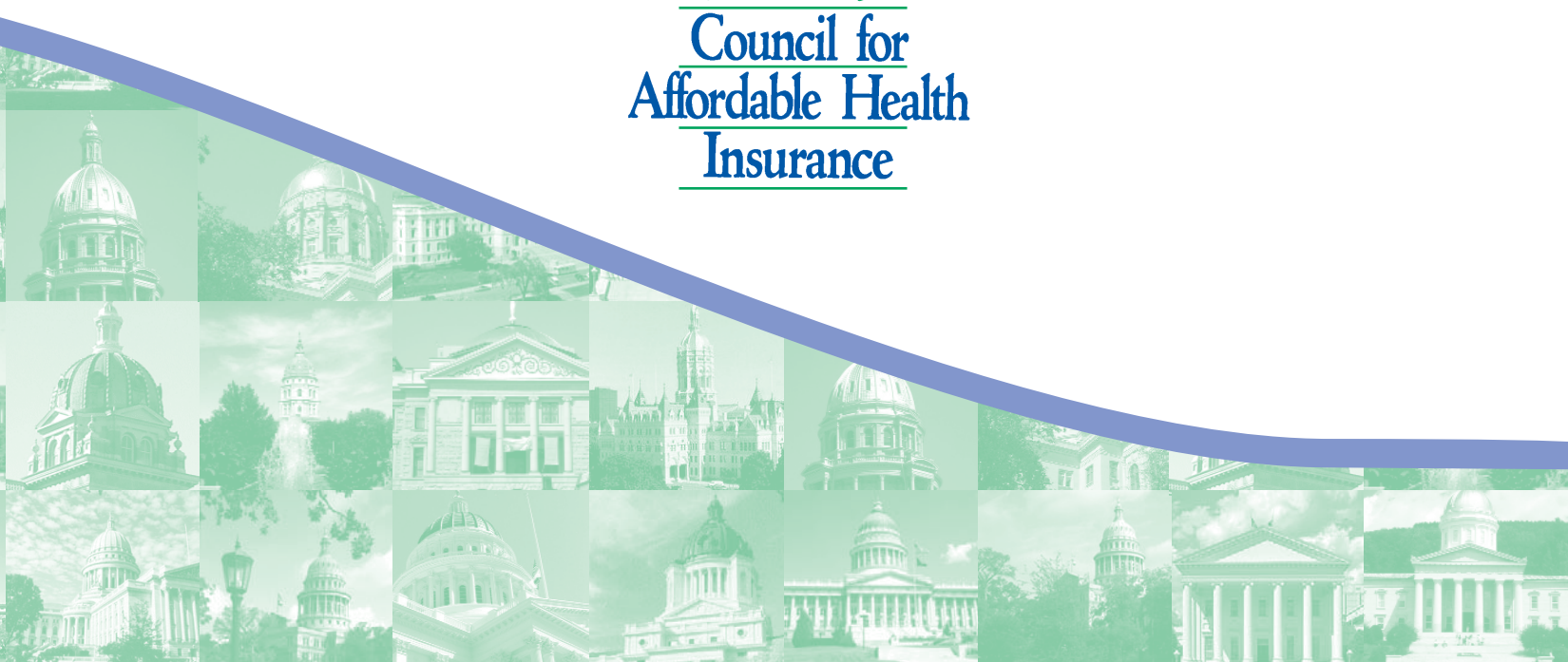


Health Insurance Mandates in the States 2008

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Council for
Affordable Health
Insurance



A State-by-State Breakdown of Health Insurance Mandates and Their Costs

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.

The Impact of Mandates. 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. We estimate that mandated benefits currently increase the cost of basic health coverage from a little less than 20% to more than 50%, depending on the state and its mandates. 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.

Why Is the Number of Mandates 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; today, the Council for Affordable Health Insurance (CAHI) has identified 1,961 mandated benefits and providers. And more are on their way.

How do state legislators justify their actions? One way is to deny a mandate is a mandate. For example, legislators may claim that requiring health insurance to cover a type of provider — such as a chiropractor, podiatrist, midwife or naturopath — is not a mandate 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.

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. (For a definition of each mandated benefit, please see <http://www.cahi.org>.)

How Is the Research Compiled? Since 1992, the Council for Affordable Health Insurance staff has tracked the introduction and passage of individual and small group market (i.e. not HMOs, PPOs, or the self-funded large group market) health insurance mandates in every state, but not until 2004 did we make this information available to the public. To corroborate our own findings, we survey every department of insurance and talk with other industry experts.

The question is sometimes raised why our mandate count may differ from other groups that identify state mandates. We do not currently differentiate between the individual and small group markets, especially since many states are blurring that traditional distinction by allowing “groups of one” (i.e., one person is considered a group) to be classified as a small group under federal law. Also, we do not differentiate between a benefit that is mandated and one that is only 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 market from specific mandates, or may only apply that mandate 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.

Mandates and Standard Coverage. Just because we list 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 this chart 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.

Assessing the Cost of Mandates. Besides listing the state mandated benefits, we provide a cost assessment of each one. CAHI's Actuarial Working Group on State Mandated Benefits analyzed company data and their experience and provided cost-range estimates — less than 1%, 1-3%, 3-5% and 5-10% — if the mandate were added to a policy that did not include the coverage. 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 (more than 1,900 of them). 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 cover drugs.

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 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 often include mini-mandates within them, like 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%, 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.

New Health Insurance Eligibility Categories. Over time, new trends emerge in health insurance coverage eligibility mandates. For example, in the past few legislative sessions we saw an increase in the "slacker mandate," in which health insurance coverage is extended to unmarried dependents or students up to the age of 30. Most recently, we have seen new categories for health insurance coverage eligibility emerge (e.g., "legal alien" and "elderly parent"). Maine has extended eligibility for health insurance coverage to include a person who is not yet a United States citizen but who is residing legally in this nation. Oregon added elderly parents who meet certain criteria. And at least four states — Maryland, Minnesota, New York and Texas — have extended eligibility for health insurance coverage to include a grandchild who is financially dependent on the grandparent. Finally, Illinois and Pennsylvania have added the military — U.S. armed services personnel can remain dependents for the amount of time they spent serving this country. (For more, please see CAHI's online publication "Trends in State Mandated Benefits" at <http://www.cahi.org>.)

Fortunately, there is evidence that some legislators are getting CAHI's message. At least 30 states now require that a mandate's cost 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 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.

For more information on government mandates, guaranteed issue and community rating, please visit CAHI's website at www.cahi.org.

	Total	Est. Cost	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD
BENEFITS																							
Alcoholism	45	1% to 3%	Y	Y	Y		Y	Y	Y	Y		Y	Y	Y			Y	Y	Y	Y	Y	Y	Y
Alzheimer's	2	<1%																					Y
Ambulatory Surgery	12	1% to 3%			Y	Y						Y	Y	Y						Y	Y		
Ambulance Services	8	<1%							Y			Y									Y		
Anti-Psychotic Drugs	3	<1%																					
Autism	11	<1%						Y			Y		Y		Y			Y		Y			Y
Birthing Centers/Midwives	8	<1%						Y				Y											
Blood Lead Poisoning	7	<1%					Y				Y											Y	
Blood Products	2	<1%																					Y
Bone Marrow Transplants	11	<1%										Y	Y							Y	Y	Y	
Bone Mass Measurement	15	<1%					Y					Y					Y		Y	Y			Y
Breast Reconstruction	49	<1%	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Medications	3	<1%																				Y	
Cervical Cancer/HPV Screening	29	<1%	Y				Y	Y	Y	Y	Y		Y					Y			Y	Y	Y
Chemotherapy	4	<1%																					
Chlamydia	3	<1%										Y											Y
Cleft Palate	14	<1%						Y				Y				Y		Y			Y		Y
Clinical Trials	23	<1%				Y	Y		Y		Y	Y									Y	Y	Y
Colorectal Cancer Screening	28	<1%	Y	Y	Y				Y	Y	Y		Y				Y	Y			Y		Y
Congenital Bleeding Disorders	2	<1%																					
Contraceptives	31	1% to 3%	Y		Y	Y	Y		Y		Y		Y	Y	Y	Y	Y			Y		Y	Y
Dental Anesthesia	31	<1%	Y		Y		Y	Y	Y			Y	Y		Y		Y	Y	Y	Y	Y		Y
Diabetes Self-Management	27	<1%	Y		Y	Y	Y	Y		Y		Y	Y	Y	Y		Y	Y	Y	Y			Y
Diabetic Supplies	47	<1%	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y
Drug Abuse Treatment	34	<1%	Y	Y	Y		Y		Y	Y	Y	Y		Y					Y		Y		Y
Early Intervention Services	3	<1%						Y															
Emergency Services	44	<1%			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Habilitative Services	2	<1%								Y							Y						
Hair Protheses	10	<1%							Y			Y										Y	Y
Hearing Aid	10	<1%							Y											Y	Y		Y
HPV Vaccine	16	<1%						Y							Y		Y	Y					
Home Health Care	18	<1%				Y	Y	Y	Y											Y		Y	Y
Hospice Care	11	<1%			Y			Y						Y						Y			Y
In Vitro Fertilization	13	3% to 5%			Y		Y		Y					Y			Y					Y	Y
Kidney Disease	2	<1%																					
Long Term Care	4	1% to 3%								Y													Y
Lyme Disease	4	<1%							Y														
Mammogram	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mastectomy	24	<1%			Y		Y		Y			Y	Y				Y		Y	Y	Y	Y	
Mastectomy Stay	25	<1%			Y		Y		Y			Y	Y				Y		Y		Y		Y
Maternity	21	1% to 3%			Y		Y	Y	Y				Y	Y					Y			Y	Y
Maternity Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health General	39	1% to 3%		Y	Y		Y	Y	Y	Y		Y	Y	Y			Y		Y	Y	Y	Y	Y
Mental Health Parity	47	5% to 10%		Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minimum Hysterectomy Stay	1	<1%																					
Minimum Testicular Cancer Stays	1	<1%																					Y
Morbid Obesity Treatment	4	1% to 3%											Y					Y					Y
Neurodevelopment Therapy	1	<1%																					
Newborn Hearing Screening	17	<1%	Y								Y	Y						Y				Y	Y
Newborn Sickle-Cell Testing	3	<1%																					
Off-Label Drug Use	36	<1%		Y	Y	Y	Y		Y			Y					Y	Y	Y			Y	Y
Orthotics/Prosthetics	12	<1%					Y	Y	Y			Y										Y	Y
Ostomy Related Supplies	1	<1%							Y														
Other Infertility Services	8	<1%					Y											Y					
Ovarian Cancer Screening	3	<1%											Y				Y						
Psychotic Drugs	2	<1%																					
PKU/Formula	32	<1%	Y		Y	Y	Y	Y	Y		Y		Y				Y		Y	Y	Y	Y	Y
Port-wine Stain Elimination	2	<1%																					
Prescription Drugs	2	5% to 10%																					
Prostate Cancer Screening	33	<1%		Y			Y	Y	Y	Y	Y		Y				Y	Y	Y		Y	Y	Y
Rehabilitation Services	8	1% to 3%							Y								Y				Y	Y	
Second Surgical Opinion	10	<1%					Y					Y						Y					Y
Smoking Cessation	2	1% to 3%																					Y
TMJ Disorders	20	<1%			Y							Y	Y				Y			Y			Y
Well-Child Care	31	1% to 3%			Y		Y	Y	Y	Y		Y	Y	Y	Y				Y		Y	Y	Y

Legend: - Mandated

- Not Mandated

ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
		Y	Y										Y		Y							Y						Y		
	Y			Y								Y	Y		Y													Y		
		Y									Y																	Y		
										Y			Y							Y		Y							Y	
						Y		Y	Y		Y						Y										Y			
			Y							Y									Y									Y		
		Y	Y							Y	Y									Y			Y		Y					
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
							Y																	Y						
Y		Y	Y			Y				Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	Y		Y				Y	Y
		Y											Y										Y							
Y		Y	Y			Y		Y												Y			Y	Y		Y		Y	Y	
Y		Y	Y			Y		Y															Y	Y		Y		Y	Y	
		Y	Y			Y		Y															Y	Y		Y		Y	Y	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
		Y	Y						Y		Y					Y														
Y		Y					Y																							
Y		Y				Y	Y				Y	Y	Y										Y	Y			Y			
Y		Y				Y	Y				Y	Y	Y																	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y		Y	Y	Y		Y		Y	Y	Y			Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	
		Y	Y			Y	Y	Y	Y		Y	Y																		
Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y									Y																				
		Y			Y					Y	Y		Y																	Y
		Y																												
Y		Y	Y		Y		Y			Y	Y	Y	Y		Y	Y	Y					Y	Y	Y	Y		Y	Y		
		Y																												
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		Y		Y		Y	Y	Y			Y	Y	Y										Y		Y	Y	Y	Y	Y	Y
		Y	Y	Y	Y	Y		Y		Y	Y		Y	Y	Y		Y	Y					Y	Y	Y			Y	Y	

	Total	Est. Cost	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD
PROVIDERS																							
Acupuncturists	11	1% to 3%				Y					Y												
Chiropracist	4	<1%					Y																
Chiropractors	46	1% to 3%	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y		Y	Y	Y	Y	Y	Y	Y
Dentists	35	3% to 5%	Y	Y	Y	Y	Y	Y	Y						Y			Y	Y		Y	Y	Y
Denturists	2	<1%																					
Dieticians	3	<1%																					
First Nurse Assistant	5	<1%										Y							Y	Y			
Lay Midwives	3	<1%																					
Licensed Health Professional	12	<1%		Y			Y										Y	Y					Y
Marriage Therapists	14	<1%					Y	Y			Y		Y										Y
Massage Therapists	4	<1%																					Y
Naturopaths	4	<1%	Y																				
Nurse Anesthetists	21	<1%		Y	Y	Y		Y										Y	Y			Y	Y
Nurse Midwives	30	<1%	Y			Y	Y	Y	Y		Y	Y										Y	Y
Nurse Practitioners	29	<1%	Y			Y	Y	Y	Y		Y				Y				Y				Y
Nurses	11	<1%					Y							Y	Y								
Occupational Therapists	11	1% to 3%	Y			Y	Y		Y			Y									Y		
Opticians	3	1% to 3%																					
Optometrists	43	1% to 3%	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y		Y	Y	Y	Y	Y	Y	Y
Oral Surgeons	8	<1%					Y				Y	Y					Y	Y	Y				
Osteopaths	22	1% to 3%	Y		Y		Y				Y						Y	Y	Y	Y			
Pain Management Specialist	3	1% to 3%					Y	Y											Y				
Pastoral Counselors	3	<1%																					
Pharmacists	5	<1%		Y															Y				
Physical Therapists	16	1% to 3%	Y						Y										Y			Y	Y
Physician Assistants	16	<1%	Y	Y							Y	Y		Y					Y	Y			Y
Podiatrists	35	<1%		Y	Y	Y	Y	Y			Y	Y					Y	Y	Y	Y	Y	Y	Y
Professional Counselors	16	<1%			Y		Y	Y			Y						Y					Y	
Psychiatric Nurse	16	<1%					Y	Y	Y		Y											Y	
Psychologists	44	1% to 3%	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y				Y	Y	Y	Y	Y	Y	Y
Public or Other Facilities	25	<1%			Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Social Workers	27	1% to 3%	Y				Y	Y	Y		Y						Y		Y			Y	Y
Speech or Hearing Therapists	20	<1%	Y		Y	Y	Y									Y	Y					Y	Y
COVERED PERSONS																							
Adopted Children	43	<1%	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Continuation/Dependents	44	<1%			Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Continuation/Employees	45	<1%			Y		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Conversion to Non-Group	41	1% to 3%			Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Dependent Students	30	<1%					Y	Y			Y	Y	Y			Y		Y			Y	Y	Y
Grandchildren	4	<1%																					Y
Handicapped Dependents	41	1% to 3%			Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
Newborns	51	1% to 3%	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Non-Custodial Children	11	<1%					Y	Y														Y	Y
Domestic Partners	13	<1%					Y	Y	Y	Y					Y							Y	
Additional Mandates*	20				1		1					1	2										1
Total	1961		28	19	41	29	50	49	51	19	25	48	41	23	25	15	40	37	37	33	43	43	63

Legend: - Mandated - Not Mandated

* Additional mandates identified in sidebar on opposite page.

ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY		
Y					Y						Y	Y				Y		Y				Y		Y		Y					
										Y															Y		Y				
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		
Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y		Y			Y	Y		
					Y																						Y				
	Y																						Y							Y	
Y											Y												Y								
Y		Y										Y									Y						Y	Y		Y	
Y		Y		Y		Y			Y			Y						Y					Y		Y		Y	Y		Y	
					Y					Y																Y					
Y		Y		Y	Y	Y	Y				Y	Y					Y	Y			Y					Y			Y	Y	
Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y		Y	Y			Y	Y			Y		Y		Y	Y	
Y		Y	Y	Y	Y	Y	Y			Y	Y	Y	Y			Y	Y	Y			Y	Y	Y			Y	Y	Y	Y	Y	
		Y				Y	Y				Y	Y					Y										Y				
	Y											Y	Y												Y						
Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	
	Y							Y	Y		Y	Y																			
	Y				Y						Y	Y	Y	Y			Y						Y		Y		Y			Y	
	Y				Y	Y					Y	Y	Y	Y			Y						Y		Y		Y			Y	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Y	Y	Y		Y	Y	Y		Y					Y		Y		Y					Y	Y		Y		Y		Y	Y	
Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y			Y				Y	Y	Y	Y	Y	Y	Y			Y	Y	
		Y	Y									Y	Y		Y		Y			Y	Y	Y	Y	Y	Y	Y			Y	Y	
		Y		Y	Y	Y	Y				Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
3											1		2	3			2							1					2		
53	26	64	39	29	40	47	34	32	39	42	51	52	55	26	36	36	38	47	29	31	40	54	23	55	27	53	34	38	32		

ADDITIONAL MANDATES — We list these mandates separately because they only appear in very few states. They are included in the totals at the bottom of each state.

AR	Athletic Trainer	1	<1%
CA	Asthma Education & Self Management	1	<1%
FL	Ambulatory Cancer Treatment	1	<1%
GA	Vision Care Services Telemedicine	2	1% to 3% <1%
MD	Testicular Cancer	1	<1%
ME	Breast Reduction Varicose Vein Removal Legal Non-Resident Living in USA	3	<1% <1% <1%
NJ	Wilm's Tumor	1	<1%
NV	Hormone Replacement Therapy Drug Abuse Counselor	2	<1% 1% to 3%
NY	Hormone Replacement Therapy Psychotropic Drugs Ambulatory Cancer Treatment	3	<1% <1% <1%
OR	Bilateral Cochlear implant Elderly parent	2	<1% <1%
TX	Brain injuries	1	<1%
WI	AIDS Vaccines Psychotropic Drugs	2	<1% <1%

Other CAHI state health reform publications available at www.cahi.org

“State Health Insurance Index 2006,” by Merrill Matthews, Ph.D., Victoria Craig Bunce, JP Wieske

“2008 State Legislators’ Guide to Health Insurance Solutions,” by JP Wieske and Christie Raniszewski Herrera

“Trends in State Mandates, 2007,” 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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