

Comparison of Vermont's State Mandated Services to Federally Mandated Services and Potential ACA Essential Health Benefits

Bailit Health Purchasing, November 8, 2011

(NOTE: This chart does not represent a policy position or a decision by the State of Vermont, but simply illustrates potential comparisons)

#	Health Insurance Mandates Protecting Vermont Consumers - October 2011 ⁱ	Federal Mandate (Yes or No) ⁱⁱ	Essential Health Benefit Category ⁱⁱⁱ
1	<p>Alcoholism 8 VSA 4089b - enacted in 1997 Reg. H-2000-03 Bulletin I-116 Bulletin HCA-127 Rule 10/Rule 2009-03</p> <p>Alcohol or Chemical Dependence. Mandate provides for evaluation and treatment</p>	Yes	Mental Health and Substance Abuse disorder services including behavioral health
2	<p>AIDS/HIV Testing/Vaccines 8 VSA 4724(20) - subdivision added in 1988 - and Bulletin I-92</p> <p>Statutory language requires insurer to retest upon written request from any individual who was denied coverage or offered reduced coverage due to previous positive test results. It does not mandate any benefit, but includes detailed confidentiality provisions and testing process.</p>	No	n/a
3	<p>Alzheimer's Disease 8 VSA 8085 enacted in 2004, effective 1/1/2005</p> <p>Not applicable to health insurance only LTC insurance</p>	No	n/a
4	<p>Anesthesia for certain dental procedures 8 VSA 4100i - enacted in 2010</p>	No	n/a
5	<p>Athletic Trainer 8 VSA 4088g - enacted in 2008</p> <p>Requires health insurers to reimburse a licensed athletic trainer who acts within the scope of practice if the health insurer would reimburse another health care provider for those services.</p>	No	Rehabilitation; Habilitation and Devices (?)
6	<p>Autism 8 VSA 4088i - enacted in 2010, effective date delayed until 10/1/11</p> <p>Autism is a brain disorder that affects three areas of development: communication, social interaction, and creative or imaginative play. Mandate provides for evaluation and treatment services. Requires coverage for treatment of children from ages 18 months to 6 years.</p>	No	Pediatric Services (?)

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7	<p>Chemotherapy treatment 8 VSA 4088c - enacted in 1997 (recodified in 2003) - and Bulletin 1-116</p> <p>Requires health insurers to provide coverage for medically necessary growth cell stimulating factor injections taken as part of a prescribed regimen</p>	No	Ambulatory Patient Services (?)
8	<p>Chiropractic services 8 VSA 4088a - enacted in 1999 - and Bulletin HCA-105</p> <p>Requires provision of clinically necessary health care services provided by a chiropractic physician licensed in Vermont for treatment within the scope of practice but limiting adjunctive therapies to physiotherapy modalities and rehabilitative exercise.</p>	No	Rehabilitation?
9	<p>Clinical trials for cancer patients 8 VSA 4088b - enacted in 2001 and amended substantially in 2005 - and Regulation H-2005-03</p> <p>Provides for payment of routine costs for a patient participating in a cancer clinical trial, including when one is not available in VT or NH.</p>	No	PPACA requires in other section.
10	<p>Colorectal cancer screening 8 VSA 4100g - enacted in 2009</p> <p>Colon Cancer (also commonly called colorectal cancer) refers to any cancer in the colon, rectum, appendix and anus. Mandate provides for evaluation and limits cost-sharing.</p>	No	n/a
11	<p>Congenital Bleeding Disorders Regulation 80-1</p> <p>Inherited bleeding condition typically associated with low levels of absence of a blood protein essential for clotting such as hemophilia and Von Willebrands. Mandate provides for evaluation and treatment</p>	No	n/a
12	<p>Contraceptive mandate: 8 VSA 4099c - enacted in 1999 - and Bulletin HCA-105</p> <p>Birth Control pharmaceuticals and devices. Mandate provides coverage for a range of FDA-approved prescription contraceptive drugs and devices.</p>	No	n/a
13	<p>Craniofacial disorders 8 VSA 4089g - enacted in 1997</p> <p>Requires health insurers to provide coverage for diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face neck or head and is the result of accident, trauma, congenital defect, developmental delay or pathology.</p>	No	Hospitalization (?) or Ambulatory patient Services (?)

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14	<p>Diabetic Self-Management and Supplies 8 VSA 4089c – enacted in 1997, Bulletins I-116 & HCA-108</p> <p>Mandate provides payment for evaluation, education & treatment for self-management and for evaluation and supplies of durable medical equipment and certain medicines for diabetics</p>	No	Preventative, wellness and Chronic disease management (?)
15	<p>Drug Treatment</p> <p>8 VSA 4089b – mental health parity statute enacted in 1997 Reg H-2000-03 Bulletin I-116 Bulletin H-127 Rule 10 and 2009-03</p> <p>Mandate provides for evaluation, education and treatment of those dependent on both legal and illegal drugs</p>	Yes	Mental Health and Substance Abuse disorder services including behavioral health
16	<p>Emergency Treatment Rule 10 section 10.203(E)</p> <p>Mandate provides for appropriate medical care in emergency situations based upon the “prudent layperson” standard.</p>	Yes	Emergency Services
17	<p>Home Health Care 8 VSA 4096 – enacted in 1975</p> <p>An individual or group health insurance expense policy and an individual or group service contract issued by a nonprofit hospital corporation which provides hospital or medical coverage shall provide as an option coverage for home health care</p>	No	Rehabilitation?
18	<p>Long Term Care 8 VSA 8081 et seq and Reg. H-2009-01</p> <p>Not applicable to health insurance, just to long term care insurance</p>	No	n/a
19	<p>Mammogram 8 VSA 4100a – enacted in 1991, amended in 2007</p> <p>An x-ray of the breast to detect breast changes in women. Mandate provides for the x-ray and evaluation and limits cost-sharing.</p>	No	Preventative, wellness and Chronic disease management ?
20	<p>Maternity</p> <p>8 V.S.A. § 4096 – Home health requires coverage for maternity and childbirth – enacted in 1975 8 V.S.A. § 4099d – plans covering maternity care must also cover midwifery and home births – enacted in 2011 Bulletin 54, 1-95, 96, and I-114 and Regulation 89-1</p> <p>Mandate provides for prenatal & postpartum doctor evaluation and care during pregnancy.</p>	Yes	Maternity and newborn care

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21	<p>Maternity Stay</p> <p>Bulletin 54 Bulletins 1-95 and 96 Bulletin I-114 Regulation 89-1</p> <p>Those insurers that provide coverage for maternity must allow a patient to remain in the hospital for a minimum specified amount of time according to federal law (usually one to two days for vaginal delivery and three to four days for cesarean delivery) following the delivery of a baby</p>	Yes	Maternity and newborn care
22	<p>Mental Health - general - mental health parity statute enacted in 1997</p> <p>8 VSA 4089b Rule 10 Bulletin I-116 Bulletin HCA-127</p> <p>Although most states define mental health as a state of emotional and psychological well-being, they often differ on what they include in evaluation and treatment. The mandate provides for the payment of mental health evaluation and treatment.</p>	Yes	Mental Health and Substance Abuse disorder services including behavioral health
23	<p>Mental Health Parity - mental health parity statute enacted in 1997</p> <p>8 VSA 4089b Rule 10 Bulletin I-116 Bulletin HCA-127</p> <p>The federal parity requirements apply only to plans that include mental health benefits in their benefit package. A health plan may not place annual or lifetime dollar limits on mental health benefits that are lower or less generous than annual or lifetime dollar limits for medical and surgical benefits offered under that plan. Due to federal law, substance abuse benefits are now included along with mental health parity benefits.</p>	Yes	Mental Health and Substance Abuse disorder services including behavioral health
24	<p>Midwifery services and home births 8 VSA 4099d - enacted in 2011</p> <p>Requires a plan that covers maternity care also to cover services provided by licensed midwives and certified nurse midwives in a hospital or at home.</p>	No	Maternity and newborn care (?)

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25	<p>Naturopathic physicians 8 VSA 4088d - enacted in 2007</p> <p>The mandate requires health insurers to cover medically necessary health care services provided by a naturopathic physician if the services are otherwise covered under the plan.</p>	No	Prevention and Wellness (?)
26	<p>Newborns 8 VSA 4092 - enacted in 1975</p> <p>A newborn is included under a parent's individual insurance policy for 31 days, as long as the policy already provides coverage for dependents.</p>	Yes	Maternity and newborn care
27	<p>Off label drug use (cancer only) 8 VSA 4100e - enacted in 2005</p> <p>Coverage or offering of drugs for treating a particular disease even though they are not approved for a specific purpose by the FDA. Mandate requires health insurance plans that cover prescription drugs to cover off-label use in cancer treatment.</p>	No	Prescription drugs (?)
28	<p>Oral cancer medications 8 V.S.A. § 4100h - enacted in 2009</p> <p>Requires a health insurer to provide coverage for prescribed, orally administered anticancer medications if the insurer provides coverage for cancer chemotherapy treatment</p>	No	Ambulatory patient services (?) Prescription drugs (?)
29	<p>Pediatric Immunizations 8 V.S.A. § 4100d - enacted in 1994</p> <p>Prohibits insurers from reducing child vaccine benefits below May 1, 1993 coverage</p>	No	Pediatric services(?) Preventative, wellness and Chronic disease management ?
30	<p>PKU/Formula/Metabolic Disease Foods 8 VSA 4089e - enacted in 1998 - and Bulletin I-122</p> <p>An insurer shall provide coverage for medical foods prescribed for medically necessary treatment for an inherited metabolic disease such as phenylketonuria (PKU)</p>	No	N/A

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31	<p>Prescription Drugs 8 VSA 4089i and 8 V.S.A. 4089j - both enacted in 2004</p> <p>4089j requires health insurers to provide coverage for pharmaceuticals at the same quantity and co-pay for retail and mail order pharmacies. 4089i requires coverage for prescription drugs purchased in Canada, and used in Canada or reimported legally or purchased through the I-SaveRx program on the same benefit terms and conditions as prescription drugs purchased in this country</p>	No	Prescription drugs
32	<p>Prostate Cancer Screening 8 VSA 4100f - enacted in 2007</p> <p>Prostate cancer is the growth of malignant prostate glandular cells in the prostate gland. Mandate provides for the evaluation.</p>	No	Prevention and Wellness (?)
33	<p>Prosthetic parity 8 VSA 4088f - enacted in 2008</p> <p>Prosthetics deals with the production and application of artificial body parts. Mandate provides for evaluation, treatment and supplies.</p>	No	Rehabilitation; Habilitation and Devices (?)
34	<p>TMJ Disorders Bulletin I-63</p> <p>TMJ, temporomandibular joint disorder, is caused by the displacement of the cartilage where the lower jaw connects to the skull. Mandate provides for the evaluation and treatment.</p>	No	n/a
35	<p>Tobacco Cessation programs 8 VSA 4100j - enacted in 2010</p> <p>A health insurance plan shall provide coverage of at least one three-month supply per year of tobacco cessation medication, including over-the-counter medication, if prescribed by a licensed health care practitioner for an individual insured under the plan. A health insurance plan may require the individual to pay the plan's applicable prescription drug co-payment for the tobacco cessation medication.</p>	No	Prevention and Wellness (?)

ⁱ Information from the VT Department of Banking, Insurance, Securities and Health Care Administration

ⁱⁱ Information from the Council for Affordable Health Insurance *Health Insurance Mandates in the States 2009* including the following federal legal references- Mental Health Parity Act of 1996, Pub. L. No. 104-204, Title VII, 110 Stat. 2874, 2944; the Newborns' and Mothers' Health Protection Act of 1996, Pub. L. No. 104-204, Title VI, 110 Stat. 2874, 2935; and the Women's Health and Cancer Rights Act of 1998, Pub. L. No. 105-277, Title IX, 112 Stat. 2681, 2681-436.

ⁱⁱⁱ Information from the National Health Council *Essential Health Benefits White Paper* September 2010; because final definition of Essential Health Benefit has not been released, this categorization only provides a potential match. Final regulations defining Essential Health Benefits are not expected to be released from the federal government until 2012.