

OFFICE OF HEALTH INSURANCE

2009-2011

Mandated Health Care Benefits Costs



**LOUISIANA DEPARTMENT OF INSURANCE
COMMISSIONER OF INSURANCE JAMES J. DONELON**

REPORT TO THE LEGISLATURE REQUIRED BY LA. R.S. 22:1047(B)

Mandated Health Care Benefits Costs (2009-11)

Authority

Under the authority of La. R. S. 22:1047, the Louisiana Department of Insurance is required to conduct an actuarial cost analysis of the cost of the statutory health insurance mandates every four years. This is the third study of this kind. The first was submitted on February 28, 2003, while the second was submitted on March 26, 2009.

The previous study was completed in conjunction with the requirements of HCR 131 of the 2008 Regular Legislative Session. HCR 131 required a comparison of the cost of the health insurance mandates to the cost of treating some of the diseases the mandates are designed to screen for. This study is restricted to the cost of the health insurance mandates. For comparison to other states and similar regulatory jurisdictions, Appendix B provides a table of the mandated health care benefits herein analyzed, indicating which of these benefits are also required in other states, Washington, D.C., and Puerto Rico.

Executive Summary

La. R. S. 22:1047 directs the Louisiana Department of Insurance to determine the cost of statutorily prescribed mandates. In completing this exercise HMO and health indemnity companies with substantial health insurance premium revenue in Louisiana were surveyed over the three year period from 2009 through 2011, 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.

For this study, we utilized the responses from six of our major carriers:

1. Louisiana Health Service and Indemnity Co.
2. HMO of Louisiana, Inc.
3. United Health Care
4. Humana
5. Coventry
6. Vantage Health Plan, Inc.

These six, the first two of which are Blue Cross companies, according to the LDI's HIPAA assessment report, represent 93% of the Louisiana premium volume (\$8.5 billion over the three-year study period). In completing this study, both the premium costs and service volumes were grossed up to 100% to provide proxy for the entire Louisiana health insurance market, with enough rounding utilized to provide report clarity without sacrificing representation.

In summary, the study findings are:

1. The aggregate cost of the mandates over the three-year study period was determined to be about \$645 million, representing about 7.6% of premium revenue. In comparison, the 2008 study listed the mandates as costing 5.9% of premium, but the prosthetic and autism mandates have been added since then and their costs totaled 0.9% of premium which when accounted for lead to a closer comparison between the 2008 (5.9%) and 2012 (6.7%) studies.
2. This study finds the number of services performed in the 2012 study to have increased to 2.5 million from the 1.7 million of the 2008 study. When the prosthetics and autism procedures are removed, the 2012 service volume is reduced to 2.3 million. The remaining 0.6 million difference in the number of services between the two studies results from major increases to the number of services completed under three mandates, namely: breast and cervix tests (0.3 million), immunizations (0.2 million) and ADD and ADHD treatment (0.1 million). The remaining mandates showed consistency in the number of services between the two studies or the number of services under the specific mandate was not material.
3. For each mandate, the aggregate cost was divided by the number of services completed to determine the average cost per service under the mandate. The resulting values showed a consistent relationship between the two studies.

The **Table** in **Appendix A** summarizes the study.

Study Method

The purpose of the study was to survey the cost of Louisiana's health insurance statutory mandates over the three-year period from 2009 through 2011. A questionnaire was sent to 19 companies that received Louisiana health insurance premium over the study period. We received responses from 15 companies but deemed only six of them representative. The selected companies are as follows:

1. Louisiana Health Service and Indemnity Co.
2. HMO of Louisiana, Inc.
3. United Health Care
4. Humana
5. Coventry
6. Vantage Health Plan, Inc.

These six, the first two of which are Blue Cross companies, according to our HIPAA report, represent 93% of the Louisiana premium volume (\$8.5 billion 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 company questionnaire attempted to obtain the following information:

- (1) Claim costs incurred for the specific mandate.
- (2) Number of claim procedures undertaken for each specific mandate.

The questionnaire listed the CPT codes for each mandate and the surveyed companies used the CPT reference to provide the costs and number of services for the mandates. The returned survey response CPT codes were totaled to obtain the aggregate cost and number of services for the specific mandates. These values were then extrapolated to obtain a reasonable proxy to the value for all Louisiana health insurance market, with enough rounding utilized to provide report clarity without sacrificing representation.

Statutory Mandates – Descriptions and Cost Review

The cost of the nineteen statutory mandates (17 state and 2 federal) to the Louisiana health insurance industry are presented in aggregate over the three-year study period and include:

- (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.

The results are detailed below and summarized in the Appendix A Table, with statutory references from the current Louisiana Revised Statutes Title 22.

1026 – 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.

The aggregate reported claim costs were about \$3.5 million, yielding a cost to premium percentage of about 0.04% (0.02% in the 2002 study and 0.01% in the 2008 study). There were 304 services reported in the 2008 study for a cost per service of about \$1,500, with 350 services included in this study for an average cost per service of \$9,500.

The disparity between the current study and the 2008 study can be attributed to one exceptional year's experience for one of the five companies. When the exceptional data is removed, the aggregate mandate cost is reduced to \$0.8 million and the cost as a percentage of premium becomes 0.01% while the average cost per service becomes \$2,500.

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. Limited benefit supplemental policies are exempt.

The reported claim costs were about \$38,000 (considered negligible), yielding a cost to premium percentage less than 0.01% (similar results were observed in the 2003 and 2008 studies). There were 25 reported services, for a cost per service of about \$1,500.

1028A – 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 deductible. Limited benefit supplemental policies are exempt from this mandate.

The aggregate reported claim costs were about \$101 million, yielding a cost to premium percentage of about 1.19% (0.55% in the 2002 study and 0.77% in the 2008 study). There were 995,000 services reported for a cost per service of about \$100 (694,000 services and average cost per service of \$80 in the 2008 study).

1028B – 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.

The aggregate claim costs in this study were about \$8.6 million, yielding a cost to premium percentage of about 0.10% (0.10% in the 2002 study and 0.07% in the 2008 study). There were about 376,000 services for a cost per service of about \$25 (329,000 services and average cost per service of \$20 in 2008).

1029 – 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.

The reported claim costs were about \$30.6 million, yielding a cost to premium percentage of about 0.36% (0.35% in the 2008 study). There were a total of 52,500 services reported (55,894 in the 2008 study), for a cost per service of about \$600.

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. HMOs and limited benefit supplemental policies are exempt.

The reported claim costs were about \$31.0 million, yielding a cost to premium percentage of about 0.36% (0.51% in the 2008 study and 0.18% in the 2003 study). There were a total of 553,000 services reported (334,315 in the 2008 study), for a cost per service of about \$50.

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. HMOs and limited benefit supplemental policies are exempt.

The reported claim costs were about \$8.6 million, yielding a cost to premium percentage of about 0.10% (0.08% in 2008, and 0.07% in the 2003 studies). There were a total of 98,000 services reported (28,260 in the 2008 study), for a cost per service of about \$100.

1032 – 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 individuals being monitored to assess the response to or efficacy of approved osteoporosis drug therapies. HMOs and limited benefit supplemental policies are exempt.

The reported claim costs were about \$6.3 million, yielding a cost to premium percentage of about 0.07% (0.08% in 2008 and 0.06% in the 2003 studies). There were a total of 30,500 services reported, for a cost per service of about \$200.

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. Deductibles and coinsurance applies. Limited benefit supplemental policies are exempt.

The projected claim costs were about \$0.7 million, yielding a cost to premium percentage of about 0.01%. There were 7,000 services projected, for a cost per service of about \$100. The comparison to 2008 is not included in this section of the review because the 2008 analysis was found to be flawed.

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. Limited benefit supplemental policies are exempt.

The reported claim costs were about \$1.1 million, yielding a cost to premium percentage of about 0.01% (0.02% in 2008 and 0.03% in the 2003 studies). There were a total of 1,600 services reported, for a cost per service of about \$650.

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. Limited benefit and short-term policies are exempt.

The reported claim costs were about \$0.5 million, yielding cost to premium percentage of about 0.01%. (The 2008 study reported 0.04%, the 2003 cost percentage was negligible.) There were a total of 150 services reported, for a cost per service of about \$2,000.

1043 – 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.

The reported claim costs were about \$108 million, yielding a cost to premium percentage of about 1.27% (1.37% in the 2008 and 1.15% in the 2003 studies). There were a total of 167,000 services reported, for a cost per service of about \$650.

1065 & 1075 – Provide for coverage of maternity stays of at least 48 hours for vaginal deliveries and 96 hours for cesarean section, maternity care and well

newborn care. (Minimum hospital stays for delivery required for group plans by federal law. State law includes individual plans.)

The reported claim costs were about \$135 million, yielding a cost to premium percentage of about 1.59% (1.30% in 2008 and 2.00% in the 2003 studies). There were a total of 47,000 services reported, for a cost per service of about \$3,000.

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

The reported claim costs were about \$11.2 million, yielding a cost to premium percentage of about 0.13% (0.15% in 2008 and 0.09% in the 2003 studies). There were a total of 11,000 services reported, for a cost per service of about \$1,000.

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; mandates coverage for all medically necessary services associated with administration of the drug.

The reported claim costs were about \$118 million, yielding a cost to premium percentage of about 1.39% (1.09% in 2008 and 0.62% in the 2003 studies). There were a total of 10,000 services reported, for a cost per service of about \$11,700.

1038 – Coverage for hearing aids for children under age 18, subject to approval by an audiologist.

The reported claim costs were about \$300,000, yielding a cost to premium percentage of less than 0.01%. (Similar results were obtained in the 2008 study; the mandate was not part of the 2003 study.) There were a total of 150 services reported, for a cost per service of about \$2,000.

1049 – Coverage of prosthetic devices and services. Subject to certain cost limitations, the health benefit plan must provide coverage support for certain prescribed prosthetic devices. Limited benefit policies are exempt.

The reported claim costs were about \$6.9 million, yielding a cost to premium percentage of about 0.08%. There were a total of 5,000 services reported, for a cost per service of about \$1,300. This mandate was not part of the two previous studies.

1050 – Coverage for the diagnosis and treatment of autism spectrum disorders. Subject to certain age and cost limitations, the health benefit plan must provide cost support for the treatment of autism spectrum disorders. Individually underwritten guaranteed renewable and limited benefit policies are exempt.

The reported claim costs were about \$73.3 million, yielding a cost to premium percentage of about 0.86%. There were a total of 173,000 services reported, for a cost per service of about \$400.

1035 – 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.

The reported claim costs were about \$0.5 million, yielding a cost to premium percentage of about 0.01% (0.03% in the 2008 and a negligible amount in the 2003 studies). There were a total of 1,500 services reported, for a cost per service of about \$300.

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Appendix A: Cost of Health Care Mandates in Louisiana

Title 22 Reference	Mandate	2012 Mandate Costs (millions)	2012 Mandate Costs (%Prem.)	2008 Mandate Costs (%Prem.)	2012 Services	2012 Cost per Service
1026	Cleft Lip & Cleft Palate	\$3.5	0.04	0.01	350	\$9,500
1027 & 245	Hearing Impaired Interpreter	-	-	-	25	\$1,500
1028A	Breast & Cervix Cancer Tests	\$101.0	1.19	0.77	995,000	\$100
1028B	Prostate Tests	\$8.6	0.10	0.08	376,000	\$25
1029	Colorectal Tests	\$30.6	0.36	0.35	52,500	\$600
1030	Immunization	\$31.0	0.36	0.51	553,000	\$50
1031	ADD & ADHD	\$8.6	0.10	0.08	98,000	\$100
1032	Osteoporosis	\$6.3	0.07	0.08	30,500	\$200
1034	Diabetes	\$0.7	0.01	0.01 ¹	7,000	\$100
1040	Special Dental	\$1.1	0.01	0.02	1,600	\$650
1044	Cancer Clinical Trials	\$0.5	0.01	0.04	150	\$2,000
1043	Severe Mental Illness	\$108.0	1.27	1.37	167,000	\$650
1065 & 1075	Maternity Coverage	\$135.0	1.59	1.30	47,000	\$3,000
1077	Reconstructive Breast Surgery	\$11.2	0.13	0.15	11,000	\$1,000
999	Cancer Drugs	\$118.0	1.39	1.09	10,000	\$11,700
1038	Hearing Aids	\$0.3	-	-	150	\$2,000
1049	Prosthetics	\$6.9	0.08	N/R ²	5,000	\$1,300
1050	Autism Spectrum Disorders	\$73.3	0.86	N/R ³	173,000	\$400
1035	Metabolic Disease Foods	\$0.5	0.01	0.03	1,500	\$300
Total		\$645.1	7.59	5.89⁴	2,528,775	

¹ Reported in 2008 as 0.12 percent of premium; however, current study found this to be flawed data.

² N/R means not reported in 2008. This mandate became effective January 1, 2009.

³ N/R means not reported in 2008. This mandate became effective January 1, 2009, originally applicable to employer based group plans with more than 50 employees. As of January 1, 2014, the mandate is applicable to all group plans.

⁴ Reported in 2008 as 6.00 percent of premium. Change in cost of diabetes mandate reduces the 2008 overall health benefit mandate cost to 5.89 percent of premium.

Appendix B: Comparison of States' Mandated Benefits, 2013

STATES	Cleft lip/cleft palate	Hearing Impaired Interpreter Expenses	Annual Pap Test & Mammography	Prostate Cancer Detection	Routine Colorectal Cancer Screening	Immunization for Children	ADD &ADHD	Osteoporosis	Diabetes Equip., Supplies & Training	Hosp. & Gen. Anesthesia for Dental Procedures	Clinical Trials	Mental Health	Maternity Coverage & Well Baby Care	Post Mastectomy Reconstruction	Chemo/ Cancer Therapy Treatment	Hearing Aid	Prosthetics	Autism Spectrum Disorders	Metabolic Disease Foods	Other State Mandated Benefits
Alabama			✓	✓	✓							✓	✓		✓					Drugs to treat life-threatening illnesses
Alaska			✓	✓	✓	✓			✓		✓		✓	✓					✓	Newborn and infant hearing screening
Arizona			✓						✓		✓		✓	✓	✓			✓	✓	Emergency room services, ambulance, home health services, chiropractic services
Arkansas			✓	✓	✓				✓	✓		✓	✓				✓	✓	✓	Infertility treatment, emergency room services out of area, durable medical equipment, contraceptives, gastric pacemakers
California			✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓			✓	✓	Ambulance, Hospice, durable medical equipment, AIDS vaccine and HIV testing, contraceptive method, coverage for effects of diethylstilbestrol, organ transportation services for persons with HIV, TMJ surgery
Colorado	✓	✓	✓	✓		✓			✓	✓	✓	✓	✓		✓	✓	✓		✓	Contraception
Connecticut		✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	Infertility treatment, home health services, ambulance, chiro care, ostomy related supplies, craniofacial disorders, prescription drugs and contraceptives
Delaware		✓	✓		✓	✓			✓		✓	✓		✓		✓	✓		✓	Emergency room services, reversible contraceptives
District of Columbia			✓	✓	✓				✓		✓	✓	✓	✓	✓					Emergency room services, rehabilitative service for children, reversible contraceptives

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Florida	✓		✓					✓	✓	✓		✓		✓	✓			✓	✓	Home health services, bone marrow transplants, TMJ treatment	
Georgia			✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	Contraceptive coverage, Asthma Rx inhalers, morbid obesity, TMJ	
Hawaii			✓	✓	✓				✓			✓	✓		✓				✓	Hospice services, infertility treatment	
Idaho	✓		✓	✓					✓			✓	✓	✓							
Illinois			✓	✓	✓			✓		✓		✓	✓	✓	✓			✓	✓	✓	Infertility treatment, shingles vaccination, Multiple Sclerosis preventative physical therapy, organ transplant
Indiana	✓		✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	AIDS/HIV testing vaccine, alcohol/substance abuse, chiropractic, anesthesia, emergency room services, nurse anesthetist, second surgical opinion
Iowa			✓	✓					✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	ER services, skilled nursing facility, substance abuse (Inpatient & Outpatient), HPV vaccine
Kansas			✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓						ER services, substance abuse (Inpatient & Outpatient), durable medical equipment, off label Rx
Kentucky		✓	✓	✓	✓			✓	✓	✓		✓	✓		✓	✓		✓	✓	✓	Hospice services, home health services, emergency room services, TMJ, second surgical opinion
Louisiana	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Outpatient facility fee (ASC), durable medical equipment, emergency room services, ambulance

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Maine		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	O/P ASC & Phys/Surg Services, hospice services, home health services, substance abuse, specialty Rx (AIDS), durable medical equipment, rehab services, contraceptives, chiropractic care
Maryland	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	Hospice services, ambulance, infertility treatment, home health, emergency room services, bariatric surgery, skilled nursing, all Rx, rehab services, chiropractic care, durable medical equipment, second opinion, TMJ
Massachusetts	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓	Hospice services, infertility treatment, home health, emergency room services, ASC, cosmetic surg, bone marrow transplant, cardiac rehab, contraceptive services, hormone replacement, human leukocyte antigen testing, durable medical equipment
North Carolina	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓				Diagnosis and treatment of lymphedema, emergency room services, TMJ
North Dakota	✓		✓	✓						✓		✓	✓	✓					✓	Coverage for off-label uses of drugs, TMJ, substance abuse
Ohio			✓									✓	✓							Off-label Rx drugs, ambulance, substance abuse

Appendix B: Comparison of States' Mandated Benefits, 2013

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Oklahoma	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		✓	✓			Vision, home health, eye care (adult and children), substance abuse, chiropractic services
Oregon		✓	✓	✓							✓	✓	✓	✓	✓	✓	✓	✓	✓	Substance abuse, brain injury
Pennsylvania			✓		✓	✓			✓	✓		✓	✓		✓		✓	✓	✓	Substance abuse
Puerto Rico			✓	✓	✓	✓		✓	✓				✓	✓	✓				✓	Emergency room services, substance abuse, tobacco use cessation, bariatric surgery
Rhode Island		✓	✓	✓		✓			✓		✓	✓	✓	✓		✓	✓			Infertility, home health, smoking cessation programs, lead poisoning, lyme disease treatment, bone marrow transplant (donor and recipient charges), wigs
South Carolina	✓		✓	✓					✓			✓	✓	✓					✓	Off-label Rx use, emergency room services
South Dakota			✓	✓					✓	✓		✓		✓						Off label Rx use, any willing pharmacy
Tennessee	✓		✓	✓	✓			✓	✓	✓	✓	✓		✓	✓	✓			✓	Bone marrow transplant, off label Rx use, emergency room services
Texas	✓		✓	✓	✓	✓		✓	✓			✓	✓	✓	✓		✓	✓	✓	Drugs for treatment of HIV, TMJ, brain injury, transplant donor, off label Rx use
Utah	✓								✓			✓	✓	✓			✓	✓	✓	

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Vermont	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	Home health care, TMJ, Alzheimer's, AIDS/HIV testing/vaccine, athletic trainer, long-term care, off label Rx use, transplant donor, tobacco cessation program, emergency services, chiropractic services
Virginia	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓				✓		Hospice care, treatment for morbid obesity, lymphedema, victims of rape or incest, hemophilia
Washington	✓		✓	✓	✓				✓	✓		✓		✓	✓			✓	✓	Home health care, TMJ, hospice care, emergency room services
West Virginia			✓		✓	✓			✓	✓	✓	✓	✓	✓				✓		Skilled nursing care, emergency room services
Wisconsin	✓	✓	✓		✓	✓			✓	✓	✓	✓		✓		✓		✓		Genetic testing, drugs for HIV infection, home health care, kidney disease, TMJ, skilled nursing care, lead screening
Wyoming			✓	✓	✓				✓		✓	✓						✓		



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