

The Vagina Benefits Methodology

November 1, 2017

This document details our methodology for deriving the Vagina Benefits cost estimates and state-scoring system. Have questions, feedback, or ideas to expand upon this analysis? Email: feedback@asktia.com

Derivation of Vagina Benefits Cost Data

The below delineates the sources and procedure used to arrive at cost estimates for the Vagina Benefits.

Methodology:

We've compiled data from across various sources to arrive at our cost estimates, including CMS Medicare Physician Fee Schedule, Amino, BreastCancer.org and Blue Cross of Massachusetts.

For data cited from the CMS Medicare Physician Fee Schedule Search we've added a 20% premium to arrive at low end cost estimate, and a 40% premium to arrive at the high end cost estimate. Premiums are added to account for the fact that, while many providers base their fees off of Medicare schedules, these fees are not representative of real costs for consumers, which are typically marked up between 20%-400%. In an effort to be reflect median costs ranges, we've executed a maximum of 40% markup on CMS cited costs.

In the event that we were unable to find CMS data for certain procedures, we've relied on sources from Amino, BreastCancer.org and Blue Cross of Massachusetts. These costs are cited without mark up as they are out of pocket costs derived from the source's proprietary data sets.

HCPCS (CPT) codes were sourced using publically available sources, as noted. Medicare pricing information was sourced from the CMS Medicare Physician Fee Schedule Search with the following criteria:

- Year: 2017
- Type of Info: Pricing Information
- HCPCS Criteria: Single HCPCS Code
- MAC Option: National Payment Amount
- Modifier: All Modifiers

Actual payment amounts pulled included the non-facility (e.g., physician office) limiting charge, which is the maximum amount a beneficiary can be charged.

For codes that include both a physician (modifier 26), technical (modifier TC), and global (no modifier) component, the limiting charge was pulled from the global code inclusive of both the physician and technical components.

Payment rates are pulled from the CY 2017 Clinical Lab Fee Schedule, available for download at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files-Items/17CLAB.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending> Payment rate is the national limit.

STDs Costs ¹

Gonorrhea

Costs specified:

- CPT 87591 Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique - \$48.14
- CPT 36415 Collection of venous blood by venipuncture - \$0.00

Methodology:

- This procedure would require both of these services, thus they are summed together in order to arrive a cost.

Syphilis

Costs specified:

- CPT 86592 Syphilis test, non-treponemal antibody; qualitative [e.g., VDRL, RPR, ART] - \$5.86
- CPT 86593 Syphilis test, non-treponemal antibody; quantitative - \$6.04
- CPT 86780 Antibody; Treponema pallidum - \$18.16
- CPT 36415 Collection of venous blood by venipuncture - \$0.00

Methodology:

- All three codes are relevant. CPT 86592 describes the RPR test; if results from the test described by CPT 86582 are positive, CPT 86593 is performed; if negative, CPT 86780 is performed. This procedure would require both of these services, thus they are summed together in order to arrive a cost.

HIV

Costs specified:

- CPT 86703 Antibody; HIV-1 and HIV-2, single result - \$18.80
- CPT 36415 Collection of venous blood by venipuncture - \$0.00

The costs for each of these screens are summed together to generate one overall cost for STD screen, assumed performed once annually.

¹ ***A traditional STI panel includes chlamydia and herpes, but these were not explicitly listed on the Healthcare.gov "Preventive care benefits for women" [site](#) that you were referencing so I did not include them. This also does not include the cost of the office visit during which these tests were completed, which a patient would also pay a copay or coinsurance for).***

Breast Cancer Screens Costs ²

Breast cancer genetic test counseling (BRCA)

Costs specified:

- o Cited costs come are from Breastcancer.org which publishes genetic testing costs for women without insurance³
- o CPT 96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family) ⁴

Methodology

- o We're citing the range of costs for genetic testing of the BRCA gene across the national sampling performed and published by BreastCancer.org.

Breast cancer mammography screening ⁵

Costs specified:

- o CPT 77052 – Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation; screening mammography (List separately in addition to code for primary procedure)
- o CPT 77057 – Screening mammography, bilateral (2-view film study of each breast)
- o CPT 77063 – Screening digital breast tomosynthesis; bilateral (List separately in addition to code for primary procedure) (Use this as an add-on code to G0202 when tomosynthesis is used in addition to 2-D mammography)
- o CPT G0202*± – Screening mammography, producing direct 2-D digital image, bilateral, all views - \$150.95

Methodology:

- o Cited cost data comes from Amino Health which combines both costs for screening and cost for technician combined. This is a national range sampled across the United States -- cited as of December 2016.⁶

Breast cancer chemoprevention counseling ^{7 8}

² Methodology for sampling and understanding cost data taken from the following studies:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638736/>;

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3236989/>;

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1555815>

³ http://www.breastcancer.org/symptoms/testing/genetic/facility_cost

⁴ UnitedHealthcare Commercial Medical Policy. Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (HBOC). Policy No. 2016T0009U. Effective November 1, 2016.

⁵ Department of Health and Human Services. Medicare Learning Network. Medicare Preventive Services. ICN 006559. October 2016.

⁶ <https://amino.com/blog/mammogram-screening-cost/>

⁷ Centers for Disease Control and Prevention. Office of the Associate Director for Policy – Prevention. Billing Codes. Available at: <https://www.cdc.gov/prevention/billingcodes.html>

⁸ Assumes for an established patient, not a new patient, which would bill at a higher rate.

Costs specified:

- o CPT 99201-99205 New patient visit E&M - \$48.62 - \$228.68
- o CPT 99211 – 99215 Established patient visit E&M - \$22.25 - \$159.97
- o CPT 99395 Established patient preventive medicine services [18 – 39 years old, CPT 99396 40 – 64 years old, CPT 99397 65 and older]⁹

Methodology:

- o CPT 99201-99205 and CPT 99211 – 99215 are exclusive, a patient would have one or the other exam, so we've take the lowest to highest billable prices to create a generic range for this procedure.
- o These costs are summed together to generate a total annual cost.

The costs for each of these screens are summed together to generate one overall cost for Breast Cancer screens, assumed performed once annually.

Well Woman Exam Costs¹⁰

Costs specified:

- o Cited general cost of a “Well Woman” visit is from Blue Cross of Massachusetts, which publishes cost data based on claims made to the organization across the state.
- o CPT Q0091* Obtaining screen pap smear - \$49.79
- o CPT G0101* Ca screen; pelvic/breast exam - \$42.74
- o CPT 99395 Established patient preventive medicine services (CPT 99395 18 – 39 years old, CPT 99396 40 – 64 years old, CPT 99397 65 and older)

Methodology:

- o These costs are summed together to generate a total annual cost.

UTI Screening Costs¹¹

Costs specified:

- o CPT 87086 Urine culture, routine or comprehensive - \$11.07

Methodology:

- o These costs are used to generate annual cost, assuming one visit per year.

Methodology for State-Scoring System

⁹ This code is not priced/covered/paid for by Medicare but is fully OOP by patients. This code includes the work up beyond a pap screen, pelvic, and breast exam.

¹⁰ Timothy Owolabi, MD, CPC, and Isac Simpson, DO. Documenting and Coding Preventive Visits: A Physician's Perspective. Fam Pract Manag. 2012 Jul-Aug;19(4):12-16. Available at: <http://www.aafp.org/fpm/2012/0700/p12.html>

¹¹ LabCorp. Urine Culture, Routine test details.

#1 Mandates Coverage for Birth Control

Language that includes no mandate for, or no language around a mandate of, birth control coverage gains 0 points.

Language that includes a mandate for insurers and employers to cover birth control gains 1 point.

#2 Prohibition of Cost Sharing for Birth Control

Language that has no specifications around how cost sharing will manifest, or that specifies that cost sharing prohibitions will disintegrate if the ACA preventive health protections are repealed gains 0 points.

Example language:

“If, at any time, the Secretary of the United States Department of Health and Human Services, or its successor agency, promulgates rules or regulations to be published in the Federal Register or publishes a comment in the Federal Register or issues an opinion, guidance, or other action that would require the State, pursuant to any provision of the Patient Protection and Affordable Care Act (Public Law 111-148), including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any successor provision, to defray the cost of any coverage outlined in this subsection (a), then this subsection (a) is inoperative with respect to all coverage outlined in this subsection (a) other than that authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State shall not assume any obligation for the cost of the coverage set forth in this subsection (a).”¹²

- This language essentially states that if the ACA were to dissolve, and the costs of Preventive Health Services were to fall on the state, the state would no longer support no cost sharing, and thus access to Preventive Health at no cost is in question with this legislation -- it's also in direct opposition to other statements in IL legislation that supposedly prohibits cost sharing.

Language that allows cost sharing but does not have additional provisions specifying how cost sharing could manifest on birth control coverage gains 0.25 points.

Example language:

¹² This is IL legislation that basically would nullify the prohibition of cost sharing provision if the ACA provisions mandating total coverage were overturned. This in effect means that if the Vagina Benefits were to go away, then the state would no longer prohibit cost sharing and there would be no preventive health coverage at the state level.

“requires that the cost sharing for contraceptives be the same as for other drugs or services, but makes an exception for devices; the copayment may be proportionate to the useful life of the device.”¹³

- This language penalizes women seeking a method a long-term type of birth control, which are typically more effective for women. Imposing this kind of cost incentive on a woman to make a choice that might not be right for her body, but instead easier on her wallet, is in opposition to our beliefs that it’s a woman’s right to choose the birth control method best for her, and that she should have free and total access to doing so.

“requires that insurer coverage requirements "apply generally to all benefits."

Language that specifies cost sharing must be “contained” or “equitable” gains 0.5 points.

Example language:

“requires equity of cost sharing”

“requires that deductibles, coinsurance, copayments, other cost containment may not exceed those for other drugs on same formulary tier.”

“insurers may not impose a deductible, copayment, coinsurance, or other cost-sharing provision applicable to benefits for prescription contraceptive drugs, devices or services more than the amount of the required cost-sharing for other prescription drugs or devices under the plan.”

“requires that insurers impose the same terms and conditions as for other benefits.”

“insurers may not impose unusual copayments, charges, or waiting periods for contraception.”

Language that prohibits cost sharing gains 1 point.

#3 Religious & Moral Refusal Rights

Language that doesn’t include a birth control coverage requirement, or that fails to define that refusal clauses are limited to religious organizations, fails to limit the definition from the broad “non-profit” definition to only employers who are non-profit AND religious or that allows any organization to opt-out of coverage for a moral reason and or ethical reason gains 0 points.¹⁴

¹³ Making IUDs and Implants much more costly than other methods of contraception, therefore changing a woman’s ability to make a choice rooted in the needs of her body, given that the economic impact of the IUD or Implant would be significant.

¹⁴ We believe that permitting organisations to opt out of coverage for birth control based on moral reasons, and not outlining how those must be articulated and upheld across the organizations practices gives no weight to the statement that a state has mandated birth control coverage -- as any organization could, at any point and for any reason, decide not to cover birth control.

Example language:

“refusal clause applies to insurers and to secular entities that object on either moral or religious grounds.”

“provides that individuals or organizations may not be required to cover or pay for services to which they have religious or moral objections.”

Language that allows a broad category of religious employers to refuse coverage gains 0.25 points.

Example language:

“allows religiously affiliated employers to refuse to provide coverage.”

“religious employers for whom contraception is contrary to their bona fide religious beliefs and practices may refuse coverage.”

“allows issuers of plans that are associated with a religious organization to claim a religious exemption if it violates the religious convictions of the organization, unless the prescription contraceptive coverage is necessary to preserve the life or health of the enrollee.”

- While we support the addition of this clause, in principle we find it difficult to stomach that this clause need be explicitly added. We believe that the woman, and only the woman, has the ability to determine whether birth control is necessary to preserve her life.

“allows religious employers that are organized and operated for religious purposes to refuse coverage.”

“religious employers that are organized and operated for religious purposes to refuse coverage.”

Language that limits the types of religious institutions that can claim a religious exemption gain 0.5 points.

Example language:

“allows religious employers, including churches, associations of churches, religiously affiliated elementary and a secondary schools, and, potentially, some religious charities and universities to refuse coverage.”

“allows any religious insurance company, hospital or medical service corporation, or health care center claim an exclusion from coverage.”

“religious employers, or any educational, healthcare, or other nonprofit institution or organization owned or controlled by a religious employer, for whom contraception is contrary to their religious tenets.”

Language that limits the types of religious institutions that can claim a religious exemption to those that are defined as strictly operating for religious purposes and have certain tax-exempt status gain 0.75 points.

Example language:

“North Carolina religious employers may exclude coverage if prescription contraceptive drugs or devices are contrary to their religious tenets. The law defines the term "religious employer" as a tax-exempt entity that is organized and operated for religious purposes, has a primary purpose of inculcating religious values, and primarily employs persons who share the religious tenets of the entity. This definition appropriately covers religious entities but not broad-based entities that operate in the public sphere.”

Language that limits the types of religious institutions that can claim a religious exemption to those that are defined as strictly operating for religious purposes and have certain tax-exempt status gain and do not explicitly do not permit moral or ethical exemptions, or that have a birth control mandate and no refusal clause, gain 1 point.

Example language:

State specifies that the organization must operate for religious purposes and satisfy a particular IRS tax code status and the state does not permit a moral exemption.¹⁵

“religious employers that meet specific criteria may deny coverage if contraception is contrary to their religious tenets.

“does not allow for employer exemption based on moral objections.”

#4 Specifications around Methods Covered

No specifications in the language or language that entirely defers to the federal government policies gain 0 points.

Example language:

¹⁵ The state must stipulate that refusal rights are based on BOTH the organization being a religious institution AND considered a certain tax status. Simply qualifying for under a certain tax code can mean that organizations that are not religious but have this tax code are able to be exempt, which is the case in Maryland where a state must simply be a 501(c)(3) but not also be a religious organization. Thus, and tax-exempt organization could qualify, even if not religious.

“defers to the federal requirements mandating coverage of contraceptive drugs and devices.”¹⁶

Language that simply states that a plan which also covers other prescription medications must also cover BC gains 0.25 points

Example language:

“exclusion of prescription contraceptives from a health plan that covers other prescription medication violates the Elliott-Larsen Civil Rights Act, which prohibits sex discrimination. This applies to comprehensive health plans that include preventive care, treatment, and prescription drug coverage.”

“provide benefits for prescription drugs are required to cover FDA-approved contraceptives and outpatient services.”

“insurers that provide coverage for outpatient prescription medication must provide coverage for FDA-approved prescription contraception and outpatient contraceptive services.”

“requires coverage for FDA-approved prescription contraception and services.”

“provide coverage for prescription medication, devices or outpatient services, must provide coverage for Food and Drug Administration-approved prescription contraception.”

“requires coverage for FDA-approved prescription contraception if the insurer provides coverage for outpatient prescription medication.”

Language that states that a plan which also covers other prescription medications must also cover BC and puts specification around the types FDA-approved contraceptive methods gains 0.5 points.

Example language:

“plans that provide generally comprehensive coverage of prescription medication, must provide coverage for Food and Drug Administration-approved prescription contraception, including prescription barrier methods and emergency contraception.”

- while coverage of non-prescription methods / devices or non-formulary drugs & devices is a we consider good for a state to support edge cases -- this does not explicitly support coverage for the range of contraceptives that we believe are most important.

¹⁶ Pennsylvania has a provision protecting people below 215% (roughly equivalent to \$17,000 annual income for a household 1 or \$35,000 annual income for a household of 2) of the poverty line, making them eligible for subsidies specifically in place to protect women’s rights. We believe that’s far too low an annual income standard, and leaves too great a population of women without guaranteed coverage unprotected. In the face of changing federal policies the majority of millennial women in Pennsylvania will go without preventive health coverage.

“health-insurance plans that provide generally comprehensive coverage of prescription medication, must provide coverage for Food and Drug Administration-approved prescription contraception, including prescription barrier methods and emergency contraception”

- We consider coverage for emergency contraceptive a plus.

“New Jersey health-insurance plans that provide coverage for prescription medication, must provide coverage for Food and Drug Administration-approved prescription contraception (including but not limited to birth control pills and diaphragms).”

“insurers that provide coverage for outpatient prescription medication, to provide coverage for any Food and Drug Administration-approved prescription contraception, including oral, implant, and injectable drugs, IUDs, prescription barrier methods.”

“must provide coverage for Food and Drug Administration-approved prescription contraception (including but not limited to birth control pills and diaphragms).”

Language that states that a plan must provide coverage for a comprehensive list of the 5 main contraceptive methods gains 0.75 points.

Example language:

“requires coverage of contraceptive drugs, devices, implants, hormone injections, IUDs, to be covered to the same extent as other drugs, devices, injections, etc.”

“provides coverage for oral, injectable, implants, IUD, and prescription barrier contraception methods. Coverage for generic, preferred brand, non-preferred brand, and specialty drugs specified by insurer.”

Language that states that a plan must provide coverage for “all FDA-approved” contraceptive methods or that coverage must include “18 specific contraceptive methods” gains 1 point.

Example language:

“requires coverage of all FDA-approved contraceptive methods, sterilization procedures, contraceptive services related to follow-up and management of side effects, counseling for continued adherence, device removal, and patient education and counseling for all women with reproductive capacity.”

“Prescribed drugs and devices approved by FDA for contraception. This includes coverage of 18 specific contraceptive methods, Over-the-Counter methods (without prescription), male condoms and vasectomies.”

“provides coverage parity, which means all prescribed drugs and devices approved by the FDA for contraception, which includes oral, injectable, implants, IUD, and prescription barrier contraception

methods. Coverage for generic, preferred brand, non-preferred brand, and specialty drugs specified by the insurer.”

“health-insurance plans must provide coverage for contraception, defined as all Food and Drug Administration-approved prescription contraceptive drugs or devices used to prevent pregnancy. Insurers are required to provide coverage for at least one brand of oral contraceptive from the monophasic, multiphasic, and the progestin-only categories.”

#5 Prohibition of Cost Sharing for Preventive Health

Language that has no stipulations protecting preventive health benefits, or that is entirely dependent on the fed gains 0 points.

Language that provides coverage for some benefits through medicaid, exchange plans, or that specifies that some benefits should be covered, but does not specify coverage without cost sharing gains 0.25 points.

Example language:

“considers screening and mammograms to be preventive care, but does not provides coverage for all services without any cost sharing.”

Language mandates coverage for some preventive health benefits at no cost sharing, but some benefits are not specifically covered earns 0.50 points.¹⁷

Example language:

“health insurance plans available from My Arkansas Insurance offer free preventive coverage for a comprehensive set of benefits. Specific benefit categories for women include: screening, counseling, testing, interventions and well-woman visits.”

Language that mandates preventive health coverage without cost sharing gains 1.00 point.

Example language:

“considers preventive care, screening and immunization an Essential Health Benefit and provides coverage for these services without any cost sharing.”

¹⁷ We’re devaluing this coverage for the reason that women who get insurance through their employer would be unable to qualify for this right. Unlike currently where a woman can get preventive health benefits at \$0 whether she’s on a plan through the exchange or through her employer.

#6 Prohibition of Cost Sharing for Preventive Health

Language that specifies coverage for any Vagina Benefit besides birth control earns a point. If the Vagina benefit consists of a category, then 0.25 points are awarded to the sub components of that benefit.

Example: coverage for pap smears earns 1 point.

Example: coverage for mammograms earns 0.25 points, as it is a subcategory of breast cancer screening.

Notes on the Statements of Coverage

1. All statements are based off of legislation that is currently in effect, and do not take into account legislation that has been passed, but is not yet in effect.
 - a. Specific states that fall into this category include, but are not limited to, Arizona, Colorado, Hawaii, Iowa, Kentucky, Maine, Maryland, New York, Oregon, South Carolina & South Dakota.
2. Definitions of “preventive health” vary by state. Not only does the nomenclature around the specific benefits vary (e.g. what is considered breast cancer screens in one state may differ from what is considered breast cancer screens in a different state), but what the benefits are and how they are applied varies significantly state-to-state. A specific example of this relates to how IL may have codified “well-person exams”. We were unable to identify any stipulations for this in the law, but the nomenclature of this state varies greatly from that of other states.
3. While some states have legislation that exists in a singular article declaring rights relative to Essential Benefits and Preventive Health, many states do not. In the occasion that a state has articles around rights to coverage and cost sharing stipulations about that coverage existing in independent statutes, we’ve done our best to piece together how these laws work together, or in fact contradict one another. Examples of states where we found these issues include Idaho and Indiana.

Table of Consulted Sources

	Provisions	State-required benefits	Other state resources
Alabama	N/A, state does not have relevant statutory provisions related to contraception coverage	https://downloads.cms.gov/cciio/State%20Required%20Benefits_AL.PDF	
Alaska	N/A, state does not have relevant	https://downloads.cms.gov/cciio	

	statutory provisions related to contraception coverage	/State%20Required%20Benefits AK.PDF	
Arizona	https://www.azleg.gov/legtext/45leg/2r/bills/hb2234h.pdf http://hr.cch.com/hld/Arizona20-2329.pdf http://hr.cch.com/hld/Arizona20-1404-BI/anketdisabilityinsurance.pdf https://www.azleg.gov/viewDocument?docName=https://www.azleg.gov/ars/20/02329.htm https://insurance.az.gov/sites/default/files/documents/files/AAC_R20-06_20161231.pdf	https://downloads.cms.gov/cciio/State%20Required%20Benefits AZ.PDF	http://directorsblog.health.azdhs.gov/?s=mammography https://azahcccs.gov/Resources/GovernmentalOversight/Ira.html https://azahcccs.gov/shared/Downloads/Reporting/UnpublishedRules/NOFR_R9-22-712.pdf
Arkansas	http://hr.cch.com/hld/ArkansasEquityinPrescriptionInsuranceandContraceptiveCoverageAct.pdf https://insurance.arkansas.gov/uploads/finalrules/rnr45.pdf	https://downloads.cms.gov/cciio/State%20Required%20Benefits AR.PDF	
California	http://hr.cch.com/hld/CalHealthSafetyCodesec1367_25.pdf http://hr.cch.com/hld/CaliforniaInsCodesec10123_196.pdf https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB999 https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201320140SB1053	https://downloads.cms.gov/cciio/State%20Required%20Benefits CA.pdf	http://touchstoneconsulting.com/wp-content/uploads/2015/02/116833.pdf
Colorado	http://hr.cch.com/hld/Colosec10-16-104(3).pdf http://hr.cch.com/hld/Colosec10-16-105.pdf https://leg.colorado.gov/bills/hb17-1186	https://downloads.cms.gov/cciio/State%20Required%20Benefits CO.pdf	
Connecticut	http://hr.cch.com/hld/Connecticutsec_38a-503e.pdf http://hr.cch.com/hld/Connecticutsec_38a-530e.pdf https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-503e https://law.justia.com/codes/connecticut/2005/title38a/sec38a-476a.html https://law.justia.com/codes/connecticut/2005/title38a/sec38a-503a.html https://law.justia.com/codes/connecticut/2005/title38a/sec38a-504.html https://law.justia.com/codes/connecticut/2005/title38a/chap700c.html	https://downloads.cms.gov/cciio/State%20Required%20Benefits CT.pdf	

Delaware	<p>http://hr.cch.com/hld/Delawarecodetit18sec3559.pdf</p> <p>https://insurance.delaware.gov/wp-content/uploads/sites/15/2017/02/Consumer-Health-Insurance-Guide-2017.pdf</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_DE.pdf</p>	
District of Columbia	<p>https://beta.code.dccouncil.us/dc/council/code/titles/31/chapters/29/</p> <p>https://disb.dc.gov/sites/default/files/dc/sites/disb/publication/attachments/DC%20Health%20Insurance%20Requirements%20or%20Mandates%20summary%20-%20April%202015.pdf</p> <p>https://beta.code.dccouncil.us/dc/council/code/sections/31-3832.html</p> <p>https://beta.code.dccouncil.us/dc/council/code/titles/31/chapters/34/</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_DC.pdf</p>	
Florida	<p>http://www.leg.state.fl.us/Statutes/index.cfm</p> <p>http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=contraception&URL=0300-0399/0381/Sections/0381.0051.html</p> <p>https://www.flair.com/siteDocuments/SmallLargeGroupMajorMedicalHealthContract.pdf</p> <p>http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0600-0699/0627/Sections/0627.6613.html</p> <p>https://www.flair.com/siteDocuments/LHSymposiumAppendixW05132008.pdf</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_FL.pdf</p>	<p>https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/fl-family-planning-ca.pdf</p> <p>https://www.flair.com/</p>
Georgia	<p>https://law.justia.com/codes/georgia/2006/33/33-24-59.6.html</p> <p>http://hr.cch.com/hld/GeorgiaCodesec33-24-596.pdf</p> <p>https://law.justia.com/codes/georgia/2006/33/33-24.html</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_GA.pdf</p>	
Hawaii	<p>http://hr.cch.com/hld/Hawaii431_10A-116_7.pdf</p> <p>http://hr.cch.com/hld/Hawaii431_10A-116_6.pdf</p> <p>http://files.hawaii.gov/dcca/ins/reports/reports_ins_mandated_benefits_advisory_task_force.pdf</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_HI.PDF</p>	<p>http://cca.hawaii.gov/ins/</p>
Idaho	<p>https://legislature.idaho.gov/statutesrules/idstat/Title41/T41CH42/SECT41-4204/</p> <p>https://healthandwelfare.idaho.gov/Porta</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_ID.PDF</p>	<p>https://doi.idaho.gov/</p> <p>https://doi.idaho.gov/Consumer/FactsMyths</p>

	Is/0/Medical/MedicaidCHIP/Idaho%20Health%20Plan%20English.pdf		
Illinois	http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1254&ChapterID=22 http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=021500050K356z.4 http://hr.cch.com/hld/745ILCS70.pdf http://hr.cch.com/hld/215ILCS125_5_3.pdf http://hr.cch.com/hld/215_IllCompStat5_356z_4.pdf http://insurance.illinois.gov/healthInsurance/breastCancer.pdf https://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdm.Code5421.131.pdf https://insurance2.illinois.gov/HealthInsurance/mandated_benefits.pdf	https://downloads.cms.gov/ccio/State%20Required%20Benefits_IL.PDF	https://www.illinois.gov/hfs/SiteCollectionDocuments/p200.pdf http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=22
Indiana		https://downloads.cms.gov/ccio/State%20Required%20Benefits_IL.PDF	http://www.in.gov/doi/
Iowa	http://hr.cch.com/hld/IOWACodesec514C_19.pdf https://www.legis.iowa.gov/docs/code/2017/514C.pdf	https://downloads.cms.gov/ccio/State%20Required%20Benefits_IL.PDF	https://www.legis.iowa.gov/docs/iacode/1999/505/ https://iid.iowa.gov/ https://dhs.iowa.gov/ime/members/medicaid-a-to-z/IHAWP/coverage-programs
Kansas	http://www.kslegislature.org/li_2012/b2011_12/statute/040_000_0000_chapter/040_022_0000_article/040_022_0029_section/040_022_0029_k/ http://www.kslegresearch.org/KLRD-web/Publications/BriefingBook/2017Briefs/E-1-KansasHealthInsuranceMandates.pdf	https://downloads.cms.gov/ccio/State%20Required%20Benefits_IL.PDF	http://www.ksinsurance.org/documents/healthlife/health/2017-benchmark-plan.pdf
Kentucky	http://insurance.ky.gov/static_info.aspx?static_id=140&Div_id=17 http://insurance.ky.gov/Documents/HIPMCRF25BHBPSumSheet031809.pdf http://www.lrc.ky.gov/Statutes/statute.aspx?id=29441 http://insurance.ky.gov/Documents/SHBP102411.pdf	https://downloads.cms.gov/ccio/State%20Required%20Benefits_IL.PDF	http://insurance.ky.gov/ https://www.healthy-ky.org/res/images/resources/1115-BRIEF-FINAL-5-9-16.pdf http://insurance.ky.gov/news/fpubs.aspx#65 http://chfs.ky.gov/dms/bcctp.htm
Louisiana	http://legis.la.gov/Legis/Law.aspx?d=507910 http://legis.la.gov/Legis/Law.aspx?d=508014	https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/State-Required-Benefits_LA.pdf	

<p>Maine</p>	<p>http://hr.cch.com/hld/Mainetit24sec2332J.pdf http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2847-G.html http://hr.cch.com/hld/Mainetit24sec2756.pdf http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec4247.html http://legislature.maine.gov/legis/statutes/24-A/title24-Asec4320-A.html</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20BenefitsME.PDF</p>	
<p>Maryland</p>	<p>https://law.justia.com/codes/maryland/2005/gin/15-826.html http://hr.cch.com/hld/MarylandLaws1998ch117.pdf http://hr.cch.com/hld/MarylandStatutes15_826.pdf http://hr.cch.com/hld/MarylandRegulation31060602.pdf http://insurance.maryland.gov/Consumer/Documents/publicnew/mandatedbenefits.pdf https://law.justia.com/codes/maryland/2015/article-gin/title-15/subtitle-8</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20BenefitsMD.PDF</p>	<p>http://mgaleg.maryland.gov/webmga/frm1st.aspx?tab=home</p>
<p>Massachusetts</p>	<p>http://hr.cch.com/hld/MAch176Gsec40.pdf http://hr.cch.com/hld/MAch176Bsec4W.pdf http://hr.cch.com/hld/MAch176Asec8W.pdf http://hr.cch.com/hld/MAch175sec47W.pdf https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter175/Section47W https://betterhealthconnector.com/wp-content/uploads/MCC-Certification-Application-2017.pdf https://www.mahealthconnector.org/wp-content/uploads/rules-and-regulations/956CMR5.00.pdf https://www.mass.gov/service-details/massachusetts-law-about-health-insurance</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20BenefitsMA.PDF</p>	<p>https://www.mass.gov/orgs/division-of-insurance http://www.mass.gov/ocabr/insurance/health-insurance/national-health-care-reform-what-does-it-mean.html</p>

Michigan	<p>http://www.michigan.gov/documents/Declaratory_Ruling_7-26-06_169371_7.pdf</p> <p>http://hr.cch.com/hld/MichDeclaratory_Ruling_7-26-06_169371_7.pdf</p> <p>http://www.legislature.mi.gov/(S(0zvf3s0utdld1gtji1jggqyy))/mileg.aspx?page=getobject&objectname=mcl-500-3515&query=on&highlight=preventive%20AND%20health#1</p> <p>http://www.legislature.mi.gov/(S(0zvf3s0utdld1gtji1jggqyy))/mileg.aspx?page=getobject&objectname=mcl-500-3933&query=on&highlight=preventive%20AND%20health</p> <p>http://www.legislature.mi.gov/(S(0zvf3s0utdld1gtji1jggqyy))/mileg.aspx?page=mclbasicsearch</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_MI.PDF</p>	<p>http://www.legislature.mi.gov/(S(rozsoq0nuwu0lik1qn3lcr2))/mileg.aspx?page=getObject&objectName=mcl-330-3101</p>
Minnesota	<p>https://www.revisor.mn.gov/statutes/?id=62Q.46</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_MN.PDF</p>	
Mississippi	<p>http://www.mid.ms.gov/legal/regulations/20003reg.pdf</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_MS.PDF</p>	<p>http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ms/ms-family-planning-medicaid-expansion-project-ca.pdf</p> <p>http://www.mid.ms.gov/healthcare/individual-enrollment.aspx</p> <p>http://www.mid.ms.gov/healthcare/letters/HCC-Letter-ChairmanAlexander.pdf</p> <p>http://www.mid.ms.gov/about/email-directory.aspx</p> <p>https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-200.pdf</p> <p>https://msdh.ms.gov/msdhsite/_static/41,0,107.html</p> <p>http://www.mid.ms.gov/legal/regulations.aspx#rr</p> <p>http://index.ls.state.ms.us/2017Session.html</p>
Missouri	<p>http://revisor.mo.gov/main/OneSection.aspx?section=376.1199</p> <p>http://hr.cch.com/hld/mosb749.pdf</p> <p>http://hr.cch.com/hld/MoHB762.pdf</p> <p>https://insurance.mo.gov/laws/bulletin/95-01.php</p> <p>http://revisor.mo.gov/main/OneSection.aspx?section=376.1250&bid=20949&hl=</p> <p>http://revisor.mo.gov/main/OneSection.aspx?section=376.782&bid=20802&hl=</p> <p>http://revisor.mo.gov/main/OneSection.aspx?section=376.1209&bid=20935&hl=</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_MO.PDF</p>	<p>http://hr.cch.com/hld/MICvHuff031413.pdf</p>

	<p>https://www.sos.mo.gov/cmsimages/adrules/csr/previous/20csr/20csr0107/20c400-2.pdf</p> <p>http://revisor.mo.gov/main/OneSection.aspx?section=376.385&bid=20679&hl=</p>		
Montana	<p>http://www.mtrules.org/gateway/RuleNo.asp?RN=6%2E6%2E5012</p> <p>http://www.mtrules.org/gateway/RuleNo.asp?RN=6%2E6%2E2507</p> <p>http://hr.cch.com/hld/MontanaAttorneyGeneralOpinion.pdf</p> <p>http://www.mtrules.org/gateway/ShowRuleFile.asp?RID=19782</p> <p>http://leg.mt.gov/bills/mca/title_0330/chapter_0220/part_0010/section_0320/0330-0220-0010-0320.html</p> <p>http://leg.mt.gov/bills/mca/title_0330/chapter_0220/part_0010/sections_index.html</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_MT.PDF</p>	<p>http://leg.mt.gov/bills/mca/index.html</p> <p>http://leg.mt.gov/bills/mca/title_0500/chapters_index.html</p> <p>http://leg.mt.gov/bills/mca/title_0330/chapter_0300/part_0100/sections_index.html</p>
Nebraska	<p>https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/n44draft_2012_07_11.pdf</p> <p>http://nebraskalegislature.gov/laws/browse-chapters.php?chapter=44</p> <p>http://nebraskalegislature.gov/laws/statutes.php?statute=44-5260</p> <p>http://nebraskalegislature.gov/laws/statutes.php?statute=44-6916</p> <p>http://nebraskalegislature.gov/laws/browse-chapters.php?chapter=44</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_NE.PDF</p>	<p>https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/acalImpactStudy.pdf</p> <p>https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/ACA_Exchange_Overview_August_2013.pdf</p> <p>https://doi.nebraska.gov/public-info/rules-regulations</p> <p>http://nebraskalegislature.gov/laws/statutes.php?statute=44-32,127</p> <p>https://www.starmarkinc.com/getattachment/771741c9-fa4f-4e07-9f5b-045f7d52c7e8/MK85NE-(6-16).pdf.aspx</p>
Nevada	<p>http://doi.nv.gov/uploadedFiles/doingov/public-documents/Insurers/Nevada-Mandated-Benefits.pdf</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_NV.PDF</p>	
New Hampshire	<p>http://www.gencourt.state.nh.us/rsa/html/xxxvii/415/415-18-i.htm</p> <p>http://www.gencourt.state.nh.us/rsa/html/xxxvii/420-a/420-a-17-c.htm</p> <p>http://www.gencourt.state.nh.us/rsa/html/XXXVII/417-D/417-D-2.htm</p> <p>http://www.gencourt.state.nh.us/rsa/html/XXXVII/417-D/417-D-2-b.htm</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20Benefits_NH.PDF</p>	<p>http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII.htm</p> <p>https://www.nh.gov/insurance/media/pr/2017/documents/10-18-17-nhid-2018-open-enrollment-information-1.pdf</p> <p>https://www.nh.gov/insurance/legal/documents/patt_gob_pres-02.05.16.pdf</p> <p>https://www.nh.gov/insurance/consumers/documents/ehb-comparison-ca-nhid.pdf</p>

<p>New Jersey</p>	<p>http://hr.cch.com/hld/NJRevStat17_48_6ee.pdf http://hr.cch.com/hld/NJRevStat17B_26_2_1y.pdf http://hr.cch.com/hld/NJRevStat26_2J_4_30.pdf http://hr.cch.com/hld/NJRevStatsec17_48A_7bb.pdf http://hr.cch.com/hld/NJRevStatsec17_48F_13_2.pdf http://hr.cch.com/hld/NJRevStatsec52_14_17_29j.pdf http://hr.cch.com/hld/NJRevStatSec17_48E_35_29.pdf http://lis.njleg.state.nj.us/nxt/gateway.dll/statutes/1/14285/14662?f=templates\$fn=document-frameset.htm\$%5BBrank,100%3A%5Bdomain%3A%5Bband%3Apreventive%20health%5D%5D%20%5Bsum%3Apreventive%20health%5D%20%5D%20\$x=server\$3.0#LPHit1 http://lis.njleg.state.nj.us/nxt/gateway.dll/statutes/1/21046/21986?f=templates\$fn=document-frameset.htm\$%5BBrank,100%3A%5Bdomain%3A%5Bband%3Apreventive%20health%5D%5D%20%5Bsum%3Apreventive%20health%5D%20%5D%20\$x=server\$3.0#LPHit1 http://touchstoneconsulting.com/wp-content/uploads/2014/05/103613.pdf</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_NJ.PDF</p>	<p>http://www.state.nj.us/dobi/index.html http://www.lexisnexis.com/njoal/ http://www.state.nj.us/dobi/division_insurance/ihttp://lis.njleg.state.nj.us/nxt/gateway.dll?f=templates&fn=default.htm&vid=Publish:10.1048/Enuhcseh/sehrulesadoptions.htm http://www.state.nj.us/njfofosteradopt/klg/insurance/ http://www.state.nj.us/dobi/division_insurance/mhbac/s132report.pdf</p>
<p>New Mexico</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_NM.PDF http://hr.cch.com/hld/Wissec632_895.pdf http://www.osi.state.nm.us/ManagedHealthCare/docs/RULES%20EFFECTIVE%201-1-17%20PER%20OSI%20BULL%202016-005.pdf</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_NM.PDF</p>	<p>http://www.osi.state.nm.us/</p>
<p>New York</p>	<p>http://www.dfs.ny.gov/insurance/circltr/2003/cl03_01.htm http://hr.cch.com/hld/NYInsCodesec4322.pdf http://hr.cch.com/hld/NYInsCodesec4303.pdf http://www.dfs.ny.gov/insurance/circltr/2017/cl2017_s1_cl01_2003.htm https://law.justia.com/codes/new-york/2014/isc/article-32/3221/</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_NY.PDF</p>	<p>https://www.health.ny.gov/health_care/medicaid/program/longterm/familyplanbenprog.htm http://www.dfs.ny.gov/consumer/fileacompaint.htm https://nystateofhealth.ny.gov/ https://www.ny.gov/new-york-state-breast-cancer-programs/new-york-state-breast-cancer-services#insurance-coverage http://www.dfs.ny.gov/insurance/health/checklists/ah_grpCompHlth_2017.pdf</p>

			http://www.dfs.ny.gov/reportpub/contraceptive_coverage_rpt_022017.pdf
North Carolina	http://hr.cch.com/hld/NorthCarolina.pdf http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_130A/GS_130A-131.25.pdf https://www.starmarkinc.com/getattach ment/f0e62550-90e7-4cb8-bcb9-b582a313fa61/MK85NC-(12-15).pdf.aspx	https://downloads.cms.gov/ccio/State%20Required%20Benefits NC.PDF	https://www2.ncdhhs.gov/dma/medicaid/familyplanning.htm http://www.ncdoi.com/LH/Documents/NAWG/chapter%2020%20rules.pdf http://www.ncdoi.com/LH/Documents/NAWG/Comparison%20SV%20PW%20of%20NC%20laws%20and%20MDL%20074%20rev%20%20adopted%2010_2015.pdf http://www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl?Chapter=0130A
North Dakota	http://www.legis.nd.gov/assembly/62-2011/bill-actions/ba1125.html http://www.legis.nd.gov/assembly/62-2011/documents/11-8109-03000.pdf http://www.legis.nd.gov/information/acdata/html/45-06.html	https://downloads.cms.gov/ccio/State%20Required%20Benefits ND.PDF	http://www.nd.gov/ndins/ http://www.nd.gov/ndins/uploads/18/finalhbeplanningnarrative.pdf http://www.nd.gov/ndins/uploads/18/hbeplanninginitialresearchfindings093011.pdf https://www.benefits.gov/benefits/browse-by-state/state/175
Ohio	http://codes.ohio.gov/orc/1751.01 http://hr.cch.com/hld/OhioRevisedCodes/ec1739_02.pdf	https://downloads.cms.gov/ccio/State%20Required%20Benefits OH.PDF	https://www.insurance.ohio.gov/aboutodi/ODIDiv/Pages/OSHIIIP.aspx https://www.legislature.ohio.gov/?0 http://www.insurance.ohio.gov/Pages/default.aspx http://www.insurance.ohio.gov/Consumer/OC/CompleteGuides/CompleteHealthGuide.pdf http://www.insurance.ohio.gov/Consumer/Documents/Milliman_Report_Executive_Summary.pdf http://www.insurance.ohio.gov/Consumer/Documents/Milliman_Report.pdf http://www.insurance.ohio.gov/Consumer/Documents/KPMGBLueprintReport.pdf http://www.insurance.ohio.gov/Consumer/OC/Pages/OCSPubIndexTab3.aspx
Oklahoma	https://www.ok.gov/oid/documents/C10S5P1.pdf https://www.ok.gov/oid/Public_Information/Legal/Oklahoma_Insurance_Department_Rules_Title_365.html http://www.oar.state.ok.us/viewhtml/317_45-11-11.htm http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=_75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijurgcln50ob7ckj42tbkdt374obdcli00_	https://downloads.cms.gov/ccio/State%20Required%20Benefits OK.PDF	https://www.sos.ok.gov/oar/online/searchRegisters.aspx

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Oregon	<p>http://hr.cch.com/hld/ORstat743A_066.pdf</p> <p>http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/Pages/reproductive-health-equity-act.aspx</p> <p>https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB3391</p> <p>http://dfr.oregon.gov/laws-rules/Pages/index.aspx</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20BenefitsOR.PDF</p>	<p>http://dfr.oregon.gov/gethelp/ins-help/health/Pages/preventive-care-services.aspx</p> <p>http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/FP_Program_Manual/sectiona.pdf</p> <p>http://www.oregon.gov/oha/PH/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Pages/Program-Manual.aspx</p>
Pennsylvania	<p>http://codes.findlaw.com/pa/title-40-ps-insurance/#!tid=NC93A7F3AF2C04D5E8FA1502B176ACB23</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20BenefitsPA.PDF</p>	<p>https://www.healthytexaswomen.org/sites/healthytexaswomen.org/files/2017_family_planning_services_manual.pdf</p> <p>"http://www.health.pa.gov/My%20Health/Womens%20Health/Pages/Family%20Planning%20Contraception/Family-Planning-Program-Directory.aspx#.WeuOMhNSxE4</p> <p>http://www.health.pa.gov/My%20Health/Womens%20Health/HealthyWomen/Pages/Healthy%20Woman.aspx#.WeuONRNSxE4"</p> <p>http://www.insurance.pa.gov/Coverage/Documents/EHB%202017/EHB%20Benchmark%20Comparison%2005-29-15.pdf</p> <p>http://www.dhs.pa.gov/</p>
Rhode Island	<p>http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-19/27-19-48.HTM</p> <p>http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-18/27-18-57.HTM</p> <p>http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-43.HTM</p> <p>http://www.dbr.state.ri.us/documents/rules/insurance/Refiled-Regulation86.pdf</p> <p>http://www.dbr.ri.gov/documents/rules/insurance/Refiled-Regulation23.pdf</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20BenefitsRI.PDF</p>	<p>http://www.dbr.state.ri.us/divisions/insurance/</p> <p>http://www.dbr.state.ri.us/divisions/insurance/legalinfo.php</p> <p>http://www.dbr.state.ri.us/documents/rules/insurance/Refiled-Regulation23.pdf</p> <p>http://www.dbr.ri.gov/rules/insurance/index.php</p>
South Carolina	<p>http://scstatehouse.gov/code/title38.php</p> <p>http://www.scstatehouse.gov/code/t38c071.php</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20BenefitsSC.pdf</p>	<p>http://doi.sc.gov/</p> <p>https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/SC/SC-13-0014-MM1.pdf</p> <p>http://scstatehouse.gov/code/t38c033.php</p> <p>https://www.benefits.gov/benefits/browse-b</p>

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South Dakota	<p>http://www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Statute=58-17&Type=Statute</p> <p>http://www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=58-17-1.4</p> <p>http://www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=58-18-36</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_SD.PDF</p>	<p>http://dlr.sd.gov/insurance/default.aspx</p> <p>https://www.benefits.gov/benefits/browse-by-state/state/182</p>
Tennessee	<p>http://publications.tnsosfiles.com/rules/0780/0780-01/0780-01.htm</p> <p>https://web.lexisnexis.com/research/retrieve?_m=a130637d93290a1af4d21a263a82b2f2&csvc=toc2doc&cform=tocslim&fmtstr=FULL&docnum=1&_startdoc=1&wchp=dGLzVzk-zSkAl&_md5=b84afcb0078af004b48ad7d32ef4c5f5</p> <p>http://www.lexisnexis.com/hottopics/tncode/</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_TN.PDF</p>	<p>http://www.capitol.tn.gov/joint/committees/fiscal-review/archives/107ga/reports/Health%20Mandate%20Report%202011.pdf</p> <p>http://www.capitol.tn.gov/joint/committees/fiscal-review/archives/107ga/reports/Health%20Mandate%20Report%202011.pdf</p>
Texas	<p>http://hr.cch.com/hld/TexasInsCode.pdf</p> <p>http://www.statutes.legis.state.tx.us/Docs/IN/htm/IN.1369.htm</p> <p>http://codes.findlaw.com/tx/insurance-code/ins-sect-1271-153.html</p> <p>http://www.statutes.legis.state.tx.us/Docs/IN/htm/IN.1507.htm</p> <p>http://www.tdi.texas.gov/rules/2016/documents/comparedoc.pdf</p> <p>http://tahp.org/wp-content/uploads/2017/01/TAHP_UnderstandingBenefitMandates-2.pdf</p> <p>http://www.tdi.texas.gov/health/documents/fhrpage-ehbsu.pdf</p> <p>https://www.tdi.texas.gov/hmo/documents/manhealthben.pdf</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_TX.PDF</p>	<p>http://www.tmhp.com/News_Items/2016/05-May/05-16-16%20Healthy%20Texas%20Women%20HTW%20to%20Become%20Effective%20July%201,%202016.pdf</p> <p>https://www.healthytexaswomen.org/sites/healthytexaswomen.org/files/2017_family_planning_services_manual.pdf</p> <p>https://www.healthytexaswomen.org/family-planning-program</p> <p>http://www.tdi.texas.gov/</p>
Utah	<p>https://le.utah.gov/xcode/Title31A/31A.html</p> <p>https://insurance.utah.gov/wp-content/uploads/266Amend3-22-2016.pdf</p> <p>https://le.utah.gov/xcode/Title31A/31A.html?v=C31A_1800010118000101</p>	<p>https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/State-Required-Benefits_UT.pdf</p>	<p>https://insurance.utah.gov/</p> <p>https://insurance.utah.gov/consumer/legal-resources/rules</p> <p>https://healthrates.utah.gov/healthrates/public.action</p> <p>https://insurance.utah.gov/consumer/legal-resources/bulletins</p>
Vermont	<p>http://hr.cch.com/hld/VermontStatutessec4099c.pdf</p> <p>http://legislature.vermont.gov/statutes/section/08/107/04099c</p>	<p>https://downloads.cms.gov/ccio/State%20Required%20Benefits_VT.PDF</p>	

Virginia	<p>http://hr.cch.com/hld/Va38_2_3407_5_1.pdf https://law.lis.virginia.gov/vacode/38.2-3407.5:2 https://law.lis.virginia.gov/vacode/2.2-2818 https://law.lis.virginia.gov/vacode/title2.2/chapter28/</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20BenefitsVA.PDF</p>	<p>http://www.coverva.org/mat/Plan%20First%20Fact%20Sheet%20English.pdf http://www.scc.virginia.gov/boi/ http://leg1.state.va.us/cgi-bin/legp504.exe?171+sbj+SBJ</p>
Washington	<p>http://apps.leg.wa.gov/wac/default.aspx?dispo=true&cite=284-43 http://hr.cch.com/hld/RCW48_41_110.pdf http://hr.cch.com/hld/WA48_43_065.pdf http://hr.cch.com/hld/WashAdmCode284_43_822.pdf http://app.leg.wa.gov/rcw/default.aspx?cite=48.42.100 http://app.leg.wa.gov/RCW/default.aspx?cite=48.21</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20BenefitsWA.PDF</p>	<p>https://www.insurance.wa.gov/ https://www.ahip.org/wp-content/uploads/2017/10/Washington_StateDataBook_2017.pdf https://www.insurance.wa.gov/insurance-coverage-prescription-contraceptives</p>
West Virginia	<p>http://hr.cch.com/hld/WVC33-16E-7.pdf http://hr.cch.com/hld/WVC33-16E-6.pdf http://hr.cch.com/hld/WVC33-16E-5.pdf http://hr.cch.com/hld/WVC33-16E-4.pdf http://hr.cch.com/hld/WVC33-16E-2.pdf http://hr.cch.com/hld/WVACodesec33-16E-1.pdf http://www.wvinsurance.gov/Portals/0/pdf/pol_leg/rules/ins/Series%2028.pdf http://www.wvinsurance.gov/Portals/0/pdf/pol_leg/rules/ins/rule_078.pdf http://www.wvinsurance.gov/Portals/0/pdf/pol_leg/Informational%20Letter%20No.%20186.pdf http://www.wvinsurance.gov/Portals/0/pdf/pol_leg/rules/ins/rule_079.pdf http://www.legis.state.wv.us/WVCODE/Code.cfm?chap=05&art=16#16</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20BenefitsWV.PDF</p>	<p>http://www.wvinsurance.gov/ http://www.wvinsurance.gov/Portals/0/pdf/pol_leg/rules/ins/rule_044.pdf</p>
Wisconsin	<p>http://hr.cch.com/hld/Wissec609_805.pdf http://docs.legis.wisconsin.gov/statutes/statutes/632.pdf http://docs.legis.wisconsin.gov/code/admin_code/ins/8.pdf http://docs.legis.wisconsin.gov/code/admin_code/ins/8/IV/75/3 https://oci.wi.gov/Pages/Regulation/WisInsuranceStatutes.aspx https://oci.wi.gov/Documents/Consumers/PI-019.pdf</p>	<p>https://downloads.cms.gov/cciio/State%20Required%20BenefitsWI.PDF</p>	<p>https://oci.wi.gov/Pages/Homepage.aspx</p>

Wyoming	https://rules.wyo.gov/Search.aspx	https://downloads.cms.gov/ccio/State%20Required%20Benefits_WY.PDF	https://www.benefits.gov/benefits/browse-by-state/state/192
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