

***REPORT:***  
***Illinois Health Insurance Mandates***  
***House Resolution 332 & 406***

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From: Council for Affordable Health Insurance

APPENDIX II: Mandated Benefits  
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# APPENDIX I

## *Health Insurance Mandates in the States – 2010*

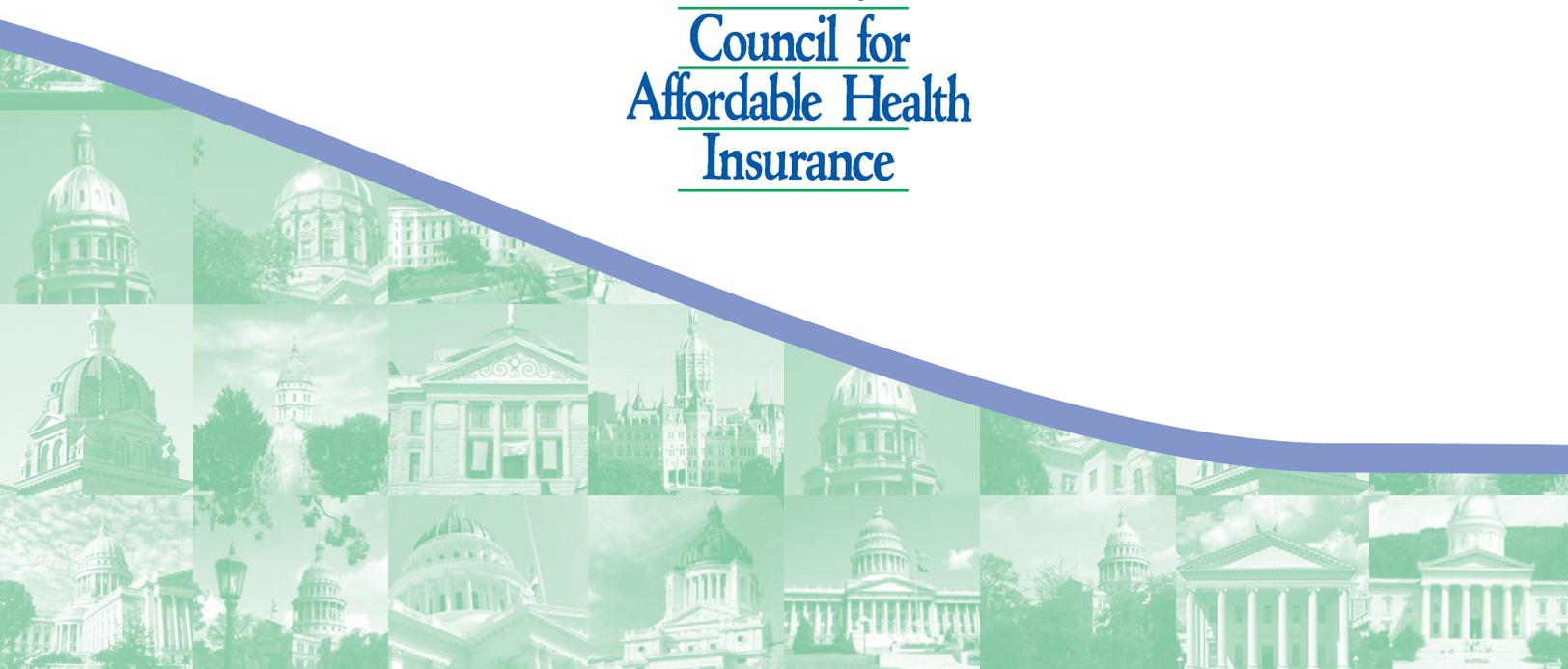
From:  
Council for Affordable Health Insurance

# Health Insurance Mandates in the States 2010

Victoria Craig Bunce, Director of Research and Policy  
JP Wieske, Director of State Affairs



Council for  
Affordable Health  
Insurance



# Health Insurance Mandates in the States 2010

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# MANDATES AND THEIR IMPACT ON THE INSURANCE MARKET

## INTRODUCTION

A health insurance “mandate” is a requirement that an insurance company or health plan cover (or offer coverage for) common — but sometimes not so common — health care providers, benefits and patient populations. They include:

- Providers such as chiropractors and podiatrists, but also social workers and massage therapists;
- Benefits such as mammograms, well-child care and even drug and alcohol abuse treatment, but also acupuncture and hair prostheses (wigs); and,
- Populations such as adopted and non-custodial children.

For almost every health care product or service, there is someone who wants insurance to cover it so that those who sell the products and services get more business and those who use the products and services don't have to pay out of pocket for them.

## CAHI'S MANDATED BENEFIT REPORT SERIES

*Health Insurance Mandates in the States, 2010* is published along with three other related reports and should be reviewed in their entirety in order to gain a complete picture of the mandated benefit and provider chart. The total mandate count for the 2010 edition is 2,156 up from 2,133 in the 2009 edition.

**The corresponding documents to review are:**

- *Frequently Asked Mandated Benefit Questions, 2010* — This report provides a fuller explanation of our mandated benefit research methodology, and is included in this publication.
- *Mandated Benefit Definition Memo, 2010* — This report, which is included in this publication, defines the terms used in the mandated benefit chart, and is largely based on what is usually specified in the enacted legislation. Mandate legislation differs from bill to bill and from state to state. It would be impossible to make a detailed assessment of each state's mandates without evaluating each piece of legisla-

tion — legislation which is often amended in subsequent years. Our report is intended to be a snapshot and so may not apply to all variations of a particular mandate.

- *Trends in Mandated Benefits, 2010* — This report highlights emerging trends in state mandated benefit legislation.

## CAHI'S MANDATED BENEFITS AND PROVIDERS CHART

The mandate chart is broken down on a state-by-state basis into three categories: benefits, providers and covered populations. Boxes with a “Y” indicate that the state has passed that particular mandate. Totals for each state and mandate are also included. Thus anyone can easily determine how many mandates and which ones each state has passed.

## CAHI'S MANDATED BENEFIT COST ESTIMATES

Besides listing the state mandated benefits, we provide a cost assessment of each one. CAHI's independent Actuarial Working Group on Mandated Benefits analyzed company data and their experience and provided cost-range estimates — less than 1 percent, 1-3 percent, 3-5 percent and 5-10 percent — if the mandate were added to a policy that did not include the coverage. These estimates are based on real health insurance policies and are not based on theory or modeling.

As mentioned earlier, mandate legislation differs from bill to bill and from state to state. For example, one state may require insurance to cover a limited number of chiropractor visits per year, while another state may require chiropractors to be covered equally with medical doctors. The second will have a greater impact on the cost of a health insurance policy than the first.

Further, the additional cost of a mandate depends on the benefits of the policy to which it is attached. Example: A prescription drug mandate costs nothing if a policy already covers drugs, but can be very costly if added to a policy that doesn't. Thus, the

cost estimates relate to the average actuarial impact, and are not intended to reflect specific legislation.

### A CAUTION ABOUT COMPARISONS AND COST ESTIMATES

Because mandates can drive up the cost of health insurance, it would be easy to assume that the states with the most mandates would also have the highest premiums. While that may be true in some states, it is not necessarily so. Some mandates will typically have a bigger cost impact than others. For example, mental health parity mandates, which require insurers to cover mental health care at the same levels as physical health care, have a much greater impact on the cost of premiums than would mandates for inexpensive procedures which few people need. In addition, mental health mandates often include “mini-mandates” within them, such as coverage for autism diagnosis and treatment.

It may be tempting to think that since a particular mandate doesn’t add much to the cost of a health insurance policy, there is no reason for legislators to oppose it. The result of this reasoning is that many states have 40, 50, or more mandates. Although most mandates only increase the cost of a policy by less than 1 percent, 40 such mandates will price many people out of the market. It is the accumulated impact of dozens of mandates, not just one, that makes health insurance unaffordable.

The question that every legislator needs to ask is: When does one person’s or group’s need to have some new or traditionally uncovered procedure or

therapy paid for by health insurance outweigh the majority’s need to keep premiums affordable?

Fortunately, there is evidence that some legislators are getting CAHI’s message. At least 30 states now require that a mandate’s cost must be assessed before it is implemented. And at least 10 states provide for mandate-lite policies, which allow some individuals to purchase a policy with fewer mandates more tailored to their needs and financial situation.

### THE REST OF THE STORY

The mandates enumerated here don’t tell the whole story. States have other ways of adversely affecting the cost of health insurance. For example, several states have adopted legislation that requires health insurers selling in the individual market to accept anyone who applies, regardless of their health status, known as “guaranteed issue.” Or they limit insurers’ ability to price a policy to accurately reflect the risk an applicant brings to the pool, known as “community rating” or “modified community rating.”

Both guaranteed issue and community rating can have a devastating impact on the price of health insurance, especially as younger and healthier people cancel their coverage, leaving the pool smaller and sicker. Thus, in the aggregate, mandates drive up the cost of health insurance. But determining the impact in a particular state requires careful analysis of each piece of mandate legislation, as well as other regulations that have been promulgated.

*Mandating benefits is like saying to someone in the market for a new car, if you can't afford a Cadillac loaded with options, you have to walk.*

Table 1: TOTAL MANDATES BY STATE

State	Total Mandates	State	Total Mandates
AK	33	MT	38
AL	19	NC	52
AR	45	ND	34
AZ	33	NE	36
CA	56	NH	44
CO	54	NJ	45
CT	59	NM	57
DC	27	NV	44
DE	32	NY	52
FL	49	OH	29
GA	45	OK	38
HI	23	OR	49
IA	27	PA	57
ID	13	RI	69
IL	46	SC	29
IN	35	SD	29
KS	42	TN	41
KY	45	TX	60
LA	51	UT	25
MA	47	VA	57
MD	67	VT	42
ME	53	WA	57
MI	25	WI	35
MN	64	WV	39
MO	42	WY	37
MS	29		
<b>TOTAL</b>		<b>2156</b>	

Table 2: NATIONWIDE TOTAL BY MANDATE

Mandate	Nationwide Total	Estimated % Cost of Premium
<b>Benefit Mandate</b>		
AIDS/HIV Testing/Vaccine	10	<1%
Alcoholism/Substance Abuse	46	1% to 3%
Alzheimer's	4	<1%
Ambulatory Surgery Centers	13	1% to 3%
Ambulance Transportation and Services	13	<1%
Ambulatory Cancer Treatment	3	<1%
Anti-Psychotic Drugs	10	<1%
Asthma Education & Self-Management	3	<1%
Attention Deficit Disorder	2	<1%
Autism	25	1% to 3%
Bilateral Cochlear Implant	2	<1%
Blood Lead Poisonng Screening	8	<1%
Blood Products	3	<1%
Bone Marrow Transplant	9	<1%
Bone Mass Measurement	16	<1%
Brain Injury	3	<1%
Breast Reduction	1	<1%
Breast Reconstruction	50	<1%
Cancer Pain Medication Therapies	7	<1%
Cervical Cancer / HPV Screening	31	<1%
Chemotherapy	8	<1%
Circumcision	1	<1%
Chlamydia Screening	4	<1%
Cleft Lip and Palate	17	<1%
Clinical Trial (cancer)	28	<1%
Colorectal Cancer Screening	34	<1%
Congenital Bleeding Disorder	3	<1%
Congenital Defect	1	1% to 3%
Contraceptive	29	1% to 3%
Dental Anesthesia	31	<1%
Developmental Disability	1	<1%
Diabetic Self-Management	38	<1%
Diabetic Supplies	47	<1%
Drug Abuse Treatment	34	<1%
Early Intervention Service	7	<1%
Emergency Room Service	45	<1%
Habilitative Service for Congenital or Genetic Defect	5	<1%
Hair Prosthesis	10	<1%
Hearing Aids for Minor	17	<1%
Heart Transplant	1	<1%
Home Health Care	20	<1%
Hospice Care	12	<1%
HPV Vaccine	11	<1%
Hormone Replacement Therapy	4	<1%
In Vitro Fertilization	15	3% to 5%

Mandate	Nationwide Total	Estimated % Cost of Premium
Kidney Disease	2	<1%
Long-Term Care	5	1% to 3%
Lyme Disease	3	<1%
Lymph Edema	3	<1%
Mammography Screening	50	<1%
Mastectomy	25	<1%
Mastectomy Minimum Stay	25	<1%
Maternity	22	1% to 3%
Maternity Minimum Stay	50	<1%
Mental Health General	42	1% to 3%
Mental Health Parity	48	5% to 10%
Minimum Hysterectomy Stay	2	<1%
Morbid Obesity Treatment	7	1% to 3%
Neurodevelopment Therapy	1	<1%
Newborn Hearing Screening	18	<1%
Newborn Sickle Cell Anemia Testing	4	<1%
Off-Label Drug Use	36	<1%
Oriental Medicine	3	<1%
Orthotic and/or Prosthetics	19	<1%
Ostomy Related Procedure and Supplies	1	<1%
Other Infertility Service	9	<1%
Ovarian Cancer Screening	7	<1%
PKU/Metabolic Disorder	33	<1%
Port-Wine Stain Elimination	2	<1%
Prescription Drugs	4	5% to 10%
Prescription Inhalent	2	<1%
Prostate Cancer Screening	36	<1%
Protein Screeing	4	<1%
Psychotropic Drugs	5	<1%
Reconstructive Surgery	7	<1%
Rehabilitative Service	6	1% to 3%
Residential Crisis Service	3	<1%
Second Surgical Opinion	10	<1%
Shingles (Herpes Zoster) Vaccine	1	<1%
Smoking Cessation	6	1% to 3%
Special Footwear	2	<1%
Telemedicine	9	<1%
Testicular Cancer Minimum Stay	2	<1%
TMJ Disorder	19	<1%
Varicose Vein Removal	1	<1%
Vision Care Service	1	<1%
Well Child Care	33	1% to 3%
Wilm's Tumor	1	<1%
<b>Provider Mandate</b>		
Acupuncturist	12	1% to 3%
Athletic Trainer	3	<1%

Mandate	Nationwide Total	Estimated % Cost of Premium
Birthing Center/Midwife	12	<1%
Chiropracist	4	<1%
Chiropractor	44	<1%
Dentist	33	3% to 5%
Denturist	3	<1%
Dietician	4	<1%
Drug Abuse Counselor	7	<1%
First Nurse Assistant	6	<1%
Lay Midwife	4	<1%
Licensed Health Professional	12	<1%
Marriage/Family Therapist	17	<1%
Massage Therapist	2	<1%
Naturopath	4	<1%
Nurse	11	<1%
Nurse Midwife	27	<1%
Nurse Anesthetist	20	<1%
Nurse Practitioner	29	<1%
Psychiatric Nurse	18	<1%
Occupational Therapist	9	1% to 3%
Optician	3	1% to 3%
Optometrist	41	1% to 3%
Oral Surgeon	9	<1%
Osteopath	23	1% to 3%
Pain Management Specialist	3	1% to 3%
Pastoral Counselor	3	<1%
Pediatric Specialist	1	<1%
Pharmacist	6	<1%
Physical Therapist	15	1% to 3%
Physician Assistant	15	<1%
Podiatrist	33	<1%
Professional Counselor	17	<1%
Psychologist	44	1% to 3%
Public or Other Facility	19	<1%
Social Worker	26	1% to 3%
Speech/Hearing Therapist	19	<1%
<b>Covered Persons</b>		
Adopted Children	44	<1%
Continuation Dependent	45	<1%
Continuation Employee	46	<1%
Conversion to Non-Group Coverage	41	1% to 3%
Dependent Student/Adult	34	<1%
Foster Children	2	<1%
Grandchildren	9	<1%
Disabled Dependent Adult	42	1% to 3%
Newborn	51	1% to 3%
Non-Custodial Children or Stepchild	15	<1%
Domestic Partner/Civil Union	18	<1%
<b>TOTAL</b>	<b>2156</b>	

# FREQUENTLY ASKED QUESTIONS

## BENEFIT MANDATES

### What is a health insurance benefit mandate?

A health insurance “mandate” is a requirement that an insurance company or health plan cover (or offer coverage for) common — but sometimes not so common — health care providers, benefits and patient populations. They include:

- Providers such as chiropractors and podiatrists, but also social workers and massage therapists;
- Benefits such as mammograms, well-child care and even drug and alcohol abuse treatment, but also acupuncture and hair prostheses (wigs); and,
- Populations such as adopted and non-custodial children.

For almost every health care product or service, there is someone who wants insurance to cover it so that those who sell the products and services get more business and those who use the products and services don't have to pay out of pocket for them.

### Do mandated benefits affect health insurance costs?

While mandates make health insurance more comprehensive, they also make it more expensive because mandates require insurers to pay for care consumers previously funded out of their own pockets. The Council for Affordable Health Insurance (CAHI) estimates that mandated benefits currently increase the cost of basic health coverage from a little less than 20 percent, but may be much higher, depending on the number of mandates, the benefit design and the cost of the initial premium. Mandating benefits is like saying to someone in the market for a new car, if you can't afford a Cadillac loaded with options, you have to walk. Having that Cadillac would be nice, as would having a health insurance policy that covers everything one might want. But drivers with less money can find many other affordable car options; whereas when the price of health insurance soars, few other options exist.

**Are all mandates of equal value?** Just because CAHI lists something as a mandate doesn't necessarily mean it should be excluded from a standard health insurance policy. Many mandates listed here should be and often are included in comprehensive coverage. The purpose of our report is to tabulate

the number of benefits mandated by the states and assess their impact on the cost of insurance — not to make judgments about which mandates should or should not be included in a health insurance policy.

### Why is the number of mandated benefits growing?

Elected representatives find it difficult to oppose any legislation that promises enhanced care to potentially motivated voters. The sponsors of mandates know this fact of political life. As a result, government interference in and control of the health care system is steadily increasing. So too is the cost of health insurance.

By the late 1960s, state legislatures had passed only a handful of mandated benefits. Since CAHI started tracking mandated benefits, we have seen in the range of 25 to 50 new mandated benefits annually. Today, CAHI has identified 2,156 mandated benefits, providers and covered persons nationwide — an increase of 24 mandates from last year's total of 2,133. And more are on their way.

### Do states with the most mandated benefits have the highest premiums?

Because mandates can drive up the cost of health insurance, it would be easy to assume that the states with the most mandates would also have the highest premiums. While that may be true in some states, it is not necessarily so. Some mandates have a much greater impact on the cost of health insurance than others. For example, mental health parity mandates, which require insurers to cover mental health care at the same levels as physical health care, have a much greater impact on the cost of premiums than would mandates for inexpensive procedures which few people need. In addition, mental health mandates increasingly include “mini-mandates” within them, like coverage for autism diagnosis and treatment.

### If mandates increase the cost of coverage, how can legislators justify imposing mandates that many people may not want or need?

Sometimes legislators deny that a benefit mandate is a really a mandate. For example, they may claim that requiring health insurance to cover a type of provider — such as a chiropractor, podiatrist, midwife or naturopath — is not a mandated benefit because they aren't requiring insurance to pay for a particular therapy. But that's a distinction without a difference; if insurance is required to cover the provider,

it must pay for the service provided. The industry calls these types of new laws “back-door benefit mandates.”

The question that every legislator needs to ask is: When does one person’s or group’s need to have some new or traditionally uncovered procedure or therapy paid for by health insurance outweigh the majority’s need to keep premiums affordable?

Fortunately, there is evidence that some legislators are getting CAHI’s message. At least 30 states now require that a mandate’s cost must be assessed before it is implemented. And at least 10 states provide for mandate-lite policies, which allow some individuals to purchase a policy with fewer mandates more tailored to their needs and financial situation.

**What’s the relationship between federal and state mandates?** Historically, Congress deferred health insurance regulation to the states. But with the passage of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), that has begun to change. Congress is increasingly willing and eager to micromanage health insurance benefits.

Starting with the 2009 publication, CAHI included the federal health insurance mandates, which lay out certain requirements that specific state mandates must adopt, because they affect states’ health insurance coverage benefits laws. While federal law does not mandate employers of any size offer health insurance coverage, it does require employers who choose to offer insurance ensure their plans meet certain federal requirements with regard to, for example, mental health, mastectomy and maternity benefits. And states, which still have the primary responsibility for regulating insurers, can require health insurance policies offered by employers to include certain benefits that must meet the minimum federal requirements.

CAHI has seen an increase in federal mandates over the past year or two. For example, there are two

new federal mandates from the 2008 legislative session which we reported on in our 2009 publication:

- The Mental Health Parity and Addiction Equity Act, which expands the previous federal mental health parity laws to include substance abuse benefits, and
- Michelle’s Law, which requires the continuation of health insurance coverage for full-time college students who take a medical leave of absence (otherwise, they would have become ineligible for dependent-student status under a parent’s health insurance plan).

**If we curb mandated benefit laws, will health insurance be more accessible and affordable?**

The mandates enumerated in this report don’t tell the whole story. States have other ways of adversely affecting the cost of health insurance. For example, several states have adopted legislation that requires health insurers selling in the individual (i.e., non-group) market to accept anyone who applies, regardless of their health status, known as “guaranteed issue.” Or they limit insurers’ ability to price a policy so that it accurately reflects the risk an applicant brings to the pool, known as “community rating” or “modified community rating.”

Both guaranteed issue and community rating can have a devastating impact on the price of health insurance, especially as younger and healthier people cancel their coverage, leaving the pool smaller and sicker. Thus, in the aggregate, mandates drive up the cost of health insurance. But determining the impact in a particular state requires careful analysis of each piece of mandate legislation, as well as other regulations that have been promulgated.

So, yes, giving people to mandate-free or mandate-lite policies would, all other things being equal, give them more affordable options. But other state-imposed regulations could minimize or even eliminate any beneficial impact.

*Government interference in and control of the health care system is steadily increasing. So too is the cost of health insurance.*

## METHODOLOGY

**Where does CAHI get its mandated benefit information?** Since 1992, CAHI staff has subscribed to various legislative and regulatory tracking services. Researchers personally review each federal and state health care reform legislation and regulation. To corroborate our own findings, we survey every department of insurance and talk with other industry experts. Over the years, CAHI has reported the information in various formats for our members and colleagues. Since 2004, the organization has made its legislative tracking information available on the web site to the general public.

**Why is CAHI's mandated benefit information sometimes different than other groups that identify mandates?** The question is sometimes raised why CAHI's mandate count may differ from other groups that identify state mandates. For one thing, CAHI does not currently differentiate between the individual and small group markets, especially since many states are blurring that traditional distinction by, for example, allowing "groups of one" (i.e., one person is considered a group) to be classified as a small group under federal law.

In addition to tracking the mandated benefit legislation and regulations, we annually send out a comprehensive survey to each state's insurance regulatory authority to verify our information. In some instances, information returned from a state regulatory authority has differed from past years due to changes in their staff or interpretation. Once identified, we work out those differences on a case by case basis. In addition, we run our information by two CAHI health insurance industry groups: our Actuarial Working Group on Mandated Benefits and State Affairs Committee.

Also, CAHI does not differentiate between a benefit that is mandated and one that must only be offered. Our actuaries advise us that the cost to provide that policy is the same: If the mandate is offered, it is essentially a mandated benefit because only those interested in the mandate will take advantage of it. In addition, states sometimes exempt either the individual or small group markets from specific mandates, or may only apply that mandate only to insurance companies that are domiciled in the state (e.g., a Blue Cross policy).

Finally, states may pass a mandate in one legislative session only to come back in a later session and either expand or reduce the original bill's scope. That propensity to revise mandate legislation in subsequent years is one of the reasons why we don't include information on when the mandate originally passed.

**Where can I get a definition of what each mandated benefit means?** At the end of this publication we include a generalized definition for each mandate that applies across all 50 states. Some states may make a distinction with regards to one or more specific mandate so in some cases a state's definition or usage of a term differs from ours.

**Where do you get your mandated benefit cost estimates?** One aspect that makes the CAHI report unique is that besides listing the state mandated benefits, we provide a general cost assessment of each one. CAHI's independent Actuarial Working Group on Mandated Benefits analyzed company data and their experience and provided cost-range estimates — less than 1 percent, 1-3 percent, 3-5 percent and 5-10 percent — if the mandate were added to a policy that did not include the coverage.

These estimates are based on real health insurance policies and are not theory or modeling. However, mandate legislation differs from bill to bill and from state to state. For example, one state may require insurance to cover a limited number of chiropractor visits per year, while another state may require chiropractors to be covered equally with medical doctors. The second will have a greater impact on the cost of a health insurance policy than the first. It would be impossible to make a detailed assessment of the cost of each state's mandates without evaluating each piece of legislation. Thus, the estimated cost level indicated in the chart is considered typical but may not apply to all variations of that mandate. Further, the additional cost of a mandate depends on the benefits of the policy to which it is attached. Example: A prescription drug mandate costs nothing if a policy already covers drugs, but can be very costly if added to a policy that doesn't.

**If estimates show that many mandated benefits cost less than 1 percent, why not include them in every health insurance policy?** It may be tempting to think that since a particular mandate doesn't

add much to the cost of a health insurance policy, there is no reason for legislators to oppose it. The result of this reasoning is that many states have 40, 50 or more mandates. Although most mandates only increase the cost of a policy by less than 1 percent, 40 such mandates will price many people out of the market. It is the *accumulated impact* of dozens of mandates, not just one, that makes health insurance unaffordable.

**Do you update your mandated cost estimates each year?** CAHI annually reviews each mandated benefit cost with its Actuarial Working Group on Mandated Benefits. It is important to review the cost estimates annually because while a mandate may only cost less than 1 percent, over time the in-

creased frequency of use or the expansion of the mandate to include more services may drive up a mandate's cost. For example, for many years the autism mandate was estimated to affect premiums by less than one percent. But due to the growing frequency and scope of this benefit, our Actuarial Working Group on Mandated Benefits has revised this estimate to be 1-3 percent of premium.

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*Since CAHI started tracking mandated benefits, we have seen in the range of 25 to 50 new mandated benefits annually. Today, CAHI has identified 2,156 mandated benefits, providers and covered persons nationwide.*

## MANDATES IN THE STATES: AK - DE

	Total	Est. Cost	AK	AL	AR	AZ	CA	CO	CT	DC	DE
<b>BENEFITS</b>											
AIDS/HIV Testing/Vaccine	10	<1%					Y				
Alcoholism/Substance Abuse	46	1% to 3%	Y	Y	Y		Y	Y	Y	Y	Y
Alzheimer's	4	<1%									
Ambulatory Surgery Centers	13	1% to 3%			Y	Y					
Ambulance Transportation and Services	13	<1%				Y			Y		
Ambulatory Cancer Treatment	3	<1%									
Anti-Psychotic Drugs	10	<1%									
Asthma Education & Self-Management	3	<1%					Y				
Attention Deficit Disorder	2	<1%									
Autism	25	1% to 3%				Y		Y	Y	Y	
Bilateral Cochlear Implant	2	<1%									
Blood Lead Poisoning Screening	8	<1%					Y		Y		Y
Blood Products	3	<1%									
Bone Marrow Transplant	9	<1%									
Bone Mass Measurement	16	<1%					Y				
Brain Injury	3	<1%									
Breast Reduction	1	<1%									
Breast Reconstruction	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Pain Medication Therapies	7	<1%							Y		
Cervical Cancer/HPV Screening	31	<1%	Y				Y	Y	Y	Y	Y
Chemotherapy	8	<1%							Y		
Circumcision	1	<1%									
Chlamydia Screening	4	<1%									
Cleft Lip and Palate	17	<1%					Y	Y			
Clinical Trial (Cancer)	28	<1%				Y	Y	Y	Y		Y
Colorectal Cancer Screening	34	<1%	Y	Y	Y		Y	Y	Y	Y	Y
Congenital Bleeding Disorder	3	<1%									
Congenital Defect	1	1% to 3%						Y			
Contraceptives	29	1% to 3%			Y	Y	Y		Y		Y
Dental Anesthesia	31	<1%			Y		Y	Y	Y		
Developmental Disability	1	<1%									
Diabetes Self-Management	38	<1%	Y		Y		Y	Y	Y	Y	
Diabetic Supplies	47	<1%	Y		Y	Y	Y	Y	Y	Y	Y
Drug Abuse Treatment	34	<1%	Y		Y		Y		Y	Y	Y
Early Intervention Service	7	<1%						Y			Y
Emergency Room Service	45	<1%	Y		Y	Y	Y	Y	Y	Y	Y

## MANDATES IN THE STATES: AK - DE

	Total	Est. Cost	AK	AL	AR	AZ	CA	CO	CT	DC	DE
<b>BENEFITS</b>											
Habilitative Srvc for Congenital or Genetic Defect	5	<1%								Y	
Hair Prosthesis	10	<1%							Y		Y
Hearing Aids for Minors	17	<1%			Y			Y	Y		Y
Heart Transplant	1	<1%									
Home Health Care	20	<1%				Y	Y	Y	Y		
Hospice Care	12	<1%			Y			Y			
HPV Vaccine	11	<1%						Y			
Hormone Replacement Therapy	4	<1%								Y	
In Vitro Fertilization	15	3% to 5%			Y		Y		Y		
Kidney Disease	2	<1%									
Long-Term Care	5	1% to 3%								Y	
Lyme Disease	3	<1%							Y		
Lymph Edema	3	<1%							Y		
Mammography Screening	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mastectomy	25	<1%			Y	Y	Y		Y		
Mastectomy Minimum Stay	25	<1%			Y	Y	Y		Y		
Maternity	22	1% to 3%			Y		Y	Y			
Maternity Minimum Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health General	42	1% to 3%		Y	Y	Y	Y	Y	Y	Y	
Mental Health Parity	48	5% to 10%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minimum Hysterectomy Stay	2	<1%									
Morbid Obesity Treatment	7	1% to 3%									
Neurodevelopment Therapy	1	<1%									
Newborn Hearing Screening	18	<1%	Y								Y
Newborn Sickle Cell Anemia Testing	4	<1%			Y						
Off-Label Drug Use	36	<1%		Y	Y		Y		Y		Y
Oriental Medicine	3	<1%									
Orthotics and/or Prosthetics	19	<1%			Y		Y	Y			
Ostomy Related Procedure & Supplies	1	<1%							Y		
Other Infertility Service	9	<1%					Y		Y		
Ovarian Cancer Screening	7	<1%									Y
PKU/Metabolic Disorder	33	<1%	Y		Y	Y	Y	Y	Y		Y
Port-Wine Stain Elimination	2	<1%									
Prescription Drugs	4	5% to 10%									

## MANDATES IN THE STATES: AK - DE

	Total	Est. Cost	AK	AL	AR	AZ	CA	CO	CT	DC	DE
<b>BENEFITS</b>											
Prescription Inhalant	2	<1%									
Prostate Cancer Screening	36	<1%	Y	Y	Y		Y	Y	Y	Y	Y
Protein Screening	4	<1%									
Psychotropic Drugs	5	<1%									
Reconstructive Surgery	7	<1%				Y	Y	Y			
Rehabilitation Service	6	1% to 3%							Y		
Residential Crisis Service	3	<1%							Y		
Second Surgical Opinion	10	<1%					Y				
Shingles (Herpes Zoster) Vaccine	1	<1%									
Smoking Cessation	6	1% to 3%						Y	Y		
Special Footwear	2	<1%					Y				
Telemedicine	9	<1%					Y	Y			
Testicular Cancer Minimum Stay	2	<1%									
TMJ Disorder	19	<1%			Y						
Varicose Vein Removal	1	<1%									
Vision Care Service	1	<1%									
Well Child Care	33	1% to 3%	Y		Y		Y	Y	Y	Y	Y
Wilm's Tumor	1	<1%									
<b>PROVIDERS</b>											
Acupuncturist	12	1% to 3%	Y				Y				
Athletic Trainer	3	<1%			Y						
Birth Center/Midwife	12	<1%						Y			Y
Chiropractor	4	<1%									
Chiropractor	44	<1%	Y	Y	Y	Y	Y	Y			Y
Dentist	33	3% to 5%	Y	Y	Y	Y	Y	Y	Y		
Denturist	3	<1%									
Dietician	4	<1%									
Drug Abuse Counselor	7	<1%	Y	Y	Y						
First Nurse Assistant	6	<1%									
Lay Midwife	4	<1%									
Licensed Health Professional	12	<1%			Y			Y			
Marriage/Family Therapist	17	<1%							Y		
Massage Therapist	2	<1%									
Naturopath	4	<1%	Y								
Nurse	11	<1%						Y			
Nurse Midwife	27	<1%	Y				Y	Y	Y		Y
Nurse Anesthetist	20	<1%		Y	Y	Y		Y			

## MANDATES IN THE STATES: AK - DE

	Total	Est. Cost	AK	AL	AR	AZ	CA	CO	CT	DC	DE
<b>PROVIDERS</b>											
Nurse Practitioner	29	<1%	Y			Y	Y	Y	Y		Y
Psychiatric Nurse	18	<1%				Y	Y	Y	Y		
Occupational Therapist	9	1% to 3%	Y				Y		Y		
Optician	3	1% to 3%									
Optometrist	41	1% to 3%	Y	Y	Y	Y	Y	Y	Y		Y
Oral Surgeon	9	<1%				Y		Y			
Osteopath (D.O.)	23	1% to 3%	Y		Y	Y		Y			Y
Pain Management Specialist	3	1% to 3%						Y	Y		
Pastoral Counselor	3	<1%									
Pediatric Specialist	1	<1%									
Pharmacist	6	<1%		Y						Y	
Physical Therapist	15	1% to 3%	Y						Y		
Physician Assistant	15	<1%	Y	Y					Y		
Podiatrist	33	<1%		Y	Y	Y	Y	Y			Y
Professional Counselor	17	<1%			Y		Y				
Psychologist	44	1% to 3%	Y	Y	Y	Y	Y	Y	Y		
Public or Other Facility	19	<1%					Y		Y		
Social Worker	26	1% to 3%	Y				Y	Y	Y		
Speech or Hearing Therapist (Audiologist)	19	<1%			Y		Y	Y		Y	
<b>COVERED PERSONS</b>											
Adopted Children	44	<1%	Y		Y	Y	Y	Y	Y		
Continuation Dependent	45	<1%			Y	Y	Y		Y	Y	Y
Continuation Employee	46	<1%			Y	Y	Y	Y	Y	Y	
Conversion to Non-Group Coverage	41	1% to 3%			Y	Y	Y	Y	Y	Y	
Dependent Student/Adult	34	<1%	Y					Y	Y		Y
Foster Children	2	<1%									
Grandchildren	9	<1%	Y							Y	
Disabled Dependent Adult	42	1% to 3%			Y	Y	Y	Y	Y		
Newborn	51	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Non-Custodial Children or Stepchild	15	<1%						Y	Y	Y	
Domestic Partner/Civil Union	18	<1%					Y	Y	Y	Y	

## MANDATES IN THE STATES: FL - KY

	Total	Est. Cost	FL	GA	HI	IA	ID	IL	IN	KS	KY
<b>BENEFITS</b>											
AIDS/HIV Testing/Vaccine	10	<1%						Y	Y		Y
Alcoholism/Substance Abuse	46	1% to 3%	Y	Y	Y			Y	Y	Y	Y
Alzheimer's	4	<1%									Y
Ambulatory Surgery Centers	13	1% to 3%	Y	Y							Y
Ambulance Transportation and Services	13	<1%	Y								
Ambulatory Cancer Treatment	3	<1%									
Anti-Psychotic Drugs	10	<1%								Y	
Asthma Education and Self-Management	3	<1%									Y
Attention Deficit Disorder	2	<1%								Y	
Autism	25	1% to 3%	Y	Y		Y		Y	Y	Y	Y
Bilateral Cochlear Implant	2	<1%									Y
Blood Lead Poisoning Screening	8	<1%									
Blood Products	3	<1%									
Bone Marrow Transplant	9	<1%	Y	Y							Y
Bone Mass Measurement	16	<1%	Y	Y				Y		Y	Y
Brain Injury	3	<1%									Y
Breast Reduction	1	<1%									
Breast Reconstruction	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Pain Medication Therapies	7	<1%						Y			
Cervical Cancer/HPV Screening	31	<1%		Y				Y		Y	
Chemotherapy	8	<1%									
Circumcision	1	<1%									
Chlamydia Screening	4	<1%		Y							
Cleft Lip and Palate	17	<1%	Y				Y		Y		
Clinical Trial (Cancer)	28	<1%		Y					Y		
Colorectal Cancer Screening	34	<1%		Y				Y	Y		Y
Congenital Bleeding Disorder	3	<1%									
Congenital Defect	1	1% to 3%									
Contraceptives	29	1% to 3%		Y	Y	Y		Y			
Dental Anesthesia	31	<1%	Y	Y		Y		Y	Y	Y	Y
Developmental Disability	1	<1%									
Diabetes Self-Management	38	<1%	Y	Y	Y	Y		Y	Y	Y	Y
Diabetic Supplies	47	<1%	Y	Y	Y	Y		Y	Y	Y	Y
Drug Abuse Treatment	34	<1%	Y		Y					Y	
Early Intervention Service	7	<1%							Y		
Emergency Room Service	45	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y

## MANDATES IN THE STATES: FL - KY

	Total	Est. Cost	FL	GA	HI	IA	ID	IL	IN	KS	KY
<b>BENEFITS</b>											
Habilitative Srvc for Congenital or Genetic Defect	5	<1%		Y				Y			
Hair Prosthesis	10	<1%									
Hearing Aids for Minors	17	<1%		Y							Y
Heart Transplant	1	<1%		Y							
Home Health Care	20	<1%	Y								Y
Hospice Care	12	<1%			Y						Y
HPV Vaccine	11	<1%	Y			Y		Y			
Hormone Replacement Therapy	4	<1%									
In Vitro Fertilization	15	3% to 5%		Y	Y			Y			
Kidney Disease	2	<1%									
Long-Term Care	5	1% to 3%									
Lyme Disease	3	<1%									
Lymph Edema	3	<1%									
Mammography Screening	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mastectomy	25	<1%	Y	Y				Y	Y	Y	
Mastectomy Minimum Stay	25	<1%	Y	Y				Y		Y	
Maternity	22	1% to 3%		Y						Y	
Maternity Minimum Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health General	42	1% to 3%	Y	Y	Y			Y		Y	Y
Mental Health Parity	48	5% to 10%		Y	Y	Y	Y	Y	Y	Y	Y
Minimum Hysterectomy Stay	2	<1%									
Morbid Obesity Treatment	7	1% to 3%		Y				Y	Y		
Neurodevelopment Therapy	1	<1%									
Newborn Hearing Screening	18	<1%	Y						Y		
Newborn Sickle Cell Anemia Testing	4	<1%									
Off-Label Drug Use	36	<1%		Y				Y	Y	Y	
Oriental Medicine	3	<1%	Y								Y
Orthotics and/or Prosthetics	19	<1%	Y			Y		Y	Y		
Ostomy Related Procedure & Supplies	1	<1%									
Other Infertility Service	9	<1%						Y			
Ovarian Cancer Screening	7	<1%		Y				Y			
PKU/Metabolic Disorder	33	<1%	Y		Y				Y		Y
Port-Wine Stain Elimination	2	<1%									
Prescription Drugs	4	5% to 10%									

## MANDATES IN THE STATES: FL - KY

	Total	Est. Cost	FL	GA	HI	IA	ID	IL	IN	KS	KY
<b>BENEFITS</b>											
Prescription Inhalant	2	<1%						Y			
Prostate Cancer Screening	36	<1%		Y				Y	Y	Y	
Protein Screening	4	<1%	Y								Y
Psychotropic Drugs	5	<1%								Y	
Reconstructive Surgery	7	<1%									Y
Rehabilitation Service	6	1% to 3%									
Residential Crisis Service	3	<1%									
Second Surgical Opinion	10	<1%							Y		Y
Shingles (Herpes Zoster) Vaccine	1	<1%						Y			
Smoking Cessation	6	1% to 3%									
Special Footwear	2	<1%									
Telemedicine	9	<1%									Y
Testicular Cancer Minimum Stay	2	<1%	Y								
TMJ Disorder	19	<1%	Y	Y				Y			Y
Varicose Vein Removal	1	<1%									
Vision Care Service	1	<1%		Y							
Well Child Care	33	1% to 3%	Y	Y	Y	Y				Y	
Wilm's Tumor	1	<1%									
<b>PROVIDERS</b>											
Acupuncturist	12	1% to 3%	Y								
Athletic Trainer	3	<1%		Y							
Birthing Center/Midwife	12	<1%	Y								
Chiropractor	4	<1%									Y
Chiropractor	44	<1%	Y	Y		Y		Y	Y	Y	Y
Dentist	33	3% to 5%				Y				Y	Y
Denturist	3	<1%									
Dietician	4	<1%									
Drug Abuse Counselor	7	<1%									
First Nurse Assistant	6	<1%		Y							
Lay Midwife	4	<1%									
Licensed Health Professional	12	<1%							Y	Y	
Marriage/Family Therapist	17	<1%	Y		Y			Y			
Massage Therapist	2	<1%									
Naturopath	4	<1%									
Nurse	11	<1%			Y	Y					
Nurse Midwife	27	<1%	Y								
Nurse Anesthetist	20	<1%							Y	Y	

## MANDATES IN THE STATES: FL - KY

	Total	Est. Cost	FL	GA	HI	IA	ID	IL	IN	KS	KY
<b>PROVIDERS</b>											
Nurse Practitioner	29	<1%				Y				Y	
Psychiatric Nurse	18	<1%	Y								
Occupational Therapist	9	1% to 3%									
Optician	3	1% to 3%									
Optometrist	41	1% to 3%	Y	Y		Y				Y	Y
Oral Surgeon	9	<1%	Y						Y	Y	
Osteopath (D.O.)	23	1% to 3%	Y					Y		Y	Y
Pain Management Specialist	3	1% to 3%								Y	
Pastoral Counselor	3	<1%									
Pediatric Specialist	1	<1%									
Pharmacist	6	<1%								Y	
Physical Therapist	15	1% to 3%								Y	
Physician Assistant	15	<1%	Y			Y					Y
Podiatrist	33	<1%	Y					Y		Y	Y
Professional Counselor	17	<1%	Y					Y			
Psychologist	44	1% to 3%	Y	Y	Y			Y	Y	Y	Y
Public or Other Facility	19	<1%					Y				
Social Worker	26	1% to 3%	Y					Y		Y	
Speech or Hearing Therapist (Audiologist)	19	<1%					Y	Y			
<b>COVERED PERSONS</b>											
Adopted Children	44	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Continuation Dependent	45	<1%	Y	Y		Y		Y	Y	Y	Y
Continuation Employee	46	<1%	Y	Y	Y	Y		Y	Y	Y	Y
Conversion to Non-Group Coverage	41	1% to 3%	Y	Y		Y	Y	Y	Y	Y	Y
Dependent Student/Adult	34	<1%	Y	Y		Y	Y	Y	Y		Y
Foster Children	2	<1%									
Grandchildren	9	<1%									
Disabled Dependent Adult	42	1% to 3%	Y	Y	Y	Y	Y	Y	Y		Y
Newborn	51	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Non-Custodial Children or Stepchild	15	<1%									
Domestic Partner/Civil Union	18	<1%			Y	Y					

## MANDATES IN THE STATES: LA - MT

	Total	Est. Cost	LA	MA	MD	ME	MI	MN	MO	MS	MT
<b>BENEFITS</b>											
AIDS/HIV Testing/Vaccine	10	<1%				Y					
Alcoholism/Substance Abuse	46	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Alzheimer's	4	<1%			Y						
Ambulatory Surgery Centers	13	1% to 3%	Y			Y		Y	Y		
Ambulance Transportation and Services	13	<1%	Y			Y	Y			Y	
Ambulatory Cancer Treatment	3	<1%				Y					
Anti-Psychotic Drugs	10	<1%						Y			
Asthma Education and Self-Management	3	<1%									
Attention Deficit Disorder	2	<1%	Y								
Autism	25	1% to 3%	Y		Y						Y
Bilateral Cochlear Implant	2	<1%									
Blood Lead Poisoning Screening	8	<1%		Y					Y		
Blood Products	3	<1%			Y						
Bone Marrow Transplant	9	<1%	Y	Y					Y		
Bone Mass Measurement	16	<1%	Y		Y				Y		
Brain Injury	3	<1%									
Breast Reduction	1	<1%				Y					
Breast Reconstruction	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Pain Medication Therapies	7	<1%	Y			Y					
Cervical Cancer/HPV Screening	31	<1%	Y	Y	Y	Y		Y	Y		
Chemotherapy	8	<1%						Y			
Circumcision	1	<1%									
Chlamydia Screening	4	<1%			Y						
Cleft Lip and Palate	17	<1%	Y		Y			Y			
Clinical Trial (Cancer)	28	<1%	Y	Y	Y	Y		Y	Y		
Colorectal Cancer Screening	34	<1%	Y		Y	Y		Y	Y		
Congenital Bleeding Disorder	3	<1%									
Congenital Defect	1	1% to 3%									
Contraceptives	29	1% to 3%		Y	Y	Y		Y	Y		Y
Dental Anesthesia	31	<1%	Y		Y	Y		Y	Y	Y	
Developmental Disability	1	<1%									
Diabetes Self-Management	38	<1%		Y	Y		Y	Y		Y	Y
Diabetic Supplies	47	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Drug Abuse Treatment	34	<1%	Y	Y	Y	Y	Y	Y	Y		Y
Early Intervention Service	7	<1%		Y							
Emergency Room Service	45	<1%	Y	Y	Y		Y	Y	Y		

## MANDATES IN THE STATES: LA - MT

	Total	Est. Cost	LA	MA	MD	ME	MI	MN	MO	MS	MT
<b>BENEFITS</b>											
Habilitative Srvc for Congenital or Genetic Defect	5	<1%			Y	Y					
Hair Prosthesis	10	<1%		Y	Y			Y	Y		
Hearing Aids for Minors	17	<1%	Y		Y	Y		Y			
Heart Transplant	1	<1%									
Home Health Care	20	<1%		Y	Y	Y					Y
Hospice Care	12	<1%		Y	Y	Y	Y				
HPV Vaccine	11	<1%			Y						
Hormone Replacement Therapy	4	<1%		Y							
In Vitro Fertilization	15	3% to 5%	Y	Y	Y						
Kidney Disease	2	<1%									
Long-Term Care	5	1% to 3%			Y						
Lyme Disease	3	<1%						Y			
Lymph Edema	3	<1%									
Mammography Screening	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mastectomy	25	<1%	Y			Y		Y	Y		Y
Mastectomy Minimum Stay	25	<1%	Y		Y	Y			Y		Y
Maternity	22	1% to 3%		Y	Y			Y	Y		Y
Maternity Minimum Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health General	42	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health Parity	48	5% to 10%	Y	Y	Y	Y		Y	Y	Y	Y
Minimum Hysterectomy Stay	2	<1%									
Morbid Obesity Treatment	7	1% to 3%			Y						
Neurodevelopment Therapy	1	<1%									
Newborn Hearing Screening	18	<1%		Y	Y				Y		Y
Newborn Sickle Cell Anemia Testing	4	<1%									
Off-Label Drug Use	36	<1%	Y	Y	Y	Y	Y	Y	Y	Y	
Oriental Medicine	3	<1%									
Orthotics and/or Prosthetics	19	<1%	Y	Y	Y	Y					
Ostomy Related Procedure& Supplies	1	<1%									
Other Infertility Service	9	<1%		Y				Y			
Ovarian Cancer Screening	7	<1%						Y			
PKU/Metabolic Disorder	33	<1%	Y	Y	Y	Y		Y	Y		Y
Port-Wine Stain Elimination	2	<1%						Y			
Prescription Drugs	4	5% to 10%									

## MANDATES IN THE STATES: LA - MT

	Total	Est. Cost	LA	MA	MD	ME	MI	MN	MO	MS	MT
<b>BENEFITS</b>											
Prescription Inhalant	2	<1%									
Prostate Cancer Screening	36	<1%	Y		Y	Y		Y	Y		
Protein Screening	4	<1%									
Psychotropic Drugs	5	<1%						Y			
Reconstructive Surgery	7	<1%						Y			
Rehabilitation Service	6	1% to 3%	Y	Y		Y					
Residential Crisis Service	3	<1%			Y						
Second Surgical Opinion	10	<1%			Y				Y		
Shingles (Herpes Zoster) Vaccine	1	<1%									
Smoking Cessation	6	1% to 3%			Y						
Special Footwear	2	<1%									
Telemedicine	9	<1%	Y			Y					
Testicular Cancer Minimum Stay	2	<1%			Y						
TMJ Disorder	19	<1%			Y			Y		Y	
Varicose Vein Removal	1	<1%				Y					
Vision Care Service	1	<1%									
Well Child Care	33	1% to 3%	Y	Y	Y			Y	Y	Y	Y
Wilm's Tumor	1	<1%									
<b>PROVIDERS</b>											
Acupuncturist	12	1% to 3%				Y					Y
Athletic Trainer	3	<1%									
Birth Center/Midwife	12	<1%				Y	Y				
Chiropractor	4	<1%									
Chiropractor	44	<1%	Y	Y	Y	Y	Y	Y	Y		Y
Dentist	33	3% to 5%	Y	Y	Y	Y	Y	Y	Y	Y	
Denturist	3	<1%									
Dietician	4	<1%						Y			
Drug Abuse Counselor	7	<1%									
First Nurse Assistant	6	<1%	Y			Y					
Lay Midwife	4	<1%					Y				
Licensed Health Professional	12	<1%			Y			Y			
Marriage/Family Therapist	17	<1%	Y		Y	Y		Y	Y	Y	
Massage Therapist	2	<1%			Y						
Naturopath	4	<1%									Y
Nurse	11	<1%						Y			
Nurse Midwife	27	<1%		Y	Y	Y	Y	Y		Y	Y
Nurse Anesthetist	20	<1%		Y	Y	Y		Y		Y	Y

## MANDATES IN THE STATES: LA - MT

	Total	Est. Cost	LA	MA	MD	ME	MI	MN	MO	MS	MT
<b>PROVIDERS</b>											
Nurse Practitioner	29	<1%			Y	Y		Y	Y	Y	Y
Psychiatric Nurse	18	<1%		Y		Y		Y		Y	
Occupational Therapist	9	1% to 3%	Y					Y			
Optician	3	1% to 3%						Y			
Optometrist	41	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	
Oral Surgeon	9	<1%					Y				
Osteopath (D.O.)	23	1% to 3%						Y			
Pain Management Specialist	3	1% to 3%									
Pastoral Counselor	3	<1%				Y					
Pediatric Specialist	1	<1%		Y							
Pharmacist	6	<1%						Y			
Physical Therapist	15	1% to 3%	Y		Y			Y			Y
Physician Assistant	15	<1%			Y		Y				Y
Podiatrist	33	<1%	Y	Y	Y		Y	Y	Y		
Professional Counselor	17	<1%		Y						Y	Y
Psychologist	44	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Public or Other Facility	19	<1%	Y		Y	Y		Y		Y	Y
Social Worker	26	1% to 3%	Y	Y	Y	Y		Y		Y	Y
Speech or Hearing Therapist (Audiologist)	19	<1%	Y	Y				Y	Y		
<b>COVERED PERSONS</b>											
Adopted Children	44	<1%	Y	Y	Y			Y		Y	Y
Continuation Dependent	45	<1%	Y	Y	Y	Y		Y	Y	Y	Y
Continuation Employee	46	<1%	Y	Y	Y	Y		Y	Y	Y	Y
Conversion to Non-Group Coverage	41	1% to 3%	Y		Y		Y	Y	Y		Y
Dependent Student/Adult	34	<1%	Y		Y	Y		Y	Y		Y
Foster Children	2	<1%		Y							
Grandchildren	9	<1%			Y			Y			
Disabled Dependent Adult	42	1% to 3%	Y	Y	Y		Y	Y	Y	Y	Y
Newborn	51	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Non-Custodial Children or Stepchild	15	<1%				Y		Y			Y
Domestic Partner/Civil Union	18	<1%			Y	Y					

## MANDATES IN THE STATES: NC - OH

	Total	Est. Cost	NC	ND	NE	NH	NJ	NM	NV	NY	OH
<b>BENEFITS</b>											
AIDS/HIV Testing/Vaccine	10	<1%									
Alcoholism/Substance Abuse	46	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Alzheimer's	4	<1%									
Ambulatory Surgery Centers	13	1% to 3%			Y					Y	
Ambulance Transportation and Services	13	<1%							Y	Y	
Ambulatory Cancer Treatment	3	<1%								Y	
Anti-Psychotic Drugs	10	<1%						Y		Y	
Asthma Education and Self-Management	3	<1%									
Attention Deficit Disorder	2	<1%									
Autism	25	1% to 3%				Y	Y	Y	Y	Y	
Bilateral Cochlear Implant	2	<1%									
Blood Lead Poisoning Screening	8	<1%					Y				
Blood Products	3	<1%								Y	
Bone Marrow Transplant	9	<1%				Y	Y				
Bone Mass Measurement	16	<1%	Y					Y		Y	
Brain Injury	3	<1%									
Breast Reduction	1	<1%									
Breast Reconstruction	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Pain Medication Therapies	7	<1%			Y					Y	
Cervical Cancer/HPV Screening	31	<1%	Y				Y	Y	Y	Y	Y
Chemotherapy	8	<1%								Y	
Circumcision	1	<1%						Y			
Chlamydia Screening	4	<1%									
Cleft Lip and Palate	17	<1%	Y		Y						
Clinical Trial (Cancer)	28	<1%	Y			Y		Y	Y	Y	Y
Colorectal Cancer Screening	34	<1%	Y	Y	Y		Y	Y	Y		
Congenital Bleeding Disorder	3	<1%					Y				
Congenital Defect	1	1% to 3%									
Contraceptives	29	1% to 3%	Y			Y	Y	Y	Y	Y	
Dental Anesthesia	31	<1%	Y	Y	Y	Y	Y	Y	Y		
Developmental Disability	1	<1%				Y					
Diabetes Self-Management	38	<1%	Y		Y		Y	Y	Y	Y	
Diabetic Supplies	47	<1%	Y		Y	Y	Y	Y	Y	Y	
Drug Abuse Treatment	34	<1%	Y	Y		Y		Y	Y	Y	
Early Intervention Service	7	<1%				Y					
Emergency Room Service	45	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y

## MANDATES IN THE STATES: NC - OH

	Total	Est. Cost	NC	ND	NE	NH	NJ	NM	NV	NY	OH
<b>BENEFITS</b>											
Habilitative Srvc for Congenital or Genetic Defect	5	<1%									
Hair Prosthesis	10	<1%				Y		Y			
Hearing Aids for Minors	17	<1%		Y			Y				
Heart Transplant	1	<1%									
Home Health Care	20	<1%					Y	Y	Y	Y	
Hospice Care	12	<1%							Y	Y	
HPV Vaccine	11	<1%		Y				Y	Y		
Hormone Replacement Therapy	4	<1%							Y	Y	
In Vitro Fertilization	15	3% to 5%					Y	Y		Y	
Kidney Disease	2	<1%									
Long-Term Care	5	1% to 3%									
Lyme Disease	3	<1%									
Lymph Edema	3	<1%	Y								
Mammography Screening	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mastectomy	25	<1%	Y		Y			Y		Y	
Mastectomy Minimum Stay	25	<1%	Y				Y	Y		Y	
Maternity	22	1% to 3%	Y			Y	Y	Y		Y	
Maternity Minimum Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health General	42	1% to 3%	Y	Y	Y	Y			Y	Y	Y
Mental Health Parity	48	5% to 10%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minimum Hysterectomy Stay	2	<1%									
Morbid Obesity Treatment	7	1% to 3%				Y					
Neurodevelopment Therapy	1	<1%									
Newborn Hearing Screening	18	<1%	Y	Y	Y		Y	Y			Y
Newborn Sickle Cell Anemia Testing	4	<1%			Y						
Off-Label Drug Use	36	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Oriental Medicine	3	<1%						Y			
Orthotics and/or Prosthetics	19	<1%				Y				Y	
Ostomy Related Procedure & Supplies	1	<1%									
Other Infertility Service	9	<1%					Y	Y			
Ovarian Cancer Screening	7	<1%	Y								
PKU/Metabolic Disorder	33	<1%		Y		Y	Y	Y	Y		
Port-Wine Stain Elimination	2	<1%									
Prescription Drugs	4	5% to 10%									

## MANDATES IN THE STATES: NC - OH

	Total	Est. Cost	NC	ND	NE	NH	NJ	NM	NV	NY	OH
<b>BENEFITS</b>											
Prescription Inhalant	2	<1%									
Prostate Cancer Screening	36	<1%	Y	Y			Y	Y	Y	Y	
Protein Screening	4	<1%						Y			
Psychotropic Drugs	5	<1%								Y	
Reconstructive Surgery	7	<1%				Y					
Rehabilitation Service	6	1% to 3%									
Residential Crisis Service	3	<1%				Y					
Second Surgical Opinion	10	<1%					Y			Y	
Shingles (Herpest Zoster) Vaccine	1	<1%									
Smoking Cessation	6	1% to 3%						Y			
Special Footwear	2	<1%									
Telemedicine	9	<1%				Y					
Testicular Cancer Minimum Stay	2	<1%									
TMJ Disorder	19	<1%	Y	Y	Y			Y	Y		
Varicose Vein Removal	1	<1%									
Vision Care Service	1	<1%									
Well Child Care	33	1% to 3%	Y		Y		Y	Y		Y	Y
Wilm's Tumor	1	<1%					Y				
<b>PROVIDERS</b>											
Acupuncturist	12	1% to 3%						Y	Y		
Athletic Trainer	3	<1%									
Birth Center/Midwife	12	<1%	Y			Y		Y		Y	
Chiropractor	4	<1%					Y				
Chiropractor	44	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Dentist	33	3% to 5%	Y		Y		Y	Y	Y		Y
Denturist	3	<1%									Y
Dietician	4	<1%									
Drug Abuse Counselor	7	<1%							Y	Y	
First Nurse Assistant	6	<1%							Y		
Lay Midwife	4	<1%						Y			
Licensed Health Professional	12	<1%									
Marriage/Family Therapist	17	<1%	Y			Y			Y		
Massage Therapist	2	<1%									
Naturopath	4	<1%									
Nurse	11	<1%	Y	Y			Y		Y	Y	
Nurse Midwife	27	<1%	Y	Y			Y	Y	Y	Y	Y
Nurse Anesthetist	20	<1%	Y	Y				Y	Y		

## MANDATES IN THE STATES: NC - OH

	Total	Est. Cost	NC	ND	NE	NH	NJ	NM	NV	NY	OH
<b>BENEFITS</b>											
Nurse Practitioner	29	<1%	Y	Y		Y		Y	Y		
Psychiatric Nurse	18	<1%	Y	Y					Y		Y
Occupational Therapist	9	1% to 3%								Y	
Optician	3	1% to 3%									
Optometrist	41	1% to 3%	Y		Y	Y	Y	Y		Y	Y
Oral Surgeon	9	<1%									
Osteopath (D.O.)	23	1% to 3%			Y	Y		Y			Y
Pain Management Specialist	3	1% to 3%									
Pastoral Counselor	3	<1%	Y			Y					
Pediatric Specialist	1	<1%									
Pharmacist	6	<1%	Y								
Physical Therapist	15	1% to 3%					Y	Y		Y	
Physician Assistant	15	<1%	Y								
Podiatrist	33	<1%	Y		Y	Y		Y			Y
Professional Counselor	17	<1%	Y	Y		Y					Y
Psychologist	44	1% to 3%	Y	Y	Y	Y	Y	Y	Y		Y
Public or Other Facility	19	<1%	Y		Y						
Social Worker	26	1% to 3%	Y	Y		Y			Y		
Speech or Hearing Therapist (Audiologist)	19	<1%					Y				
<b>COVERED PERSONS</b>											
Adopted Children	44	<1%	Y	Y	Y	Y		Y	Y	Y	Y
Continuation Dependent	45	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Continuation Employee	46	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Conversion to Non-Group Coverage	41	1% to 3%	Y	Y	Y		Y	Y	Y	Y	Y
Dependent Student/Adult	34	<1%		Y	Y	Y	Y	Y		Y	
Foster Children	2	<1%	Y								
Grandchildren	9	<1%			Y	Y				Y	
Disabled Dependent Adult	42	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Newborn	51	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Non-Custodial Children or Stepchild	15	<1%		Y				Y		Y	Y
Domestic Partner/Civil Union	1	<1%			Y	Y	Y	Y			

## MANDATES IN THE STATES: OK - UT

	Total	Est. Cost	OK	OR	PA	RI	SC	SD	TN	TX	UT
<b>BENEFITS</b>											
AIDS/HIV Testing/Vaccine	10	<1%	Y								
Alcoholism/Substance Abuse	46	1% to 3%		Y	Y	Y	Y	Y	Y	Y	Y
Alzheimer's	4	<1%								Y	
Ambulatory Surgery Centers	13	1% to 3%	Y								
Ambulance Transportation and Services	13	<1%	Y	Y	Y	Y					
Ambulatory Cancer Treatment	3	<1%			Y						
Anti-Psychotic Drugs	10	<1%		Y		Y					Y
Asthma Education and Self-Management	3	<1%				Y					
Attention Deficit Disorder	2	<1%									
Autism	25	1% to 3%		Y	Y	Y	Y		Y	Y	
Bilateral Cochlear Implant	2	<1%		Y							
Blood Lead Poisoning Screening	8	<1%				Y					
Blood Products	3	<1%									
Bone Marrow Transplant	9	<1%							Y		
Bone Mass Measurement	16	<1%	Y				Y		Y	Y	
Brain Injury	3	<1%		Y						Y	
Breast Reduction	1	<1%									
Breast Reconstruction	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Pain Medication Therapies	7	<1%				Y					
Cervical Cancer/HPV Screening	31	<1%	Y	Y	Y	Y	Y		Y	Y	
Chemotherapy	8	<1%		Y	Y	Y			Y		
Circumcision	1	<1%									
Chlamydia Screening	4	<1%				Y			Y		
Cleft Lip and Palate	17	<1%			Y		Y				Y
Clinical Trial (Cancer)	28	<1%		Y		Y			Y	Y	
Colorectal Cancer Screening	34	<1%	Y	Y	Y	Y			Y	Y	
Congenital Bleeding Disorder	3	<1%									
Congenital Defect	1	1% to 3%									
Contraceptives	29	1% to 3%	Y	Y		Y				Y	
Dental Anesthesia	31	<1%	Y					Y		Y	
Developmental Disability	1	<1%									
Diabetes Self-Management	38	<1%	Y	Y	Y	Y		Y		Y	Y
Diabetic Supplies	47	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Drug Abuse Treatment	34	<1%		Y	Y	Y	Y		Y	Y	Y
Early Intervention Service	7	<1%				Y					
Emergency Room Service	45	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y

## MANDATES IN THE STATES: OK - UT

	Total	Est. Cost	OK	OR	PA	RI	SC	SD	TN	TX	UT
<b>BENEFITS</b>											
Habilitative Srvc for Congenital or Genetic Defect	5	<1%									
Hair Prosthesis	10	<1%	Y			Y					
Hearing Aids for Minors	17	<1%	Y	Y		Y				Y	
Heart Transplant	1	<1%									
Home Health Care	20	<1%			Y	Y				Y	
Hospice Care	12	<1%									
HPV Vaccine	11	<1%		Y						Y	
Hormone Replacement Therapy	4	<1%									
In Vitro Fertilization	15	3% to 5%				Y				Y	
Kidney Disease	2	<1%				Y					
Long-Term Care	5	1% to 3%		Y							
Lyme Disease	3	<1%				Y					
Lymph Edema	3	<1%									
Mammography Screening	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	
Mastectomy	25	<1%	Y	Y	Y	Y	Y				
Mastectomy Minimum Stay	25	<1%	Y		Y	Y	Y		Y	Y	
Maternity	22	1% to 3%	Y	Y		Y					
Maternity Minimum Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health General	42	1% to 3%	Y	Y	Y	Y	Y		Y	Y	Y
Mental Health Parity	48	5% to 10%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minimum Hysterectomy Stay	2	<1%				Y					
Morbid Obesity Treatment	7	1% to 3%								Y	
Neurodevelopment Therapy	1	<1%									
Newborn Hearing Screening	18	<1%							Y	Y	
Newborn Sickle Cell Anemia Testing	4	<1%	Y								
Off-Label Drug Use	36	<1%	Y	Y		Y	Y	Y	Y	Y	
Oriental Medicine	3	<1%									
Orthotics and/or Prosthetics	19	<1%		Y	Y	Y				Y	
Ostomy Related Procedure & Supplies	1	<1%									
Other Infertility Service	9	<1%				Y					
Ovarian Cancer Screening	7	<1%			Y	Y					
PKU/Metabolic Disorder	33	<1%	Y	Y	Y	Y		Y	Y	Y	Y
Port-Wine Stain Elimination	2	<1%									
Prescription Drugs	4	5% to 10%			Y	Y					

## MANDATES IN THE STATES: OK - UT

	Total	Est. Cost	OK	OR	PA	RI	SC	SD	TN	TX	UT
<b>BENEFITS</b>											
Prescription Inhalant	2	<1%									
Prostate Cancer Screening	36	<1%	Y	Y	Y	Y	Y	Y	Y	Y	
Protein Screening	4	<1%			Y						
Psychotropic Drugs	5	<1%									Y
Reconstructive Surgery	7	<1%									
Rehabilitation Service	6	1% to 3%								Y	
Residential Crisis Service	3	<1%									
Second Surgical Opinion	10	<1%				Y					
Shingles (Herpes Zoster) Vaccine	1	<1%									
Smoking Cessation	6	1% to 3%		Y		Y					
Special Footwear	2	<1%			Y						
Telemedicine	9	<1%		Y	Y					Y	
Testicular Cancer Minimum Stay	2	<1%									
TMJ Disorder	19	<1%								Y	
Varicose Vein Removal	1	<1%									
Vision Care Service	1	<1%									
Well Child Care	33	1% to 3%	Y		Y	Y				Y	Y
Wilm's Tumor	1	<1%									
<b>PROVIDERS</b>											
Acupuncturist	12	1% to 3%		Y		Y				Y	
Athletic Trainer	3	<1%									
Birth Center/Midwife	12	<1%			Y	Y					
Chiropractor	4	<1%									
Chiropractor	44	<1%	Y		Y	Y	Y	Y	Y	Y	
Dentist	33	3% to 5%	Y	Y				Y	Y	Y	
Denturist	3	<1%		Y							
Dietician	4	<1%			Y					Y	
Drug Abuse Counselor	7	<1%			Y	Y					
First Nurse Assistant	6	<1%				Y				Y	
Lay Midwife	4	<1%			Y	Y					
Licensed Health Professional	12	<1%				Y		Y			Y
Marriage/Family Therapist	17	<1%		Y		Y				Y	
Massage Therapist	2	<1%									
Naturopath	4	<1%									
Nurse	11	<1%			Y						
Nurse Midwife	27	<1%	Y		Y			Y	Y		
Nurse Anesthetist	20	<1%			Y			Y			

## MANDATES IN THE STATES: OK - UT

	Total	Est. Cost	OK	OR	PA	RI	SC	SD	TN	TX	UT
<b>PROVIDERS</b>											
Nurse Practitioner	29	<1%		Y	Y	Y		Y	Y	Y	
Psychiatric Nurse	18	<1%			Y	Y					
Occupational Therapist	9	1% to 3%			Y					Y	
Optician	3	1% to 3%				Y					
Optometrist	41	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	
Oral Surgeon	9	<1%				Y					
Osteopath (D.O.)	23	1% to 3%	Y		Y	Y		Y		Y	
Pain Management Specialist	3	1% to 3%									
Pastoral Counselor	3	<1%									
Pediatric Specialist	1	<1%									
Pharmacist	6	<1%									
Physical Therapist	15	1% to 3%			Y					Y	
Physician Assistant	15	<1%		Y	Y					Y	
Podiatrist	33	<1%	Y		Y	Y	Y	Y	Y	Y	Y
Professional Counselor	17	<1%			Y	Y			Y	Y	
Psychologist	44	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Public or Other Facility	19	<1%		Y		Y			Y	Y	
Social Worker	26	1% to 3%		Y	Y		Y	Y	Y	Y	
Speech or Hearing Therapist (Audiologist)	19	<1%	Y		Y		Y		Y	Y	
<b>COVERED PERSONS</b>											
Adopted Children	44	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Continuation Dependent	45	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Continuation Employee	46	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Conversion to Non-Group Coverage	41	1% to 3%		Y	Y	Y	Y		Y	Y	Y
Dependent Student/Adult	34	<1%		Y	Y	Y		Y	Y	Y	Y
Foster Children	2	<1%									
Grandchildren	9	<1%								Y	
Disabled Dependent Adult	42	1% to 3%			Y	Y	Y	Y	Y	Y	Y
Newborn	51	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Non-Custodial Children or Stepchild	15	<1%		Y					Y		Y
Domestic Partner/Civil Union	18	<1%		Y	Y	Y					

## MANDATES IN THE STATES: VA - WY

	Total	Est. Cost	VA	VT	WA	WI	WV	WY
<b>BENEFITS</b>								
AIDS/HIV Testing/Vaccine	10	<1%		Y	Y	Y	Y	
Alcoholism/Substance Abuse	46	1% to 3%	Y	Y	Y	Y	Y	
Alzheimer's	4	<1%		Y				
Ambulatory Surgery	13	1% to 3%		Y		Y		
Ambulance Transportation and Services	13	<1%						
Ambulatory Cancer Treatment	3	<1%						
Anti-Psychotic Drugs	10	<1%		Y	Y	Y		
Asthma Education and Self-Management	3	<1%						
Attention Deficit Disorder	2	<1%						
Autism	25	1% to 3%						
Bilateral Cochlear Implant	2	<1%						
Blood Lead Poisoning Screening	8	<1%				Y		
Blood Products	3	<1%	Y					
Bone Marrow Transplant	9	<1%						
Bone Mass Measurement	16	<1%						
Brain Injury	3	<1%						
Breast Reduction	1	<1%						
Breast Reconstruction	50	<1%	Y		Y	Y	Y	Y
Cancer Pain Medication Therapies	7	<1%						
Cervical Cancer/HPV Screening	31	<1%	Y				Y	Y
Chemotherapy	8	<1%		Y				
Circumcision	1	<1%						
Chlamydia Screening	4	<1%						
Cleft Lip and Palate	17	<1%	Y	Y	Y	Y		
Clinical Trial (Cancer)	28	<1%	Y	Y		Y	Y	Y
Colorectal Cancer Screening	34	<1%	Y	Y	Y		Y	Y
Congenital Bleeding Disorder	3	<1%	Y	Y				
Congenital Defect	1	1% to 3%						
Contraceptives	29	1% to 3%	Y	Y	Y		Y	
Dental Anesthesia	31	<1%	Y		Y	Y	Y	
Developmental Disability	1	<1%						
Diabetes Self-Management	38	<1%	Y	Y	Y	Y		Y
Diabetic Supplies	47	<1%	Y	Y	Y	Y	Y	Y
Drug Abuse Treatment	34	<1%	Y	Y	Y	Y		
Early Intervention Service	7	<1%	Y					
Emergency Room Service	45	<1%		Y	Y	Y	Y	

## MANDATES IN THE STATES: VA - WY

	Total	Est. Cost	VA	VT	WA	WI	WV	WY
<b>BENEFITS</b>								
Habilitative Srvc for Congenital or Genetic Defect	5	<1%						
Hair Prosthesis	10	<1%						
Hearing Aids for Minors	17	<1%				Y		
Heart Transplant	1	<1%						
Home Health Care	20	<1%		Y	Y	Y		
Hospice Care	12	<1%	Y		Y			
HPV Vaccine	11	<1%			Y			
Hormone Replacement Therapy	4	<1%						
In Vitro Fertilization	15	3% to 5%					Y	
Kidney Disease	2	<1%				Y		
Long-Term Care	5	1% to 3%		Y			Y	
Lyme Disease	3	<1%						
Lymph Edema	3	<1%	Y					
Mammography Screening	50	<1%	Y	Y	Y	Y	Y	Y
Mastectomy	25	<1%	Y					Y
Mastectomy Minimum Stay	25	<1%	Y				Y	
Maternity	22	1% to 3%	Y	Y	Y			Y
Maternity Minimum Stay	50	<1%	Y	Y	Y		Y	Y
Mental Health General	42	1% to 3%	Y	Y	Y	Y	Y	
Mental Health Parity	48	5% to 10%	Y	Y	Y	Y	Y	
Minimum Hysterectomy Stay	2	<1%	Y					
Morbid Obesity Treatment	7	1% to 3%	Y					
Neurodevelopment Therapy	1	<1%			Y			
Newborn Hearing Screening	18	<1%	Y				Y	
Newborn Sickle Cell Anemia Testing	4	<1%	Y					
Off-Label Drug Use	36	<1%	Y	Y	Y			
Oriental Medicine	3	<1%						
Orthotics and/or Prosthetics	19	<1%	Y	Y				
Ostomy Related Procedure & Supplies	1	<1%						
Other Infertility Service	9	<1%					Y	
Ovarian Cancer Screening	7	<1%						
PKU/Metabolic Disorder	33	<1%		Y	Y			
Port-Wine Stain Elimination	2	<1%			Y			
Prescription Drugs	4	5% to 10%		Y	Y			

## MANDATES IN THE STATES: VA - WY

	Total	Est. Cost	VA	VT	WA	WI	WV	WY
<b>BENEFITS</b>								
Prescription Inhalant	2	<1%		Y				
Prostate Cancer Screening	36	<1%	Y	Y	Y		Y	Y
Protein Screening	4	<1%						
Psychotropic Drugs	5	<1%				Y		
Reconstructive Surgery	7	<1%		Y				
Rehabilitation Service	6	1% to 3%					Y	
Residential Crisis Service	3	<1%						
Second Surgical Opinion	10	<1%			Y		Y	
Shingles (Herpes Zoster) Vaccine	1	<1%						
Smoking Cessation	6	1% to 3%						
Special Footwear	2	<1%						
Telemedicine	9	<1%						
Testicular Cancer Minimum Stay	2	<1%						
TMJ Disorder	19	<1%	Y	Y	Y	Y	Y	
Varicose Vein Removal	1	<1%						
Vision Care Service	1	<1%						
Well Child Care	33	1% to 3%	Y			Y	Y	
Wilm's Tumor	1	<1%						
<b>PROVIDERS</b>								
Acupuncturist	12	1% to 3%	Y		Y			
Athletic Trainer	3	<1%		Y				
Birth Center/Midwife	12	<1%			Y			
Chiropractor	4	<1%	Y		Y			
Chiropractor	44	<1%	Y	Y	Y	Y	Y	Y
Dentist	33	3% to 5%	Y		Y	Y		Y
Denturist	3	<1%			Y			
Dietician	4	<1%						Y
Drug Abuse Counselor	7	<1%						
First Nurse Assistant	6	<1%						
Lay Midwife	4	<1%						
Licensed Health Professional	12	<1%			Y	Y		Y
Marriage/Family Therapist	17	<1%	Y					
Massage Therapist	2	<1%			Y			
Naturopath	4	<1%		Y	Y			
Nurse	11	<1%			Y			
Nurse Midwife	27	<1%	Y		Y		Y	
Nurse Anesthetist	20	<1%			Y			Y

## MANDATES IN THE STATES: VA - WY

	Total	Est. Cost	VA	VT	WA	WI	WV	WY
<b>PROVIDERS</b>								
Nurse Practitioner	29	<1%			Y	Y	Y	Y
Psychiatric Nurse	18	<1%	Y				Y	Y
Occupational Therapist	9	1% to 3%						Y
Optician	3	1% to 3%	Y					
Optometrist	41	1% to 3%	Y		Y	Y	Y	Y
Oral Surgeon	9	<1%		Y				Y
Osteopath (D.O.)	23	1% to 3%	Y		Y		Y	Y
Pain Management Specialist	3	1% to 3%						
Pastoral Counselor	3	<1%						
Pediatric Specialist	1	<1%						
Pharmacist	6	<1%	Y					
Physical Therapist	15	1% to 3%	Y		Y			Y
Physician Assistant	15	<1%			Y			Y
Podiatrist	33	<1%	Y		Y		Y	Y
Professional Counselor	17	<1%	Y					Y
Psychologist	44	1% to 3%	Y		Y	Y		Y
Public or Other Facility	19	<1%	Y		Y		Y	Y
Social Worker	26	1% to 3%	Y					Y
Speech or Hearing Therapist (Audiologist)	19	<1%	Y		Y			Y
<b>COVERED PERSONS</b>								
Adopted Children	44	<1%	Y	Y	Y	Y	Y	Y
Continuation Dependent	45	<1%	Y	Y	Y	Y	Y	Y
Continuation Employee	46	<1%	Y	Y	Y	Y	Y	Y
Conversion to Non-Group Coverage	41	1% to 3%	Y	Y	Y	Y	Y	Y
Dependent Student/Adult	34	<1%	Y	Y	Y		Y	
Foster Children	2	<1%						
Grandchildren	9	<1%				Y		
Disabled Dependent Adult	42	1% to 3%	Y	Y	Y	Y		Y
Newborn	51	1% to 3%	Y	Y	Y	Y	Y	Y
Non-Custodial Children or Stepchild	15	<1%		Y				Y
Domestic Partner/Civil Union	18	<1%		Y	Y		Y	

## MANDATE DEFINITIONS

The definitions provided below are largely based on what is usually specified in the enacted legislation and are not intended to be comprehensive medical definitions. Mandate legislation differs from bill to bill and from state to state. For example, one state may require insurance to cover a limited number of chiropractor visits per year, while another state may require chiropractors to be covered equally with

medical doctors. It would be impossible to make a detailed assessment of each state's mandates without evaluating each piece of legislation, and the report would be thousands of pages in length. This report is intended to be a snapshot illustration; thus, the level indicated in the definition is considered typical but may not apply to all variations of that mandate.

Mandated Benefit	Definition
AIDS / HIV Testing / Vaccine	Specific treatment or vaccine for AIDS. A vaccine is not currently available, so the mandate provides for evaluation and treatment for AIDS. Should a vaccine become available, it could include the vaccine.
Alcoholism and Substance Abuse	Alcohol or chemical dependence. Mandate provides for evaluation and treatment.
Alcohol and Substance Abuse Parity	Due to federal law, substance abuse parity benefits are now included along with mental health parity benefits. In many states, alcohol is considered a substance like drugs. See mental health parity definition.
Alzheimer's	A brain disease that causes a steady decline in memory, thinking and behavior. Mandate provides for evaluation and treatment.
Ambulatory Surgery Centers	Mandate allows treatment and/or surgery to take place in an Ambulatory Surgery Center (ASC), which is a facility where surgeries are performed on an outpatient basis and do not require hospital admission.
Ambulance Transportation and Services	Emergency treatment mobile facility. Often referred to as a "mobile emergency room." Mandate allows for transportation by this specific type of vehicle.
Ambulatory Cancer Treatment	Mandates payment for outpatient oncology surgeries and proce-
Anti-Psychotic Drugs	Brain disorder medications (e.g., schizophrenia). Mandate provides for treatment using such medications.
Attention Deficit Disorder	Mandates payment for diagnosis and treatment of attention deficit/hyperactivity disorder.
Autism	Autism is a brain disorder that affects three areas of development: communication, social interaction, and creative or imaginative play. Mandate provides for evaluation and treatment services.
Bilateral Cochlear Implant	A cochlear implant is a surgically implanted device that provides a sense of sound to a person who is significantly deaf. Unlike a hearing aid, the cochlear implant does not amplify sound but stimulates the auditory nerves inside the cochlea with electric impulses. Mandate provides for evaluation and implantation in both ears.

Mandated Benefit	Definition
Blood Lead Poisoning Screening	Blood lead poisoning is a specific-substance poisoning that may be derived from lead sources such as lead-based paint, folk medicine and imported pottery. Mandate provides for evaluation and treatment services.
Blood Products	Any product derived from human blood, including but not limited to blood plasma, platelets, red or white corpuscles, and derived licensed products such as interferon. Most commonly applies to blood transfusions, particularly for hemophiliacs. Mandate provides for supplies.
Bone Marrow Transplant	Bone marrow transplantation is a treatment for those who have cancer as well as diseases of the immune system, anemia, inherited diseases of the bone marrow such as sickle cell anemia, and some metabolic diseases. Involves replacing diseased marrow with healthy marrow, injected into the bloodstream via an intravenous tube. The marrow may come from a healthy donor, or healthy stem cells may be collected from the blood of the patient. Mandate provides for transplant.
Bone Mass Measurement	Osteoporosis is a thinning and weakening of the bones that leads to fractures. Mandate provides for evaluation and treatment services. In some states, the mandate includes all technologies approved by the U.S. Food and Drug Administration (FDA), and bone mass measurement technologies as deemed medically appropriate.
Brain Injury	A brain injury is a blow or jolt to the head or a penetrating head injury that disrupts brain function. Brain injuries may range from mild (i.e., a brief change in mental status or consciousness) to severe (i.e., an extended period of unconsciousness or amnesia after injury). A brain injury may result in short- or long-term complications, limiting independent function. Mandate provides for diagnosis and treatment.
Breast Reconstruction	Breast reconstruction involves replacing breast tissue (lost during mastectomy, trauma or congenital defects) and the creation of a new breast form. Mandate provides for evaluation and reconstruction.
Breast Reduction	Provides for medically necessary breast reduction diagnostics, surgery and recovery.

Mandated Benefit	Definition
Cancer Pain Medication Therapies	Such therapies include a pain assessment and management, inpatient and outpatient referral to a pain specialist for assessment and treatment planning, short- and long-term multimodality treatments, and follow-up, including side-effect management. Therapies may include durable medical equipment to administer medicine therapies. Mandate provides for evaluation and therapies.
Cervical Cancer/HPV Screening	A cancer (or abnormalities that may lead to cancer) of the cervix. Mandate provides for evaluation and treatment. Some states specify that the screening mandate includes both a Pap test (also known as a Pap smear) and a pelvic exam. Other states mandate just the Pap test.
Chemotherapy	Chemotherapy is a treatment with medications that targets cancer cells. It usually involves one or more drugs and is often used in conjunction with other therapies such as surgery, radiation, biological therapy and bone marrow transplants. Mandate provides for treatment.
Chlamydia Screening	A sexually transmitted infection which is caused by bacteria known as Chlamydia Trachomatis. Mandate provides for evaluation and treatment.
Circumcision	Provides for the removal of the prepuce or foreskin that covers the penis – typically in a newborn male.
Cleft Lip and Palate	Cleft lip and cleft palate are congenital defects, or birth defects, which occur very early in pregnancy. A cleft lip is a separation of the two sides of the lip. The separation often includes the bones of the upper jaw and/or upper gum. A cleft palate is an opening in the roof of the mouth in which the two sides of the palate did not fuse, or join together, as the unborn baby was developing. Treatments vary but may include several different types of services, (e.g., surgery, dental and/or orthodontic care, and speech therapy). Mandate provides for evaluation and treatment.
Clinical Trial (cancer)	Clinical trials are investigative therapies or controlled tests of a new drug or medical device on human subjects under the direction of the FDA. Mandate (typically for cancer) requires payment for expenses associated with the clinical trial.
Colorectal Cancer Screening	Colon cancer (also commonly called colorectal cancer) refers to any cancer in the colon, rectum, appendix and anus. Mandate provides for evaluation.
Congenital Bleeding Disorders	Inherited bleeding condition typically associated with low levels or complete absence of a blood protein essential for clotting such as hemophilia and Von Willebrands. Mandate provides for evaluation and treatment.

Mandated Benefit	Definition
Congenital Defects	Mandates payment for treatment of congenital defects and birth abnormalities. Includes medically necessary physical, occupational and speech therapy for the care and treatment of congenital defects and birth abnormalities for covered children up to five years of age.
Contraceptives	Birth control pharmaceuticals and devices. Mandate provides coverage for a range of FDA-approved prescription contraceptive drugs and devices.
Dental Anesthesia	Mandate provides for oral anesthesia during treatment, but most often limited to the young and infirm.
Developmental Disability	Mandate provides for evaluation and treatment services related to mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or any other mental or physical impairment or combination of mental or physical impairments.
Diabetes Self-Management	Diabetes (also called Diabetes Mellitus) is a disorder of carbohydrate metabolism. Mandate promotes self-management of the disease through payment for evaluation, supplies, education and treatment.
Diabetic Supplies	Mandate provides for evaluation and supplies of durable medical equipment and certain medicines for diabetics.
Drug Abuse Treatment	Mandate provides for evaluation, education and treatment of those dependent on both legal and illegal drugs.
Early Intervention Service	Provides for reimbursement up to \$5,000 per child from birth to age three for numerous therapies, including speech and language therapy, physical therapy, case management, nutrition service plan development and review, nursing services and assistive technologies.
Emergency Room Service	Mandate provides for appropriate medical care in emergency situations based upon the “prudent layperson” standard.
Habilitative Services for Congenital or Genetic Defects	Congenital or genetic birth defect means a defect existing at or from birth, including autism and cerebral palsy. Habilitative services include occupational therapy, physical therapy and speech therapy. Mandate is for the evaluation and treatment of a child to enhance the child’s ability to function.
Hair Prosthesis	Mandate provides for wigs used for hair loss due to chemotherapy.
Hearing Aids for Minors	Device to aid in hearing. Mandate provides for evaluation and the hearing aid(s), but is oftentimes limited to children.
Heart Transplant	Mandates payment for a heart transplant operation in which a failing, diseased heart is replaced with a healthier, donor heart.
Home Health Care	Home health care is meant to allow patients more independence and avoid the higher costs of nursing homes by receiving medical care within their own home. Mandate provides for evaluation and care.

Mandated Benefit	Definition
Hormone Replacement Therapy	Hormone replacement therapy (HRT) is a system of medical treatment for premenopausal and postmenopausal women. The treatment involves a series of drugs designed to artificially boost hormone levels. The main types of hormones involved are estrogens, progesterone or progestin, and sometimes testosterone. Mandates coverage.
Hospice Care	Typically an interdisciplinary health care team of physicians, nurses, social workers, counselors, home health aides and therapists who provide care for people in the last months of life so that a person may live as fully and comfortably as possible. Mandate provides for evaluation and care.
HPV Vaccine	Requires insurers cover a specific vaccine against the Human Papillomavirus (HPV), which causes cervical cancer and genital warts.
Hysterectomy Minimum Stay	A hysterectomy is an operation to remove a woman's uterus. Those insurers that provide coverage for a hysterectomy must allow a patient to remain in the hospital for a minimum specified amount of time.
In Vitro Fertilization	A fertility procedure to achieve pregnancy. Mandate provides for evaluation and procedure. Please see other fertility services definition for other fertility issue mandate.
Kidney Disease	Kidney disorders. Mandate provides for evaluation and treatment, usually dialysis. In some states, mandate may include a kidney transplant.
Long-Term Care	A broad range of supportive medical, personal and social support services needed by people who are unable to meet their basic living needs for an extended period of time. This support can be offered at home or in an institution (e.g., nursing home). Mandate provides for evaluation and care.
Lyme Disease	Transmitted by the bite of a deer tick and caused by the spirochete (spiral shaped bacteria) <i>Borrelia burgdorferi</i> . Mandate includes evaluation and treatment.
Lymph Edema	Lymph edema refers to swelling that occurs most often in a limb. Mandate provides for evaluation and treatment.
Mammography Screening	An x-ray of the breast used to detect breast changes in women. Mandate provides for the x-ray and evaluation.
Mastectomy	Surgical removal of a portion or the entire breast, usually to treat breast cancer. Mandate includes evaluation and treatment.
Mastectomy Minimum Stay	Those insurers that provide coverage for mastectomies must allow a patient to remain in the hospital for a minimum specified amount of time following the mastectomy according to federal law.

Mandated Benefit	Definition
Maternity	Mandate provides for prenatal and postpartum doctor evaluation and care during pregnancy.
Maternity Minimum Stay	Those insurers that provide coverage for maternity must allow a patient to remain in the hospital for a minimum specified amount of time (usually one to two days for vaginal delivery and three to four days for cesarean delivery) following the delivery of a baby according to federal law.
Mental Health General Benefits	Although most states define mental health as a state of emotional and psychological well-being, they often differ on what they include in evaluation and treatment. The mandate provides for the payment of mental health evaluation and treatment.
Mental Health Parity	The federal parity requirements apply only to plans that include mental health benefits in their benefit package. A health plan may not place annual or lifetime dollar limits on mental health benefits that are lower or less generous than annual or lifetime dollar limits for medical and surgical benefits offered under that plan. Due to federal law, substance abuse benefits are now included along with mental health parity benefits. See alcohol and substance abuse parity definition above.
Morbid Obesity Treatment	Morbid obesity is a state of being overweight to the extent that it could prevent normal activity or bodily function and cause a serious illness or disorder. The mandate provides for evaluation, education and treatment.
Neurodevelopment Therapy	Neurodevelopment therapies are targeted at brain function and behavior. Neurodevelopment therapy may include speech, occupational and physical therapy. Mandate provides for evaluation and therapy.
Newborn Hearing Screening	Testing newborns for hearing related disorders. Mandate provides for evaluation.
Newborn Sickle Cell Anemia Screening	A chronic, usually fatal anemia marked by sickle-shaped red blood cells, occurring most often in people of African descent and characterized by episodic pain in the joints, fever, leg ulcers and jaundice. Mandate provides for evaluation.
Off-Label Drug Use	Coverage or offering of drugs for treating a particular disease even though they are not approved for a specific purpose by the FDA.
Oriental Medicine	Provides primary health care relying on natural Oriental healing mechanisms and medicines.
Orthotics and/or Prosthetics	Orthotics deals with the use of specialized mechanical devices to support or supplement weakened or abnormal joints or limbs. Prosthetics deals with the production and application of artificial body parts. Mandate provides for evaluation, treatment and supplies.

Mandated Benefit	Definition
Ostomy Related Procedure & Supplies	An ostomy is a surgically created opening in which a portion of the urinary tract or digestive tract is brought to the abdominal surface, where waste is expelled. Mandate provides evaluation, treatment and supplies.
Other Infertility Services	Other fertility methods (excluding In Vitro Fertilization mentioned above) such as coverage for alternative medicines, natural family planning, etc.
Ovarian Cancer Screening	Cancer in the ovaries. Mandate provides for the evaluation.
Pediatric Asthma Education and Self-Management	Asthma is a chronic respiratory disease characterized by recurring attacks of labored breathing, chest constriction and/or coughing. Mandate provides benefits for equipment, supplies, and medication for the diagnosis, treatment and management of pediatric asthma and for pediatric asthma self-management education.
PKU/Metabolic Disorders	Inherited metabolic diseases such as phenylketonuria (PKU), which is a genetically determined abnormality caused by a missing enzyme called phenylalanine hydroxylase. Mandate provides for evaluation, education, treatment and supplies like formula or special foods.
Port-Wine Stain Elimination	A port-wine stain is a vascular birthmark made of enlarged capillaries in the skin which produce a reddish-purplish discoloration of the skin. Mandate provides for evaluation and treatment.
Prescription Drugs	Coverage for pharmaceuticals.
Prescription Inhalant	Mandates payment for prescription inhalants for people with asthma or other life-threatening bronchial ailments, as often as needed, if medically appropriate and prescribed by the attending physician.
Prostate Cancer Screening	Prostate cancer is the growth of malignant prostate glandular cells in the prostate gland. Mandate provides for the evaluation.
Protein Screening	Mandate provides for the evaluation of certain proteins and compounds in the system.
Psychotropic Drugs	A psychoactive drug or psychotropic substance is a chemical that alters brain function, resulting in temporary changes in perception, mood, consciousness or behavior. Coverage includes, for example, physician-prescribed psychotropic drugs when used to control symptoms related to dementia or Alzheimer's disease.
Reconstructive Surgery	Mandates for treatment of certain injuries, birth defect or disfigurement issues. May include breast reconstruction or reduction, carpal tunnel syndrome, webbed toes or fingers, wound care, tumors (both cancerous or noncancerous), or facial defects (cleft lip, breathing problems, craniofacial maladies).
Rehabilitation Service	Rehabilitation from surgery, includes facility and exercise deemed appropriate by a physician. Mandate provides for evaluation and services.

Mandated Benefit	Definition
Residential Crisis Service	Mandates payment for short-term, intensive mental health and support services for children, adolescents, and adults in a community-based, non-hospital, residential setting rendered by a licensed provider.
Second Surgical Opinion	Allows insured to seek a second opinion regarding surgery options.
Shingles (Herpes Zoster) Vaccine	Shingles is a skin rash caused by the same virus that causes chickenpox. In 2008, the CDC announced a shingles vaccine is available for individuals over 60, the age at which shingles commonly occurs. Mandate pays for the vaccine if ordered by a physician.
Smoking Cessation	Provides for smoking cessation services to help the beneficiary stop using tobacco products. May include counseling services as well.
Special Footwear	Mandates payment for special footwear for people suffering from foot disfigurement or diabetes complications.
Telemedicine	Mandate provides that health plans pay for telemedicine when it relates to the medical diagnosis and care in the delivery of health care services for a health plan enrollee.
Testicular Cancer	Testicular cancer forms in tissues of the testis. Mandate provides for diagnosis and treatment.
Testicular Cancer Minimum Stay	Testicular cancer is a result of malignant cells in the testicle. Those insurers that provide coverage for testicular cancer treatment must allow a patient to remain in the hospital for a minimum specified amount of time.
TMJ Disorder	TMJ, temporomandibular joint disorder, is caused by displacement of the cartilage where the lower jaw connects to the skull. Mandate provides for the evaluation and treatment.
Varicose Vein Removal	Varicose veins are caused by swollen or enlarged blood vessels. Provides for coverage of diagnosis and vein removal.
Vision Care Service	Provides for services which may include an eye exam, eyeglass and contact fittings and replacements and/or repair.
Well Child Care Mandate	Provides for childhood immunization and/or annual exams by a pediatrician.
Wilm's Tumor	A specific kidney cancer commonly found in children. Mandate provides for evaluation and treatment.
Mandated Provider	Definition
Acupuncturist	Provides treatment to relieve pain, prevent illness and to aid healing. Acupuncture is based on traditional Chinese medicine. It involves stimulating specific areas of the body, usually by inserting very fine needles into carefully selected parts of the body.

Mandated Provider	Definition
Athletic Trainer	Athletic trainers specialize in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. Provides for reimbursement for services rendered by a certified athletic trainer.
Birthing Center/Midwife	Birthing centers are places in which to deliver babies. Midwives are individuals who aid in the birth of babies. Mandate provides delivery of a baby by a midwife, who may deliver a baby in his/her own home, at a birthing center or a patient's home.
Chiropodist	Provides diagnosis and treatment of diseases of the human foot. Also called a podiatrist.
Chiropractor	Provides therapy that utilizes the interrelationship between the body's musculoskeletal structure and the body's function as a whole by focusing on the spinal column and the nervous system.
Dentist	Provides evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the mouth, maxillofacial area and/or the adjacent and associated structures and their impact on the human body.
Denturist	Provides dentures and other dental appliances (making and fitting) as a direct service to the public rather than through a licensed dentist.
Dietician	Provides nutrition and diet information.
Drug Abuse Counselor	Provides counseling to help patients identify behaviors and problems related to their addiction(s). Mandate provides for diagnosis and treatment.
First Nurse Assistant	Also called a certified nurse assistant (or CNA). A CNA provides personal care to residents or patients under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).
Lay Midwife	A midwife who has entered the profession as an apprentice to a practicing midwife rather than attending a formal school program. Provides aid in the delivery of babies and does not have to be in a hospital setting.
Licensed Health Professional	Provides aid in identifying or preventing or treating illness or disability. It is anyone who is licensed to practice medicine at whatever level in the state, though each state defines it differently.
Marriage and Family Therapist	Provides counsel on marital problems and disagreements.
Massage Therapist	Provides hands-on treatment to parts of the body to increase circulation and promote relaxation.

Mandated Provider	Definition
Naturopath	Provides primary health care relying on natural healing mechanisms and medicines.
Nurse	A person who is educated and trained to care for the sick or disabled.
Nurse Anesthetist	A person who, after completing the basic education of a nurse, is further trained in the supervised administration of anesthetics.
Nurse Midwife	A person formally educated and certified to practice in the two disciplines of nursing and midwifery.
Nurse Practitioner	A registered nurse (RN) with special training for providing primary health care, including many tasks customarily performed by a physician.
Occupational Therapist	Performs physical therapy involving the therapeutic use of crafts and hobbies for the rehabilitation of handicapped or convalescing patients.
Optician	Constructs and/or sells optical items and instruments as well as reads prescriptions for visual correction, orders lenses, and dispenses eyeglasses and contact lenses.
Optometrist	Examines the eyes for visual defects, diagnoses problems or impairments, and prescribes corrective lenses or provides other types of treatment.
Oral Surgeon	Performs diagnosis, surgical and related management of diseases, injuries, and defects that involve both the functional and esthetic aspects of the oral and maxillofacial regions. Includes preventive, reconstructive, or emergency care for the teeth, mouth, jaws and facial structures.
Osteopath (D.O.)	Typically referred to as a Doctor of Osteopathy (D.O.). Provides therapy based on a more holistic theory that the normal body is a vital mechanical organism whose structural and functional states are of equal importance and is capable of making its own remedies against infections and toxic conditions when there are favorable environmental circumstances and adequate nutrition.
Pain Management Specialist	Provides aid in the relief of chronic pain, typically for acute diseases.
Pastoral Counselor	Religious leaders who provide faith-based professional and clinical assessment, referral and care to those in need.
Pediatric Specialist	Specialists that in addition to their training in general pediatrics undergo additional training in their specialty.

Mandated Provider	Definition
Pharmacist	Prepares and dispenses prescription drugs. Often provides some advise and counseling on drugs and health care needs.
Physical Therapist	Provides treatment for physical dysfunction or injury by the use of therapeutic exercise and the application of modalities intended to restore or facilitate normal function or development.
Physician Assistant	Health care professionals licensed to practice medicine with physician supervision.
Podiatrist	Provides diagnosis and treatment of diseases of the human foot and ankle. Also called a Chiroprapist.
Professional Counselor	A specialist who utilizes counseling techniques that attempt to assist people in identifying and resolving personal, social, vocational, intrapersonal and interpersonal concerns; utilizes counseling and psychotherapy to evaluate and treat emotional and mental problems and conditions, whether cognitive, behavioral or affective.
Psychiatric Nurse	Provides psychiatric care that focuses on inpatient and emergency psychiatric services, outpatient mental health clinics, psychiatric home care and substance abuse treatment.
Psychologist	Provides psychological research, testing and therapy.
Public or Other Facility	Any facility so designated by state law that employs a specific health care professional for a specific purpose.
Social Worker	Provides psychological counseling, guidance and assistance, especially in the form of social services.
Speech or Hearing Therapist (Audiologist)	A speech therapist provides treatment for speech defects and disorders. A hearing therapist provides treatment for hearing defects and disorders.
Covered Persons	Definition
Adopted Children	Children legally becoming part of a family, whether or not biological to the parent(s).

Covered Persons	Definition
Continuation Dependent	A dependent may stay on the parents' health insurance coverage through the end of the year in which he or she reaches a certain age by law. The mandate now includes the federal Michelle's Law which provides for a continuation of coverage for college students who would otherwise lose eligibility because of a reduction in their full-time student status due to a medically necessary leave of absence from school.
Continuation Employee	The employee may have rights to continue his or her health benefits when certain qualifying events have occurred.
Conversion to Non-Group Coverage	In certain instances people leaving group health plans sold by an insurance company have "conversion" privileges. Meaning, when group coverage ends (for example, if a person leaves a job, gets divorced from an insured worker, or if the employer stops offering health benefits), the person has the right to buy a non-group health insurance policy from the former group insurer. Many states require conversion rights to be included in group health insurance contracts. Some states establish conversion rights for individual health insurance contracts as well (for example, in case of divorce or when a dependent child reaches adulthood).
Dependent Disabled Adult	A handicapped dependent can still be covered under a parent's health plan, even if the patient is over the age limit for coverage.
Dependent Student / Adult	Similar to Continuation/Dependents. Students may stay on their parents' health insurance coverage through the end of the year in which they reach a certain age by law — typically through age 22, but some states have moved it to age 30.
Dependent Student/Sick Student	Similar to Continuation/Dependents. Students may stay on their parents' health insurance coverage if they verify the need for a medical leave of absence from college.
Domestic Partner / Civil Union	A person who is neither married to nor related by blood or marriage to the employee; acts as the employee's sole spousal equivalent; lives together with the employee in the same residence and intends to do so indefinitely; is responsible, with the employee, for each other's welfare.

Covered Persons	Definition
Foster Child	A child placed by a government agency or a court in the care of someone other than his or her natural parents.
Grandchild	Extends dependent eligibility for health insurance coverage to include a grandchild that is financially dependent on the grandparent.
Newborn	A newborn is included under a parents' individual insurance policy for 31 days, as long as the policy already provides coverage for dependents.
Non-Custodial Children or Stepchild	Extends dependent eligibility for health insurance coverage for a child, even if the parent is not the custodial parent.



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**Other CAHI state health reform publications available at [www.cahi.org](http://www.cahi.org) –**

“State Health Insurance Index,” by Merrill Matthews, Ph.D., Victoria Craig Bunce, and JP Wieske

“2010 State Legislators Guide to Health Insurance Solutions,” by JP Wieske and Christie Raniszewski Herrera

“Trends in State Mandated Benefits, 2010,” by Victoria Craig Bunce

“HSA State Implementation Report,” by Victoria Craig Bunce

**About the Council for Affordable Health Insurance**

The Council for Affordable Health Insurance (CAHI) is a research and advocacy association of insurance carriers active in the individual, small group, HSA and senior markets. CAHI’s membership includes health insurance companies, small businesses, physicians, actuaries and insurance brokers. Since 1992, CAHI has been an advocate for market-oriented solutions to the problems in America’s health care system.

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The Council for Affordable Health Insurance  
127 S. Peyton Street, Suite 210  
Alexandria, VA 22314  
Phone (703) 836-6200  
Fax (703) 836-6550  
[www.cahi.org](http://www.cahi.org)

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# APPENDIX II

## *Mandated Benefits*

From:  
Department of Insurance



# Illinois Insurance Facts

Illinois Department of Insurance

## MANDATED BENEFITS, OFFERS, AND COVERAGES FOR ACCIDENT & HEALTH INSURANCE AND HMOs

Revised March 2010

Note: This information was developed to provide consumers with general information and guidance about insurance coverages and laws. It is not intended to provide a formal, definitive description or interpretation of Department policy. For specific Department policy on any issue, regulated entities (insurance industry) and interested parties should contact the Department.

The following is a list of Mandated Benefits, Mandated Coverages and Mandated Offers required by Illinois health insurance and HMO laws and regulations. This list includes the basic mandates; it is not an all-inclusive or comprehensive description of requirements for insurance companies and HMOs. Effective dates have been included for mandates passed recently. State laws do not apply to self-insured private employer health plans or to self-insured health and welfare benefit plans. For more information regarding Illinois health insurance and HMO requirements, whether listed or not, please contact our Office of Consumer Health Insurance toll-free at (877) 527-9431 or visit us on our website at <http://insurance.illinois.gov>.

### Mandated Benefits

<p><b>Alcoholism</b></p> <p>[215 ILCS 5/367(7)]</p>	<p>Requires coverage for the inpatient treatment of alcoholism.</p> <p>For group policies of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009).*</p>	<p>Applies to group accident and health insurance policies that provide inpatient hospital coverage. Does not apply to specified disease policies.</p>
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<p><b>Alcoholism and Substance Abuse</b></p> <p>[50 Ill. Admin. Code 5421.130(i)]</p>	<p>Requires coverage of diagnosis, detoxification, and treatment of medical complications of alcoholism to be the same as for any other illness. Alcohol rehabilitation must be covered but may be limited as specified in the Rule.</p> <p>For group contracts of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009).*</p>	<p>Applies to individual and group HMO contracts.</p>
<p><b>Amino Acid-Based Elemental Formulas</b></p> <p>Public Act 95-520 [215 ILCS 5/356z.10] [215 ILCS 125/5-3]</p>	<p>Requires coverage of non-prescription and specialized amino acid-based elemental formulas administered either by feeding tube or orally when prescribed by a physician as medically necessary for treatment of eosinophilic disorders and short bowel syndrome. The law does not designate a benefit level.</p>	<p>Applies to all individual and group health insurance and all individual and group HMO contracts.</p>
<p><b>Autism Spectrum Disorders</b></p> <p>P.A. 95-1005 [215 ILCS 5/356z.14]</p>	<p>Requires coverage for diagnosis and treatment of autism spectrum disorders for individuals under age 21. The law specifies a maximum benefit of \$36,000 per year.</p> <p>For group policies and contracts of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009).*</p>	<p>Applies to all individual and group health insurance policies and individual and group HMO contracts.</p> <p><b>Effective December 12, 2008</b></p>
<p><b>Breast Cancer Pain</b></p> <p>P.A. 95-1045 [215 ILCS 5/356g.5-1] [215 ILCS 125/5-3]</p>	<p>Requires coverage for all medically necessary pain medication and pain therapy related to breast cancer on the same terms and conditions generally applicable to coverage for other conditions.</p>	<p>Applies to all individual and group health insurance policies and all individual and group HMO contracts.</p> <p><b>Effective March 27, 2009</b></p>

<p><b>Breast Exam</b></p> <p>P.A. 95-189 [215 ILCS 5/356g.5] [215 ILCS 125/5-3]</p>	<p>Requires coverage of a complete and thorough physical examination of the breast at least every 3 years for women age between ages of 20 and 40; then annually for women age 40 and older. The law does not specify a benefit level. Coverage is required once a nationally recognized exam code is approved.</p>	<p>Applies to all individual and group health insurance policies and all individual and group HMO contracts.</p>
<p><b>Breast Ultrasound Screening</b></p> <p>P.A. 95-431 [215 ILCS 5/356g ] [215 ILCS 125/4-6.1]</p>	<p>Requires coverage for a comprehensive ultrasound screening when a mammogram demonstrates heterogeneous or dense breast tissue when found to be medically necessary by a physician. Benefits must be at least as favorable as for other radiological exams and subject to same dollar limits, deductibles and co-insurance amounts.</p>	<p>Applies to all group and individual insurance policies and all individual and group HMO contracts.</p>
<p><b>Breast Implant Removal</b></p> <p>[215 ILCS 5/356p] [215 ILCS 125/4-6.2]</p>	<p>Prohibits the denial of coverage for the removal of breast implants when such removal is medically necessary treatment for sickness or injury. This provision does not apply for implants implanted solely for cosmetic reasons.</p>	<p>Applies to all individual and group health insurance and all individual and group HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Cancer Treatment – Prescription Drugs</b></p> <p>[215 ILCS 5/356z.7] [215 ILCS 125/4-6.3]</p> <p>Amended by P.A. 96-457</p>	<p>If a policy provides prescription drug benefits, it must also provide benefits for any drug that has been prescribed for the treatment of a type of cancer, even if the drug has not been approved for that specific cancer by the FDA. The drug must be approved by the FDA and must be recognized for treatment of the specific cancer for which it has been prescribed. The amendment effective August 14, 2009 provided current reference compendia that may be used.</p>	<p>Applies to group insurance policies (PPO) and individual and group HMO contracts.</p> <p><b>Amendment effective August 14, 2009</b></p>

<p><b>Colorectal Cancer Screening</b></p> <p>P.A. 93-568 [215 ILCS 5/356x] [215 ILCS 125/5-3]</p>	<p>Requires coverage for all colorectal cancer examinations and laboratory tests for colorectal cancer, in accordance with professional organizations and the federal government as specified in the law.</p>	<p>Applies to individual and group insurance policies and to individual and group HMO contracts.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Contraceptives</b></p> <p>P.A. 93-102 [215 ILCS 5/356z.4] [215 ILCS 125/5-3]</p>	<p>Requires coverage for all outpatient contraceptive services and all outpatient contraceptive drugs and devices approved by the Food and Drug Administration.</p>	<p>Applies to individual and group insurance policies and individual and group HMO contracts that provide coverage for outpatient services and outpatient prescription drugs.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Dental Adjunctive Services</b></p> <p>P.A. 92-764 [215 ILCS 5/356z.2] [215 ILCS 125/5-3]</p>	<p>Requires coverage for anesthesia and other charges incurred in conjunction with dental care provided in a hospital or ambulatory surgical treatment center to:</p> <ul style="list-style-type: none"> <li>• a young child (under age 6);</li> <li>• a person with a medical condition that requires hospitalization for the procedure: or</li> <li>• a disabled individual.</li> </ul> <p>Does not require coverage of dental services.</p>	<p>Applies to individual and group insurance policies and individual and group HMO contracts. Does not apply to short-term travel, accident only, limited, or specified disease policies or to policies designed for Medicare beneficiaries.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>

<p><b>Diabetes Self Management</b></p> <p>P.A. 90-741 [215 ILCS 5/356w] [215 ILCS 125/5-3]</p>	<p>Requires coverage for outpatient self-management training and education, and specified equipment and supplies for Type 1 diabetes, Type 2 diabetes and gestational diabetes mellitus. Equipment must be covered to the extent durable medical equipment is covered by the policy. Pharmaceuticals and supplies must be covered to the extent there is coverage for pharmaceuticals and supplies in the policy or in an attached rider. See the law for list of covered supplies and equipment.</p>	<p>Applies to group insurance policies and group HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>HPV Vaccine</b></p> <p>P.A. 95-422 [215 ILCS 5/356z.9] [215 ILCS 125/5-3]</p>	<p>Requires coverage for the human papillomavirus vaccine. The law does not specify the benefit.</p>	<p>Applies to all individual and group health insurance and all individual and group HMO contracts.</p>
<p><b>Habilitative Services for children</b></p> <p>P.A. 95-1049 (SB 101) [215 ILCS 5/356z.15] [215 ILCS 125/5-3] [215 ILCS 165/10]</p>	<p>Requires coverage for medically necessary habilitative services for children under age 19 who have a congenital, genetic or early acquired disorder diagnosed by a physician licensed to practice medicine in all its branches. The law specifies types of health care providers whose services must be covered. Denials based on medical necessity are subject to independent external review.</p> <p>For group policies and contracts of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009).*</p>	<p>Applies to all individual and group health insurance policies and all individual and group HMO contracts. Also applies to all individual and group Voluntary Health Services Plans contracts.</p> <p><b>Effective January 1, 2010</b></p>

<p><b>Infertility</b></p> <p>215 ILCS 5/356m 215 ILCS 125/5-3</p>	<p>Requires coverage for the diagnosis and treatment of infertility, including coverage for IVF, GIFT, ZIFT.</p>	<p>Applies to group insurance policies and group HMO contracts that provide coverage for more than 25 full-time employees. (See law for exceptions relating to religious organizations or institutions.) Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Mammograms</b></p> <p>[215 ILCS 5/356g] [215 ILCS 125/4-6.1]  Amended by P.A. 95-1045</p>	<p>Requires coverage for (1) a baseline mammogram for women ages 35 to 39 and (2) an annual mammogram for women age 40 or older. Requires coverage for medically necessary mammograms for women under age 40 who have a family history of breast cancer or other risk factors. <b>Effective March 27, 2009</b> - includes digital mammography and requires coverage be provided at no cost to the insured. Cost of mammograms shall not be applied to an annual or lifetime maximum benefit.</p>	<p>Applies to individual and group insurance policies and individual and group HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)  <b>Effective March 27, 2009</b></p>
<p><b>Mastectomy – Post Mastectomy Care</b></p> <p>[215 ILCS 5/356t] [215 ILCS 125/4-6.5]</p>	<p>Requires coverage for inpatient hospital stay following a mastectomy for a length of time the attending physician determines is medically necessary in accordance with protocols and guidelines based on sound scientific evidence and upon evaluation of the patient. If the patient is discharged early, a post-discharge physician office visit must be available to her within 48 hours and must be covered by the policy.</p>	<p>Applies to individual and group insurance policies that provide benefits for surgical coverage. Also applies to individual and group HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>

<p><b>Mastectomy - Reconstruction</b></p> <p>P.A. 92-0048 [215 ILCS 5/356g(b)] [215 ILCS 125/4-6.1]</p>	<p>Requires coverage for prosthetic devices or reconstructive surgery incident to a mastectomy. When a mastectomy is performed and no evidence of malignancy is found, the offered coverage is limited to prosthetic devices and reconstructive surgery within two years of the mastectomy date.</p> <p>In addition to reconstruction on the affected breast, this law requires surgery and reconstruction of the other breast (the one the mastectomy was not performed on) to produce a symmetrical appearance. Also requires coverage for prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas.</p>	<p>Applies to individual and group health policies and to individual and group HMO contracts that provide coverage for mastectomies.</p>
<p><b>Maternity</b></p> <p>[50 Ill. Admin. Code 5421.130(e)]</p>	<p>Requires coverage for maternity care including prenatal and post-natal care and care for complication of pregnancy.</p>	<p>Applies to individual and group HMO contracts.</p>
<p><b>Maternity – Complications of Pregnancy</b></p> <p>[50 Ill. Admin. Code 2603.30(11)]</p>	<p>Requires coverage for treatment of complications of pregnancy.</p>	<p>Applies to individual and group insurance policies.</p>
<p><b>Maternity – Post Parturition Care</b></p> <p>[215 ILCS 5/356s] [215 ILCS 125/4-6.4]</p>	<p>Requires coverage for a minimum of 48 hours inpatient hospital stay following a vaginal delivery and 96 hours following a caesarian section for both mother and newborn. A shorter length of stay may be provided under certain conditions and if a post-discharge office visit or in-home nurse visit is provided and covered.</p>	<p>Applies to individual and group insurance policies that provide maternity coverage. Also applies to individual and group HMO contracts.</p>

<p><b>Maternity – Prenatal HIV Testing</b></p> <p>P.A. 92-130 [215 ILCS 5/356z.1] [215 ILCS 125/4-6.5]</p>	<p>Requires coverage for prenatal HIV testing ordered by an attending physician licensed to practice medicine in all branches, physician assistant or advanced practice registered nurse.</p>	<p>Applies to individual and group insurance policies and individual and group HMO contracts.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Mental Health – “Serious Mental Illness”</b></p> <p>[215 ILCS 5/370c(b)(1)] [215 ILCS 125/5-3]</p>	<p>Requires coverage of serious mental illness under the same terms and conditions as coverage for other illnesses and diseases. The law defines “serious mental illnesses” to include the following: schizophrenia; paranoid and other psychotic disorders; bipolar disorders (hypomanic, manic, depressive, and mixed); major depressive disorders (single episode or recurrent); schizoaffective disorders (bipolar or depressive); pervasive developmental disorders; obsessive-compulsive disorders; depression in childhood and adolescence; panic disorder; post-traumatic stress disorders (acute, chronic, or with delayed onset); and anorexia nervosa and bulimia nervosa.</p> <p>For group policies and contracts of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009).*</p>	<p>Applies to group insurance policies and group HMO contracts that provide coverage for hospital or medical expenses. Does not apply to employer groups with 50 or fewer employees or to individual policies.</p> <p><b>Note:</b> See Mandated Offers for other Mental Health related requirements.</p>
<p><b>Mental Health – HMOs</b></p> <p>50 Ill. Adm. Code 5421.130(h)</p>	<p>Requires coverage for ten (10) days inpatient mental health care per year. Also requires coverage of twenty (20) individual outpatient mental health care visits per enrollee per year, as appropriate for evaluation, short-term treatment and crisis intervention services. Care in a day hospital, residential non-hospital or intensive outpatient mode may be substituted on a two-to-one basis for inpatient hospital services as deemed appropriate by the primary care physician. Group outpatient mental health</p>	<p>Applies to individual HMO contracts only.</p>

	care visits may be substituted on a two-to-one basis for individual mental health care visits as deemed appropriate by the primary care physician.	
<b>Multiple Sclerosis Preventative Physical Therapy</b> P.A. 94-1076 [215 ILCS 5/356z.8] [215 ILCS 125/5-3]	Requires coverage for medically necessary preventative physical therapy for insureds diagnosed with multiple sclerosis if prescribed by a physician and if the physical therapy includes reasonably defined goals. Coverage must be the same as physical therapy under the policy for other conditions.	Applies to individual and group insurance policies and HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)
<b>Organ Transplants</b> [215 ILCS 5/367(13)] [215 ILCS 5/356k] [215 ILCS 125/4-5]	Sets forth guidelines under which experimental or investigational organ transplantation procedures can be denied.	Applies to individual and group insurance policies and to individual and group HMO and Voluntary Health Services Plans. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)
<b>Organ Transplants – Immunosuppressive Drugs</b> P.A. 96-766 (HB 152)	A policy that covers immunosuppressant drugs may not limit, reduce, or deny coverage of those drugs if, prior to the limitation, reduction or denial of coverage: 1) the insured was using the drug; 2) the insured was covered under the policy; and 3) the drug was covered under the policy.	Applies to individual and group health and accident insurance, HMOs and Voluntary Health Services Plans.  <b>Effective January 1, 2010</b>
<b>Osteoporosis</b> [215 ILCS 5/356z.6] [215 ILCS 125/5-3]	Requires coverage for medically necessary bone mass measurement and the diagnosis and treatment of osteoporosis on the same terms and conditions that generally apply to other medical conditions.	Applies to individual and group insurance policies, and to individual and group HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)

<p><b>Ovarian Cancer Testing</b></p> <p>P.A. 94-122 [215 ILCS 5/356u] [215 ILCS 125/5-3]</p>	<p>Requires coverage for surveillance tests for ovarian cancer for female insureds who are at risk for ovarian cancer.</p>	<p>Applies to group insurance policies, except specified disease policies or other limited benefit policies, and to individual and group HMO contracts.</p>
<p><b>Pap Smears</b></p> <p>[215 ILCS 5/356u] [215 ILCS 125/4-6.5] [50 Ill. Adm. Code 5421.130g]</p>	<p>Requires coverage for an annual cervical smear or pap smear for females.</p>	<p>Applies to group insurance policies, except specified disease policies, and limited benefit policies and to individual and group HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Prescription Inhalants</b></p> <p>P.A. 93-529 [215 ILCS 5/356z.5] [215 ILCS 125/5-3]</p>	<p>Requires coverage of prescription inhalants for persons with asthma or other life-threatening bronchial ailments, as often as needed, if medically appropriate and prescribed by the attending physician. Policy restrictions, placed on refill limitations, do not apply.</p>	<p>Applies to individual and group insurance policies and HMO contracts that provide coverage for prescription drugs. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Preventive Health Services (Including Well Child Care)</b></p> <p>[50 Ill. Adm. Code 5421.130g]</p>	<p>Requires coverage of preventive health services as appropriate for the patient population, including a health evaluation program and immunizations to prevent or arrest the further manifestation of human illness or injury.</p>	<p>Applies to individual and group HMO contracts.</p>

<p><b>Prostate Specific Antigen Testing</b></p> <p>[215 ILCS 5/356u] [215 ILCS 125/4-6.5]</p>	<p>Requires coverage for an annual digital rectal examination and a prostate specific antigen test for male insureds upon recommendation of a physician for asymptomatic men age 50 and over, African American men age 40 and over, men age 40 and over with family history.</p>	<p>Applies to group insurance policies, except specified disease and limited benefit policies, and to group HMO contracts. Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Prosthetic and Orthotic Devices</b></p> <p>P.A. 96-833 (HB 2652) [215 ILCS 356z.18]</p>	<p>For policies issued or renewed on or after December 1, 2010, requires coverage for prosthetic and customized orthotic devices that is no less favorable than the terms and conditions applicable to substantially all medical and surgical benefits provided under the plan or coverage.</p>	<p>Applies to group and individual insurance policies and group and individual HMO and Voluntary Health Services Plans contracts.</p> <p><b>Effective June 1, 2010</b></p>
<p><b>Shingles Vaccine</b></p> <p>P.A. 95-978 (HB 4602) [215 ILCS 5/356z.13] [215 ILCS 125/5-3]</p>	<p>Requires coverage for federally approved shingles vaccine when ordered by a physician for an enrollee who is age 60 or older.</p>	<p>Applies to group and individual insurance policies and individual and group HMO contracts.</p> <p><b>Effective January 1, 2009</b></p>
<p><b>Under the Influence</b></p> <p>P.A. 95-230 [215 ILCS 5/367K]</p>	<p>Prohibits exclusion or coverage for emergency or other medical, hospital or surgical expenses incurred as a result of and related to an injury acquired while the individual is intoxicated or under the influence of a narcotic.</p>	<p>Applies to group and individual major medical insurance and managed care plans.</p> <p><b>Effective January 1, 2008</b></p>

\* Group policies subject to the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 may not impose financial requirements (*e.g.*, deductibles, co-payments, or coinsurance) or treatment limitations (*e.g.*, limits on the frequency of treatment, number of visits, or days of coverage) for the treatment of mental health or substance use disorders that are more restrictive than those applied to medical and surgical benefits. For example, a group policy that did not contain a limit on the number of outpatient visits for medical/surgical benefits **could not** limit the number of outpatient visits for mental health or substance use disorder benefits.

For more information on federal mental health parity laws, please see this [fact sheet](http://www.cms.hhs.gov/healthinsreformforconsume/04_thementalhealthparityact.asp) prepared by the U.S. Centers for Medicare and Medicaid Services ([http://www.cms.hhs.gov/healthinsreformforconsume/04\\_thementalhealthparityact.asp](http://www.cms.hhs.gov/healthinsreformforconsume/04_thementalhealthparityact.asp)).

## Mandated Coverages

<p><b>Adopted Children</b></p> <p>[215 ILCS 5/356h] [215 ILCS 125/4-9]</p>	<p>Prohibits denial or limitation of coverage to an adopted child solely because the child is adopted.</p>	<p>Applies to individual and group insurance policies and individual and group HMO contracts.</p>
<p><b>Continuation</b></p> <p>[215 ILCS 5/367e] [215 ILCS 125/4-9.2]</p> <p>Amended by P.A. 96-13</p>	<p>Employees or members whose group health insurance terminates due to termination of employment or membership or reduction in hours must be offered continuation of coverage for themselves and their dependents for a period of 12 months. (Amendment of June 18, 2009 increased length of continuation coverage from 9 to 12 months for policies issued, amended, delivered or renewed after that date)</p>	<p>Group insurance policies that insure employees or members for hospital, surgical, or major medical insurance on an expense incurred basis and group HMO contracts.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p> <p><b>Amendment effective June 18, 2009</b></p>
<p><b>Continuation for Spouse</b></p> <p>[215 ILCS 5/367.2]</p>	<p>An employees' spouse and dependent children who are insured under the policy must be offered continuation of coverage if group coverage is terminated for the spouse and dependents due to the dissolution the marriage or death of the employee (for any age spouse), or due to retirement of the employee (for a spouse age 55 or older).</p>	<p>Applies to group accident and health insurance polices and to group HMO contracts</p>
<p><b>Continuation for Dependent Children</b></p> <p>P.A. 93-477 [215 ILCS 5/367.2-5]</p>	<p>A dependent child who is insured on the policy must be offered dependent child continuation upon attainment of the limiting age under the policy or upon the death of the employee (if coverage through spousal continuation is not available).</p>	<p>Applies to group accident and health insurance policies and group HMO contracts.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>

<p><b>Conversion</b></p> <p>[215 ILCS 5/367e.1] [50 Ill. Adm. Code 5421.110v]</p>	<p>Employees or members whose coverage under the group plan has terminated, for any reason other than (1) discontinuance of the group policy in its entirety where there is a succeeding carrier or (2) failure of the employee or member to pay premium, are entitled to a conversion policy.</p>	<p>Group insurance policies and group HMO contracts where the insured has been continuously covered for at least three months immediately prior to the termination of coverage. Should also be offered after COBRA or Illinois Continuation has been exhausted.</p>
<p><b>Conversion for Spouse</b></p> <p>[215 ILCS 5/356d]</p>	<p>Prohibits an individual insurance policy that covers an insured and dependent spouse from terminating the spouse solely because of a break in the marital relationship unless a valid judgment of dissolution of marriage has been entered into. If the policy is terminated due to a dissolution of marriage, a conversion policy must be offered to the spouse.</p>	<p>Individual insurance policies and HMO contracts.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Dependent Child Coverage</b></p> <p>P.A. 95-958 (HB 5285) [215 ILCS 5/356z.12]</p>	<p>This law gives parents with insurance policies that cover dependents the right to elect coverage for qualifying dependents up to age 26 and up to age 30 for military veteran dependents.</p>	<p>Applies to all individual and group health policies and all individual and group HMOs.</p> <p><b>Effective June 1, 2009</b></p>
<p><b>Dependent Students – Medical Leave of Absence</b></p> <p>P.A. 95-958 (HB 5285) [215 ILCS 5/356z.11]</p>	<p>Requires coverage for a dependent college student who takes a medical leave of absence or reduces his or her course load to part-time status because of a catastrophic illness or injury.</p>	<p>Applies to all individual and group health policies and all individual and group HMOs. Does not apply to short-term travel, accident-only, limited, or specified disease policies.</p> <p><b>Effective June 1, 2009</b></p>

<p><b>Handicapped Dependents – Attainment of Limiting Age</b></p> <p>[215 ILCS 5/356b]  [215 ILCS 5/367(b)]  [215 ILCS 125/4-9.1]</p>	<p>Requires coverage for a child who has attained the limiting age under the policy if the child continues to be incapable of sustaining employment and is dependent on his or her parents or other care providers for lifetime care and supervision.</p>	<p>Applies to individual and group insurance policies and to individual and group HMO contracts.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>
<p><b>Newborn</b></p> <p>[215 ILCS 5/356c]  [215 ILCS 125/4-8]</p>	<p>Requires coverage of newborn children from the moment of birth. Coverage must include coverage of illness, injury, congenital defects, birth abnormalities and premature birth to the extent the services, supplies or treatments are covered by the policy. Notification to the company and payment of premium may be required.</p>	<p>Applies to individual and group insurance policies and to individual and group HMO contracts.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>

## Mandated Offers

<p><b>Mental Health – “Other Mental Illness”</b></p> <p>P.A. 92-185 [215 ILCS 5/370c]</p>	<p>The insurer shall offer optional coverage for mental, emotional or nervous disorders or conditions, other than “serious mental illnesses” (see Mandated Benefits section above for statutory definition) up to the limits provided in the policy.</p> <p>For employer groups of 50 or fewer employees, insureds may be required to pay 50% coinsurance, and the annual benefit may be limited to the lesser of \$10,000 or 25% of the lifetime policy limit.</p> <p>For employer groups of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009).*</p>	<p>Applies to group insurance policies that provide coverage for hospital or medical expenses.</p>
<p><b>TMJ</b></p> <p>P.A. 88-592 [215 ILCS 5/356q]</p>	<p>The insurer shall offer optional coverage for the reasonable and necessary medical treatment of temporomandibular joint disorder and craniomandibular disorder. The lifetime benefit may be limited to no less than \$2,500.00.</p>	<p>Applies to group insurance policies. The group must accept or reject the coverage in writing.</p> <p>Does not apply to short-term travel, disability income, long term care, accident only or specified disease policies. (215 ILCS 5/356z.15)</p>

\* Group policies subject to the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 may not impose financial requirements (*e.g.*, deductibles, co-payments, or coinsurance) or treatment limitations (*e.g.*, limits on the frequency of treatment, number of visits, or days of coverage) for the treatment of mental health or substance use disorders that are more restrictive than those applied to medical and surgical benefits. For example, a group policy that did not contain a limit on the number of outpatient visits for medical/surgical benefits **could not** limit the number of outpatient visits for mental health or substance use disorder benefits.

For more information on federal mental health parity laws, please see this [fact sheet](http://www.cms.hhs.gov/healthinsreformforconsume/04_thementalhealthparityact.asp) prepared by the U.S. Centers for Medicare and Medicaid Services ([http://www.cms.hhs.gov/healthinsreformforconsume/04\\_thementalhealthparityact.asp](http://www.cms.hhs.gov/healthinsreformforconsume/04_thementalhealthparityact.asp))

## Allowable Coverage

<p><b>Wellness Coverage</b></p> <p>P.A. 96-639 (SB 1877) [215 ILCS 356z.17] [215 ILCS 125/5-3]</p>	<p>Health policies may offer wellness coverage that provides certain incentives for participation in health behavior wellness programs that are approved or offered by the insurer or plan.</p>	<p>Applies to individual and group accident and health policies and to individual and group HMO coverage.</p> <p><b>Effective January 1, 2010</b></p>
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# APPENDIX III

## *Health Alliance Response to CGFA House Resolution 332*



January 11, 2012

Dan R. Long  
Executive Director  
Commission on Government  
Forecasting and Accountability  
703 Stratton Office Building  
Springfield, Illinois 62706

Re: Request for data on projected costs

Dear Mr. Long:

Health Alliance Medical Plans, Inc. appreciates your request for information regarding the cost of mandated benefits pursuant to House Resolution 332. Your request did not include a detailed list of mandates for which you were seeking data. Health Alliance traditionally has provided coverage for many benefits prior to the benefits being required by law, e.g. coverage for preventive services. Therefore, the additional costs reported by Health Alliance may differ from other plans.

While the mandates required in the Illinois Insurance Code are many, certain benefits are more costly than others. Health Alliance actuaries estimate these current benefits increase premium costs by 5.33% annually.

We look forward to your report to the General Assembly.

Sincerely,

A handwritten signature in black ink that reads "Lori Cowdrey Benso". The signature is written in a cursive style.

Lori Cowdrey Benso  
Senior Vice President Corporate Affairs and General Counsel

# APPENDIX IV

## *Mandated Healthcare Study*

From:  
Louisiana Department of Insurance

# OFFICE OF HEALTH INSURANCE

Louisiana Department of Insurance  
Commissioner of Insurance James J. Donelon



**Mandated Healthcare  
Benefits Study  
2005-2007**

LOUISIANA DEPARTMENT OF INSURANCE

This public document is published at a total cost of \$2,611.93. One hundred (100) copies of this public document were published in this first printing at a cost of \$333.43. The total cost of all printings of this document including reprints is \$2,611.93. This document was published by the Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214, to provide an analysis of the impact of statutorially mandated health benefits on premium costs in Louisiana and to compare the mandates in Louisiana to other states. This material was printed in accordance with standards for printing by state agencies established pursuant to La. R.S. 43:31.

## **Mandated Healthcare Benefits Study (2005-07)**

### **Authority**

Under the authority of HCR 131 of the 2008 Regular Legislative Session, the Louisiana Department of Insurance reviewed the cost and effectiveness of health insurance mandates. (See attached Exhibit A)

The last such study was completed under the authority of Act 1133 of the 2001 Regular Session of the Louisiana Legislature (now codified as LRS 22:1047, previously codified as LRS 22:230.5), in which the Louisiana Department of Insurance was directed to conduct an actuarial cost analysis and submit a report to the House and Senate Insurance Committees prior to the commencement of the 2003 Regular Legislative Session. The Office of Health and the Life and Health Actuarial Services Section completed the associated report, effective February 28, 2003.

### **Executive Summary**

HCR 131 directs the Louisiana Department of Insurance to:

1. Determine the cost of the current mandates both in terms of absolute dollars and as a percentage of health insurance premiums.
2. Compare Louisiana's statutory mandates with those of other states to determine which of them are statutorily mandated in these other states and which of them are strictly on a voluntary basis.
3. Determine the cost savings resulting from early disease diagnosis and treatment through certain statutorily prescribed mandates versus the cost of treating such diseases if early detection were not encouraged through the mandates.

In completing items (1) and (3), HMO and health indemnity companies with substantial health insurance premium revenue in Louisiana were surveyed over the three year period from 2005 through 2007, using a questionnaire designed to determine: (a) the procedural cost of the health insurance mandates, (b) the number of members serviced under the specific mandate and (c) the cost of treating the diseases which certain mandates attempted to diagnose early. Industry response, although not perfect, and not always fully utilized, provided representation from

companies with about 96% (\$7.2 billion of \$7.5 billion) of the aggregate Louisiana health insurance premium collected over the three year study period. However, problems with the data received forced us to limit the “mandate cost” to “disease cost” comparison study to the major cancers, namely: (a) breast, cervix and uterine, (b) prostate, (c) colon.

In completing item (2), we surveyed the states participating in the National Association of Insurance Commissioners (“NAIC”) and also obtained copies of two reports analyzing the costs associated with mandates in Texas and Maryland. Results received from the individual states were supplemented with a comprehensive review of all mandates from all states published by the NAIC. (NAIC’s Compendium of State Laws on Insurance Topics, II-HB-10 (3/06); II-HB-15 (8/06); II-HB-20 (5/07); II-HB-25 (2/08))

Louisiana’s current mandates can be found at R.S. 22:1021, et seq. (Attached hereto is Exhibit B, representing a chart of all Louisiana mandates and their legal citations.) We found that most states had the same or similar mandates as Louisiana. The most likely mandates being those which screen or detect cancer as well as treatment for such illnesses. In addition, well-baby care and mandates for the diagnosis and treatment of diabetes and metabolic disease formulas were also found in most states.

In comparing costs, Texas reports a cost of 4.40%, for a total of 20 mandates. Maryland reports a cost of 15.4% for group plans and 18.6% for individual plans for a total of 42 mandates. While Maine reports a cost of 8.30% for non-HMO plans and 8.03% for HMO plans of groups larger than 20 for a total of 26 mandates. The cost for an individual contract in Maine for non-HMO plans is 3.66% and 2.95% for HMO contracts for the same 26 mandates.

In summary, the study results are:

1. The aggregate cost of the mandates over the three year study period was determined to be about \$413 million, representing about 6% of premium revenue. In comparison, the 2003 study showed the mandates as costing 4.88%. (The actual dollar costs are not relevant because the cost comparisons of the two studies are not comparable due to differing premium basis.)
2. When the cost of the colorectal mandate (was not in effect in 2003) and the cost of the maternity and breast reconstruction mandates are removed (these are federal mandates) the 2008 mandate costs shrink to about \$283 million

and 4.20% of premium. The corresponding 2003 value is 2.79%. This latter value when rounded up is the popularly cited 3%. **So, in rounded terms, the cost of Louisiana state health insurance mandates as a percent of premium were 3% in 2003 and 4% in 2008.**

3. The total cancer diagnoses mandate cost was determined to be \$84 million, representing about 1.2% of premium revenue. The total cost of treating these cancers was found to be \$323 million, representing about 4.6% of premium. While it is clear that the pure cost of treating these diseases is more expensive than the pure cost of the diagnostic mandates, the nature of our study does not quantify the amount of savings resulting from early disease diagnosis through the mandates since some treatment is inevitable even if the cancer is discovered through the mandated diagnostic procedure. A pure cost savings analysis would require testing through medical trials rather than as a health insurance cost survey.
4. Louisiana's mandates were the same or similar to most states surveyed. The most common mandates being those intended to screen and/or treat cancer as well as well-baby care and mandates for the diagnosis and treatment of diabetes and metabolic disease formulas were also found in most states.
5. Costs comparisons with Texas, Maryland and Maine indicate that Louisiana has the lowest number of mandates at 17 and the lowest cost impact on premium at a total of 4%.

## **Study Methodology**

The purpose of our study was to survey the cost of Louisiana's health insurance statutory mandates over the three year period from 2005 through 2007. A Questionnaire was sent to 31 companies that received Louisiana health insurance premium. We received 18 responses, 14 of which provided information in the correct format. We subsequently found the data from two of the companies to be lacking credibility. The 12 remaining companies received 96% of the Louisiana health insurance premium revenue over the three year study period. The respondent companies provided information from the following lines of business:

- (1) Group indemnity
- (2) Individual indemnity
- (3) Group HMO
- (4) Individual HMO
- (5) Blanket Group

The questionnaire that was sent to companies attempted to obtain the following information:

- (1) Claim costs incurred for the specific mandate.
- (2) Number of claim procedures undertaken for the specific mandate.
- (3) Claim costs incurred in treating the disease that the mandate was supposed to mitigate.
- (4) Number of claim procedures undertaken in treating the disease that the mandate was supposed to mitigate.

The questionnaire listed the CPT codes for each mandate and the CPT codes for the diseases surveyed. The surveyed companies used the CPT reference to provide the costs and number of services for the mandates and disease processes reviewed. The returned survey response CPT codes were totaled to obtain the aggregate cost and number of services for the specific mandates and disease process. From this information the following items were obtained or derived:

- (1) Aggregate three year claim cost of the mandate.
- (2) Aggregate number of services over the three year period for the mandate.
- (3) Claim cost per service for the mandate.
- (4) Cost of mandate as a percentage of premium.
- (5) Aggregate three year claim cost of the disease process that the mandate was supposed to mitigate.
- (6) Aggregate number of services over the three year period for the disease process that the mandate was supposed to mitigate.

- (7) Claim cost per service for the disease process that the mandate was supposed to mitigate.
- (8) Ratio of the “disease process cost to the mandate cost” for the disease process that the mandate was supposed to mitigate.

### **Statutory Mandates – Descriptions and Cost Review**

The cost of the seventeen statutory mandates (15 state and 2 federal) to the Louisiana health insurance industry was surveyed over a three year study period (2005 through 2007). We received responses from 18 companies, 12 of which provided useable information, giving representation to 96% of the Louisiana health insurance premium revenue received over the study period. The results are presented in aggregate over the three year study period and include:

- (a) mandate costs
- (b) mandate cost as a percentage of premium revenue
- (c) number of mandated services
- (d) cost per mandated service

The results are detailed below and summarized in Table I.

The highlighted legal references are from the re-codified Louisiana Revised Statutes Title 22. (The former Title 22 references are cited in brackets.)

**1026 (was 215.8)** – Cleft lip and cleft palate treatment and correction, and for secondary conditions and treatment attributable to that primary condition. HMOs and limited benefit supplemental policies are exempt from this mandate.

Claim cost data was received from only five of the twelve companies, representing \$4.6 billion in premium revenue (total all companies \$7.2 billion).

The reported claim costs were about \$457,000, yielding a cost to premium percentage of about 0.01% (0.02% in the 2003 study). There were 304 services reported, for a cost per service of about \$1,500.

**1027 (was 215.10) & 245 (was 2004.1)** – Hearing impaired interpreter expenses performed by a qualified interpreter / transliterator when used by the insured in connection with covered medical treatment or diagnostic consultations. Limited benefit supplemental policies are exempt.

Claim cost data was received from three of the twelve companies, representing \$1.3 billion in premium revenue (total all companies \$7.2 billion).

The reported claim costs were about \$20,000 yielding a cost to premium percentage less than 0.01% (similar results were observed in the 2003 study). There were 13 services reported, for a cost per service of about \$1,500.

**1028A (was 215.11A)** – Annual Pap test and minimum mammography examination (one baseline mammogram for any woman age 35-39, one every 24 months for any woman age 40-49, one every 12 months for any woman age 50 or older). These benefits are not subject to any type of deductibles. Limited benefit supplemental policies are exempt from this mandate.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$55.4 million, yielding a cost to premium percentage of about 0.77% (0.55% in the 2003 study). There were 693,650 services reported, for a cost per service of about \$80.

**1028B (was 215.11B)** – Prostate cancer detection including digital rectal examination and prostate-specific antigen testing for men over age 50 and as medically necessary for men over age 40. This benefit is not subject to any type of deductible. Limited benefit supplemental policies are exempt from this mandate.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$5.4 million, yielding a cost to premium percentage of about 0.07% (0.10% in the 2003 study). There were a total of 329,295 services reported, for a cost per service of about \$20.

**1029 (was 215.12)** – Routine colorectal cancer screening tests, including: fecal occult blood test, flexible sigmoidoscopy, or colonoscopy provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American cancer Society, for the ages, family histories, and frequencies referenced in such recommendations. Limited benefit supplemental policies are exempt from this mandate.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$25.3 million, yielding a cost to premium percentage of about 0.35%. (This mandate was not part of the 2003 study.) There were a total of 55,894 services reported, for a cost per service of about \$450.

**1030 (was 215.14)** – Immunizations for dependent children from birth to age 6, includes basic immunization series as defined by the state health officer and required for school entry. Benefits are payable under the same circumstances and conditions as are paid for all other diagnoses, treatments, illnesses, or accidents. HMOs and limited benefit supplemental policies are exempt.

Claim cost data was received from nine of the twelve companies, representing \$4.7 billion in premium revenue (total all companies \$7.2 billion).

The reported claim costs were about \$24.0 million, yielding a cost to premium percentage of about 0.51% (0.18% in the 2003 study). There were a total of 334,315 services reported, for a cost per service of about \$70.

**1031 (was 215.15)** – Attention deficit / hyperactivity disorder. Benefits are payable under the same circumstances and conditions as are paid for all other diagnoses, illnesses or accidents, up to \$600 for the initial diagnosis, \$50 per outpatient doctor visit, \$2,500 annual maximum, and \$10,000 lifetime maximum. HMOs and limited benefit supplemental policies are exempt.

Claim cost data was received from nine of the twelve companies, representing \$4.7 billion in premium revenue (total all companies \$7.2 billion).

The reported claim costs were about \$3.9 million, yielding a cost to premium percentage of about 0.08% (0.07% in the 2003 study). There were a total of 28,260 services reported, for a cost per service of about \$140.

**1032 (was 215.16)** – Bone mass measurement for diagnosis and treatment of osteoporosis for “qualified individuals”, i.e. estrogen-deficient women at clinical risk of osteoporosis, individuals receiving long-term steroid therapy, or individual

being monitored to assess the response to or efficacy of approved osteoporosis drug therapies. HMOs and limited benefit supplemental policies are exempt.

Claim cost data was limited; being received from nine of the twelve companies, representing \$4.7 billion in premium revenue (total all companies \$7.2 billion).

The reported claim costs were about \$3.7 million, yielding a cost to premium percentage of about 0.08% (0.06% in the 2003 study). There were a total of 22,802 services reported, for a cost per service of about \$160.

**1034 (was 215.21)** – Treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes. Coverage includes the equipment, supplies, outpatient self-management training and education, and medical nutrition therapy. One-time evaluation and training expenses are covered up to \$500. Expenses for additional medically necessary training due to significant change in symptoms or conditions are covered up to \$100 per year and a \$2,000 lifetime maximum. Benefits are subject to the same annual deductibles or coinsurance established for all other covered benefits. Limited benefit supplemental policies are exempt.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$8.5 million, yielding a cost to premium percentage of about 0.12% (0.01% in the 2003 study). There were a total of 24,520 services reported, for a cost per service of about \$350.

**1040 (was 228.7)** – Anesthesia and associated hospital charges when the mental or physical condition of the insured requires dental treatment to be rendered in a hospital setting, except for treatment of TMJ. Limited benefit supplemental policies are exempt.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$1.2 million, yielding a cost to premium percentage of about 0.02% (0.03% in the 2003 study). There were a total of 2,439 services reported, for a cost per service of about \$500.

**1044 (was 230.4)** – Coverage for treatment provided in accordance with a Phase II, III, or IV clinical trial for cancer and health-related services, subject to applicable deductible, coinsurance or copayment amounts. Limited benefit and Short-term policies are exempt.

Claim cost data was received from three of the twelve companies, representing \$2.5 billion in premium revenue (total all companies \$7.2 billion).

The reported claim costs were about \$1.1 million, yielding a cost to premium percentage of about 0.04%. (The 2003 study reported a negligible cost percentage.) There were a total of 103 services reported, for a cost per service of about \$11,000.

**1043 (was 669)** – Severe mental illnesses (does not include alcohol and substance abuse) includes: schizophrenia or schizoaffective disorder, bipolar disorder, pervasive development disorder or autism, panic disorder, obsessive-compulsive disorder, major depressive disorder, anorexia / bulimia, Asperger’s Syndrome, intermittent explosive disorder, post-traumatic stress disorder, psychosis NOS when diagnosed in a child under 17, Rett’s Disorder, and Tourette’s Disorder. Individually underwritten limited benefit and short-term policies are exempt from the requirements of this mandate.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$98.5 million, yielding a cost to premium percentage of about 1.37% (1.15% in the 2003 study). There were a total of 177,799 services reported, for a cost per service of about \$550.

**1065 (was 250.4) & 1077 (was 250.17)** – Provides for coverage of maternity stays of at least 48 hours for vaginal deliveries and 96 hours for cesarean section (Required for group plans by federal law. State law includes individual plans.)

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$93.6 million, yielding a cost to premium percentage of about 1.30% (2.00% in the 2003 study). There were a total of 28,510 services reported, for a cost per service of about \$3,300.

**1077 (was 250.17)** – Provides that policies that cover mastectomies also cover reconstructive breast surgery following a mastectomy. (Federal law mandates this coverage.)

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$11.1 million, yielding a cost to premium percentage of about 0.15% (0.09% in the 2003 study). There were a total of 5,270 services reported, for a cost per service of about \$2,100.

**999 (was 215.20)** – Prohibits plans that cover treatment of cancer from excluding coverage for any drug prescribed for treatment of cancer on the grounds that the drug is not approved by the US FDA for a particular indication if that drug is recognized for treatment of the covered indication in a standard reference compendia or in substantially accepted peer-reviewed medical literature and; mandates coverage for all medically necessary services associated with administration of the drug.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$78.5 million, yielding a cost to premium percentage of about 1.09% (0.62% in the 2003 study). There were a total of 10,525 services reported, for a cost per service of about \$7,500.

**1038 (was 215.25)** – Hearing aids for children under age 18, subject to approval by an audiologist.

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$78,000, yielding a cost to premium percentage of less than 0.01%. (This mandate was not part of the 2003 study.) There were a total of 67 services reported, for a cost per service of about \$1,200.

**1035 (was 215.22)** – Low protein food products for treatment of inherited metabolic diseases, if medically necessary and obtained from a source approved by the health insurance issuer. Maximum benefit: \$200 per month. Excludes individually underwritten association plans. (New mandate for basic medical/surgical expense, major medical group plans issued or renewed after 1/1/2002)

Claim cost data was received from all twelve companies (\$7.2 billion in premium).

The reported claim costs were about \$2.1 million, yielding a cost to premium percentage of about 0.03%. (The 2003 study reported a negligible cost percentage.) There were a total of 2,447 services reported, for a cost per service of about \$850.

**TABLE I (COST OF MANDATES STUDY)**

Reference	Mandate	Mandate Costs (millions) 2008	Mandate Costs (%Prem.) 2008	Mandate Costs (%Prem.) 2003	Services 2008	Cost per Service 2008
1026	Cleft Lip & Cleft Palate	\$0.5	0.01	0.02	304	\$1,500
1027 & 245	Hearing Impaired Interpreter	-	-	-	13	\$1,500
1028A	Breast & Cervix Cancer Tests	\$55.4	0.77	0.55	693,650	\$80
1028B	Prostate Tests	\$5.4	0.08	0.10	329,295	\$20
1029	Colorectal Tests	\$25.3	0.35	N/A	55,894	\$450
1030	Immunization	\$24.0	0.51	0.18	334,315	\$70
1031	ADD & ADHD	\$3.9	0.08	0.07	28,260	\$140
1032	Osteoporosis	\$3.7	0.08	0.06	22,802	\$160
1034	Diabetes	\$8.5	0.12	0.01	24,520	\$350
1040	Special Dental	\$1.2	0.02	0.03	2,439	\$500
1044	Cancer Clinical Trials	\$1.1	0.04	-	103	\$11,000
1043	Severe Mental Illness	\$98.5	1.37	1.15	177,799	\$550
1065 & 1077	Maternity Coverage	\$93.6	1.30	2.00	28,510	\$3,300
1077	Reconstructive Breast Surgery	\$11.1	0.15	0.09	5,270	\$2,100
999	Cancer Drugs	\$78.5	1.09	0.62	10,525	\$7,500
1038	Hearing Aids	-	-	N/A	67	\$1,200
1035	Food Allergies	\$2.1	0.03	-	2,447	\$850
<b>Total</b>		<b>\$412.8</b>	<b>6.00</b>	<b>4.88</b>	<b>1,716,213</b>	
<b>Total *</b>		<b>\$282.8</b>	<b>4.20</b>	<b>2.79</b>	<b>1,626,539</b>	

N/A – Means not reported in the 2003 study

Total \* - Means Total less Colorectal, Maternity & Reconstructive Breast Mandates

## **Statutory Mandates & Disease Cost Comparisons**

As part of the mandated benefit study, companies were surveyed to obtain treatment cost data for certain disease processes over the three year period under our study (2005 through 2007). These costs were then compared to the cost of the disease prevention mandates to evaluate any cost savings resulting from the mandates.

Only some of the resulting disease cost data was found to be reliable so the comparison was limited to the following processes and mandate references:

- (1) Breast, cervix and uterine cancer (1028A)
- (2) Prostate cancer (1028B)
- (3) Colon cancer (1029)

This study was a statistical survey of the health insurance costs of treating a disease in comparison with the health insurance cost of early disease diagnosis. Since it is not a medical study, it is not possible to definitively determine the cost savings from early cancer diagnosis. (Such a study would require the following of the disease process of a selected group of medical patients over a satisfactory time period.) For example, one limitation of our study is that some of the cancer treatment costs in our data were inevitable and thus early diagnosis mitigated the cancer costs, but did not eliminate them. Intuitively, there are medical costs savings from the earlier diagnosis of cancer but the amount of such savings cannot be quantified from our study. What is clear from the study is that the cost of treating cancer is expensive and does exceed the cost of the mandates. The results are summarized in Table II and detailed below.

**Breast, cervix and uterine cancer (1028A)** – The cost of the mandated breast, cervix and uterine cancer diagnostic test was compared to the cost of treating these diseases. Over the three year study period about \$184.4 million was spent treating these 24,870 cancer services for a cost per service of \$7,400, while about \$55.4 million was spent on the 693,650 mandated tests for a cost per service of about \$80. From this information, the “disease treatment to diagnosis cost” ratio was determined to be about 3.3.

**Prostate cancer (1028B)** - The cost of the mandated prostate cancer diagnostic test was compared to the cost of treating this disease. Over the three year study

period about \$55.1 million was spent treating these 14,269 cancer services for a cost per service of \$3,900, while about \$5.4 million was spent on the 329,295 mandated tests for a cost per service of about \$20. From this information, the “disease treatment to diagnosis cost” ratio was determined to be about 10.2.

**Colon cancer (1029)** - The cost of the colon cancer diagnostic test was compared to the cost of treating this disease. Over the three year study period about \$83.0 million was spent treating these 8,302 cancers for services for a cost per service of \$10,000, while about \$25.3 million was spent on the 55,894 mandated tests for a cost per service of about \$450. From this information, the “disease treatment to diagnosis cost” ratio was determined to be about 3.3.

**TABLE II (MANDATES & DISEASE COST COMPARISON)**

Ref.	Mandate	Claim Costs (MM)	Claim Services	Claim Cost per Service	Test Costs (MM)	Test Services	Approx. Test Cost per Service	Ratio Treatment to Cost
1028A	Breast & Cervix Cancer Tests	\$184.4	24,870	\$7,400	\$55.4	693,650	\$80	3.3
1028B	Prostate Cancer Tests	\$55.1	14,269	\$3,900	\$5.4	329,295	\$20	10.2
1029	Colorectal Cancer Tests	\$83.0	8,302	\$10,000	\$25.3	55,894	\$450	3.3
<b>Total</b>		<b>\$322.5</b>	<b>47,441</b>		<b>\$86.1</b>	<b>1,078,839</b>		<b>3.7</b>

MM – refers to millions of dollars.

## **Comparison of other states—General Discussion**

A survey of all fifty states was initiated by contacting our NAIC partners. In conducting this survey, we discovered that many states have multiple methods of characterizing their mandates. As a result, we supplemented the responses received through the use of a compilation of state statutes provided by the NAIC. Our survey results are best reported through the use of charts detailing the different mandates and then indicating the states which have the same or similar statutory provisions as Louisiana. (See Attached Exhibit C) Finally, we also recommend that the reader consult the report from the Council for Affordable Health Insurance entitled “Health Insurance Mandates in the States 2008” accessible at [www.cahi.org](http://www.cahi.org). While this report serves as valuable information on mandates and their potential cost, we must caution that this report has a broader interpretation of “mandates” than we utilized in this survey. It should be noted that all references to “mandates” in our survey refers to a service or treatment that must be contained in a health insurance policy. We did not include mandates that must be “offered” but do not have to be accepted by the purchaser of the health insurance policy. In addition, we were not able to locate information from other states on all Louisiana mandates; therefore, our comparison includes only those mandates where a comparison was noteworthy.

Exhibit C details the comparison of the fourteen Louisiana mandates found in other states. Most states have anywhere from 2 to 13 of the same mandates in their statutory scheme. Mandates for the screening and treatment of breast, cervix, colon and prostate cancer are most likely to be found in the states surveyed. We also noted that coverage for well-baby care was seen in most states. The one identifying factor with this mandate appears in the maximum age required under the mandate. We note that while most states require well-baby care up to the age of 6 years old. Some states, notably, Arkansas, California, Florida, New York and Oklahoma, require coverage up to the age of 16 or 18 years. Finally, mandates for the diagnosis and treatment of diabetes and payment for infant formula for metabolic disease were also found in most states.

## **Voluntary offering of mandates—Other states**

HCR 131 requires a determination of whether any benefit mandated in Louisiana has been voluntarily offered in other states. We were only able to obtain this information from Maryland. They report 86% of the exempted companies

voluntarily provide the cost of their 42 mandates. The only mandate not covered by a majority of the exempted companies is their mandated benefit for in vitro fertilization. We note that of the mandates identical to Louisiana's mandates, the most likely to be voluntarily offered are those for cancer screening and treatment (almost all) and hospitalization and general anesthesia for dental procedures with children (most). (See attached Exhibit D)

### **Comparison of other state—Costs**

An added benefit of this survey was the receipt of survey costs from three states who have conducted similar surveys. Both Texas and Maryland law require an assessment of the cost of mandates as a percentage of the individual state's premiums for the individual, group and state employee insurance markets. Maine has also conducted a cost analysis of its mandates impact on its individual and group markets.

The latest Texas report of costs was issued at the end of 2008 and includes information on data collected for the twelve month reporting period of October, 2005 through September, 2006. Texas currently has 20 mandated benefits which represents \$378.84 million or 4.40% of all claims paid. The average premium cost of including the 20 benefits was estimated at \$107.71 for individual coverage and \$271.10 for family coverage. (All data and information can be attributed to the "Texas Mandated Benefit Cost and Utilization Summary Report, October 2005 - September 2006 Reporting Period." See [www.tdi.state.tx.us](http://www.tdi.state.tx.us))

Maryland currently has 42 mandates in place. Maryland reports a total impact on premiums of all mandates at 15.4% for group plans, 15.8% for state employee plans, and 18.6% for individual plans. (All data and information can be attributed to the "Study of Mandated Health Insurance Services: A Comparative Evaluation," Maryland Healthcare Commission, January 1, 2008. See [www.mhcc.maryland.gov](http://www.mhcc.maryland.gov))

In Maine, there are 26 mandates. Maine conducted a survey which examined the impact of these mandates on its non-HMO and HMO market. The survey examines the total premium costs by groups larger than 20, groups of 20 or fewer and individual contracts. The cost impact on groups larger than 20 in the non-HMO market is 8.30% and 8.03% in the HMO market. The cost impact on groups of 20 or fewer in the non-HMO market is 4.00% and 5.96% in the HMO market. The

cost impact on individual contracts in the non-HMO market is 3.66% and 2.95% in the HMO market. (All data and information can be attributed to the “Cumulative Impact of Mandates in Maine.” See [www.maine.gov/pfr/legislative/index.htm](http://www.maine.gov/pfr/legislative/index.htm))

## **Conclusion**

The aggregate cost of Louisiana mandates over the past three years is about \$413 million, representing 6% of premium revenue. Excluding the cost of the two federal mandates, maternity and breast reconstruction, the 2008 mandate costs shrink to about \$283 million, representing 4.20% of premium.

The cost of actually treating the major cancers is more than the cost of screening and detecting them. However, it is not possible to quantify the absolute cost savings of early diagnosis from the information in our survey.

A comparison of Louisiana mandates to those in other states indicates that our mandates are the same or similar. The most common mandates are those intended to screen and/or treat cancer as well as well-baby care, treatment of diabetes and coverage for metabolic disease formulas.

Costs associated with mandates in Texas, Maine and Maryland are higher than Louisiana. Texas has 20 mandates at a cost of 4.40%. Maryland reports a total impact on premiums of all mandates at 15.4% for group plans, 15.8% for state employee plans, and 18.6% for individual plans. Maine has 26 mandates at a cost of 8.30% (non-HMO) and 8.03% (HMO) for groups larger than 20. The cost impact on groups of 20 or fewer is 4.00% (non-HMO) and 5.96% (HMO). For individual contracts, the cost impact is 3.66% (non-HMO) and 2.95% (HMO).

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Rodney E. Friedy, FSA, MAAA  
Director of Life and Health Actuarial Services  
Financial Solvency

Karen Reiners Winfrey, J.D.  
Deputy Commissioner  
Office of Health Insurance

March 26, 2009  
Baton Rouge, Louisiana



# EXHIBIT A

Regular Session, 2008

HOUSE CONCURRENT RESOLUTION NO. 131

BY REPRESENTATIVES ROY, ANDERS, FRANKLIN, KLECKLEY, LAFONTA,  
MONICA, AND PEARSON

A CONCURRENT RESOLUTION

To urge and request the Department of Insurance to conduct a study on statutorily mandated health insurance benefits to determine what each such statutory mandate costs in terms of absolute dollars and as a percentage of total health insurance premiums.

WHEREAS, a statutory mandate is a law which requires a health insurer, health maintenance organization, or preferred provider organization to provide coverage for a certain health insurance benefit; and

WHEREAS, at present, there are approximately seventeen such mandates, covering such diverse services and medical conditions as screenings for breast, cervical, prostate, or colorectal cancer, bone mass measurement, immunizations, diabetes, cleft lip and cleft palate, certain clinical cancer trials, and certain severe mental illnesses; and

WHEREAS, the issue of mandating certain health insurance benefits remains a volatile one for the legislature, with the debate generally centering on consumer protection versus cost; and

WHEREAS, proponents argue that mandates are necessary to ensure adequate benefits for consumers and that, to the extent that they provide for early detection and treatment of illnesses, some of these mandates may decrease the ultimate cost of health care and health insurance; and

WHEREAS, opponents, however, contend that mandated benefits offset any consumer gains by raising the cost of health insurance, making it less affordable and ultimately increasing the number of the uninsured; and

WHEREAS, the last time that a comprehensive study on the cost of statutory mandates was conducted was 2003.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request the Department of Insurance to conduct a study on statutorily mandated health insurance benefits to determine what each such statutory mandate costs in terms of absolute dollars and as a percentage of total health insurance premiums.

BE IT FURTHER RESOLVED that such a study review and compare the statutory mandates of Louisiana with those of a select group of states to determine if they have similar mandates in their laws or if any benefit mandated in Louisiana has been voluntarily offered in those other states.

BE IT FURTHER RESOLVED that the Department of Insurance also survey the health insurance industry to identify any long-term cost savings associated with a preventive care mandate as opposed to the long-term cost of the disease if the mandate did not exist.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the commissioner of insurance.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE



# EXHIBIT B

STATUTES	BENEFITS	APPLICABILITY - TYPES OF HEALTH INSURANCE PLANS							Exceptions
		All Types of Health Ins Plans	Group Indemnity	Group HMO	Individual Indemnity	Individual HMO	Blanket Group	Self Insurance	
<b>MANDATED BENEFITS</b>									
LSA-R.S. 22:1024 B	Professional ambulance services, including air or surface transport, for newly born dependents and for the temporarily medically disabled mother of the ill newly born.		✓		✓		✓		Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1026	Cleft lip and cleft palate treatment and correction, and for secondary conditions and treatment attributable to that primary condition.		✓		✓		✓	✓	Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1027 & 245	Hearing impaired interpreter expenses performed by a qualified interpreter / transliterator when used by the insured in connection with covered medical treatment or diagnostic consultations.	✓							Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1028 A	Annual Pap test and minimum mammography examination (one baseline mammogram for any woman age 35-39, one every 24 months for any woman age 40-49, one every 12 months for any woman age 50 or older). These benefits are not subject to any type of deductibles.	✓							High Deductible Plans as defined by Internal Revenue Code, Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1028 B	Prostate cancer detection including digital rectal examination and prostate-specific antigen testing for men over age 50 and as medically necessary for men over age 40. This benefit is not subject to any type of deductible.	✓							High Deductible Plans as defined by Internal Revenue Code, Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1029	Routine Colorectal Cancer Screening	✓							Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1030	Immunizations for dependent children from birth to age 6, includes basic immunization series as defined by the state health officer and required for school entry. Benefits are payable under the same circumstances and conditions as are paid for all other diagnoses, treatments, illnesses, or accidents. These benefits are not subject to any type of deductibles.		✓		✓		✓	✓	Short-Term and Limited Benefit, Supplemental Plans

STATUTES	BENEFITS	APPLICABILITY - TYPES OF HEALTH INSURANCE PLANS							Exceptions
		All Types of Health Ins Plans	Group Indemnity	Group HMO	Individual Indemnity	Individual HMO	Blanket Group	Self Insurance	
LSA-R.S. 22:1031	Attention deficit / hyperactivity disorder. Benefits are payable under the same circumstances and conditions as are paid for all other diagnoses, illnesses or accidents, up to \$600 for the initial diagnosis, \$50 per outpatient doctor visit, \$2,500 annual maximum, and \$10,000 lifetime maximum.		✓		✓		✓	✓	Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1032	Bone mass measurement for diagnosis and treatment of osteoporosis for "qualified individuals", i.e. estrogen-deficient women at clinical risk of osteoporosis, individual receiving long-term steroid therapy, or individual being monitored to assess the response to or effect of approved osteoporosis drug therapies.		✓		✓		✓	✓	Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1034	Treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes. Coverage includes the equipment, supplies, outpatient self-management training and education, and medical nutrition therapy. One-time evaluation and training expenses are covered up to \$500. Expenses for additional medically necessary training due to significant change in symptoms or conditions are covered up to \$100 per year and a \$2,000 lifetime maximum. Benefits are subject to the same annual deductibles or coinsurance established for all other covered benefits.	✓							Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1035 & 246	Low protein food products for treatment of inherited metabolic diseases, if medically necessary and obtained from a source approved by the health insurance issuer. Maximum benefit: \$200 per month.	✓							Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1038	Coverage for hearing aids for a child under age 18, if fitted and dispensed by a licensed audiologist or hearing aid specialist following medical clearance by a licensed physician and audiological evaluation. Benefit payable may be limited to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.	✓							Short-Term and Limited Benefit, Supplemental Plans

STATUTES	BENEFITS	APPLICABILITY - TYPES OF HEALTH INSURANCE PLANS							
		All Types of Health Ins Plans	Group Indemnity	Group HMO	Individual Indemnity	Individual HMO	Blanket Group	Self Insurance	Exceptions
LSA-R.S. 22:1040	Anesthesia and associated hospital charges when the mental or physical condition of the insured requires dental treatment to be rendered in a hospital setting, except for treatment of TMJ.	✓							Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1043	Severe mental illnesses, including schizophrenia or schizoaffective disorder, bipolar disorder, panic disorder, obsessive-compulsive disorder, major depressive disorder, anorexia / bulimia, intermittent explosive disorder, post-traumatic stress disorder, psychosis NOS when diagnosed in a child under 17, Rett's Disorder, and Tourette's Disorder. (HB 958 deletes pervasive developmental disorder or autism and Asperger's Disorder from the definition of Severe Mental Illness.)		✓	✓			✓	✓	Individually Underwritten Plans, Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1044	Coverage for treatment provided in accordance with a Phase II, III, or IV clinical trial for cancer and health-related services, subject to applicable deductible, coinsurance or copayment amounts.	✓							Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1049	Plans issued on or after 01/01/2009 must provide coverage of prosthetic devices and prosthetic services. The annual limit of benefits will be no less than fifty thousand dollars per limb. The co-payments, deductibles and coinsurance amounts for prosthetic devices and services, including repair and replacement of devices, shall not be more restrictive than those provided for other benefits within the plan.	✓							Short-Term and Limited Benefit, Supplemental Plans
LSA-R.S. 22:1050	Plans issued on or after 01/01/2009 must provide coverage for the diagnosis and treatment of autism spectrum disorder in individuals less than seventeen years of age. Coverage shall not be subject to any limits on the number of visits. Coverage shall be subject to a maximum benefit of thirty-six thousand dollars per year and a lifetime maximum benefit of one hundred forty-four thousand dollars.		✓	✓			✓	✓	Small Group Plans (2-50), Individually Underwritten Plans, Short-Term and Limited Benefit, Supplemental Plans

STATUTES	BENEFITS	APPLICABILITY - TYPES OF HEALTH INSURANCE PLANS								
		All Types of Health Ins Plans	Group Indemnity	Group HMO	Individual Indemnity	Individual HMO	Blanket Group	Self Insurance	Exceptions	
LSA-R.S. 22:976 A	Service charges for the Louisiana Health Plan (\$2.00 per day for hospital confinement and \$1.00 per day for admission to outpatient ambulatory surgical care facility), without regard to deductibles, coinsurance or copayments.	✓							Insolvent Insurers and the Office of Group Benefits	
LSA-R.S. 22:999	Prohibits plans that cover treatment of cancer from excluding coverage for any drug prescribed for treatment of cancer on the grounds that the drug is not approved by the US FDA for a particular indication if that drug is recognized for treatment of the covered indication in a standard reference compendia or in substantially accepted peer-reviewed medical literature and; mandates coverage for all medically necessary services associated with administration of the drug.	✓							Short-Term and Limited Benefit, Supplemental Plans	
<b>OPTIONAL MANDATED BENEFITS</b>										
LSA-R.S. 22:1025	A plan shall include as an option to be exercised by the policyholder covered benefits for the treatment of alcoholism and drug abuse.		✓	✓				✓	Individually Underwritten Plans, Short-Term and Limited Benefit, Supplemental Plans	
LSA-R.S. 22:1042	A plan shall include as an option to be exercised by the policyholder covered benefits for speech and language pathology therapy, physical therapy, rehabilitative services and occupational therapy. (Act No. 151 - Eff. 08/15/2008) As an alternative to offering optional coverage, including these benefits as standard benefits in such policies and programs shall be sufficient to comply.		✓		✓			✓	Short-Term and Limited Benefit, Supplemental Plans	
LSA-R.S. 22:1043 A(2)	A plan shall offer to the policyholder an optional provision in the policy or contract which states that benefits shall be payable for the treatment of mental disorders other than severe mental illness under the same circumstances and conditions as benefits are paid for all other diagnoses, illnesses, or accidents.		✓	✓				✓	✓	Individually Underwritten Plans, Short-Term and Limited Benefit, Supplemental Plans
<b>DEFINITIONS</b>										

STATUTES	BENEFITS	APPLICABILITY - TYPES OF HEALTH INSURANCE PLANS							
		All Types of Health Ins Plans	Group Indemnity	Group HMO	Individual Indemnity	Individual HMO	Blanket Group	Self Insurance	Exceptions
LSA-R.S. 22:1000 A(1)	<b>Group Indemnity &amp; Group HMO</b> - Any policy covering more than one person, issued to an employer, one or more labor unions, trustees of a fund established by an employer or an association, or an association covering employees of member employers or individual members.								
LSA-R.S. 22:1000 A(2)	<b>Individual Indemnity &amp; Individual HMO</b> - "Family Group" - Any policy covering any one person, with or without eligible family members, issued to the head of the family.								
LSA-R.S. 22:1000 A(3)	<b>Blanket Group</b> - Any policy covering special groups of persons, issued to a common carrier covering passengers, an employer covering employees defined by exceptional hazards, an institution of learning covering students or teachers, a volunteer fire department covering members, or a creditor covering debtors.								
LSA-R.S. 22:452	<b>Self-Insurance Plan</b> - Any contract, plan, trust, arrangement, or other agreement providing health coverage to employees or two or more employers, which is not fully insured but is authorized to conduct the business of self-insurance by the Louisiana Department of Insurance.								

# EXHIBIT C

## COMPARISON OF STATE MANDATED BENEFITS

STATES	Cleft Lip/ Cleft Palate	Hearing Impaired Interpreter/Aid Expenses	Annual Pap Test and Mammography	Prostate Cancer Detection	Routine Colorectal Cancer Screening	Hospitalization and General Anesthesia for Dental Procedures for Children
ALABAMA			√		√	
ALASKA		√	√	√		
ARIZONA		√	√		√	
ARKANSAS		√	√		√	√
CALIFORNIA			√	√	√	√
COLORADO	√		√	√		√
CONNECTICUT	√	√	√	√		√
DELAWARE		√	√	√	√	
DISTRICT OF COLUMBIA		√	√	√		
FLORIDA	√		√	√	√	√
GEORGIA			√	√	√	√
HAWAII			√	√		
IDAHO			√	√		
ILLINOIS			√	√	√	√
INDIANA	√		√	√		√
IOWA			√	√		√
KANSAS			√	√		√
KENTUCKY		√	√	√	√	√
LOUISIANA	√	√	√	√	√	√
MAINE			√	√		√
MARYLAND	√	√	√	√	√	√
MASSACHUSETTS	√		√	√		√
MICHIGAN			√	√		
MINNESOTA	√	√		√		
MISSISSIPPI		√	√	√	√	
MISSOURI			√	√	√	
MONTANA			√		√	
NEBRASKA			√			
NEVADA			√		√	√
NEW HAMPSHIRE			√			√
NEW JERSEY			√	√	√	
NEW MEXICO			√	√	√	
NEW YORK			√	√		
NORTH CAROLINA	√		√	√	√	√
NORTH DAKOTA			√	√		
OHIO			√			
OKLAHOMA		√	√	√		√
OREGON			√	√	√	
PENNSYLVANIA		√	√		√	
PUERTO RICO			√	√		
RHODE ISLAND			√	√		
SOUTH CAROLINA	√		√	√	√	
SOUTH DAKOTA			√	√		
TENNESSEE			√	√		
TEXAS	√		√	√	√	
UTAH				√	√	
VERMONT			√			
VIRGINIA	√			√	√	√
WASHINGTON				√		√
WEST VIRGINIA			√	√		
WISCONSIN			√			
WYOMING			√	√	√	

# COMPARISON OF STATE MANDATED BENEFITS

STATES	Physical, Occupational, and Speech Therapy	Chemo/ Cancer Therapy Treatment	Osteoporosis	Metabolic Disease Formulas	Well Baby Care	Diabetes Equipment, Supplies & Training	Mental Health	Clinical Trials
ALABAMA					√		√	
ALASKA		√		√		√		
ARIZONA		√		√		√		
ARKANSAS		√			√	√	√	
CALIFORNIA		√	√	√	√	√	√	√
COLORADO	√			√	√	√	√	
CONNECTICUT				√	√	√	√	√
DELAWARE					√	√		√
DISTRICT OF COLUMBIA					√	√	√	
FLORIDA			√	√	√	√	√	
GEORGIA					√	√	√	√
HAWAII				√	√	√	√	
IDAHO								
ILLINOIS			√			√	√	
INDIANA	√			√	√	√		
IOWA	√				√	√		
KANSAS			√			√	√	
KENTUCKY		√		√	√	√	√	
LOUISIANA	√	√	√	√	√	√	√	√
MAINE		√		√	√	√	√	√
MARYLAND	√		√	√	√	√	√	√
MASSACHUSETTS				√		√	√	√
MICHIGAN					√	√		
MINNESOTA				√	√	√	√	√
MISSISSIPPI					√	√	√	
MISSOURI	√	√	√	√	√	√	√	
MONTANA	√	√		√	√	√	√	√
NEBRASKA					√	√	√	√
NEVADA				√		√	√	√
NEW HAMPSHIRE				√			√	
NEW JERSEY	√	√	√	√	√	√		√
NEW MEXICO		√		√	√	√		
NEW YORK				√	√	√	√	√
NORTH CAROLINA			√			√		√
NORTH DAKOTA	√			√	√		√	
OHIO					√		√	
OKLAHOMA	√				√	√	√	
OREGON				√		√	√	
PENNSYLVANIA		√		√	√	√	√	√
PUERTO RICO					√			
RHODE ISLAND					√	√	√	
SOUTH CAROLINA	√	√				√		√
SOUTH DAKOTA				√		√	√	
TENNESSEE		√		√		√	√	√
TEXAS	√			√	√	√	√	
UTAH		√		√	√	√	√	
VERMONT				√	√	√	√	√
VIRGINIA	√	√			√	√	√	√
WASHINGTON		√		√		√	√	
WEST VIRGINIA		√	√		√	√	√	√
WISCONSIN					√	√	√	√
WYOMING	√				√	√		



# EXHIBIT D

## VOLUNTARY COMPLIANCE IN THE SELF- INSURANCE MARKET

STATES	Cleft Lip Cleft Palate	Hearing Impaired Interpreter/Aid Expenses	Annual Pap Test and Mammography	Prostate Cancer Detection	Routine Colorectal Cance Screening	Hospitalization and General Anesthesia for Dental Procedures for Children
LOUISIANA	√	√	√	√	√	√
MARYLAND	√	√	√	√	√	√
<b>Complaine Rate MD Only</b>	Almost All	Half	Almost All	Almost All	Almost All	Most



**OFFICE OF HEALTH INSURANCE**  
**LOUISIANA DEPARTMENT OF INSURANCE**

# APPENDIX V

## *HealthLink* *State of Illinois Mandate Spending*

## Healthlink State of Illinois Mandate Spending

Mandate	Paid Amount	Comments
Alcoholism	14,536.09	
Alcoholism and Substance Abuse	51,559.59	
Amino Acid-Based Elemental Formulas	17,317.95	
Autism Spectrum Disorders	183,239.73	
Breast Cancer Pain	9,449,268.63	
Breast Implant Removal	31,888.78	
Breast Ultrasound Screening	64,924.22	
Colorectal Cancer Screening	2,856,529.74	
Contraceptives	324,530.76	
Dental adjunctive services	--	Not able to identify
Diabetes Self Management	3,851,379.02	
HPV Vaccine	136,955.64	
Habilitative services for children	--	Not able to identify
Infertility	255,116.04	
Mammograms	3,141,414.78	
Mastectomy-post mastectomy care	--	too vague, early discharge too subjective, etc...
Mastectomy - Reconstruction	539,623.66	May include additional \$ due to bundling of IP and HO claims.
Maternity	3,513,886.84	
Maternity-complications of pregnancy	2,531,213.43	
Maternity-post parturition care	1,442,217.83	
Maternity-prenatal HIV testing	6,419.06	
Mental Health-HMOs	477,067.54	
Mental Health-serious mental illness	2,575,438.00	
Multiple sclerosis-preventative physical therapy	98,951.01	May include additional \$ due to bundling of IP and HO claims.
Organ transplants	--	Under precerts, mandate set guidelines under which experimental or investigational organ transplantation procedures can be denied. No spending
Organ transplants-immunosuppressive drugs	--	Pharmacy data not available
Osteoporosis	92,027.52	
Ovarian cancer screening	66,509.23	

Mandate	Paid Amount	Comments
PAP smears	812,860.10	
Prescription inhalants	--	Pharmacy data not available
Preventive health services	--	Not able to identify
Prostate specific antigen	200,702.72	
Prosthetic and orthotic devices	927,995.39	
Shingles vaccine	12,533.37	
Under the influence	--	Not able to identify, much of this falls under Alcoholism or Alcoholism and Substance Abuse, not use how to identify beyond that.
<b>Total</b>	<b>33,676,106.67</b>	

**Healthlink  
State of Illinois Mandate Spending By Group**

<b>Group</b>	<b>Mandate</b>	<b>Paid Amount</b>
160000	Alcoholism	14,536.09
160000	Alcoholism and Substance Abuse	45,342.84
160000	Amino Acid-Based Elemental Formulas	17,317.95
160000	Autism Spectrum Disorders	183,152.94
160000	Breast Cancer Pain	5,566,044.01
160000	Breast Implant Removal	20,200.50
160000	Breast Ultrasound Screening	47,614.62
160000	Colorectal Cancer Screening	2,215,861.96
160000	Contraceptives	319,285.99
160000	Diabetes Self Management	3,059,831.88
160000	HPV Vaccine	133,623.46
160000	Infertility	254,932.75
160000	Mammograms	2,301,102.82
160000	Mastectomy - Reconstruction	270,324.34
160000	Maternity	3,448,108.82
160000	Maternity-complications of pregnancy	2,499,365.39
160000	Maternity-post parturition care	1,416,405.63
160000	Maternity-prenatal HIV testing	6,411.00
160000	Mental Health-HMOs	424,198.82
160000	Mental Health-serious mental illness	2,350,202.28
160000	Multiple sclerosis-preventative physical therapy	36,216.90
160000	Osteoporosis	51,603.77
160000	Ovarian cancer screening	55,308.74
160000	PAP smears	683,666.79
160000	Prostate specific antigen	157,843.74
160000	Prosthetic and orthotic devices	671,486.20
160000	Shingles vaccine	6,311.36
<b>160000</b>	<b>Total</b>	<b>26,256,301.59</b>

<b>Group</b>	<b>Mandate</b>	<b>Paid Amount</b>
160001	Breast Cancer Pain	472,211.66
160001	Breast Ultrasound Screening	697.20
160001	Colorectal Cancer Screening	65,611.98
160001	Contraceptives	3,616.97
160001	Diabetes Self Management	48,409.88
160001	HPV Vaccine	2,250.87
160001	Infertility	183.29
160001	Mammograms	50,110.15
160001	Mastectomy - Reconstruction	47,288.88
160001	Maternity	65,725.46
160001	Maternity-complications of pregnancy	31,250.72
160001	Maternity-post parturition care	25,812.20
160001	Maternity-prenatal HIV testing	8.06
160001	Mental Health-serious mental illness	17,230.62
160001	Osteoporosis	1,309.49
160001	PAP smears	12,293.22

Group	Mandate	Paid Amount
160001	Prostate specific antigen	3,831.21
160001	Prosthetic and orthotic devices	13,366.07
<b>160001</b>	<b>Total</b>	<b>861,207.93</b>

Group	Mandate	Paid Amount
160002	Alcoholism and Substance Abuse	6,216.75
160002	Autism Spectrum Disorders	86.79
160002	Breast Cancer Pain	3,268,029.34
160002	Breast Implant Removal	11,688.28
160002	Breast Ultrasound Screening	16,247.63
160002	Colorectal Cancer Screening	554,951.19
160002	Contraceptives	1,627.80
160002	Diabetes Self Management	703,029.99
160002	HPV Vaccine	1,063.61
160002	Mammograms	762,497.88
160002	Mastectomy - Reconstruction	222,010.44
160002	Maternity	52.56
160002	Maternity-complications of pregnancy	597.32
160002	Mental Health-HMOs	51,736.72
160002	Mental Health-serious mental illness	202,240.27
160002	Multiple sclerosis-preventative physical therapy	62,734.11
160002	Osteoporosis	37,824.37
160002	Ovarian cancer screening	11,200.49
160002	PAP smears	112,605.61
160002	Prostate specific antigen	37,246.56
160002	Prosthetic and orthotic devices	241,183.36
160002	Shingles vaccine	6,026.30
<b>160002</b>	<b>Total</b>	<b>6,310,897.37</b>

Group	Mandate	Paid Amount
160003	Breast Cancer Pain	142,983.62
160003	Breast Ultrasound Screening	364.77
160003	Colorectal Cancer Screening	20,104.61
160003	Diabetes Self Management	40,107.27
160003	HPV Vaccine	17.70
160003	Mammograms	27,703.93
160003	Mental Health-HMOs	1,132.00
160003	Mental Health-serious mental illness	5,764.83
160003	Osteoporosis	1,289.89
160003	PAP smears	4,294.48
160003	Prostate specific antigen	1,781.21
160003	Prosthetic and orthotic devices	1,959.76
160003	Shingles vaccine	195.71
<b>160003</b>	<b>Total</b>	<b>247,699.78</b>
	<b>GRAND TOTAL</b>	<b>33,676,106.67</b>

# APPENDIX VI

## *MEDCO – State of Illinois Mandate Spending*

<b>Medco</b>							
<b>State of Illinois Mandate Spending</b>	<b>Pharmacy Benefit Impact</b>	<b>Annual Spend - Total (Plan Cost)</b>	<b>QCHP</b>	<b>LGHP</b>	<b>CIPX</b>	<b>TRIP</b>	<b>WCMP</b>
Alcoholism and Substance Abuse	Ch 3.3.4 + Antabuse and Campral	\$215,385	\$166,097	\$491	\$775	\$46,811	\$1,211
Cancer Treatment – Prescription Drugs	Ch 2.1 minus Ch 2.1.5	\$19,238,948	\$11,782,287	\$165,120	\$954,066	\$6,330,300	\$7,175
Colorectal Cancer Screening	Ch 8.3.5	\$145,689	\$67,637	\$1,059	\$3,757	\$73,236	\$0
Contraceptives	Ch 11.1	\$616,766	\$562,671	\$27,474	\$1,678	\$24,943	\$0
Diabetes Self Management	Ch 7.5.4+7.5.5	\$3,065,281	\$1,981,946	\$38,391	\$59,225	\$985,719	\$0
HPV Vaccine	Gardasil	\$2,118	\$1,893	\$0	\$0	\$225	\$0
Infertility	Ch 7.4.2	\$865,771	\$858,523	\$7,248	\$0	\$0	\$0
Maternity	Ch 15.1 (female only)	\$256,822	\$105,929	\$4,555	\$3,376	\$142,209	\$753
Mental Health – “Serious Mental Illness”	Ch 3.9	\$33,098,230	\$24,155,865	\$395,103	\$788,480	\$7,657,361	\$101,421
Organ Transplants – Immunosuppressive Drugs	Ch 2.1.5	\$2,509,732	\$1,749,142	\$38,568	\$76,089	\$628,931	\$17,002
Osteoporosis	Ch 10.4	\$8,505,326	\$4,284,788	\$30,264	\$287,707	\$3,902,567	\$0
Prescription Inhalants	Ch 13.3.3 + Ch 13.3.4 + Advair + Dulera	\$10,901,430	\$7,510,268	\$90,244	\$323,531	\$2,974,774	\$2,613
Shingles Vaccine	Zostavax	\$303,162	\$135,392	\$710	\$10,799	\$156,261	\$0
<b>TOTAL</b>		<b>\$79,724,660</b>	<b>\$53,362,438</b>	<b>\$799,227</b>	<b>\$2,509,483</b>	<b>\$22,923,337</b>	<b>\$130,175</b>
Time Period: 7/1/2010 - 6/30/2011							