

State	Number of Benefits For each State
RI	44
MD	42
MN	38
CA	35
NM	35
NY	34
VA	34
CT	33
GA	33
IL	32
MA	32
LA	31
ME	31
TX	31
AZ	30
NJ	29
FL	28
MO	28
WA	28
OK	26
CO	25
KY	25
NC	25
AR	24
NV	24
OR	24
PA	24
WV	23
IN	22
NH	22
TN	22
WI	21
KS	20
DE	19
DC	18
MT	18
NE	18
VT	18
ND	17
SC	17
HI	16
AK	14
IA	12
MI	12
MS	12
OH	12
SD	12
UT	12
AL	11
WY	9
ID	6

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Note: The numbers shown are as analyzed by the authors of the cited report and may not exactly match Virginia's statutory language. However, the exhibit is useful to see how Virginia compares to other states using a uniform recording methodology for the identified benefits mandated.

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Source: "Health Insurance Mandates in the States 2009", Council for Affordable Health

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<b>Benefit Mandate</b>			
<b>Mandate</b>	<b>Nationwide</b>	<b>Virginia</b>	<b>Virginia Notes</b>
<b>AIDS/HIV Testing/Vaccine</b>	9	<b>ACA</b>	
<b>Alcoholism/Substance Abuse</b>	45	<b>38.2-3412.1</b>	
<b>Alzheimers</b>	2		
<b>Ambulance /Transportation Services</b>	11	<b>ACA</b>	
<b>Ambulatory Cancer Treatment</b>	3	<b>ACA</b>	
<b>Ambulatory Surgery</b>	11	<b>ACA</b>	
<b>Anti-psychotic Drugs</b>	7		
<b>Asthma Education</b>	2		
<b>Attention Deficit Disorder</b>	1		
<b>Autism</b>	23	<b>38.2-3418.17</b>	(2011, 2016)
<b>Bilateral Cochlear Implant</b>	3		
<b>Blood Lead Poisoning Screening</b>	9	<b>ACA</b>	
<b>Blood Products</b>	3	<b>38.2-3418.3</b>	
<b>Bone Marrow Transplant</b>	11	<b>38.2-3418.1:1</b>	
<b>Bones Mass Measurement</b>	16		
<b>Brain Injury</b>	1		
<b>Breast Reconstruction</b>	51	<b>38.2-3418.4</b>	
<b>Breast Reduction</b>	1		
<b>Cancer Pain Medication</b>	5	<b>38.2-3407.6:1*</b>	Requirement not included in Mandated Benefits Article
<b>Cervical Cancer / HPV Screening</b>	31	<b>38.2-3418.1:2</b>	
<b>Chemotherapy</b>	7	<b>38.2-3407.18*</b>	Requirement not included in Mandated Benefits Article (2012, 2014)
<b>Circumcision</b>	1	<b>ACA</b>	
<b>Chlamydia</b>	5	<b>ACA</b>	
<b>Cleft Palate</b>	15	<b>38.2-3411</b>	
<b>Clinical Trial</b>	23	<b>38.2-3418.8</b>	
<b>Colorectal Cancer Screening</b>	33	<b>38.2-3418.7:1</b>	
<b>Congenital Defect</b>	1	<b>38.2-3411</b>	
<b>Congenital Bleeding Disorder</b>	3	<b>38.2-3418.3</b>	
<b>Contraceptive</b>	29	<b>38.2-3407.5:1</b>	
<b>Dental Anesthesia</b>	30	<b>38.2-3418.12</b>	
<b>Developmental Disability</b>	1	<b>ACA</b>	
<b>Diabetic Self Management</b>	34	<b>38.2-3418.10</b>	
<b>Diabetic Supplies</b>	47	<b>38.2-3418.10</b>	
<b>Drug Abuse Treatment</b>	35	<b>38.2-3412.1</b>	
<b>Early Intervention Service</b>	6	<b>38.2-3418.5</b>	
<b>Emergency Service</b>	47	<b>ACA</b>	
<b>Habilitative Service</b>	3	<b>ACA</b>	
<b>Hair Prosthesis</b>	11		
<b>Hearing Aids for Minor</b>	14	<b>38.2-3411.4</b>	
<b>Heart Transplant</b>	1	<b>ACA</b>	
<b>Home Health Care</b>	20	<b>ACA</b>	
<b>Hormone Replacement Therapy</b>	4		
<b>Hospice Care</b>	12	<b>38.2-3418.11</b>	
<b>HPV Vaccine</b>	13	<b>ACA</b>	
<b>Invitro Fertilization</b>	15		
<b>Kidney Disease</b>	4		
<b>Long Term Care</b>	5		
<b>Lyme Disease</b>	5		
<b>Lymphedema</b>	1	<b>38.2-3418.14</b>	
<b>Mammography</b>	50	<b>38.2-3418.1</b>	

<b>Benefit Mandate</b>			
<b>Mandate</b>	<b>Nationwide</b>	<b>Virginia</b>	<b>Virginia Notes</b>
<b>Mastectomy</b>	23	<b>38.2-3418.6</b>	
<b>Mastectomy Minimum Stay</b>	25	<b>38.2-3418.6</b>	
<b>Maternity</b>	23	<b>38.2-3414, 38.2-3414.1</b>	
<b>Maternity Minimum Stay</b>	50	<b>38.2-3414.1</b>	
<b>Mental Health General</b>	39	<b>38.2-3412.1</b>	
<b>Mental Health Parity</b>	47	<b>38.2-3412.1</b>	
<b>Minimum Hysterectomy Stay</b>	2	<b>38.2-3418.9</b>	
<b>Minimum Testicular Cancer Stay</b>	1		
<b>Morbid Obesity Treatment</b>	6	<b>38.2-3418.13</b>	
<b>Neurodevelopment Therapy</b>	1		
<b>Newborn Hearing Screening</b>	18	<b>38.2-3411.4</b>	
<b>Newborn Sickle Cell Testing</b>	4	<b>38.2-3411.1</b>	
<b>Off Label Drug Use</b>	36	<b>38.2-3407.5*</b>	Requirement not included in Mandated Benefits Article
<b>Oriental Medicine</b>	1		
<b>Orthotic and/or Prosthetics</b>	16	<b>38.2-3418.15</b>	
<b>Ostomy Related Supplies</b>	1	<b>ACA</b>	
<b>Other Infertility Service</b>	9	<b>ACA</b>	
<b>Ovarian Cancer Screening</b>	7	<b>ACA</b>	
<b>Pediatric Asthma Education/Self-Management</b>	2		
<b>PKU/Metabolic Disorder</b>	34	<b>ACA</b>	
<b>Port Wine Stain Elimination</b>	2		
<b>Prescription Drugs</b>	3	<b>ACA</b>	
<b>Prescription Inhalent</b>	1		
<b>Prostate Cancer Screening</b>	36	<b>38.2-3418.7</b>	
<b>Protein Screening</b>	1		
<b>Psychotropic Drugs</b>	3	<b>38.2-3412.1</b>	
<b>Reconstructive Surgery</b>	2	<b>ACA</b>	
<b>Rehabilitative Service</b>	7	<b>ACA</b>	
<b>Residential Crisis Service</b>	1		
<b>Second Surgical Opinion</b>	11		
<b>Shingles Vaccine</b>	1	<b>ACA</b>	
<b>Smoking Cessation</b>	5	<b>ACA</b>	
<b>Special Footwear</b>	1		
<b>Telemedicine</b>	8	<b>38.2-3418.16</b>	
<b>Testicular Cancer</b>	3	<b>ACA</b>	
<b>TMJ Disorders</b>	20	<b>38.2-3418.2</b>	
<b>Varicose Veins</b>	1		
<b>Visioncare Service</b>	1		
<b>Well Child Care</b>	34	<b>38.2-3411.1, 38.2-3411.3</b>	
<b>Wilms Tumor</b>	2		

Note: The numbers shown are as analyzed by the authors of the cited report and may not exactly match Virginia's statutory language. However, the exhibit is useful to see how Virginia compares to other states using a uniform recording methodology for the identified benefits mandated.

Source: "Health Insurance Mandates in the States 2009", Council for Affordable Health Insurance

## **Summary of Mandated Benefits and Mandated Offers In Virginia through CY 2016**

### Dependent Children

Section 38.2-3409 of the Code of Virginia requires that accident and sickness insurance policies and subscription contracts that contain the provision that coverage for a dependent child shall terminate upon that child's attainment of a specified age must continue coverage for the dependent child beyond that specified age for as long as the child is incapable of self-sustaining employment, and the individual with intellectual disability or physical handicap is chiefly dependent upon the policyholder for support and maintenance. Insurers and health services plans are permitted to charge an additional premium for the continuation of coverage based on the class of risks applicable to the child.

### "Doctor" to Include Dentist

Section 38.2-3410 of the Code of Virginia requires that the terms "physician" and "doctor" be construed to include a dentist performing covered services within the scope of his/her professional license when used in any accident and sickness insurance policy or subscription contract. This provision is not intended to apply to routine dental services.

### Newborn Children

Section 38.2-3411 of the Code of Virginia requires that accident and sickness insurance policies, or subscription contracts, and HMOs that provide family coverage shall extend such coverage to a newborn child. The policy must contain coverage for injury or sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. The insurer or health services plan may require that it be notified of the birth and that payment of any additional premium or fees be made within 31 days after the date of birth for coverage to continue beyond the initial 31-day period.

### Child Health Supervision Services

Section 38.2-3411.1 of the Code of Virginia requires that insurers, and health services plans, "offer and make available" coverage for the periodic examination of children under accident and sickness insurance policies and subscription contracts. The statute defines child health supervision services to include a history, a complete physical examination, a developmental assessment, anticipatory guidance, appropriate immunizations, and laboratory tests. Coverage must allow for services to be rendered at the following age intervals: birth, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months, two years, three years, four years, five years, and six years. Benefits for coverage of these services are not subject to copayment, coinsurance, deductible, or any dollar limit provisions. Insurers and health

services plans having fewer than 1,000 covered individuals in Virginia or less than \$500,000 in premiums in Virginia are not subject to the requirements of this statute.

### Coverage for Childhood Immunizations

Section 38.2-3411.3 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for all routine and necessary immunizations for each newborn child from birth to 36 months of age.

### Coverage for Infant Hearing Screening and Related Diagnostics

Section 38.2-3411.4 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for infant hearing screenings and all necessary audiological examinations provided and prescribed for newborn children.

### Mental Health and Substance Abuse Services

Section 38.2-3412.1 of the Code of Virginia requires except for group health insurance coverage issued to a large employer defined in § 38.2-3431, that accident and sickness policies and subscription contracts providing coverage on an expense-incurred basis to a family member shall provide the following inpatient and partial hospitalization mental health and substance abuse services:

1. Treatment for an adult as an inpatient for at least 20 days per policy or contract year;
2. Treatment for a child or adolescent as an inpatient for at least 25 days per policy or contract year;
3. Up to 10 days of the inpatient benefit may be converted, when medically necessary, at the option of the person or parent of a child or adolescent, to partial hospitalization (the conversion shall be at least 1.5 days of partial hospitalization for each inpatient day); and
4. Limits on the inpatient and partial hospitalization coverage which are not more restrictive than for any other illness.

Except for group health insurance coverage issued to a large employer as defined in § 38.2-3431, policies and contracts providing coverage on an expense-incurred basis for a family member of the insured or subscriber shall provide the following outpatient coverage for mental health and substance abuse services:

1. At least 20 visits for an adult, child or adolescent in each policy or contract year;

2. Limits that shall be no more restrictive than for any other illness, except the coinsurance factor applicable to any outpatient visit beyond the first five of such visits covered in any policy or contract year shall be at least 50%; and
3. Medication management visits, which shall be treated as any other illness and shall not be counted as outpatient visits under § 38.2-3412.1.
4. Group health insurance coverage issued to a large employer as defined in § 38.2-3431 shall provide mental health and substance use disorder benefits in parity with the medical and surgical benefits contained in the coverage in accordance with the federal Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110.343).

### Obstetrical Services

Section 38.2-3414 of the Code of Virginia requires each insurer and health services plan to provide, as an option, coverage for inpatient obstetrical services to group policyholders or contract holders. The coverage cannot be more restrictive than that provided for the treatment of physical illness generally.

### Obstetrical Benefits - Coverage for Postpartum Services

Section 38.2-3414.1 of the Code of Virginia requires insurers, health services plans, and HMOs providing benefits for obstetrical services to provide coverage for postpartum services in accordance with the guidelines outlined in the statute.

### Coverage for Victims of Rape or Incest

Section 38.2-3418 of the Code of Virginia requires that each hospital expense, medical-surgical expense, major medical expense, or hospital confinement indemnity insurance policy issued by an insurer, each individual and group subscription contract providing hospital, medical, or surgical benefits issued by a corporation, and each contract issued by a health maintenance organization which provides benefits as a result of an accident or accidental injury is construed to include benefits for pregnancy following an act of rape of an insured or subscriber which was reported to the police within seven days following its occurrence, to the same extent as any other covered accident. The seven-day requirement is extended to 180 days in the case of an act of rape or incest of a female under 13 years of age.

### Mammograms

Section 38.2-3418.1 of the Code of Virginia requires insurers, health services plans, and HMOs to provide coverage for low-dose screening mammograms for the purpose of determining the presence of occult breast cancer. Such coverage must allow for one screening mammogram to persons age 35 through 39, one such

mammogram biennially to persons age 40 through 49, and one such mammogram annually to persons age 50 and over. The benefit can be limited to \$50 but must not be more restrictive than for physical illness generally.

### Pap Smears

Section 38.2-3418.1:2 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for annual pap smears, including annual testing performed by any FDA-approved gynecological cytology screening technologies.

### Procedures Involving Bones and Joints

Section 38.2-3418.2 of the Code of Virginia prohibits insurers, health services plans, and HMOs from excluding coverage or imposing restrictive limits for diagnostic or surgical treatment involving any bone or joint of the head, neck, face or jaw on policies providing coverage for this treatment for any bone or joint of the skeletal structure.

### Hemophilia and Congenital Bleeding Disorders

Section 38.2-3418.3 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for hemophilia and congenital bleeding disorders. Coverage shall provide for the purchase of blood products and blood infusion equipment required for home treatment of routine bleeding episodes associated with hemophilia and other congenital bleeding disorders when the home treatment program is under the supervision of the state-approved hemophilia treatment center.

### Reconstructive Breast Surgery

Section 38.2-3418.4 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for reconstructive breast surgery. The statute defines reconstructive breast surgery as surgery performed coincident with or following a mastectomy or following a mastectomy to reestablish symmetry between the two breasts. Reconstructive breast surgery shall also include coverage for prostheses, and physical complications of mastectomy, including medically necessary treatment of lymphedemas. The reimbursement for reconstructive breast surgery shall have durational limits, dollar limits, deductibles, and coinsurance factors that are no less favorable than for physical illness generally. Coverage shall be provided in a manner determined in consultation with the attending physician and the patient.

### Early Intervention Services

Section 38.2-3418.5 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for early intervention services. Early intervention services is defined as medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services, and devices for dependents from birth to age 3 who are certified by the Department of Behavioral

Health and Developmental Services as eligible for services under Part H of the Individuals with Disabilities Act (20 U.S.C. § 1471 et seq.).

#### Minimum Hospital Stay for Mastectomy and Lymph Node Dissection Patients

Section 38.2-3418.6 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for a minimum stay in the hospital of not less than 48 hours for a patient following a radical or modified radical mastectomy and not less than 24 hours following a total mastectomy or a partial mastectomy with lymph node dissection for the treatment of breast cancer.

#### PSA Testing

Section 38.2-3418.7 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage (i) to persons age 50 and over and (ii) to persons age 40 and over who are at high risk for prostate cancer, according to the most recent published guidelines of the American Cancer Society (ACS), for one prostate-specific antigen (PSA) test in a 12-month period and digital rectal examinations, in accordance with the ACS's guidelines.

#### Coverage for Colorectal Cancer Screening

Section 38.2-3418.7:1 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for colorectal cancer screening.

#### Clinical Trials for Treatment Studies on Cancer

Section 38.2-3418.8 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for patient costs incurred during participation in clinical trials for treatment studies on cancer, including ovarian cancer trials.

#### Minimum Hospital Stay for Hysterectomy

Section 38.2-3418.9 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for a minimum stay in the hospital of not less than 23 hours for a laparoscopy-assisted vaginal hysterectomy and 48 hours for a vaginal hysterectomy. The attending physician, in consultation with the patient, may determine that a shorter period of hospital stay is appropriate.

#### Coverage for Diabetes

Section 38.2-3418.10 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for equipment, supplies and in-person outpatient self-management training and education, including medical nutrition therapy,

for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-dependent diabetes.

#### Coverage for Hospice Care

Section 38.2-3418.11 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for hospice services.

#### Coverage for Hospitalization and Anesthesia for Dental Procedures

Section 38.2-3418.12 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for medically necessary general anesthesia and hospitalization or facility charges of a facility licensed to provide outpatient surgical procedures for certain covered persons who are determined to require general anesthesia and admission to a hospital or outpatient surgery facility for dental care treatment.

#### Coverage for the Treatment of Morbid Obesity

Section 38.2-3418.13 of the Code of Virginia requires that insurers, health services plans, and HMOs in the large group market offer and make available coverage for the treatment of morbid obesity through gastric bypass surgery or such other methods as may be recognized by the National Institutes of Health as effective for the long-term reversal of morbid obesity.

#### Coverage for Lymphedema

Section 38.2-3418.14 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for the treatment of lymphedema, including benefits for equipment, supplies, complex decongestive therapy, and outpatient self-management training and education.

#### Coverage for Prosthetic Devices and Components

Section 38.2-3418.15 of the Code of Virginia requires that insurers, health services plans, and HMOs offer and make available coverage for medically necessary prosthetic devices, their repair, fitting, replacement, and components.

#### Coverage for Telemedicine Services

Section 38.2-3418.16 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for the cost of health care services provided through telemedicine services.

## Coverage for Autism Spectrum Disorder

Section 38.2-3418.17 of the Code of Virginia requires that insurers, health services plans, and HMOs issuing group contracts or subscription contracts in the large group market provide coverage for the diagnosis of autism spectrum disorder and for the treatment of autism spectrum disorder in individuals from age two through age ten.

### **Mandated Provider Categories**

Sections 38.2-3408 and 38.2-4221 of the Code of Virginia provide that if an accident and sickness insurance policy or subscription contract provides reimbursement for any service that may be legally performed by a person licensed in this Commonwealth as a:

- Chiropractor,
- Optometrist,
- Optician,
- professional counselor,
- psychologist,
- clinical social worker,
- podiatrist (includes services rendered by a chiropodist),
- physical therapist,
- chiropodist,
- clinical nurse specialist who renders mental health services,
- audiologist,
- speech pathologist,
- certified nurse midwife,
- marriage and family therapist or licensed acupuncturist,

reimbursement under the policy or subscription contract shall not be denied because the service is rendered by the licensed practitioner.