

Health Insurance Mandates in Connecticut and Other States

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Issue

Describe the number of health insurance mandates in Connecticut and other states, the five most costly benefit mandates in Connecticut, and any providing more coverage than federal law requires.

Summary

A health insurance mandate is a requirement that an insurance policy or a health plan cover a specified service (called a health benefit mandate) or a service performed by a specified health care provider or in a specific facility (called provider mandates). In Connecticut, private health insurance benefit mandates are contained in Chapter 700c of the General Statutes.

According to the Blue Cross Blue Shield Association (BCBSA), in 2017 Connecticut had the second most health benefit mandates of any state, with 35. Only Maryland, which has 40 benefit mandates, has more. The average number of benefit mandate by state is 24.

Additionally, Connecticut has the 18th most provider mandates, at 12. Nevada has the most at 20, and the average number of provider mandates per state is 11.

In general, the most expensive benefit mandates are those related to cancer, diabetes, and mental or nervous conditions.

Federal law generally requires most health insurance plans to cover the essential health benefits, as well as all state mandates that were enacted by January 1, 2012. Connecticut has enacted at

least two additional mandates, coverage for tomosynthesis and prosthetics, above what federal law requires.

Benefit Mandates

BCBSA reports health insurance mandates by state, most recently in 2018 and reflecting mandates enacted through the 2017 calendar year. BCBSA is an insurance association that represents BCBS companies nationally. These companies provide coverage in all 50 states.

According to the report, Connecticut had 35 benefit mandates, the second most of any state. Maryland had the most (40), while Idaho had the least (9). (The report identifies 74 different health benefit mandates). The total number of benefit mandates is shown below in Tables 1 and 2.

Table 1: Health Benefit Mandates by State, Numerical Order, 2017

<i>State</i>	<i>Number of Health Benefit Mandates</i>	<i>State</i>	<i>Number of Health Benefit Mandates</i>	<i>State</i>	<i>Number of Health Benefit Mandates</i>	<i>State</i>	<i>Number of Health Benefit Mandates</i>
MD	40	ME	29	VT	24	SC	18
CT	35	CO	27	WI	24	MI	17
CA	33	LA	27	OK	23	MS	17
MA	33	NM	27	WA	23	NE	17
MN	32	FL	26	IN	22	ND	17
NJ	32	MO	26	NH	22	OH	15
TX	32	TN	26	DC	21	WY	15
VA	31	WV	26	HI	20	SD	14
GA	30	DE	25	PA	19	UT	14
NY	30	KY	25	AK	18	AL	12
RI	30	NV	25	AZ	18	IA	12
AR	29	NC	25	KS	18	ID	9
IL	29	OR	24	MT	18		

Table 2: Health Benefit Mandates by State, Alphabetical Order, 2017

<i>State</i>	<i>Number of Health Benefit Mandates</i>	<i>State</i>	<i>Number of Health Benefit Mandates</i>	<i>State</i>	<i>Number of Health Benefit Mandates</i>	<i>State</i>	<i>Number of Health Benefit Mandates</i>
AL	12	IL	29	MT	18	RI	30
AK	18	IN	22	NE	17	SC	18
AZ	18	IA	12	NV	25	SD	14
AR	29	KS	18	NH	22	TN	26
CA	33	KY	25	NJ	32	TX	32
CO	27	LA	27	NM	27	UT	14

State	Number of Health Benefit Mandates	State	Number of Health Benefit Mandates	State	Number of Health Benefit Mandates	State	Number of Health Benefit Mandates
CT	35	ME	29	NY	30	VT	24
DC	21	MD	40	NC	25	VA	31
DE	25	MA	33	ND	17	WA	23
FL	26	MI	17	OH	15	WV	26
GA	30	MN	32	OK	23	WI	24
HI	20	MS	17	OR	24	WY	15
ID	9	MO	26	PA	19		

Most Expensive Benefit Mandates

[PA 09-179](#) established the Health Benefit Review Program within the Insurance Department. Through the program, the insurance commissioner must contract with UConn's Center for Public Health and Health Policy to evaluate health benefit mandates. By law, the Insurance and Real Estate Committee may, by August 1 each year, submit a list of any mandated health benefits the committee would like the Center to review. The review and report must be completed by the following January ([CGS § 38a-21](#)). More information, including past reports, can be found [here](#).

UConn's [2014 report](#) is the most recent mandated health insurance benefits cost report. It lists each mandated health benefit, it's 2016 projected per member per month (PMPM) cost, and its projected PMPM retention amount, which includes an insurer's administrative cost and profit margin (see Table 1, page 135 in Appendix 3 of the linked report). The five most expensive health insurance benefits, according to 2016 projected costs, are shown in Table 3.

Table 3: Five Most Costly Health Benefit Mandates in Connecticut, 2016 Projected PMPM Cost

<i>Benefit Mandate</i>	<i>Medical PMPM Cost (\$)</i>	<i>Retention PMPM Cost (\$)</i>	<i>Total PMPM Cost (\$)</i>
Tumors and Leukemia	36.72	9.18	45.90
Mental Health or Nervous Conditions	31.82	7.96	39.78
Alcoholism Complications	15.85	3.96	19.81
Diabetes Testing and Treatment	10.25	2.56	12.81
Psychotropic Drug Availability	7.47	1.86	9.33

Provider Mandates

According to the 2018 BCBSA report, the average number of provider mandates by state in 2017 was 11; Connecticut had 12. Nevada had the most (20), while Idaho had the least (1), as shown in Tables 4 and 5.

Table 4: Provider Mandates by State, Numerical Order, 2017

State	Number of Provider Mandates	State	Number of Provider Mandates	State	Number of Provider Mandates	State	Number of Provider Mandates
NV	20	ME	14	AR	10	ND	8
UT	19	MA	14	KS	10	OH	8
MD	18	NH	14	OK	10	AL	7
FL	17	PA	14	RI	10	WI	7
TX	17	LA	13	IN	9	DE	6
WY	17	MT	13	MS	9	IA	6
CA	15	WA	13	MO	9	GA	5
CO	15	CT	12	NJ	9	SC	5
MN	15	NM	12	OR	9	DC	4
NC	15	IL	11	WV	9	HI	4
SD	15	KY	11	AZ	8	VT	4
VA	15	NY	11	MI	8	ID	1
AK	14	TN	11	NE	8		

Table 5: Provider Mandates by State, Alphabetical Order, 2017

State	Number of Provider Mandates	State	Number of Provider Mandates	State	Number of Provider Mandates	State	Number of Provider Mandates
AL	7	IL	11	MT	13	RI	10
AK	14	IN	9	NE	8	SC	5
AZ	8	IA	6	NV	20	SD	15
AR	10	KS	10	NH	14	TN	11
CA	15	KY	11	NJ	9	TX	17
CO	15	LA	13	NM	12	UT	19
CT	12	ME	14	NY	11	VT	4
DC	4	MD	18	NC	15	VA	15
DE	6	MA	14	ND	8	WA	13
FL	17	MI	8	OH	8	WV	9
GA	5	MN	15	OK	10	WI	7
HI	4	MS	9	OR	9	WY	17
ID	1	MO	9	PA	14		

Federally Mandated Health Benefits

Federal law requires Connecticut health insurance plans to cover (1) 10 essential health benefits and (2) certain state health insurance mandates enacted prior to 2012, which are covered by the state's benchmark plan.

Essential Health Benefits

The federal Affordable Care Act (ACA) requires most health insurers to cover 10 benefits categories, known as "essential health benefits" (EHBs). All plans offered on a state exchange must cover at least the following [EHBs](#):

1. outpatient care;
2. emergency services;
3. hospitalization;
4. pregnancy, maternity, and newborn care;
5. mental health and substance use disorder services;
6. prescription drugs;
7. rehabilitative and habilitative services and devices;
8. laboratory services;
9. preventive and wellness services and chronic disease management; and
10. pediatric services, including oral and vision care.

Connecticut state law also requires individual and small group health insurance plans to cover the above EHBs, effective January 1, 2019 ([PA 18-10](#), codified at CGS §§ [38a-492q](#) & [518q](#)).

Benchmark Plan

In addition to EHBs, the ACA requires each state to select a health insurance plan, known as a "benchmark plan" that meets certain criteria for care, treatment, and services. The benchmark plan must cover at least the 10 EHBs and any state mandates enacted by January 1, 2012.

Connecticut's benchmark plan establishes the minimum benefits that most other plans in the state must offer. The federal Centers for Medicare and Medicaid Services recognizes 20 broad categories of state benefit mandates enacted in Connecticut prior to 2012. (These 20 categories include many of the health benefits listed in the BCBSA report.)

Because the Connecticut benchmark plan goes beyond the minimum 10 EHBs, federal law requires most fully insured plans offered in the state, on or off the exchange, to also provide these additional

benefits (45 CFR 147.150). Information on Connecticut's benchmark plan is available [here](#), and the full list of pre-2012 state required benefits is listed [here](#).

Additional State Mandates

Connecticut has enacted at least two mandates that may be above and beyond those required by federal law and the benchmark plan: coverage for (1) tomosynthesis (CGS §§ [38a-503](#) & [-530](#)) and (2) prosthetic devices (CGS §§ [38a-492t](#) & [-518t](#)).

Generally, federal law requires states to defray the cost of any benefit mandate enacted after January 1, 2012. See OLR Report [2015-R-0188](#) for more information on when states must defray the cost of additional health insurance benefit mandates.

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