDERS NAMED	TREATMENT DEFINITIONS	PRIVATE INSURANCE REQUIREMENTS	STATE SERVICES AND ASSISTANCE
Virginia 12 VAC 5-71-10 et seq.	Core panel of heritable disorders and genetic disease consistent with recommendations of the American College of Medical Genetics	Under physician direction, metabolic formula (prescribed nutritional substances formulated for internal consumption or administration distinct in one or more nutrients from regular food used to treat limited capacity to metabolize ordinary food); medically necessary low protein modified foods formulated to have ≤1 gram of protein per serving (not naturally low in protein); metabolic supplements (dietary/nutritional substances for nutritional management)	No provision	Subject to available funding, the health department assists eligible persons in obtaining dietary treatment. Financially eligible children under 21 and adults at or below 300% poverty level receive treatment at no cost. Children and adults who do not meet financial eligibility may be able to purchase dietary products from the department.
Washington RCW §48.20.520 RCW §48.21.300 RCW §48.44.440 RCW §48.46.510 WAC 246-650-991 WAC 388-554-300	Insurance: PKU State specialty clinics: hemoglobin diseases, PKU, CAH, CH, and other disorders for which the state screens newborns	Insurance: formulas necessary to treat PKU State specialty clinics: treatment not defined	Disability insurance contracts, contracts or agreements for health care services must cover treatment for PKU.	The health department is authorized to include costs for specialty clinics that provide treatment services in the NBS fee. Individuals in state medical assistance plans are eligible to receive oral or tube-delivered enteral nutrition products if criteria met.
West Virginia	No provision	No provision	No provision	No provision
Wisconsin HFS 107.09	Metabolic disorders as described in the medical assistance provider handbooks and bulletins	Specially formulated nutritional supplements and replacement products, including enteral and parenteral products		State medical assistance program provides nutritional supplements and replacement products if eligible.

STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING				
JURISDICTION AND CITATION	DISORDERS NAMED	TREATMENT DEFINITIONS	PRIVATE INSURANCE REQUIREMENTS	STATE SERVICES AND ASSISTANCE
Wyoming KidCare CHIP Rules §8	Inborn errors of metabolism involving amino acid, carbohydrate, and fat metabolism with an accepted diagnosis and treatment	Medical foods necessary to treat inborn errors of metabolism	No provision	Children's health insurance program covers medical foods for eligible persons.

Abbreviations for disorders:

Amino acid disorders AAD

Biotinidase deficiency BD

Congenital adrenal hyperplasia CAH

Congenital hypothyroidism CH

Cystic fibrosis CF

Fatty acid oxidation disorders FAOD

Galactosemia GALT

Homocystinuria HCY

Medium-chain acyl co-a dehydrogenase MCAD

Methylmalonic acidemia MMA

Organic acid disorders OAD

Phenylketonuria PKU

Sickle cell disease SCD

Tyrosinemia TYR

ⁱ Modified low protein foods and formula are further defined.

ⁱⁱ Additional appropriate premiums and pre-existing condition exclusions may apply.

ⁱⁱⁱ Disorders detected by other technologies with equal or greater capabilities than MS/MS are included if approved by the health department.

^{iv} New statute requiring rule-making enacted July 2008.

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