

HOUSE COMMITTEE AMENDMENTS

2025 Regular Session

Amendments proposed by House Committee on Insurance to Original House Bill No. 467
by Representative Hilferty

AMENDMENT NO. 1

On page 1, line 4, after "coverage;" insert "to provide for application to coverage plans; to provide for effectiveness;"

AMENDMENT NO. 2

On page 1, delete lines 9 through 13 in their entirety and insert in lieu thereof the following:

"A. A health insurance issuer offering health coverage plans in this state that provides benefits for maternity services shall provide coverage for amino acid-based elemental formulas, regardless of the formula delivery method, to treat a child aged two years or younger. Coverage applies pursuant to this Section if the child has been diagnosed by a board-certified allergist or board-certified gastroenterologist and the treating physician issues a written order stating that the amino acid-based elemental formula is medically necessary to treat the child for any of the following:"

AMENDMENT NO. 3

On page 2, line 9, delete "benefit" and insert "coverage"

AMENDMENT NO. 4

On page 2, delete lines 16 through 21 in their entirety and insert in lieu thereof the following:

"A. The Louisiana Department of Health shall make available to persons who are eligible for Medicaid benefits under Title XIX of the Social Security Act, 42 U.S.C. 1396 et seq., coverage for amino acid-based elemental formulas, regardless of the formula delivery method, to treat a child aged two years or younger. Coverage applies pursuant to this Section if the child has been diagnosed by a board-certified allergist or board-certified gastroenterologist and the treating physician issues a written order stating that the amino acid-based elemental formula is medically necessary to treat the child for any of the following:"

AMENDMENT NO. 5

On page 3, line 3, delete "otherwise"

AMENDMENT NO. 6

On page 3, after line 12, insert the following:

"Section 3. The provisions of this Act apply to any new policy, contract, or health coverage plan issued on and after January 1, 2026. Any policy, contract, or health coverage plan in effect prior to January 1, 2026, shall convert to conform to the provisions of this Act on or before the renewal date, but no later than January 1, 2027."