

# State Statutes & Regulations on Dietary Treatment of Disorders Identified Through Newborn Screening

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## TABLE OF CONTENTS

Introduction .....	5
Methodology .....	5
Summary .....	6
Abbreviations .....	7
Key Definitions .....	9
Summary Chart 1: State list of coverage types for dietary treatments of disorders identified through newborn screening .....	10
Summary Chart 2: States that provide PKU only coverage.....	12
STATE STATUTES AND REGULATIONS ON DIETARY TREATMENT OF DISORDERS IDENTIFIED THROUGH NEWBORN SCREENING .....	14
ALABAMA .....	14
ALASKA .....	15
ARIZONA .....	16
ARKANSAS .....	17
CALIFORNIA .....	18
COLORADO .....	19
CONNECTICUT .....	20
DELAWARE .....	21
DISTRICT OF COLUMBIA .....	22
FLORIDA .....	23
GEORGIA .....	24
HAWAII .....	25

IDAHO.....	26
ILLINOIS.....	27
INDIANA.....	28
IOWA.....	29
KANSAS.....	30
KENTUCKY.....	32
LOUISIANA.....	33
MAINE.....	34
MARYLAND.....	36
MASSACHUSETTS.....	37
MICHIGAN.....	39
MINNESOTA.....	40
MISSISSIPPI.....	42
MISSOURI.....	43
MONTANA.....	44
NEBRASKA.....	45
NEVADA.....	46
NEW HAMPSHIRE.....	47
NEW JERSEY.....	48
NEW MEXICO.....	51
NEW YORK.....	52
NORTH CAROLINA.....	53
NORTH DAKOTA.....	54
OHIO.....	55

OKLAHOMA .....	56
PENNSYLVANIA .....	58
PUERTO RICO .....	59
RHODE ISLAND .....	60
SOUTH CAROLINA .....	61
TENNESSEE .....	63
TEXAS .....	64
UTAH .....	65
VERMONT .....	66
VIRGINIA .....	67
WASHINGTON .....	68
WEST VIRGINIA .....	69
WISCONSIN .....	70
WYOMING .....	71
References .....	72
Appendix A: State Newborn Screening Program Contact Information .....	74
Appendix B: State Title V CSHCN Directors .....	77

## Introduction

Every state, the District of Columbia (DC), Puerto Rico, Guam, and the U.S. Virgin Islands<sup>1</sup> have Newborn Screening (NBS) Programs, which screen newborns for a variety of health conditions, including selected inborn errors of metabolism (IEMs) and other genetic disorders. Because state departments of public health choose the specific conditions for which they screen, both the conditions screened for and the cost of screening varies in each state. In some states, the hospital or birthing center bill separately for screening; in others, screening costs are folded into maternity charges. Medicaid and the Children's Health Insurance Program (CHIP) cover the cost of newborn screening for eligible newborns, and in many states employer-sponsored health plans are mandated by law to cover newborn screening. If there is no third party payer and the individual is not eligible for Medicaid, some states waive the fee. Other states do not charge for screening at all or use Title V Maternal and Child Health Block Grant funds to cover the cost. The [Baby's First Test website<sup>2</sup>](http://www.babysfirsttest.org/newborn-screening/states) provides a state-by-state list of conditions for which each state screens, the cost of screening, and how screening is paid for.

Individuals with genetic disorders identified through NBS programs often require Modified Low Protein Foods (MLPFs), medical foods, dietary supplements, or other dietary treatments as well as enteral feeding supplies. There is inconsistency among states in the terminology used to describe these dietary treatments, with some states being very specific and descriptive in their state mandated statutes and regulations, while others are more general and open to interpretation. For example, some states may describe coverage of formulas specifically, while other states may describe coverage of medical foods, generally, which includes formulas. These products are medically necessary components of treatment regimens to ensure the health and well-being of individuals with IEMs. However, because of the wide-ranging funding mechanisms across states, coverage for these categories of products and supplies also varies based on type of insurance coverage (e.g., public or private), type of health plan (e.g., individual, group, HMO), and any coverage and or related services that Title V or other state programs may fund.

The **State Statutes and Regulations on Dietary Treatment of Disorders Identified through Newborn Screening** chart that begins on page 14 provides information about state-specific legislation that mandates the coverage of medically necessary foods by employer-sponsored health insurance, Medicaid, and coverage and related services funded by other state programs such as the Women, Infants, and Children (WIC) supplemental nutrition program for pregnant, breast-feeding, and post-partum women, and children up to age 5<sup>3</sup>, Title V, or relief funds. It also details the covered services as well as any benefit limits or age and income restrictions.

## Methodology

Building on a 2008 report of the same name by Alissa Johnson, Catalyst Center staff reviewed existing legislation and identified and updated the chart with new legislation, where applicable. The authors also included links to state-specific resources when we could not identify state statutes or regulations regarding coverage and financing of dietary treatments. We also reviewed documentation from several

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<sup>1</sup> Not all of the US Territories have newborn screening programs

<sup>2</sup> <http://www.babysfirsttest.org/newborn-screening/states>

<sup>3</sup> A special nutrition assistance program for Women, Infants, and Children for low-income women who are pregnant or breast-feeding and infants and children up to age 5 (<http://www.fns.usda.gov/wic/women-infants-and-children-wic>)

sources that collect information on genetic disorders and their treatment throughout the U.S. These sources included the American Partnership for Eosinophilic Disorders, the National Association of Insurance Commissioners, the National Organization for Rare Disorders, the National PKU Alliance, and Nutricia (see references section for a full list of sources). We also included information the Catalyst Center staff collected through structured interviews conducted with Title V representatives in 43 states, DC, and Puerto Rico.

## Summary

The Medicaid program in every state, DC, and Puerto Rico provides some level of coverage for medical foods to treat metabolic and other conditions<sup>4</sup>. However, many states limit the conditions covered, the route of administration (oral or enteral), and age eligibility. Thirty-five states (Summary Chart 1) have legislative mandates for employer-sponsored insurance coverage of medical foods for IEMs, such as phenylketonuria (PKU), galactosemia (GALT), and maple syrup urine disease (MSUD). However, self-funded ERISA<sup>5</sup> plans are generally exempt from state-mandated benefits; as a result, medical foods for individuals with self-funded health insurance may not be covered. In addition, if a state has chosen a benchmark plan that is exempt from state-mandated benefits to define the Essential Health Benefits for the Qualified Health Plans sold under its State Health Insurance Marketplace<sup>6</sup>, those plans are not required to include medically necessary foods as a covered benefit.

Thirty-four states provide coverage of medical foods through their Title V/CSHCN (Children with Special Health Care Needs) or other programs<sup>7</sup>. However, coverage for these medically necessary services varies significantly by state. Some states provide coverage only for specific disorders, typically PKU, MSUD, or GALT. For example, six states have legislation mandating coverage of medical foods required for children with PKU and five Medicaid programs, two WIC programs, and three Title V programs cover only those related to PKU. Additionally, some states mandate employer-sponsored coverage for formula only but do not cover other forms of medical foods, such as modular products, bars or MLPFs. WIC programs recognize that individuals with metabolic disorders are at nutritional risk. With documentation of the metabolic condition and a prescription from a licensed health care provider, an infant (up to age 1) and child (up to age 5) can receive special infant formula or other special nutritional products, in all but three states.<sup>8</sup>

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<sup>4</sup> The term medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation."

<sup>5</sup> The Employee Retirement Income Security Act of 1974 (ERISA) sets minimum coverage and financing standards for employer-sponsored (also known as "private") health plans, including coverage offered by a company, typically a large employer, that chooses to pay employees' health care costs directly, instead of purchasing health insurance coverage. These "self-funded" plans are exempt under ERISA from state mandated benefit laws.

<sup>6</sup> For background information on the Essential Health Benefit benchmark plans and a list of state choices for 2017, visit <https://www.cms.gov/ccio/resources/data-resources/ehb.html>

<sup>7</sup> "Medical foods" is a broad term that encompasses a variety of products. See chart below for further information.

<sup>8</sup> Special Supplemental Nutrition Program for Women, Infants, and Children <http://www.fns.usda.gov/sites/default/files/wic/WICRegulations-7CFR246.pdf>

Tricare, the health insurance program for military personnel and their families, covers medically necessary medical foods for children with IEMs<sup>9</sup> (regardless of the state of residence), but with significant limitations. Many services require cost sharing or are limited to specific conditions.<sup>10</sup> In May 2016, the “[National Defense Authorization Act for Fiscal Year 2017](#)” (S. 2943)<sup>11</sup> was introduced in the United States Senate. Section 704 (“Coverage of Medically Necessary Food and Vitamins for Digestive and Inherited Metabolic Disorders under the Tricare Program”) specifies the provision of medically necessary food (defined in the Act as “low-protein modified food products or an amino acid preparation and specially formulated and processed product (as opposed to a naturally occurring foodstuff used in its natural state) for the partial or exclusive feeding of an individual by means of oral intake or enteral feeding by tube”) for individuals with inherited metabolic disorders, which would extend this benefit to adults.

In conclusion, coverage for medically necessary dietary treatments, medical foods, and supplies to treat metabolic conditions in newborns is highly dependent on the state in which a child is born and what type of health care coverage (public or private) they have.

Medical Foods Products Descriptions	
Medical Foods Product <sup>12</sup>	Description
Nutritionally complete formulas <sup>13</sup>	Formula that includes all of the nutrients (carbohydrates, protein, fat, vitamins, minerals) needed and, thus, can be used as the sole source of nutrition.
Nutritionally incomplete formulas <sup>14</sup>	Formula that includes specific nutrients (carbohydrates, protein, fat, vitamins, minerals), but may not be sufficient to comprise the sole source of nutrition.
Metabolic formulas <sup>12</sup>	Formula used to treat metabolic conditions in patients over one year old.
Oral rehydration products <sup>15</sup>	Solutions that include added nutrients (often glucose or potassium) and are used to treat dehydration.

<sup>9</sup> [http://www.npkua.org/Portals/0/PDFs/advocacy/TRICARE\\_nutrition\\_alert\\_april2016.pdf?ver=2016-04-22-071508-757](http://www.npkua.org/Portals/0/PDFs/advocacy/TRICARE_nutrition_alert_april2016.pdf?ver=2016-04-22-071508-757)

<sup>10</sup> Department of Defense. (2016). Tricare covered services. Department of Defense: Washington, DC.

<sup>11</sup> <http://www.armed-services.senate.gov/imo/media/doc/S2943%20-%20Committee-Passed%20NDAA.pdf>

<sup>12</sup> For more information on medical foods and FDA regulations, see:  
<http://www.fda.gov/downloads/Food/ComplianceEnforcement/UCM073339.pdf>

<sup>13</sup> <http://www.neocate.com/blog/understanding-food-labels-what-does-nutritionally-complete-mean/>

<sup>14</sup> <http://www.findacode.com/hcpcs/b4155-enteral-formula-nutritionally-incomplete/modular-nutrients-includes-hcpcs-code.html>

<sup>15</sup> [http://apps.who.int/iris/bitstream/10665/95584/1/9789241506328\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/95584/1/9789241506328_eng.pdf?ua=1)

## Abbreviations

### Conditions and Disorders

AAD	<i>Amino Acid Disorders</i>	IVA	<i>Isovaleric Acidemia</i>
BIOT	<i>Biotinidase Deficiency</i>	MSUD	<i>Maple Syrup Urine Disease</i>
CRS	<i>Caudal Regression Syndrome</i>	MCAD	<i>Medium-Chain Acyl Co-A Dehydrogenase</i>
CCS	<i>Central Cord Syndrome</i>	MUT	<i>Methylmalonic Acidemia</i>
CAH	<i>Congenital Adrenal Hyperplasia</i>	OAD	<i>Organic Acid Disorders</i>
CH	<i>Congenital Hypothyroidism</i>	PKU	<i>Phenylketonuria</i>
CF	<i>Cystic Fibrosis</i>	PROP	<i>Propionic Acidemia</i>
EE	<i>Eosinophilic Esophagitis</i>	SBS	<i>Short Bowel Syndrome</i>
FAOD	<i>Fatty Acid Oxidation Disorders</i>	SCA	<i>Sickle Cell Anemia</i>
GALT	<i>Galactosemia</i>	SCD	<i>Sickle Cell Disease</i>
GA	<i>Glutaric Acidemia</i>	TYR	<i>Tyrosinemia</i>
HCY	<i>Homocystinuria</i>	UA	<i>Uric Acid</i>
IEM	<i>Inborn Error of Metabolism</i>		

### Other Abbreviations

ACO	<i>Accountable Care Organization</i>
CSHCN	<i>Children with Special Health Care Needs</i>
DME	<i>Durable Medical Equipment</i>
EPSDT	<i>Early Periodic Screening, Diagnostic, and Treatment</i>
MLPF	<i>Modified Low Protein Food</i>
NBS	<i>Newborn Screening</i>
WIC	<i>Women, Infants, and Children</i>



## Key Definitions

Enteral nutrition: A feeding method that delivers all or part of an individual's nutrient and/or calorie requirements using the gastrointestinal (GI) tract through typical oral feeding, liquid supplements, or feeding using a GI tube.<sup>16</sup>

Oral nutrition: Food that is consumed through the mouth<sup>3</sup>

Parenteral nutrition: A feeding method that delivers all or part of an individual's nutrient and/or calorie requirements directly into a vein.<sup>3</sup>

Medical foods: "Food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation."<sup>17</sup>

Low-protein foods (or modified low-protein foods or low-protein modified food products): A type of medical food that is modified to be low in protein and formulated for consumption for individuals for whom a condition or disorder prevents typical food consumption. This does not include foods that are naturally low in protein, such as some fruits or vegetables.<sup>3</sup>

Metabolic formula: Term often used in place of medical food (see definition above).

Elemental formula (or amino acid-based elemental formula): Formula that is modified to include individual amino acids, replacing whole or partial milk or soy proteins, which can cause allergic reactions in some people. Elemental formula is nutritionally complete.<sup>18</sup>

Specialized formula: Formula that includes specific nutrients and/or is specially produced to meet the specific nutrition needs of individuals with certain conditions or disorders.<sup>4</sup>

Dietary supplement: A product that is intended to supplement the diet. A dietary supplement contains one or more dietary ingredients (including vitamins, minerals, herbs or other botanicals, amino acids, and other substances) or their components; is intended to be taken by mouth as a pill, capsule, tablet, or liquid; and is identified on the front label of the product as being a dietary supplement.

NIH Office of Dietary Supplements (<https://ods.od.nih.gov/HealthInformation/dictionary.aspx>)

Metabolic disorders (or inherited metabolic disorders or inborn errors of metabolism): Conditions or disorders that result from genetic defects inherited from one or both parents that interfere with an individual's ability to metabolize traditional foods.<sup>19</sup>

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<sup>16</sup> The Cleveland Clinic, 2011

<sup>17</sup> FDA, 2016

<sup>18</sup> [http://www.eosinophilicesophagitishome.org/eosinophilic\\_esophagitis\\_diets/eoe\\_elemental\\_formula\\_diet/](http://www.eosinophilicesophagitishome.org/eosinophilic_esophagitis_diets/eoe_elemental_formula_diet/)

<sup>19</sup> Mayo Clinic, 2016

## Summary Chart 1: State list of coverage types for dietary treatments of disorders identified through newborn screening

	State Mandated Benefit	Medicaid	WIC	Title V or other Program
Alabama		X	X	X
Alaska	X	X	X	X
Arizona	X	X	X (limited)	X
Arkansas	X	X	X	
California	X	X		X
Colorado	X	X	X	
Connecticut	X	X	X	
Delaware	X	X	X	X
District of Columbia		X	X	X
Florida	X	X	X	
Georgia		X	X	X
Hawaii	X	X	X	
Idaho		X	X	X
Illinois	X	X	X (limited)	X
Indiana	X	X	X	X
Iowa		X	X	X
Kansas		X	X (case-by-case if not covered Title V/CSHCN)	X
Kentucky	X	X	X	X
Louisiana	X	X	X	X
Maine	X	X	X	X
Maryland	X	X	X	X
Massachusetts	X	X	X (limited)	X
Michigan		X	X	X
Minnesota	X	X	X	
Mississippi		X	X	
Missouri	X	X	X	X

## Summary Chart 1: State list of coverage types for dietary treatments of disorders identified through newborn screening

	State Mandated Benefit	Medicaid	WIC	Title V or other Program
Montana	X	X	X	X
Nebraska		X	X	X
Nevada	X	X	X	X
New Hampshire	X	X	X	
New Jersey	X	X	X	X
New Mexico	X	X	X	
New York	X	X	X	
North Carolina		X	X	X
North Dakota	X	X	X	X
Ohio		X		
Oklahoma		X	X	X
Oregon	X	X	X	
Pennsylvania	X	X	X	X
Puerto Rico		X	X	X
Rhode Island	X	X	X	
South Carolina		X	X	
South Dakota	X	X	X	
Tennessee	X	X	X	
Texas	X	X	X	X
Utah	X	X	X	
Vermont	X	X	X (case-by-case)	X
Virginia		X	X	X
Washington	X	X	X	X
West Virginia		X	X	X
Wisconsin		X		
Wyoming	X	X	X	X
<b>Total</b>	<b>35</b>	<b>52</b>	<b>49</b>	<b>34</b>

## Summary Chart 2: States that provide PKU only coverage

	State Mandated Benefit	Medicaid	WIC	Title V or other Program
Alabama				
Alaska	X	X		
Arizona				
Arkansas				
California	X			
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida		X (formula for PKU only)	X	
Georgia				
Hawaii				
Idaho				X
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				X
Maryland				
Massachusetts				
Michigan				
Minnesota	X			
Mississippi		X	X	
Missouri				
Montana				
Nebraska				

## Summary Chart 2: States that provide PKU only coverage

	State Mandated Benefit	Medicaid	WIC	Title V or other Program
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma		X, other conditions on a case-by-case basis		
Oregon				
Pennsylvania				X
Puerto Rico				
Rhode Island		X		
South Carolina				
South Dakota	X			
Tennessee	X			
Texas				
Utah				
Vermont				
Virginia				
Washington	X			
West Virginia				
Wisconsin				
Wyoming				
<b>Total</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>3</b>

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

ALABAMA				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Children's Rehab Services (CRS-Title V); University of Alabama Sparks Clinic (UA)
		Medicaid	WIC	
Legislation	No legislative mandate		<a href="#">Chapter 12C, Administration of Women, Infants and Children Program</a> (p. 207)	<a href="#">Alabama AC §22-20-3</a> (screening for infants < 28 days, includes PKU)  Alabama Department of Public Health <a href="#">420-10-1-.01 through 420-10-1.06</a> (list of disorders, definitions, reporting, fees)
Benefits Covered		<b>Disorders covered:</b> PKU, CH, GALT, CAH, hemoglobinathy, BD, CF, AAD, FAOD, OAD, and other heritable diseases	Yes	<b>Disorders covered:</b> Metabolic disorders (UA) Rare Disorders (CRS) <b>Medical food:</b> Metabolic foods (UA); Nutritional supplements/tube feeding/oral feeding (CRS) <b>Other:</b> Dieticians and care coordinators work together to find assistance for those ineligible for purchased services (CRS)
Limits		Coverage on a case-by-case basis. See age limits for children and adults at <a href="#">Nutritional Product Grid</a>		

## ALASKA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Title V
		Medicaid	WIC	
Legislation	<a href="#">AS 21.42.380</a>	<a href="#">AAC 43.924</a> (Nutrition services for pregnant women at high nutritional risk due to chronic or metabolic disease)  <a href="#">AAC 43.454</a> (Nutrition services for Medicaid enrollees < 21, screened under EPSDT, and determined to be at high nutritional risk)	<a href="#">Alaska WIC Policy:</a> With a physician's documentation of medical necessity, women and children with metabolic disorders can receive special formulas.	
Benefits Covered	<b>Disorders covered:</b> PKU <b>Medical food:</b> Formula only	<b>Disorders covered:</b> PKU		<b>Medical food:</b> Formula only
Limits	<b>Annual cap:</b> Limit set by each insurance company <b>Other:</b> Fraternal benefit societies exempt from mandate Limit on formula set by each insurance company			

## ARIZONA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Children's Rehabilitative Services (CRS); Title V
		Medicaid	WIC	
Legislation	<a href="#">20-1402</a>	<a href="#">Chapter 300, Policy 320-H, Metabolic Medical Foods</a>	<a href="#">Formula food packages for women, infants, and children with special dietary needs</a>	<a href="#">CRS Metabolic Guidelines</a> <a href="#">Arizona Title V</a>
Benefits Covered	<p><b>Disorders covered:</b> MSUD, HCY, GALT, and inherited metabolic disorders and diseases screened for under the newborn screening program</p> <p>Eosinophilic gastrointestinal disorder (ACOs)</p> <p><b>Medical food:</b> Must cover at least 50% of cost (including formula) if plan covers prescriptions; ACOs must cover at least 75% of cost of amino acid-based formula</p> <p><b>Low protein food:</b> Must cover at least 50% of cost</p>	<p><b>Disorders covered:</b> AAD, BD, CF, hemoglobinopathy, HCY, hypothyroidism, PKU, MSUD, OAD, storage disease and other conditions with similar treatment requirements</p>	<p><b>Disorders covered:</b> Includes inborn errors of metabolism</p>	<p><b>Disorders covered:</b> Metabolic disorders and CF (CRS); CSHCN with genetic disorders (Title V)</p> <p><b>Medical food:</b> Metabolic formula (Title V); Medical foods (Title V)</p> <p><b>Other:</b> Nutrition services (CRS)</p>
Limits	<p><b>Annual cap:</b> \$20,000 on formula for ACOs; \$5,000 on medical foods, formula, and low protein foods for all other plans</p>		Limited; Doctor must document medical necessity and provide a prescription	<p><b>Other:</b> Uninsured or underinsured children and young adults (Title V)</p>



## ARKANSAS

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Health Department
		Medicaid	WIC	
Legislation	<a href="#">23-79-701</a> (Definitions of terms) <a href="#">23-79-702</a> (Tax credit) <a href="#">23-79-703</a> (insurance coverage)	<a href="#">Hyperalimentation</a>		<a href="#">23-79-129</a> (PKU screening)
Benefits Covered	<b>Disorders covered:</b> PKU, Galactosemia, organic acidemias, amino acid disorder <b>Medical food:</b> Formula <b>Low protein food:</b> Low protein food	<b>Disorders covered:</b> Inherited metabolic diseases including PKU, MSUD <b>Medical food:</b> Enteral for children younger than 21 <b>Other:</b> Nutritional therapy (other metabolic conditions)	<b>Disorders covered:</b> Inherited metabolic diseases including PKU, MSUD <b>Medical food:</b> Enteral for children younger than 21 <b>Other:</b> Nutritional therapy (other metabolic conditions)	
Limits	<b>Other:</b> Coverage kicks in after \$2,400 income tax credit		Access WIC first for children up to age 5 enrolled in Medicaid	<b>Annual cap:</b> Reimbursement to providers up to \$1,000 per person treated without insurance whose expenses exceed \$2,400

## CALIFORNIA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: <a href="#">PKU Genetically handicapped persons program (GHPP)</a> ; California Children's Services (CCS-Title V)
		Medicaid	WIC	
Legislation	<a href="#">1374.56</a> <a href="#">§ 10123.89</a>			
Benefits Covered	<b>Disorders covered:</b> PKU <b>Medical food:</b> Formula <b>Low protein food:</b> Special food products that are part of a diet prescribed and managed by a physician/health care professional in consultation with a physician who specializes in treatment of metabolic disease			<b>Disorders covered:</b> CF, hemoglobinopathies, and certain metabolic disorders (GHPP); inborn errors of metabolism, CF and other lung disorders from metabolic & genetic defects (CCS) <b>Medical food:</b> GHPP <b>Dietary supp:</b> GHPP <b>Other:</b> Inpatient, outpatient, and home treatment services
Limits		<b>Other:</b> Medicaid coverage of 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	No coverage	<b>Age:</b> Under 21 (CCS); Over 21 (GHPP)

## COLORADO

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">Section 10-16-104</a> (1)(c)(III), C.R.S			
Benefits Covered	<p><b>Disorders covered:</b> All inborn errors of metabolism; 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, MSUD, TYR, HCY, histidinemia, urea cycle disorders, hyperlysinemia, GAs, MMA and PROP</p> <p><b>Medical food:</b> Formula; modular counterparts</p>	<p><b>Medical food:</b> Formula for metabolic disorders</p>	<p><b>Medical food:</b> Formula for metabolic disorders</p>	
Limits	<p><b>Age:</b> Up to 21 for PKU (women of child-bearing age: up to age 35); no age limit for other metabolic diseases</p> <p><b>Other:</b> Only applies to insurance plans that have a pharmacy benefit; Cost-sharing may apply</p>	<p><b>Age:</b> Under 19</p> <p><b>Other:</b> Pregnant women also covered</p>		

## CONNECTICUT

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">38a-492c</a> (Individual plans) <a href="#">38a-518c</a> (Group plans)		<a href="#">19a-59c</a>	<a href="#">19a-55-1</a> (Newborn Screening for PKU and other metabolic diseases)
Benefits Covered	<b>Disorders covered:</b> Inherited metabolic diseases and CF <b>Medical food:</b> Formula; amino acid modified preparations <b>Low protein food:</b> Low protein food	<b>Disorders covered:</b> PKU and other metabolic diseases, hypothyroidism, GALT, SCD, MSUD, HCY, BD, CAH and other inborn errors of metabolism as prescribed by the health department	<b>Disorders covered:</b> PKU and other metabolic diseases, hypothyroidism, GALT, SCD, MSUD, HCY, BD, CAH and other inborn errors of metabolism as prescribed by the health department	
Limits	<b>Age:</b> Formula up to age 12 <b>Other:</b> All inborn errors of metabolism covered	<b>Other:</b> CF not covered		

## DELAWARE

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Specialty Formula Fund (Title V)
		Medicaid	WIC	
Legislation	<a href="#">18 Del. C. §3571D</a>			
Benefits Covered	<p><b>Disorders covered:</b> PKU and other inherited metabolic diseases caused by an inherited abnormality of biochemistry, including any diseases for which the state screens newborns</p> <p><b>Medical food:</b> Medical food and formula; low protein modified formula</p> <p><b>Low protein food:</b> Modified food products for the treatment of inherited metabolic diseases</p>	<b>Medical food:</b> Formula	<b>Medical food:</b> Formula	<b>Medical food:</b> Formula
Limits	<p><b>Age:</b> For PKU: 21 (men), 35 (women)</p> <p><b>Other:</b> Cost sharing may apply; coverage required if pharmacy services are covered</p>			<b>Other:</b> Health department covers costs of specialty formula to treat inherited metabolic disease not covered by insurance

## DISTRICT OF COLUMBIA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: <a href="#">Health Services for Children with Special Needs</a> (HSCSN)
		Medicaid	WIC	
Legislation	No legislative mandate			<a href="#">DCA §7-838</a> (Hospital & maternity center newborn screening for inborn errors of metabolism)
Benefits Covered		<b>Disorders covered:</b> GALT, HCY, hypothyroidism, MSUD, PKU, SCD, and other metabolic disorders identified by the committee of metabolic disorders	<b>Disorders covered:</b> GALT, HCY, hypothyroidism, MSUD, PKU, SCD, and other metabolic disorders identified by the committee of metabolic disorders	<b>Disorders covered:</b> Any diagnosis covered (HSCSN) <b>Medical food:</b> Enteral nutrition; medically-necessary medical foods (HSCSN)
Limits		<b>Other:</b> Medicaid covers enteral, but not oral; partially pays for treatment on a sliding scale if an infant's parents are indigent		<b>Age:</b> SSI recipients younger than 24 (HSCSN) <b>Other:</b> Medical foods covered on case-by-case basis (HSCSN)

## FLORIDA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">627.42395</a> (Individual plans) <a href="#">627.42395</a> (Group plans)	<a href="#">Category Lists for the HCPCS Codes for Enteral Formula</a>		
Benefits Covered	<b>Disorders covered:</b> All inborn errors of metabolism <b>Medical food:</b> Enteral formula (for IEMs other than PKU) <b>Low protein food:</b> Low protein modified food products	<b>Disorders covered:</b> PKU and other metabolic disorders <b>Medical food:</b> Formula (for PKU only) <b>Dietary supp:</b> Dietary treatment as medically indicated	<b>Disorders covered:</b> PKU and other metabolic disorders <b>Medical food:</b> Formula (for PKU only) <b>Other:</b> Supplemental foods to eligible families	
Limits	<b>Age:</b> Up to age 24 (up to 14 for OAD and AAD) <b>Annual cap:</b> \$2,500 (for low protein foods to treat OAD and AAD) <b>Other:</b> Additional premium			

## GEORGIA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: <a href="#">Children's Medical Services</a> ; <a href="#">Newborn Screening Program</a> (NBS)
		Medicaid	WIC	
Legislation	No legislative mandate	<a href="#">GC §31-12-6</a>	<a href="#">Georgia WIC Program Medical Documentation Form for WIC Special Formulas and WIC Foods</a>  <a href="#">Georgia WIC Approved Formulas/Nutritionals</a>	<a href="#">NBS</a>
Benefits Covered		<b>Disorders covered:</b> Genetic conditions such as PKU, GALT, HCY, MSUD, hypothyroidism, CAH, and other inherited metabolic and genetic disorders	<b>Disorders covered:</b> Genetic conditions such as PKU, GALT, HCY, MSUD, hypothyroidism, CAH, and other inherited metabolic and genetic disorders	<b>Disorders covered:</b> Metabolic disorders (NBS) <b>Medical food:</b> Formula <b>Low protein food:</b> Low protein modified foods <b>Dietary supp:</b> <b>Other:</b> Specialized dieticians for assessment (NBS)
Limits		<b>Other:</b> Medicaid covers enteral, but not oral		<b>Age:</b> 21 and under



## HAWAII

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">431:10A-120</a>	<a href="#">HRS §346-67</a> (Medicaid)		<a href="#">11-143</a> Testing of Newborn Infants for Metabolic and other Diseases
Benefits Covered	<b>Disorders covered:</b> 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 <b>Medical food:</b> Medical foods and formula <b>Low protein food:</b> Low protein food	<b>Medical food:</b> Medical foods <b>Low protein food:</b> Low protein food	<b>Medical food:</b> Medical foods <b>Low protein food:</b> Low protein food	
Limits	<b>Other:</b> Up to 80% of costs covered (formula and low-protein foods)			

IDAHO				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: <a href="#">Children's Special Health Program and Genetic Services</a> (CSHP-Title V)
		Medicaid	WIC	
Legislation	No legislative mandate	<a href="#">IDAPA §16.03.09</a> (Medicaid)	Yes	<a href="#">IC §39-910</a> – Dept of Public Health prescribes tests and maintains records of individuals diagnosed with PKU
Benefits Covered		<b>Medical foods:</b> Medical foods covered at no charge (Medicaid)		<b>Disorders covered:</b> PKU <b>Medical food:</b> Formula <b>Other:</b> Adults over 18 with PKU can purchase formula from CSHP at CSHP's cost
Limits		<b>Other:</b> Medicaid coverage of enteral, but not oral		<b>Age:</b> Enrollment in the PKU program is not restricted by age or insurance status, though services are limited for adults over 18 years of age

## ILLINOIS

	Private Coverage	Public Coverage Medicaid, WIC, Health Department		Coverage/Related Services Funded by Other State Programs: <a href="#">UIC Specialized Care for Children</a>
		Medicaid	WIC/Health Dept.	
Legislation	<a href="#">215 ILCS 5/356z.10</a> (Group, individual, and managed care health insurance policies)			<a href="#">IAC §661.50</a> (Newborn metabolic screening code) <a href="#">410 ILCS 240/2</a> (Newborn Metabolic Screening Act)
Benefits Covered	<b>Disorders covered:</b> Amino & organic acid metabolism disorders, including PKU, and FAOs Eosinophilic disorders and SBS (amino acid-based elemental formulas) <b>Medical food:</b> Formula only; amino acid-based elemental formulas	<b>Disorders covered:</b> Amino & organic acid metabolism disorders, including PKU, FAOs, EE, SBS, hyperphenylalaninemia <b>Medical food:</b> Formula		<b>Disorders covered:</b> Inborn Errors of Metabolism (PKU, GALT) (UIC) <b>Medical food:</b> Medical food (UIC) <b>Low protein food:</b> Low protein food (UIC) <b>Other:</b> Formula if not covered by the Department of Health; also pay co-pays, and deductibles for child who is underinsured (UIC)
Limits	<b>Other:</b> Formula must be medically necessary and prescribed		Limited	<b>Age:</b> birth to 21 years (UIC) <b>Other:</b> Household income < 285% FPL (UIC)

## INDIANA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Newborn Screening Program (NBS); <a href="#">Children's Special Health Care Services</a> (CSHCS-Title V)
		Medicaid	WIC	
Legislation	<a href="#">27-13-7-18</a>		<a href="#">Indiana WIC Authorized Formulas</a>	<a href="#">16-41-17</a> (Infant screening)
Benefits Covered	<b>Disorders covered:</b> 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 <b>Medical food:</b> Formula only	<b>Disorders covered:</b> PKU, hypothyroidism, hemoglobinopathies, including SCA, GALT, MSUD, HCY, inborn errors of metabolism <b>Medical food:</b> Formula <b>Other:</b> Equipment and supplies	<b>Disorders covered:</b> PKU, hypothyroidism, hemoglobinopathies, including SCA, GALT, MSUD, HCY, inborn errors of metabolism <b>Medical food:</b> Formula	<b>Disorders covered:</b> Metabolic disorders, PKU (CSHCS)
Limits	<b>Other:</b> Enteral only; prescription required			<b>Age:</b> 21 and younger (CSHCS) <b>Other:</b> Income < 250% FPL (CSHCS)

IOWA				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Newborn Screening Program (NBS)
		Medicaid	WIC	
Legislation	No legislative mandate			<a href="#">IC §641- 4.3(136A)</a> (Newborn screening program)
Benefits Covered		<b>Dietary supp:</b> Oral nutrition products <b>Other:</b> Enteral nutrition therapy	<b>Dietary supp:</b> Oral nutrition products <b>Other:</b> Enteral nutrition therapy	<b>Other:</b> NBS refers diagnosed infants to University of Iowa <a href="#">special medical formula program</a> , which covers Inherited diseases of amino acid and organic acids
Limits		<b>Other:</b> Nutrition products are covered if provide ≥51% of daily calories to people with metabolic or digestive disorders	<b>Other:</b> Nutrition products are covered if provide ≥51% of daily calories to people with metabolic or digestive disorders	

KANSAS				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Educational, Screening, Testing, Follow-up Program (ESTF); Title V Services for Children with Special Health Care Needs
		Medicaid	WIC	
Legislation	No legislative mandate	<a href="#">KSA §65-180</a> <a href="#">KAR 28-4-514</a> (page 130) Financial assistance for individuals with PKU and MSUD		<a href="#">65-180</a> ESTF
Benefits Covered		<b>Disorders covered:</b> CH, GALT, PKU, MSUD and other genetic diseases being screened under the NBS program, MSUD and PKU <b>Medical food:</b> Medically necessary food (Health Department) <b>Other:</b> Necessary treatment products (Medicaid)		<b>Disorders covered:</b> PKU & other AAD (Title V) PKU, CH, GALT, MSUD, and certain other genetic diseases (ESTF) <b>Medical food:</b> Metabolic formula (Title V); medical food (ESTF) <b>Low protein food:</b> Low protein food (Title V) <b>Other:</b> Treatment products (ESTF)

KANSAS					(continued)
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Educational, Screening, Testing, Follow-up Program (ESTF); Title V Services for Children with Special Health Care Needs	
		Medicaid	WIC		
Limits		<b>Age:</b> 18 and younger (Health Department) <b>Annual cap:</b> \$1,500 for food (Health Department) <b>Other:</b> Medicaid: Coverage on case-by-case basis; necessary treatment products must be medically necessary and not available through any other state agency	Coverage upon request if services are not covered by CSHCN program	<b>Other:</b> Income up to 185% FPL (all conditions identified through newborn screening have a sliding fee scale up to 385% FPL) (Title V) <b>Health Dept:</b> Income restriction of <300% FPL for food; reimburses 50-100% of products for those who don't qualify for Medicaid based on income, but have income <300% FPL; reimburses up to 50% for those with income >300% FPL when individual has exhausted all other sources of assistance	

## KENTUCKY

	Private Coverage	Public Coverage: Medicaid, WIC, Health Department		Coverage/Related Services Funded by Other State Programs: <a href="#">Metabolic Foods and Formula Program</a> (MFFP)
		Medicaid	WIC	
Legislation	<a href="#">KAR 17:500 902</a> (State mandate) <a href="#">KRS 304.17A-258</a> (Benefits) <a href="#">KAR 17:150 806</a> (Benefits) <a href="#">KRS §205.560</a> (1c) (Conditions covered)	<a href="#">KAR 4:035 902</a> (Special foods) <a href="#">KAR 1:479</a> (DME, foods, formula)		
Benefits Covered	<b>Disorders covered:</b> All inborn errors of metabolism covered <b>Medical food:</b> Formula; amino acid modified preparations <b>Low protein food:</b> Low protein modified food products	<b>Medical food:</b> Special foods <b>Dietary supp:</b> Dietary supplements	<b>Medical food:</b> Amino acid modified preparation <b>Low protein food:</b> Low protein food	<b>Disorders covered:</b> Metabolic disorders (MFFP) <b>Medical food:</b> Medical foods (MFFP) <b>Dietary supp:</b> Dietary supplements (MFFP) <b>Other:</b> Individuals without private insurance and unable to use WIC, Medicaid or K-CHIP may qualify for assistance; Health Department provides 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
Limits	<b>Annual cap:</b> \$25,000 for formula; \$4,000 for low protein foods <b>Other:</b> Coverage required if prescription coverage provided; prescription required	<b>Annual cap:</b> \$25,000 (Medicaid – supplements and special foods) <b>Other:</b> Medicaid coverage by request		<b>Other:</b> MFFP supports are for Kentucky residents who do not qualify for other insurance, whose insurance coverage has been exhausted, or whose insurance has denied the benefit



## LOUISIANA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Newborn Screening Program (NBS), Title V
		Medicaid	WIC	
Legislation	<a href="#">R.S. 22:246</a> (Benefits) <a href="#">R.S. 22:469</a> (Self-insured plans)		<a href="#">LA Qualifying Medical Condition for Approved Special Formulas/WIC Eligible Nutritionals</a>	
Benefits Covered	<b>Disorders covered:</b> GA, IVA, MSUD, MMA, PKU, PROP, TYR, urea cycle defects <b>Low protein food:</b> Food formulated to have $\leq 1$ gram of protein per serving (not naturally low in protein) <b>Other:</b> State employee benefits cover same service as private coverage	<b>Disorders covered:</b> PKU and other rare inborn errors of metabolism <b>Medical food:</b> Formula for inborn errors of metabolism	<b>Disorders covered:</b> Inborn errors of metabolism/metabolic disorders	<b>Medical food:</b> Formula for inborn errors of metabolism (NBS); Prescribed formula (Title V)
Limits	<b>Annual cap:</b> \$2,400 for formula and low protein foods			

MAINE				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: CSHCN Program
		Medicaid	WIC	
Legislation	Medical food coverage <a href="#">24 §2320-D</a> (individual & group plans) <a href="#">24-A §2745-D</a> (individual plans) <a href="#">24-A §2837-D</a> (group plans) <a href="#">24-A §4238</a> (HMOs) Formula <a href="#">24-A §2764</a> (individual plans) <a href="#">24-A §2847-P</a> (group plans) <a href="#">24-A §4256</a> (HMOs)		<a href="#">Maine WIC</a>	
Benefits Covered	<b>Disorders covered:</b> 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 <b>Medical food:</b> Medical formula; metabolic formula; amino-acid based elemental formula <b>Low protein food:</b> Modified low-protein foods	<b>Disorders covered:</b> IEM, or genetically determined biochemical disorder in which enzyme defect produces a metabolic block that may have pathogenic consequences at birth or later	<b>Disorders covered:</b> IEM <b>Medical food:</b> Nutritional products	<b>Disorders covered:</b> Metabolic disorders (CSHCN); Pilot program for older children and adults with PKU and CF <b>Medical food:</b> Formulas (CSHCN); metabolic foods (pilot program)

# MAINE

(continued)

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: CSHCN Program
		Medicaid	WIC	
Limits	<b>Age:</b> Under 2 years for amino-acid based elemental formula <b>Annual cap:</b> \$3,000 on food products <b>Other:</b> Prescription required	<b>Age:</b> Under 18	<b>Age:</b> individuals with IEM can receive nutritional products regardless of age, whether oral or tube fed. Those older than 5 (adult or child) who are tube fed can receive any medically reasonable amount of nutritional product <b>Other:</b> PA is required for nutritional products that are NOT covered by WIC	<b>Age:</b> Up to 21 (CSHCN); Limited coverage for older children and adults through pilot program <b>Annual cap:</b> \$3,000 on uncovered medical costs (pilot program) <b>Other:</b> Income < 225% FPL (CSHCN)

MARYLAND				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Children's Medical Services Program (Title V)
		Medicaid	WIC	
Legislation	<a href="#">§ 15-807</a> , (Food coverage for individual, group, and nonprofit plans) <a href="#">§ 15-843</a> , (Formula coverage for individual, group, and HMO plans) <a href="#">§ 15-817</a> (Screening) <a href="#">§19-705.5</a> (Definitions of terms)	COMAR <a href="#">31.11.12.03</a> (Covered services) COMAR <a href="#">10.11.03.04</a> (Rights and responsibilities of Medicaid applicants)		
Benefits Covered	<b>Disorders covered:</b> Inherited metabolic disease caused by an inherited abnormality, including diseases for which the state screens newborns Eosinophilic disorders (amino acid-based formulas) <b>Medical food:</b> Amino acid-based elemental formulas <b>Low protein food:</b> Low protein modified food products	<b>Disorders covered:</b> Inherited metabolic disease caused by an inherited abnormality, including diseases for which the state screens newborns <b>Medical food:</b> as prescribed by a provider qualified to treat metabolic disorders	<b>Medical food:</b> Medical foods (WIC)	<b>Medical food:</b> Formula <b>Other:</b> Medication to correct metabolic errors
Limits				

MASSACHUSETTS				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: MDPH Metabolic Food and Formula Program
		Medicaid	WIC	
Legislation	<a href="#">M.G.L. c. 175 § 47I</a> (Individual and group plans) <a href="#">M.G.L. c. 176A § 8L</a> (Individual and group hospital services plans) <a href="#">M.G.L. c. 176B § 4K</a> (Group medical service agreements) <a href="#">M.G.L. c. 176G § 4D</a> (HMO plans) <a href="#">175:47C</a> (Special formula coverage) <a href="#">176A:8B</a> ; (Non-profit hospital services corporations) <a href="#">176B:4C</a> (Medical service corporations) <a href="#">MGL 32A§17A</a> (Coverage for state employees)	<a href="#">Guidelines for Medical Necessity Determination for Enteral Nutrition Products</a>		

# MASSACHUSETTS

(continued)

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: MDPH Metabolic Food and Formula Program
		Medicaid	WIC	
Benefits Covered	<b>Disorders covered:</b> PKU, TYR, HCY, MSUD, PROP, or MMA, maternal PKU, Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, inherited diseases of amino and organic acids <b>Medical food:</b> Formula; enteral formula	<b>Disorders covered:</b> Inherited disease of metabolism, including protein, fat, carbohydrate, vitamins, minerals and possibly fiber Civil service insurance: inherited diseases of amino and organic acids <b>Medical food:</b> Formula <b>Low protein food:</b> Low protein food		<b>Medical food:</b> Special foods; formula
Limits	<b>Annual cap:</b> \$2,500 for food (doesn't apply to formula or low protein foods); \$5,000 for low protein modified foods to treat inherited diseases of amino acids and organic acids <b>Other:</b> Formula for infants, children, and pregnant women with PKU	<b>Annual cap:</b> \$5,000 (Medicaid) <b>Other:</b> Medicaid coverage on a case-by-case basis;	Limited coverage <b>Other:</b> <a href="#">WIC participants who carry MassHealth insurance will receive metabolic formulas through MassHealth upon prior authorization</a>	<b>Other:</b> Coverage for foods for uninsured, underinsured, or Medicaid enrollees

## MICHIGAN

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Title V CSHCN program; <a href="#">Children with Special Needs (CSN) Fund</a>
		Medicaid	WIC	
Legislation	No legislative mandate	<a href="#">Act No. 246 Public Acts of 2008</a> section 1202a (Children's Special Health Care Services)	<a href="#">MI-WIC POLICY</a>	
Benefits Covered		<b>Disorders covered:</b> PKU, CF, and other specified metabolic disorders <b>Medical food:</b> Formula	<b>Disorders covered:</b> IEM <b>Medical food:</b> Formula	<b>Disorders covered:</b> <a href="#">MSUD, PKU and other inborn errors of Metabolism (CSHCN)</a>
Limits		<b>Age:</b> 21 or older (CF) <b>Other:</b> Medicaid coverage on case-by-case basis	<b>Other:</b> Must coordinate nutrition care with the metabolic treatment center registered dietitian for WIC clients who do not receive a metabolic formula provided through the Children's Hospital of Michigan Metabolic Clinic	<b>Other:</b> There is no financial eligibility limit for CSHCN; CSN Fund provides support for MI CSHCN that is not available through any other funding source.

## MINNESOTA

	Private Coverage	Public Coverage: Medicaid, WIC, Medical assistance for needy persons, Health Department		Coverage/Related Services Funded by Other State Programs
		Medicaid/Health Dept	WIC	
Legislation	<a href="#">62A.26</a> (PKU treatment) <a href="#">62E.06</a> (Dietary treatment)	<a href="#">MSA §256B.0625</a> (Coverage of nutritional products) <a href="#">MAR 4615.0760</a> (Health Department) <a href="#">MAR 9505.0325</a> (Definitions of terms)	<a href="#">Inborn Errors of Metabolism</a>	
Benefits Covered	<b>Disorders covered:</b> PKU only Milk protein allergies, allergic enterocolitis, EE, and SBS (insurance agreement) <b>Medical food:</b> Amino acid-based formula (insurance agreement <sup>1</sup> ) <b>Dietary supp:</b> Special dietary treatment per doctor recommendation	<b>Disorders covered:</b> Medicaid: PKU, hyperlysinemia, MSUD, or any other childhood or adulthood disease, conditions or disorders identified by the health commissioner Health Department: hemoglobinopathy, PKU, GALT, hypothyroidism and CAH <b>Medical food:</b> Parenteral and enteral nutrition products	<b>Disorders covered:</b> IEM <b>Medical food:</b> Infant formulas and WIC-eligible medical foods specifically formulated for IEM	



# MINNESOTA

(continued)

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs
		Medicaid/Health Dept	WIC	
Limits	<b>Other:</b> Copays may apply for insurance agreement <sup>1</sup>	<b>Other:</b> Parenteral nutrition subject to limits similar to pharmacy services; for conditions other than PKU, MSUD, Hyperlysinemia w/tube, Medicaid coverage on case-by-case basis		

## MISSISSIPPI

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	No legislative mandate			
Benefits Covered				
Limits		<b>Other:</b> Case-by-case basis; PKU only	<b>Other:</b> PKU only	

## MISSOURI

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Dept of Health & Senior Services
		Medicaid/ Health Dept.	WIC	
Legislation	<a href="#">376.1219</a>	<a href="#">MRS §191.331</a>		<a href="#">Metabolic Formula Program</a>
Benefits Covered	<b>Disorders covered:</b> PKU and any other inherited disease of amino or organic acid <b>Medical food:</b> Formula <b>Low protein food:</b> Low protein modified foods	<b>Disorders covered:</b> Inherited diseases of amino and organic acids (Medicaid) immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins, food protein, induced enterocolitis syndrome, eosinophilic disorders and impaired absorption (Health Department) <b>Medical food:</b> Formula (Medicaid); Amino-acid based elemental formula (Health Department)	<b>Disorders covered:</b> PKU, MSUD	<b>Disorders covered:</b> PKU, MSUD, glutaric acidemia; homocystinuria; methylmalonic acidemia; citrullinemia; argininosuccinic acidemia; isovaleric acidemia: 3-hydroxy-3-methylglutaryl CoA lyase deficiency (HMG); 3-methylcrotonyl CoA carboxylase deficiency (3MCC), propionic acidemia, long-chain 3-hydroxyacyl CoA dehydrogenase deficiency (LCHAD), very-long-chain acyl-CoA dehydrogenase deficiency (VLCAD), ornithine transcarbamylase deficiency (OTC) and tyrosinemia (type I, II and III). <b>Medical food:</b> Metabolic formula
Limits	<b>Age:</b> Younger than 6 <b>Annual cap:</b> \$5,000 <b>Other:</b> Deductible, coinsurance or copayments may not exceed 50% of cost of food and formula	<b>Age:</b> 18 years and under <b>Other:</b> Health department provides formula only if all other sources have been exhausted		<b>Age:</b> 0 – 5; pays 100% at any income at any Other: Provides financial assistance for the purchase of metabolic formula 6 – 18; pays 100% for income < 300% FPL; pays 75% for income < 400% FPL; pays 60% for income < 500% FPL; pays 50% for income > 500% FPL 19 and older; pays 100% for income up to 185% FPL

MONTANA				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Handicapped Children's Services Program (HCSP); Healthy Montana Kids (HMK)
		Medicaid	WIC	
Legislation	<a href="#">MCA 33-22-131</a>		<a href="#">Inborn Errors of Metabolism</a>	<a href="#">ARM 37.57.110</a> (HCSP)
Benefits Covered	<b>Disorders covered:</b> Inborn errors of metabolism that involve amino acid, carbohydrate, and fat metabolism for which medical standards of diagnosis, monitoring and treatment exist <b>Medical food:</b> Medical foods <b>Dietary supp:</b> Nutritional management	<b>Disorders covered:</b> Inborn errors of metabolism that involve amino acid, carbohydrate, and fat metabolism for which medical standards of diagnosis, monitoring and treatment exist	<b>Disorders covered:</b> PKU, MSUD, homocystinurea, tyrosinemia, GALT <b>Medical food:</b> Infant formulas and WIC-eligible medical foods specifically formulated for IEM	<b>Disorders covered:</b> Metabolic disorders (HCSP); inborn errors of metabolism (HMK) <b>Medical food:</b> Medical foods (HCSP; HMK) <b>Dietary supp:</b> Prescriptive supplements (HCSP)
Limits	<b>Annual cap:</b> Caps may apply <b>Other:</b> Durational limits, deductibles, coinsurance and copayments may apply			<b>Age:</b> Under 19 (HCSP); 18 or under (HMK) <b>Annual cap:</b> \$2,000 (HCSP) <b>Other:</b> Family income at or below 250% FPL (HMK)

## NEBRASKA

	Private Coverage	Public Coverage: Medicaid, Department of Health & Human Services		Coverage/Related Services Funded by Other State Programs: <a href="#">Elemental Formula Reimbursement Program</a> (EFRP)
		Medicaid, Dept of Health & Human Services	WIC	
Legislation	No legislative mandate	<a href="#">NRS §71-520</a> (Food Supplement and Treatment Services Program)	<a href="#">Chapter 71 Section 2227</a> WIC program  <a href="#">246.16(m); 246.10 (c ) 1-3</a> (Special formula & Medical/Nutritional Products)	<a href="#">Chapter 71 Section 519</a> Newborn Screening
Benefits Covered		<b>Disorders covered:</b> PKU, primary hypothyroidism, BD, GALT, hemoglobinopathies, MCAD (Medicaid) Inherited metabolic disease (health department) <b>Medical food:</b> Formula; food supplements	Special formula for infants (up to age 1) with medical conditions, including metabolic disorders and inborn errors of metabolism Nutritionals for children age 1 up to age 5 with metabolic disorders and inborn errors of metabolism	<b>Disorders covered:</b> Immunoglobulin E and non-Immunoglobulin E mediated allergies to multiple food proteins, food-protein-induced enterocolitis syndrome, eosinophilic disorders, or impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract (EFRP) <b>Medical food:</b> Amino acid-based elemental formulas (EFRP)
Limits		<b>Other:</b> No fees for formula; Scale fee for food supplements, but up to \$2,000/year of food supplements can be provided without fees		<b>Annual cap:</b> \$12,000 (EFRP) <b>Other:</b> 50% of out of pocket costs reimbursed (EFRP)

## NEVADA

	Private Coverage	Public Coverage: Medicaid		Coverage/Related Services Funded by Other State Programs: Maternal and Child Health Services (MCH)
		Medicaid	WIC	
Legislation	<a href="#">NV Rev Stat § 689A.0423 (2015)</a> (Individual plans) <a href="#">NV Rev Stat § 689B.0353 (2015)</a> (Group plans) <a href="#">NV Rev Stat § 695B.1923 (2015)</a> (Non-profit corporations for hospital, medical, and dental services) <a href="#">NV Rev Stat § 695C.1723 (2015)</a> (HMOs)	<a href="#">Medical Foods for Inborn Errors of Metabolism (S9435) Appendix B, Page 40</a>	<a href="#">Draft POLICY #17-01</a> Refers individuals eligible for WIC for nutritional education and food supplements	<a href="#">NAC 442.784i</a> (MCH) <a href="#">71-519</a> (Screening)
Benefits Covered	<b>Disorders covered:</b> 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 <b>Medical food:</b> Enteral formula <b>Other:</b> Special food products	<b>Disorders covered:</b> Inborn errors of metabolism <b>Dietary supp:</b> Dietary supplements	<b>Dietary supp:</b> Dietary supplements	<b>Disorders covered:</b> PKU, primary hypothyroidism, BD, GALT, hemoglobinopathies, MCAD, and such other metabolic diseases as the Department of Health and Human Services may from time to time specify (MCH)
Limits	<b>Annual cap:</b> \$2,500 for food <b>Other:</b> Prescription required for food products	<b>Age:</b> Under 21 <b>Annual Cap:</b> \$2,500.00 per year unless proof of medical necessity exceeds that amount. <b>Other:</b> Medicaid coverage of enteral, but not oral		<b>Annual cap:</b> \$2,000 (MCH)

NEW HAMPSHIRE				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">RSA 415:6-c</a> (Coverage for non-prescription enteral formula) <a href="#">RSA 420-A: 17</a> (Health services corporations) <a href="#">RSA 420-B: 8-ff</a> (HMOs)	<a href="#">New Hampshire Health Families Member Handbook</a>	<a href="#">NH WIC Program</a>	
Benefits Covered	<b>Disorders covered:</b> Inherited diseases of amino or organic acids <b>Medical food:</b> Enteral formula <b>Low protein food:</b> Modified low protein foods <b>Other:</b> Food products	<b>Disorders covered:</b> Inherited diseases of amino or organic acids <b>Medical food:</b> Enteral	<b>Disorders covered:</b> IEM and metabolic disorders <b>Medical food:</b> Special formulas	
Limits	<b>Annual cap:</b> \$1,800 for low protein food <b>Other:</b> Physician must issue order that enteral formula or food product is medically necessary and is least restrictive and most cost effective means	<b>Other:</b> Medicaid coverage of enteral, but not oral	<b>Other:</b> WIC coordinates with NH Medicaid for the provision of special formulas to individuals enrolled in both WIC and Medicaid Medical necessity must be reviewed every year	

NEW JERSEY				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: State Health Benefits Program (SHBP)
		Medicaid	WIC	
Legislation	<b>Prescription Coverage</b> <a href="#">NJ Rev Stat § 17B:26-2.1v (2015)</a> (individual plans) <a href="#">NJ Rev Stat § 17B:27-46.1z (2015)</a> (group plans) <a href="#">NJ Rev Stat § 17:48-6z (2015)</a> (service corporations) <a href="#">NJ Rev Stat § 17:48A-7y (2015)</a> (medical service corporations) <a href="#">NJ Rev Stat § 17:48E-35.24 (2015)</a> (health service corporations) <a href="#">NJ Rev Stat § 17B:27A-7 (2015)</a> (High Deductible Health Plans) <a href="#">NJ Rev Stat § 17B:27A-19 (2015)</a> (Small employer health benefit plans) <b>Treatment of inherited metabolic diseases</b> <a href="#">NJ Rev Stat § 17:48-6s (2015)</a> (hospital service corporation) <a href="#">NJ Rev Stat § 17:48A-7q (2015)</a> (medical service corporation)		Yes	



NEW JERSEY					(continued)
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: State Health Benefits Program (SHBP)	
		Medicaid	WIC		
Legislation (continued)	<a href="#">NJ Rev Stat § 17:48E-35.16 (2015)</a> (health service corporation) <a href="#">NJ Rev Stat § 17B:26-2.1o (2015)</a> (individual plans) <a href="#">NJ Rev Stat § 17B:27-46.1r (2015)</a> (group plans) <a href="#">NJ Rev Stat § 17B:27A-7.4 (2015)</a> (individual health benefits plans) <a href="#">NJ Rev Stat § 17B:27A-19.6 (2015)</a> (small employer plans) <a href="#">NJ Rev Stat § 26:2J-4.17 (2015)</a> (HMOs) <a href="#">52:14-17.29c</a> (State Health Benefits Program)				

(continued)

## NEW JERSEY

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: State Health Benefits Program (SHBP)
		Medicaid	WIC	
Benefits Covered	<b>Disorders covered:</b> Inherited metabolic disease of abnormal body chemistry for which the state screens newborns Multiple food protein intolerance (for non-standard formula) <b>Medical food:</b> Non-standard infant formulas			<b>Disorders covered:</b> Inherited metabolic diseases (SHBP) <b>Medical food:</b> Medical foods (SHBP) <b>Low protein food:</b> Low protein modified food products (SHBP)
Limits	<b>Other:</b> Non-standard formula must be covered if policy covers prescription drugs	<b>Other:</b> Medicaid coverage at 3 specialty clinics		

## NEW MEXICO

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Children's Medical Services –Title V
		Medicaid	WIC	
Legislation	<a href="#">NMSA 59A-22-41.1</a> (Medical diets) <a href="#">NMSA 59A-46-43.2</a> (HMOs) <a href="#">NMSA 59A-47-38</a> (Non-profit health care plans)	<a href="#">NMAC 7.30.3.1</a> (Medicaid)	<a href="#">New Mexico WIC Medical Request for Formula/Food</a>	
Benefits Covered	<b>Disorders covered:</b> Genetic inborn errors of metabolism of amino acid, fat and carbohydrate for which treatment standards exist, including nutritional management and medical foods <b>Medical food:</b> Medical foods	<b>Disorders covered:</b> CH, GALT, hyperphenylalanemia, PKU, BD, disorders of amino acid and carbohydrate transport and metabolism, lipidoses, CAH, hypothyroidism, hemoglobinopathies and other disorders	<b>Disorders Covered:</b> Metabolic diseases	<b>Disorders covered:</b> Adults with CF or those at risk of having a child with special needs
Limits	<b>Annual cap:</b> May apply if they apply for other illnesses <b>Other:</b> Durational limits may apply if they apply for other illnesses	<b>Other:</b> Oral coverage on case-by-case basis	<b>Other:</b> Healthcare provider must document the medical necessity for special formula/medical foods	<b>Age:</b> Under 21 (those at increased risk of physical or developmental conditions)

## NEW YORK

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<b>Formula coverage</b> <a href="#">§3216(i)(21)</a> (for individual plans) <a href="#">§3221(k)(11)</a> (group plans) <a href="#">§4303(y)</a> (HMOs)		<a href="#">NYS WIC Medical Documentation</a>	
Benefits Covered	<b>Disorders covered:</b> All inborn errors of metabolism; specific diseases for which enteral formulas have been proven effective <b>Medical food:</b> Formula; enteral formula when medically necessary <b>Low protein food:</b> Low protein foods	<b>Disorders covered:</b> All inborn errors of metabolism; specific diseases for which enteral formulas have been proven effective	<b>Disorders covered:</b> Metabolic disorders such as but not limited to GALT and IEM <b>Medicaid food:</b> Supplemental formula and medical food	
Limits	<b>Annual cap:</b> \$2,500 on low protein foods	<b>Other:</b> Medicaid coverage on case-by-case basis		

## NORTH CAROLINA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Newborn Screening Program (NBS); Title V/CSHCN program
		Medicaid	WIC	
Legislation	No legislative mandate	<a href="#">NC Division of Medical Assistance Dietary Evaluation and Counseling</a>	<a href="#">NC WIC Program Manual</a>	<a href="#">NCGS §130A-125</a> (Newborn screening) <a href="#">NCAC 43H .0314</a> (Newborn screening and testing)
Benefits Covered		<b>Disorders covered:</b> IEM (PKU, GALT, etc.)	<b>Disorders covered:</b> Metabolic disorders <b>Medical Food:</b> Metabolic formulas	<b>Other:</b> Treatment products or medications (NBS)
Limits		<b>Age:</b> up to age 21 <b>Other:</b> Medicaid coverage on case-by-case basis		<b>Other:</b> When not otherwise available (NBS)

## NORTH DAKOTA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Title V-Children's Special Health Services: <a href="#">Metabolic Food Program</a> (MFP), <a href="#">Russell-Silver Syndrome Program</a> (RSS)
		Medicaid	WIC	
Legislation	<a href="#">26.1-36-09.7</a> (Insurance companies, HMOs, nonprofit health service corporations) <a href="#">54-52.1-04.11</a> (Self-insured plans)	<a href="#">Chapter 75-03-35</a>	<a href="#">North Dakota WIC</a>	
Benefits Covered	<b>Disorders covered:</b> PKU, MSUD <b>Medical food:</b> Part of prescription drug coverage <b>Low protein food:</b> Part of prescription drug coverage	<b>Disorders covered:</b> PKU, MSUD <b>Medical food:</b> Medical foods <b>Low protein food:</b> Low protein modified foods	<b>Disorders covered:</b> IEM and metabolic disorders <b>Medical food:</b> special formula or WIC-eligible nutritional	<b>Disorders covered:</b> PKU, MSUD (MFP) <b>Medical food:</b> Medical foods (MFP), (RSS) <b>Other:</b> Growth hormone treatment (RSS)
Limits	<b>Annual cap:</b> \$3,000 for low protein modified foods and medical foods	<b>Age:</b> Males: Under 22; Females: Under 45 (older patients can purchase medical foods regardless of income)		<b>Age:</b> Under 18 (RSS) <b>Annual cap:</b> \$50,000 every 2 years (RSS)

OHIO				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Newborn Screening Program (NBS)
		Medicaid	WIC	
Legislation	No legislative mandate			ORC <a href="#">§3701.502</a> (Newborn screening)
Benefits Covered		<b>Disorders covered:</b> PKU, specified genetic disorders <b>Medical food:</b> Formula only		<b>Disorders covered:</b> Inborn errors of metabolism (NBS) <b>Medical food:</b> Metabolic formula (NBS)
Limits			No coverage	

OKLAHOMA				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: SSI Disabled Children's Program (SSI-DCP)
		Medicaid	WIC	
Legislation	No legislative mandate		<a href="#">Oklahoma State Department of Health WIC Service</a>	
Benefits Covered		<b>Disorders covered:</b> PKU	<b>Disorders covered:</b> IEM and metabolic disorders <b>Medical food:</b> Special formulas for qualifying medical conditions	<b>Disorders covered:</b> Metabolic disorders (SSI-DCP) <b>Medical food:</b> Non-specialized formula (SSI-DCP)
Limits		<b>Other:</b> For conditions other than PKU, Medicaid coverage on case-by-case basis		<b>Other:</b> Children receiving SSI (SSI-DCP)



## OREGON

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">ORS 743A.070</a> (Formula) <a href="#">§ 743A.188</a> (Individual and group plans)		<a href="#">WIC Policy Update 2016-05</a>  <a href="#">Qualifying Conditions for Issuance of WIC-Approved Medical Formulas and Nutritional</a>	
Benefits Covered	<b>Disorders covered:</b> Inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism for which medically standard methods of diagnosis, treatment, and monitoring exist <b>Medical food:</b> Enteral formula <b>Low protein food:</b> Low protein food	<b>Disorders covered:</b> IEM that involve amino acid, carbohydrate and fat metabolism for which medically standard methods of diagnosis, treatment, and monitoring exist <b>Medical food:</b> Medically necessary formulas and foods are covered when prescribed by a physician. May require prior authorization	<b>Disorders covered:</b> Inborn errors of metabolism and metabolic disorders <b>Medical food:</b> Special medical formula or nutritional formula plus special food packages	
Limits				

## PENNSYLVANIA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Bureau of Family Health (BFH)/Newborn Screening Program
		Medicaid	WIC	
Legislation	<a href="#">2-14 Act 158</a> (Medical Foods insurance coverage Act) <a href="#">40 § 3904</a> (Medical foods coverage) <a href="#">40 P.S. § 3906</a> (Cost sharing)			
Benefits Covered	<b>Disorders covered:</b> PKU, branch-chained ketonuria, GALT and HCY Food protein allergies, food protein-induced enterocolitis syndrome, eosinophilic disorders and SBS (for elemental formula) <b>Medical food:</b> Formula; medically necessary amino acid-based elemental formula (oral and enteral) <b>Dietary supp:</b> Nutritional supplements		<b>Disorders covered:</b> Children and pregnant women at nutritional risk due to medical problems (WIC)	<b>Disorders covered:</b> PKU <b>Medical food:</b> Metabolic formula <b>Other:</b> BFH has agreement with PA Department of Aging (PDA) to use PDA administrative/claims processing system to provide medical formula to CSHCN
Limits	<b>Age:</b> 18 and under <b>Other:</b> Copay and coinsurance may apply in the same way as other covered services, but exempt from deductibles	<b>Other:</b> Medicaid coverage on case-by-case basis		

PUERTO RICO				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Title V
		Medicaid	WIC	
Legislation	No legislative mandate			
Benefits Covered	<b>Dietary supp:</b> Nutritional supplements	<b>Disorders covered:</b> GALT, CF <b>Low protein food:</b> Some <b>Dietary supp:</b> Nutritional supplements	<b>Medical food:</b> Enteral formula	<b>Disorders covered:</b> GALT, CF <b>Medical food:</b> Enteral formula
Limits		<b>Other:</b> Medicaid coverage on case-by-case basis for low protein food.		

## RHODE ISLAND

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">27-20-56</a> (individual and group plans) <a href="#">RIGL §27-20-56</a> (Individual and group plans) <a href="#">27-18-70</a> (Accident & sickness plans) <a href="#">RIGL §27-19-60</a> (nonprofit hospital service corporations) <a href="#">RIGL §27-41-74</a> (HMOs)	<a href="#">RIGL §40-6-3.12</a>	<a href="#">Rhode Island WIC Program</a>	<a href="#">23-13-14</a> (Newborn screening)
Benefits Covered	<b>Disorders covered:</b> Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo-obstruction, and inherited diseases of amino and organic acids <b>Medical food:</b> Enteral formula <b>Low protein food:</b> Low protein modified foods <b>Other:</b> Mandated coverage of newborn screening fee	<b>Disorders covered:</b> IEM such as PKU, TYR, HCY, MSUD, PROP and MMA	<b>Disorders covered:</b> IEM or gene mutations or deletions that alter metabolism <b>Other:</b> Special formula	
Limits	<b>Annual cap:</b> \$2,500 <b>Other:</b> Copays and/or deductible apply	<b>Age:</b> Neonates, infants, children <b>Annual cap:</b> \$2,500 <b>Other:</b> Coverage on case-by-case basis	<b>Other:</b> Medical necessity must be documented by a physician.	

## SOUTH CAROLINA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	No legislative mandate		Yes	
Benefits Covered		<b>Disorders covered:</b> Unspecified inborn metabolic disorders in children and some parents of dependent children		
Limits		<b>Other:</b> Medicaid coverage of enteral, but not oral		

## SOUTH DAKOTA

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">58-17-62</a> (individual plans) <a href="#">58-18-41</a> (Group plans) <a href="#">58-38-23</a> (Nonprofit medical and surgical plans) <a href="#">58-41-98</a> (HMOs) <a href="#">67:16:42</a> (Nutritional therapy and supplements)		<a href="#">South Dakota WIC</a>	<a href="#">34-24-17</a> – Newborn Screening Program
Benefits Covered	<b>Disorders covered:</b> PKU <b>Medical food:</b> Formula; amino acid-based formula <b>Dietary supp:</b> Dietary management	<b>Dietary supp:</b> Oral nutrition supplements <b>Other:</b> Nutrition therapy	<b>Disorders covered:</b> IEM and metabolic diseases <b>Dietary supp:</b> special formula and other supplemental foods <b>Other:</b> Nutrition therapy	
Limits		<b>Other:</b> Medicaid coverage of enteral, but not oral		

TENNESSEE				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">Tenn. Code Ann. 56-7-2505</a>		<a href="#">Tennessee WIC Qualifying conditions</a>	<a href="#">Tenn. Code Ann 56-7-2301(b)</a> (Newborn screening)
Benefits Covered	Disorders covered: PKU Medical food: Formula only		Disorders covered: IEM and metabolic disorders Medical Food: therapeutic products	
Limits		Age: Up to 21 (for metabolic disorders)	Other: TN Medicaid is payer for therapeutic products for individuals with IEM who are also eligible for WIC	

TEXAS				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Newborn Screening (NBS), CSHCN program
		Medicaid	WIC	
Legislation	<a href="#">TIC Section 1377.051</a> (Formula) <a href="#">TIC Chapter 1359</a> (Group plans and HMOs)		<a href="#">Texas WIC Medical Request for Formula/Food</a>	<a href="#">TAC Health Services §38</a> (CSHCN) Health and Safety Code <a href="#">§33.031</a> et seq. (NBS)
Benefits Covered	<b>Disorders covered:</b> PKU, inborn errors of amino acid or urea organic acid metabolism Eosinophilic disorders (for elemental formulas) <b>Medical food:</b> Formula only; amino acid-based elemental formulas	<b>Medical food:</b> For inborn metabolic disorders only	<b>Disorders covered:</b> IEM and metabolic disorders <b>Medical food:</b> Special formula and foods	<b>Disorders covered:</b> Identified metabolic disorders or other conditions <b>Other:</b> Nutritional services and products
Limits	<b>Other:</b> Coverage must mirror prescription drug benefits	<b>Other:</b> Medicaid coverage on case-by-case basis		



UTAH				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	<a href="#">31A-22-623</a> <a href="#">R590-76-4</a> (HMOs) <a href="#">R590-194</a> (Dietary products)	<a href="#">Utah Medicaid Provider Manual</a>	<a href="#">Utah Medicaid Provider Manual</a>	
Benefits Covered	<b>Disorders covered:</b> Inborn errors of amino acid or urea cycle metabolism caused by an inherited abnormality of body chemistry treatable by dietary restriction <b>Dietary supp:</b> Dietary products	<b>Disorders covered:</b> IEM <b>Medical foods:</b> covered when meet Orphan Act amendment definition, is for oral or tube feeding, and is used under medical supervision.	<b>Disorders covered:</b> IEM <b>Medical foods:</b> nutritional supplements	
Limits		<b>Age:</b> Children younger than 21 <b>Other:</b> coverage on case-by-case basis	<b>Other:</b> coverage on case-by-case basis	

## VERMONT

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: CSHCN program
		Medicaid	WIC	
Legislation	<a href="#">8 V.S.A. § 4089e</a>	<a href="#">Department of Vermont Health Access</a>		
Benefits Covered	<b>Disorders covered:</b> Inherited metabolic disease caused by an abnormality of body chemistry for which the state screens newborns <b>Medical food:</b> Medically necessary medical foods <b>Low protein food:</b> Low protein modified food products	<b>Disorders covered:</b> Inherited metabolic disease caused by an abnormality of body chemistry for which the state screens newborns <b>Medical Food:</b> Low protein modified food products for treatment of an inherited metabolic disease, as required by Act 128 of the 1998 Legislative Session	<b>Other:</b> Health department may cover children with chronic diseases	CSHCN program reviews and processes eligible applications for medically necessary expenses that are not otherwise covered. <b>Medical Food:</b> Medically necessary formula and nutritional supplements
Limits	<b>Annual cap:</b> \$2,500 for low protein foods		<b>Other:</b> WIC coverage on case-by-case basis	<b>Other:</b> Title V functions as payer of last resort; must exhaust all other potential payers

VIRGINIA				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Department of Health
		Medicaid	WIC	
Legislation	No legislative mandate		Yes	<a href="#">12 VAC 5-71-10</a> (DOH)
Benefits Covered		<b>Disorders covered:</b> Core panel of heritable disorders and genetic disease consistent with recommendations of the American College of Medical Genetics <b>Other:</b> Tube feeding only		<b>Medical food:</b> Metabolic formula (DOH), and Dietary supplements (when funds are available) <b>Low protein food:</b> Low protein food (DOH) <b>Other:</b> Supplies (DOH)
Limits				<b>Age:</b> Under 21; assistance available for those over 21 if income <300% FPL (DOH) <b>Annual cap:</b> \$1,500 (for those with income > 300% FPL) <b>Other:</b> Must be financially eligible and eligible for CSHCN program (DOH); those not eligible for CSHCN program, may be eligible to purchase from DOH

## WASHINGTON

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Specialty clinics
		Medicaid	WIC	
Legislation	<a href="#">48.20.520</a> (PKU) <a href="#">48.21.300</a> (Group plans)	<a href="#">WAC 388-554- 300</a>	<a href="#">WAC 388-554- 300</a>	
Benefits Covered	<b>Disorders covered:</b> PKU only Eosinophilic gastrointestinal associated disorders (for elemental formulas) <b>Medical food:</b> Formula; medically necessary elemental formula	<b>Medicaid food:</b> oral or tube-delivered enteral nutrition products <b>Other:</b> equipment and related supplies	<b>Medicaid food:</b> oral or tube-delivered enteral nutrition products <b>Other:</b> equipment and related supplies	<b>Disorders covered:</b> Hemoglobin diseases, PKU, CAH, CH, and other disorders for which the state screens newborns (specialty clinics)
Limits			<b>Age:</b> WIC pays for first for children younger than 5 eligible for both WIC and WA Medicaid	

WEST VIRGINIA				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: Office of Maternal, Child, and Family Health (MCFH), Newborn Screening Program (NBS)
		Medicaid	WIC	
Legislation	No legislative mandate		<a href="#">West Virginia WIC</a>	<a href="#">§16-22-3(c)</a> (NBS)
Benefits Covered		<b>Disorders covered:</b> PKU, GALT <b>Medical food:</b> Formula only	<b>Disorders covered:</b> IEM and metabolic disorders <b>Medical food:</b> Metabolic formula and WIC-eligible nutritionals	<b>Disorders covered:</b> PKU, Tyrosinemia, and Organic Acidemia disorders (MCFH) <b>Medical food:</b> Metabolic formula (MCFH) <b>Dietary supp:</b> Metabolic supplements (MCFH)
Limits		<b>Other:</b> Medicaid must refer to the <a href="#">WV University Genetics Team</a>	<b>Other:</b> Medical necessity must be documented by a health care professional. WIC must refer to the <a href="#">WV University Genetics Team</a>	

WISCONSIN				
	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs:
		Medicaid	WIC	
Legislation	No legislative mandate	<a href="#">HFS 107.09</a>		
Benefits Covered		<b>Disorders covered:</b> Those at nutritional risk due to severe health conditions, including metabolic disorders <b>Medical food:</b> Medically necessary, specially formulated nutritional supplements and replacement products, including enteral and parenteral products		
Limits			No coverage	

## WYOMING

	Private Coverage	Public Coverage		Coverage/Related Services Funded by Other State Programs: CSHCN program
		Medicaid	WIC	
Legislation	<a href="#">26-20-401</a>	<a href="#">Wyoming Medicaid Rules</a>	<a href="#">Physician authorization &amp; Medical Documentation</a>	
Benefits Covered	<b>Disorders covered:</b> Inherited enzymatic disorders caused by single gene defects involved in the metabolism of amino, organic and fatty acids and includes PKU, maternal PKU, MSUD. Tyrosinemia, homocystinuria, histidinemia, urea cycle disorders, hyperlysinemia, glutaric acidemias, methylmalonic academia, propionic academia <b>Other:</b> Medical nutrition therapy	<b>Disorders covered:</b> IEM involving amino acid, carbohydrate, and fat metabolism with an accepted diagnosis and treatment	<b>Medical food:</b> Specialty formulas and medical foods	<b>Medical Food:</b> Metabolic formula
Limits			<b>Other:</b> Must be prescribed by a licensed healthcare professional	

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## Appendix A: State Newborn Screening Program Contact Information<sup>20</sup>

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<sup>20</sup> Source: National Newborn Screening and Global Resource Center. (2016). *Newborn Screening Programs in the U.S.* Retrieved from [http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/state\\_contacts.pdf](http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/state_contacts.pdf)

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<sup>21</sup> Source: HRSA/Maternal Child Health. Retrieved August 11, 2016 from <https://mchb.tvisdata.hrsa.gov/>

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