



**PREVENTIVE
SERVICES:
HELPING
STATES
IMPROVE
MANDATES**





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At A Glance

State health policymakers develop mandates requiring coverage of certain health services and thereby influence the health care of more than 60 million people. **Mandating coverage of a range of recommended preventive services can improve health, prevent disease and disability, and potentially lower some health costs.** However, states are not adopting mandates based on evidence, and wide variation remains in how preventive service mandates are created.

Using the available evidence and tapping assistance from health plans, health researchers, and voluntary health associations, state legislators and governors can refine their existing preventive service mandates and improve utilization of effective preventive care among their state populations.

Preventive services can help individuals become and stay healthy. These services range from screenings to detect cancer early, to immunizations to prevent infections, to counseling to reduce health risks and unhealthy behaviors. Not only can these services prevent disability, injury, and disease, they also have the potential to lower health care and disability costs and improve productivity within the workplace.¹

To increase the availability of health services, including preventive services, policymakers and legislators regulate the health insurance market. Together, federal and state policymakers have implemented more than 1,400 service coverage mandates, with 65 becoming law in 2001 alone,

Mandated Benefits Debate

Experts with both the California Health Policy Roundtable and the National Conference of State Legislatures' Health Policy Tracking Service examined health insurance benefits and found reasons both for and against service mandates.^{4,5} (These are common rationales, but are not substantiated with research or evidence.)

Arguments for health service mandates:

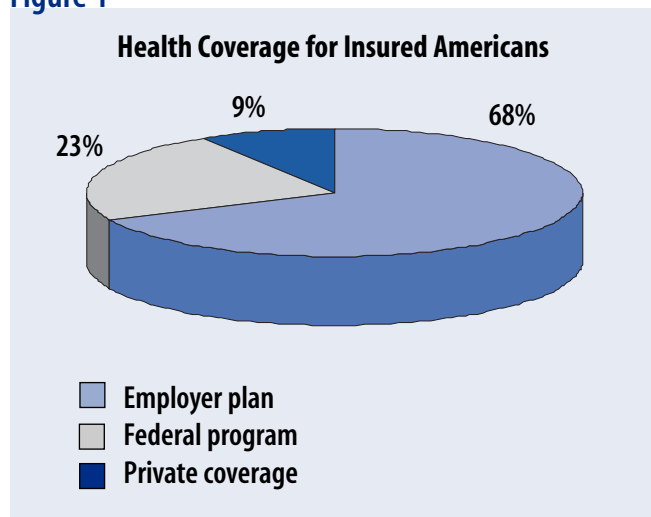
- Greater access to services and ensure adequate health care
- Reduction in overall health plan costs
- Improvement in worker productivity
- Improvement in patient care quality
- Protection of small business employees

Arguments against health service mandates:

- Higher costs to health plans
- Higher costs to consumers through higher premiums
- Reduction in coverage offered by employers and other purchasers
- Increased number of uninsured individuals
- Limited plan flexibility

many of which address preventive services.² Part of the controversy over mandates is that research has yet to show how requiring preventive service coverage affects utilization of these services (see **Mandated Benefits Debate** on page 1). Nelson, et al, did find that state mandates for insurance coverage of mammograms was one likely contributor to increased mammography use.³

Figure 1



Approximately 68 percent of insured Americans receive their coverage through plans sponsored by their employer, 23 percent through federal programs (i.e., Medicare and Medicaid), and nine percent of insured individuals receive health coverage through private, individual coverage (see **Figure 1**).⁶

Not all insured individuals are affected by state health care mandates because Medicare and Medicaid programs, as well as self-insured employer health plans, are not subject to state regulation. Even so, in 1997, health mandates influenced coverage for more than 60 million insured people.⁷

Methods

To analyze current clinical preventive service laws throughout the United States, Partnership for Prevention (Partnership) contracted with the National Conference of State Legislatures' Health Policy Tracking Service (NCSL/HPTS) to identify all state requirements affecting preventive service coverage in health plans.

National Conference of State Legislatures' Health Policy Tracking Service

NCSL/HPTS identifies, researches, monitors, and reports on state health legislation, policies, and programs that affect the private and public sectors. Through a computerized tracking system, HPTS researchers receive health care legislation and regulatory information from all 50 states. Using Lotus Notes software, HPTS has developed a sophisticated system of search capabilities to sort legislation into over 300 topics. In addition, HPTS information comes from an extensive network of contacts in state legislatures; health, human service, and insurance agencies; task force and study committee reports; and commission recommendations.

Partnership asked NCSL/HPTS to track 23 clinical preventive services (see **Clinical Preventive Services Tracked in State Mandates** on page 3). Partnership, in consultation with prevention experts and employer and health plan representatives, selected the services from among those recommended by the US Preventive Services Task Force (USPSTF), 2nd edition, and those commonly covered in health plans.

Mandates pertaining to group health insurance, health maintenance organizations (HMOs), and basic/standard health plans, enacted through June 2001 were collected. For each service, several types of information were collected, including:

- Affected state(s)
- Affected health insurance plan type (as well as those exempted from the mandate)
- Age of population to receive the service
- Frequency of service
- Type of test
- Effective date of mandate
- Citation

To provide a complete picture of how state mandates may affect clinical preventive service coverage in employer-sponsored health plans and recommend ways to refine the content of mandates, Partnership for Prevention will combine the state mandate results with data from a national survey of employers as well as focus groups with employers. A report with these inclusive results and a full discussion of the relevant issues that may influence coverage, particularly in employer-sponsored health plans, will be released in spring 2003. (See **Insurance Coverage of Clinical Preventive Services in Employer-sponsored Health Plans** on page 4.)



Clinical Preventive Services Tracked in State Mandates

Note: Services in **bold** are recommended by the 2nd edition of the US Preventive Services Task Force (USPSTF). Those not in bold are either not recommended or have insufficient evidence for USPSTF to recommend them.

General preventive services:

- **Cholesterol screening**
- **Blood pressure screening**
- **Physical exams**
- **Immunizations for children and adults**
- **Vision screening**
- **Oral health screening***

Female and reproductive health services:

- *Osteoporosis screening*
- **Contraceptive counseling**
- **Prenatal care and education**
- *Newborn hearing screening*
- **Folic acid intake counseling***
- **Chlamydia screening**
- **STD/HIV screening and counseling***

Cancer screenings:

- **Breast cancer screening**
- **Cervical cancer screening**
- **Colorectal cancer screening**
- *Prostate cancer screening*
- *Skin cancer screening**

Healthy lifestyle counseling services:

- **Healthy lifestyle counseling**
- **Injury prevention**
- **Tobacco dependence treatment**
- **Problem drinking screening and counseling***

The USPSTF is a panel of independent experts in prevention and primary care that identify those preventive services known to be effective and grades them according to evidence. This study compared mandates to the 2nd edition of the USPSTF's *Guide to Clinical Preventive Services*. The guidelines can be found at <http://www.ahcpr.gov/clinic/uspstfix.htm>.

* These services, regardless of USPSTF recommendation status, have no state mandates and are not detailed in the results provided here.

Insurance Coverage of Clinical Preventive Services in Employer-sponsored Health Plans

Partnership for Prevention, with funding from The Robert Wood Johnson Foundation, began a project in 2001 to study employer coverage of clinical preventive services. Study goals are:

- To document the extent to which employer-sponsored health plans provide coverage for clinical preventive services;
- To identify factors that influence employers' coverage; and
- To determine practical solutions to improve coverage levels.

Three phases of the study include:

- 1) A national survey of employers to document current coverage of clinical preventive services and lifestyle modification services;
- 2) Focus groups with employers to understand how they make decisions regarding coverage of these services and how to expand that coverage; and
- 3) Analysis of state laws mandating coverage of clinical preventive services and lifestyle modification services by health plans (the topic of this brief). Online reports of preventive service mandates by service type and some states are available at

<http://www.prevent.org/clinicalpreventativescvs.htm>.

This project updates Partnership's 1997 study and report on clinical preventive service coverage by employers, "Why Invest in Disease Prevention?" The report and issue brief on the focus group results from the current study are available at <http://www.prevent.org/clinicalpreventativescvs.htm>.

Certain limitations exist with the state mandate identification. The data sources providing information to HPTS and this study may not be completely current, but they are well recognized by health policymakers as highly reliable information about state laws. In addition, the USPSTF recommendations to which state mandates are being compared here are not updated as frequently as some policymakers would find useful. The USPSTF,

however, does provide comprehensive evidence-based recommendations on recent studies, and new recommendations that have been released are included in the analysis.

Current State Support for Prevention

A great deal of variation exists throughout states in terms of numbers and types of mandates requiring health insurance plans to cover preventive services. Some states require many of the services studied, while others mandate very few. Several states require coverage for preventive services not recommended by the USPSTF. This information provides insight into the current state-level political support for preventive services. It also indicates what types of preventive services employers may elect to cover compared to those they are required to include in the health plans they sponsor for their employees.

State Preventive Service Requirements

With 50 distinctly different states plus the District of Columbia, variety exists in laws mandating preventive services. The number of mandates enacted by an individual state range from 14 to none for the list of 23 preventive services tracked. Geographic regions do not provide any significant pattern, though northeastern states do tend to mandate more preventive services than states in other locations. Several states often considered "ahead of the curve" on health and health care issues – such as California, Maryland, and New Jersey – have mandated the most preventive services on the study list (12, 14, and 13 mandates respectively) (see **Clinical Preventive Services Tracked in State Mandates** on page 3).

Prevention Recommendations Followed

Many of the enacted mandates loosely follow the recommendations of the USPSTF; only one state, Maryland, specifically includes and mentions ‘USPSTF’ to guide its mandates. Other guidelines, such as those from the American Cancer Society, are often referenced in state mandates.

Many states lack mandates for some USPSTF-recommended services. Colorectal cancer screening, a strongly recommended service, is a required benefit in only 15 states. In contrast, states mandate coverage of several preventive services that are not recommended by the USPSTF; 27 states require prostate cancer screening benefits. (See **Critical Mandate Gaps and Issues**.)

Critical Mandate Gaps and Issues

Four of the recommended USPSTF services are not mandated by any states.

- STD/HIV screening and counseling
- Oral health screening
- Folic acid intake counseling (this may be included under prenatal care and education, but it is not specified in any mandate)
- Problem drinking screening and counseling (one state mandates this service through HMO plans only)

Required coverage of these services could reduce preventable disability and injury.

Four services tracked for this study are not recommended by the USPSTF due to insufficient evidence. However, three are still mandated for coverage.

- Osteoporosis screening is mandated by 12 states. (The USPSTF, 3rd edition, modified this to now recommend osteoporosis screening and counseling.)
- Prostate cancer screening is mandated by 27 states.
- Newborn hearing screening is mandated by 12 states.

Required coverage of these services is inconsistent with evidence and may pose a burden on health plans and result in poor investment of health dollars.

State Policy Approaches to Prevention

Some states establish specific requirements about service frequency, test type, and population, while others set general mandates with no details.

The majority of states that enact preventive service mandates do so for group health insurance plans and HMOs. Often, the mandates are developed separately for each type of health plan. Prenatal care and education, adult immunizations, and physical exams are the services most often required in HMO plans.

Twenty-five states also create a minimum health package and require health insurance companies to offer it. These packages, referred to as basic or



standard plans, often include a limited number of preventive services and ensure that basic services are available to all individuals with insurance. As many as 12 preventive services and as few as one are included in the 25 basic/standard plans. These basic or standard requirements lack the detail that is often provided in the mandates for group health plans and HMOs. Childhood immunizations, breast cancer screenings, prenatal care and education, and cervical cancer screenings are most often required in basic/standard health plans.

Results:

General Preventive Service Mandates*

Cholesterol screening

The 2nd edition of the USPSTF recommended that all men aged 35 to 65 and all women aged 45 to 65 be screened for high cholesterol; all individuals should also be counseled on ways to reduce cholesterol. The 3rd edition of the USPSTF released a new recommendation in 2001 expanding the age ranges for men and women and including particular recommendations for those at high risk for developing high-blood cholesterol.)

- Group health plan-only mandate: 1 state
 - HMO-only mandate: 1 state
 - Both group and HMO mandate: 1 state
 - *Basic/standard plan mandate: 3 states*
- (See **Figure 2** on page 7.)

Two of the three mandating states partially meet the 2nd edition USPSTF recommendations – the mandates provide cholesterol screening for a broader age range. The third state mandating this service fully matches the 2nd edition USPSTF recommendation.

Blood pressure screening

The USPSTF recommends that all adults and children be screened for hypertension.

- HMO-only mandate: 1 state
- Both group and HMO mandate: 1 state
- *Basic/standard plan mandate: 5 states*

(See **Figure 2** on page 7.)

One state's mandate fully matches the recommendation of the USPSTF, while the other mandate requires this service for a more limited age range.

Physical exams

The USPSTF recommends periodic health exams to address health promotion and disease prevention topics.

- Group health plan-only mandate: 1 state
- HMO-only mandate: 5 states
- Both group and HMO mandate: 2 states
- *Basic/standard plan mandate: 9 states*

(See **Figure 2** on page 7.)



Most state mandates specify annual or periodic health or physical exams, which generally match the recommendation of the USPSTF.

Immunizations for infants and children

The USPSTF recommendations for infant and childhood immunizations include a course of vaccines that follow the general standards set by the Advisory Committee on Immunization Practices (ACIP). Also included are the hepatitis A vaccine, pneumococcal vaccine, and influenza vaccine for high-risk children.

- Group health plan-only mandate: 8 states
- HMO-only mandate: 2 states
- Both group and HMO mandate: 23 states
- *Basic/standard plan mandate: 21 states*

(See **Figure 2**.)

The majority of state requirements pertaining to childhood immunizations specifically follow the guidelines published by the American Academy of

Pediatrics (AAP), which essentially match the USPSTF recommendations; however, the AAP also includes a recommendation of the pneumococcal vaccine for all infants ages 2 to 23 months regardless of risk.

Immunizations for adults and adolescents

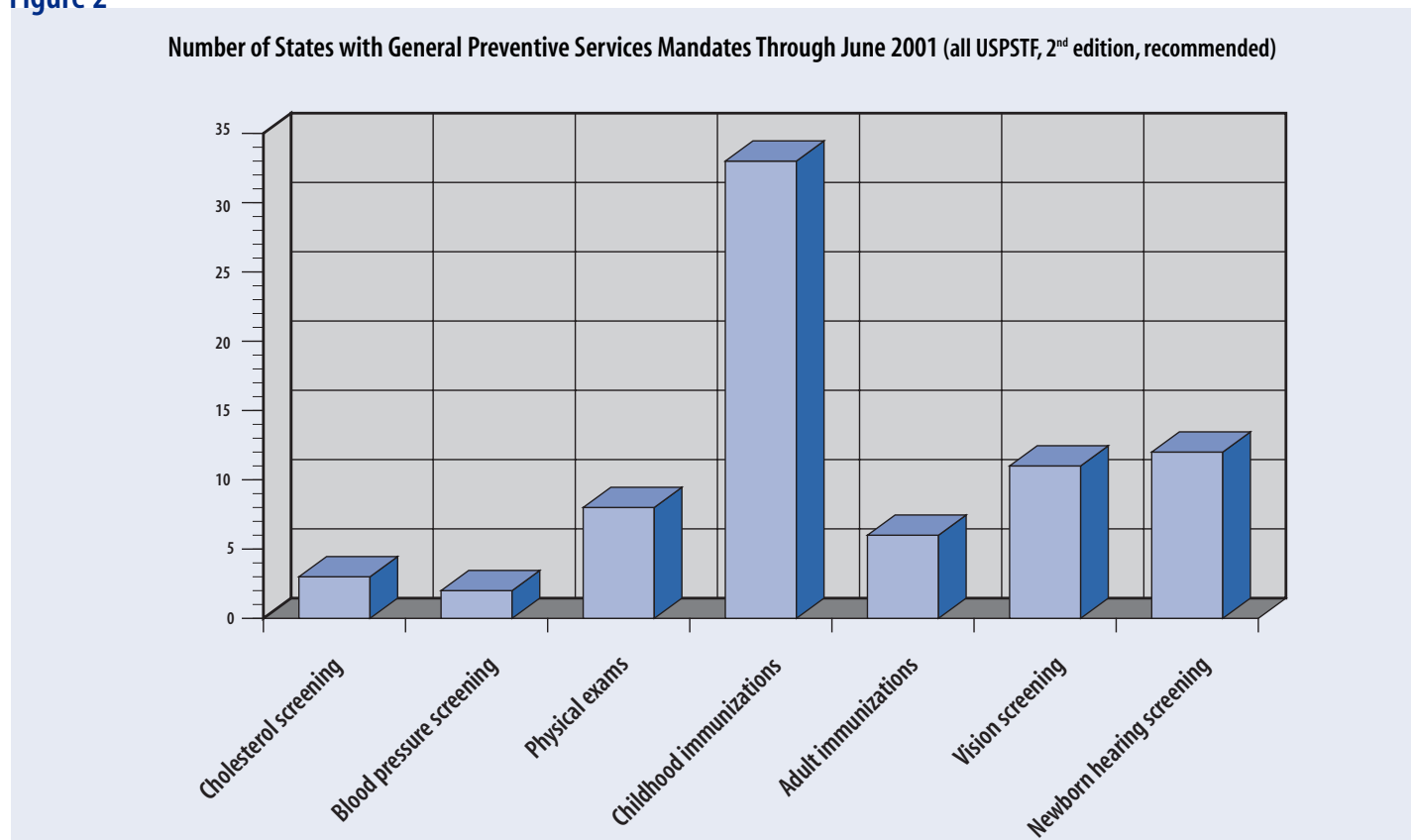
The USPSTF recommends six vaccines types – influenza, pneumococcal, hepatitis A and B, tetanus-diphtheria toxoids, and varicella – for older and/or high-risk adults and adolescents.

- Group health plan-only mandate: 1 state
- HMO-only mandate: 4 states
- Both group and HMO mandate: 1 state
- *Basic/standard plan mandate: 3 states*

(See **Figure 2**.)

One state mandating these services for HMO-only health plans specifically follows the USPSTF recommendations; all others give general requirements

Figure 2



for immunizations for adults. Many states cover immunizations for children through the teenage years, so some may incorporate adolescent immunizations; unless specifically stated as “adult and adolescent” immunizations, however, they are not included in the list of mandates above.

Vision screening

The USPSTF recommends vision screening for two populations – children before entering school and elderly adults.

- Group health plan-only mandate: 3 states
- HMO-only mandate: 1 state
- Both group and HMO mandate: 7 states
- *Basic/standard plan mandate: 4 states*

(See **Figure 2** on page 7.)

Most states mandating vision screening specify children only and follow AAP guidelines which provide a vision screening schedule for children from birth through age 18; only one state requiring this service identifies adults 35 and older. None of the vision screening mandates fully match the USPSTF recommendations. (Most states do not mandate vision screening for the elderly, since such a benefit is in the purview of Medicare, and employer-sponsored health plans for retirees tend to be self-funded and thus exempt from state health insurance requirements.)

Newborn hearing screening

Due to insufficient evidence, the USPSTF does not recommend for or against routine newborn hearing screening.

- Group health plan-only mandate: 3 states
- HMO-only mandate: 2 states
- Both group and HMO mandate: 7 states
- Basic/standard plan mandate: 3 states

(See **Figure 2** on page 7.)

All states mandating newborn hearing screening specify coverage for at least one hearing test.

Results:

Female and Reproductive Health Service Mandates*

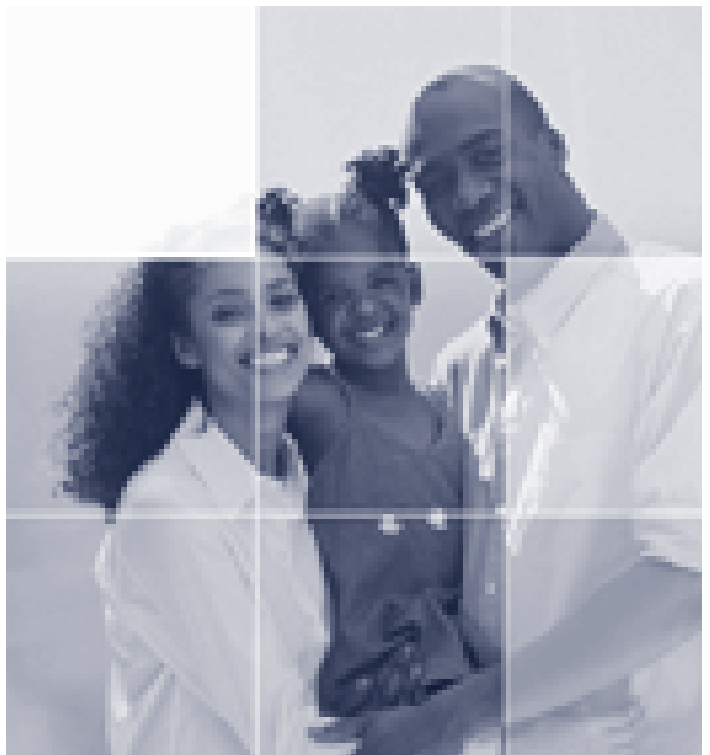
Osteoporosis screening

The 2nd edition of the USPSTF recommendations found insufficient evidence to recommend screening for osteoporosis; however, it recommended that postmenopausal women be counseled on activities to prevent osteoporosis. (The 3rd edition of the USPSTF released a new recommendation in 2002 for osteoporosis screening in women 65 and older and in high-risk women 60 and older.)

- Group health plan-only mandate: 3 states (one of which only requires plans to offer the service)
- Both group and HMO mandate: 9 states
- *Basic/standard plan mandate: 1 state*

(See **Figure 3** on page 9.)

Most of the mandates specify diagnosis and screening for “qualified” individuals, while only one state requires counseling and education about osteoporosis.



Comparing these mandates to the 2nd edition of the USPSTF shows that only one state partially met the recommendation, or lack thereof, for this service.

Contraceptive counseling

The USPSTF recommends counseling men and women about contraception to prevent unintended pregnancy.

- Group health plan-only mandate: 3 states
- HMO-only mandate: 2 states
- Both group and HMO mandate: 14 states
- *Basic/standard plan mandate: 10 states*

(See **Figure 3**.)

All state mandates regarding contraception require coverage of devices and drugs; however, only eight of the mandates include the USPSTF recommendation of contraceptive counseling. In addition, many state laws only affect plans already offering/covering prescription drugs of any sort. One common exception is that religious employers in some states may elect to exclude coverage for contraceptive methods, if such coverage is contrary to the employer's religious beliefs.

Prenatal care and education

The USPSTF recommends that pregnant women should be screened for anemia, preeclampsia, and D-blood (formerly Rh) typing.

- Group health plan-only mandate: 2 states
- HMO-only mandate: 5 states (one of which only requires plans to offer the service)
- Both group and HMO mandate: 1 state
- *Basic/standard plan mandate: 13 states*

(See **Figure 3**.)

States mandating prenatal care do not specify the services to be covered. Only one state generally matches the recommendations of the USPSTF, as it specifically follows the guidelines of the American

College of Obstetricians and Gynecologists (these guidelines also include other prenatal tests).

Chlamydia screening

The 2nd edition of the USPSTF recommended chlamydia screening for three populations only – all sexually active female adolescents, women at high risk, and pregnant women at high risk. (The 3rd edition of the USPSTF released a new recommendation in 2001 for chlamydia screening for more defined populations – all sexually active women 25 and younger; high-risk women; all pregnant women 25 and younger; and all high-risk pregnant women.)

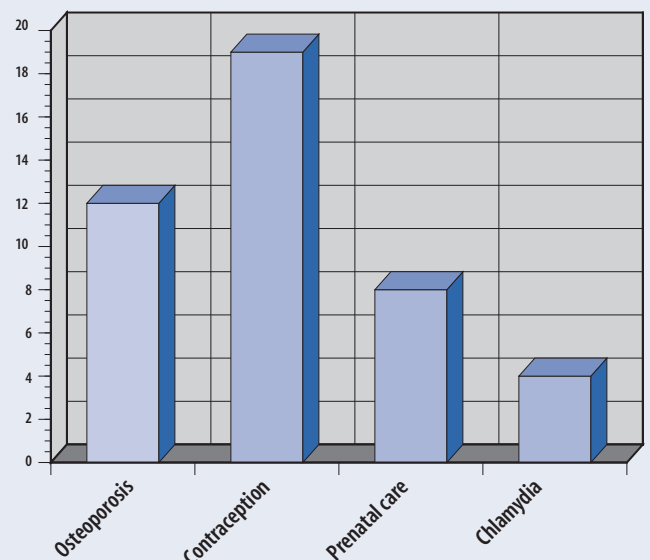
- HMO-only mandate: 1 state
- Both group and HMO mandate: 3 states (one of which only requires plans to offer the service)
- *Basic/standard plan mandate: 2 states*

(See **Figure 3**.)

The states mandating health plans to cover chlamydia screening partially follow the USPSTF recommendation; most have different population sets than the USPSTF.

Figure 3

Number of States with Female and Reproductive Health Service Mandates, Through June 2001
(all USPSTF, 2nd edition, recommended except osteoporosis screening)



Results:

Cancer Screening Mandates*

Breast cancer screening

The 2nd edition of the USPSTF recommended that all women aged 50 to 69 receive a mammogram every one to two years. (The 3rd edition of the USPSTF released a new recommendation in 2002 expanding the recommendation – all women ages 40 and older should receive a mammogram every one to two years.)

- Group health plan-only mandate: 18 states (three of which only require plans to offer the service)
- Both group and HMO mandate: 32 states (one of which only requires plans to offer the service)
- *Basic/standard plan mandate: 18 states*

(See **Figure 4**.)

Many of the mandating states partially meet the 2nd edition USPSTF recommendations, though they tend to be more specific, require baseline mammograms, and begin the mammograms at an earlier age. Several

follow the guidelines of the American Cancer Society, which recommends an annual mammogram for all women 40 and older.

Cervical cancer screening

The USPSTF recommends that a cervical cytological screening test be performed at least every three years in all women that are sexually active and have a cervix.

- Group health plan-only mandate: 8 states (one of which only requires plans to offer the service)
- Both group and HMO mandate: 20 states
- *Basic/standard plan mandate: 10 states*

(See **Figure 4**.)

Most mandates for cervical cancer screening specify the frequency (annual), but do not specify the population; those that do specify a population have age ranges rather than age of sexual activity onset as the USPSTF recommendations specify.

Colorectal cancer screening

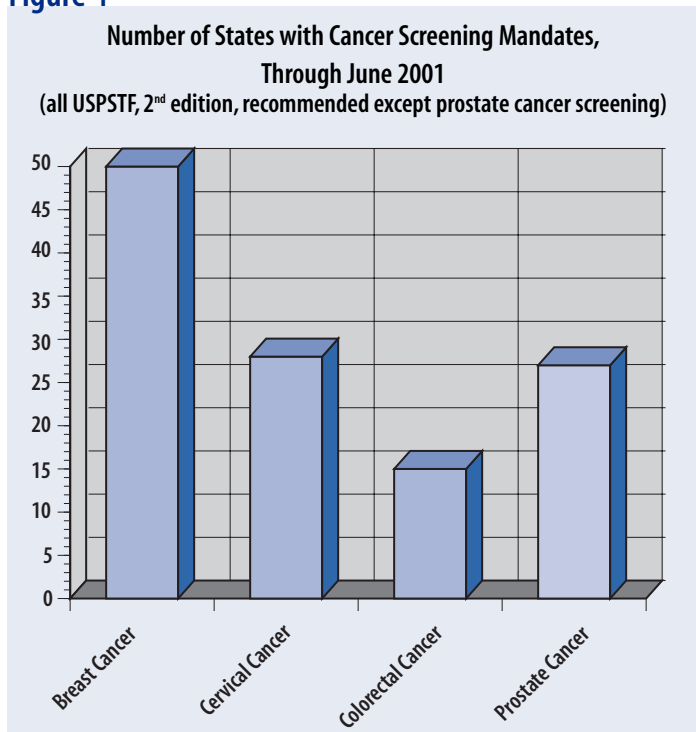
The USPSTF recommends that all individuals 50 and older be screened for colorectal cancer using a fecal-occult blood test (FOBT) annually or a sigmoidoscopy at an unspecified frequency.

- Group health plan-only mandate: 3 states
- Both group and HMO mandate: 12 states (one of which only requires plans to offer the service)
- *Basic/standard plan mandate: 6 states*

(See **Figure 4**.)

Mandates for colorectal cancer vary according to population, type of test, and frequency, and partially match the USPSTF recommendation. Many, however, specifically follow the guidelines of the American Cancer Society, which recommends five options – FOBT every year, sigmoidoscopy every five years, combination of FOBT and sigmoidoscopy, double-contrast barium enema every five years, or colonoscopy every 10 years.

Figure 4



Prostate cancer screening

Due to a lack of evidence, the USPSTF does not recommend screening for prostate cancer with any available technologies.

- Group health plan-only mandate: 9 states
- HMO-only mandate: 2 states
- Both group and HMO mandate: 15 states (one of which only requires plans to offer the service)
- *Basic/standard plan mandate: 8 states*

(See **Figure 4** on page 10.)

Most of the states mandating prostate cancer screening specify a prostate-specific antigen (PSA) test for varying age and at-risk groups. In particular, four states specifically follow the American Cancer Society guidelines, which recommend that men 50 and older, and high-risk men 45 and older, be screened with a PSA or digital rectal exam (DRE). No mandate matches the USPSTF, which does not recommend screening for prostate cancer in any population.



Results:

Healthy Lifestyle Counseling Service Mandates*

Healthy lifestyle counseling

The USPSTF recommends that all individuals be counseled on a variety of topics, including healthy eating and physical activity, to promote healthy lifestyles and behaviors. (The 3rd edition of the USPSTF released a new recommendation in 2002 just on physical activity that found insufficient evidence to recommend for or against physical activity counseling.)

- HMO-only mandate: 3 states
- Both group and HMO mandate: 1 state
- *Basic/standard plan mandate: 1 state*

(See **Figure 5** on page 12.)

The three states mandating this service just for HMO plans contain vague language, specifying only “health education.” Research has shown that “health education” is different from effective health behavior change counseling in that more than advice and instruction is needed to promote change.⁸ One state does contain more detailed language and partially meets the set of counseling topics in the USPSTF recommendation.

Injury prevention

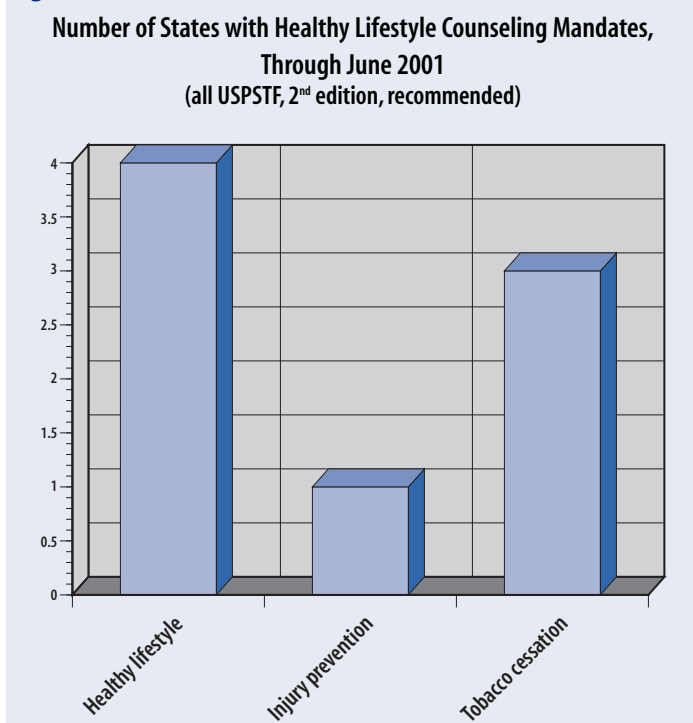
The USPSTF recommends periodic counseling on several topics, including unintentional household and recreational injuries, seat belt use, helmet use, and driving under the influence of drugs and alcohol.

- Both group and HMO mandate: 1 state

(See **Figure 5** on page 12.)

The only state mandating any type of injury prevention focuses solely on seat belt use under the auspices of healthy lifestyle counseling; therefore, it does not fully match the recommendation of the USPSTF.

Figure 5



Tobacco dependence treatment

The USPSTF recommends that all individuals who use tobacco products should be counseled to quit. Other services recommended by the USPSTF include counseling pregnant women on the dangers of smoking for fetal health, prescribing nicotine patches or gum when necessary, and counseling individuals to not start tobacco use.

- Group health plan-only mandate: 1 state
- HMO-only mandate: 1 state
- Both group and HMO mandate: 1 state
- *Basic/standard plan mandate: 4 states*

(See **Figure 5**.)

One of the three mandating states only requires coverage for nicotine treatments, while the other states specify tobacco cessation counseling. None of the state mandates on this service provide details as recommended by the USPSTF.

State Prevention Policy Themes

Mixed State Support for Prevention

A handful of states have numerous mandates for the list of 23 preventive services tracked (the highest total is 14 mandates). The majority of states do not require health plans to cover a great number of the tracked preventive services. Generally, “basic” preventive services (i.e., breast cancer screening and childhood immunizations) are mandated, while coverage for lifestyle modification and behavior counseling services (i.e., tobacco cessation counseling and injury prevention) are required to lesser extents.



Prevention Recommendations Not Implemented

Research and evidence exists on the benefits of a range of preventive services. The USPSTF uses such evidence to guide its recommendations and identifies the preventive services known to have substantial health benefits with few known health risks. By following USPSTF recommendations, state policymakers can ensure that the most effective and proven services are covered.

State legislatures, however, are not explicitly incorporating USPSTF recommendations into the development of their state mandates for preventive services. Only Maryland specifically references these guidelines. Many states require coverage of services that are not recommended, such as prostate cancer screening, which lacks the evidence to support its use.

Several groups, in addition to the USPSTF, develop guidelines for certain preventive services. For example, the American Cancer Society releases guidelines on cancer screenings, and the American College of Obstetricians and Gynecologists recommends female and reproductive preventive services. These guidelines are often used to develop state mandates. The USPSTF recommendations, however, are considered the “gold standard” because they are based on substantial, definitive evidence.

A study by Coffield, et al, ranked preventive services by cost-effectiveness and clinically preventable burden (see **High-Value Preventive Services**).⁹ State requirements are not entirely in accordance with these findings.

- Only three states mandate tobacco cessation/dependence treatment (four require basic/standard plans to provide it). This service has the highest ranking, but reaches fewer than 50 percent of those who need it.

- Colorectal cancer screening is mandated in 15 states (an additional six require coverage in basic/standard health plans). However, this service is highly effective at addressing the second leading cause of cancer deaths.
- Only six states require immunizations for adults, including influenza and pneumococcal vaccines, both of which are inexpensive and can have a large impact in improving health.
- Screening and counseling about problem drinking can reduce excessive alcohol use, but no requirements are in place in any state for this service.

High-Value Preventive Services

The top ten high-value preventive services for adults, based on evidence that they protect health and are cost-effective, include:⁹

- 1) Tobacco cessation counseling
- 2) Vision screening for those 65 and older
- 3) Cervical cancer screening
- 4) Colorectal cancer screening
- 5) Hypertension (high blood pressure) screening
- 6) Influenza vaccination
- 7) Chlamydia screening
- 8) Cholesterol screening
- 9) Problem drinking screening and counseling
- 10) Pneumococcal vaccination for those 65 and older

To guide employers in preventive service decision-making, Partnership for Prevention developed a report about high-value services and steps to boost delivery rates. The report can be found online at

<http://www.prevent.org/clinicalpreventativescvs.htm>.

Wide Variation in Policy Approaches

States use different mechanisms to require preventive services in health insurance plans. Some states have extremely specific requirements, while some establish more lenient mandates with few details. This finding is consistent with other research that shows significant

variation in cancer screening state mandates, particularly in the guidelines followed to develop the mandates.¹⁰ By not specifying the population to receive the service or the type of service to be provided, state policymakers run the risk that the required benefit will not be delivered as broadly or as effectively intended.

Other policymakers believe health plans have sufficient incentives to offer the most effective coverage in terms of population, medical technology, periodicity, and scope of benefit. They see broad mandates as efficient, because health plans can alter coverage as new findings emerge instead of waiting for

the state lawmakers to revise a statute. Broad mandates also may be less inflationary, allowing health plans and purchasers to negotiate coverage requirements and implement mandates to maximize value.

With many of the preventive services tracked, there is a variety of plan types affected by the mandates. Some states require all health insurance plans to cover certain preventive services, but many only require HMOs to cover some services. Coverage may be benefit-specific or established as part of the basic/standard plans that all health insurers in any given state must cover. By restricting which plan types are required to provide the preventive service, the number of individuals likely to receive that service is also restricted.

State Policy Affecting Employers

Clearly, state mandates have an effect on the health benefits employers sponsor for their workers. Those that do not self-insure must follow state regulations and provide mandated services. State mandates may help to expand preventive service coverage, but they may crowd out coverage of more beneficial services. Data from Partnership for Prevention's national survey with Mercer Human Resource Consulting, Inc. indicates some employers may cover preventive services, even if their state does not require coverage of that service.¹¹ More studies are needed to examine how state mandates affect the behavior of employers and what preventive services are included in the plans they sponsor for their workers.



Refining State Prevention Mandates

The analysis of state laws on preventive service coverage leads to several recommendations for state legislators, governors, and health researchers that may help to expand the support for prevention at the state policy level and to refine state preventive service mandates. The findings are also relevant to health plans and voluntary health associations. (See **Useful Links and Resources** on page 20 for additional sources of information on state prevention mandates.)

State Legislators and Governors

Most state legislators have many issues to address, a short time in session, and limited staff. However, disease prevention and health promotion are timely issues to address as chronic disease rates increase and health costs rise. State legislators and governors can both refine mandates currently in place and support additional preventive services by:

1. Asking state health staff to report on USPSTF recommendations when providing information to state legislators or committees;
2. Soliciting research and assistance on preventive services from health plans, voluntary health organizations, health professional associations, and schools of public health when developing state mandates;
3. Providing flexibility in mandates for services that are not proven effective, but are costly to health plans and purchasers;
4. Ensuring that mandates only compel coverage of cost-effective preventive services;
5. Working with health plans and state regulators to guarantee that USPSTF recommended preventive services are offered and provided to all covered individuals in all health plan types. For example, the California Department of Managed Care recently issued regulations requiring all managed care organizations to meet preventive health standards on tobacco cessation, chlamydia screening, colorectal cancer screening, and childhood immunizations;¹² and
6. Collaborating with health plans, purchasers, consumers, and others to increase utilization of services already required, especially for those that are highly cost-effective (i.e., chlamydia screening).



Health Researchers and Health Plans

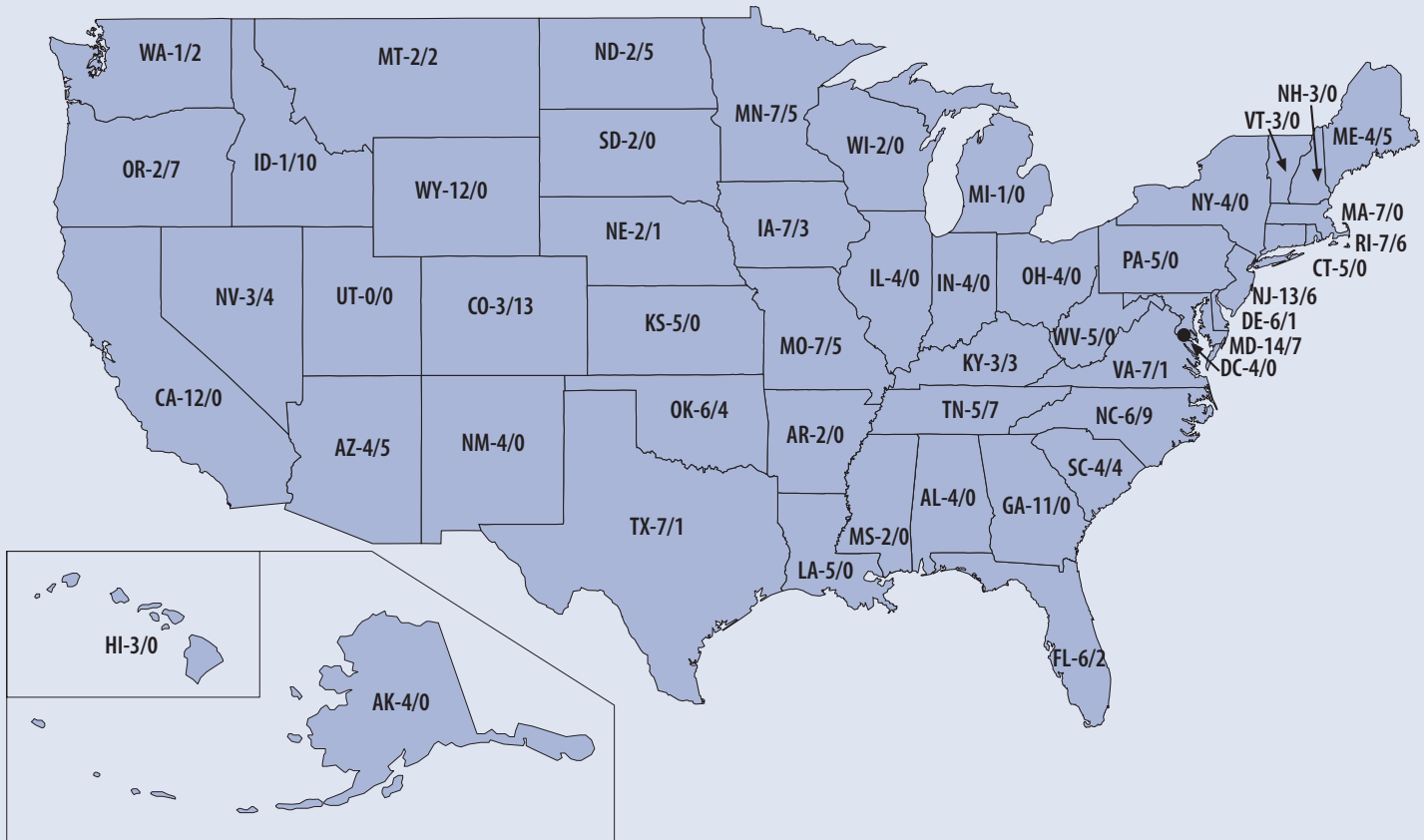
State legislators and governors, considering their limited time for disease prevention and health promotion topics, need assistance in refining and expanding their support, and voters' support, for preventive services. Health researchers, health plans, and voluntary health associations (such as American Heart Association) can play an important role by:



1. Ensuring the existing information on preventive services, particularly USPSTF recommendations and analyses, is available for and reaches state legislators, governors, and their staff;
2. Updating studies on prevention to provide relevant, timely information to state legislators and governors;
3. Bringing health plans, state health groups, and state legislators together to develop mandates that satisfy all groups involved, including providers, plans, purchasers, consumers, and legislators;
4. Providing state-specific information on chronic disease rates and preventive service use (from general surveillance data and through health plans) to assist state legislators in prioritizing their state-specific health issues;
5. Working with state legislators, governors, and state health staff to provide the information needed to create and implement the most useful preventive service mandates; and
6. Collaborating with state legislators, governors, purchasers, consumers, and others to increase utilization of services already required, especially for those that are highly cost-effective (i.e., chlamydia screening).

Figure 6

Number of Service Requirements by State for Clinical Preventive Services Collected, Through June 30, 2001
 (State Abbreviation - Number of Group and/or HMO plan Mandates/Number of Basic and/or Standard plan Mandates)



Alabama	4/0	Kentucky	3/3	North Dakota	2/5
Alaska	4/0	Louisiana	5/0	Ohio	4/0
Arizona	4/5	Maine	4/5	Oklahoma	6/4
Arkansas	2/0	Maryland	14/7	Oregon	2/7
California	12/0	Massachusetts	7/0	Pennsylvania	5/0
Colorado	3/13	Michigan	1/0	Rhode Island	7/6
Connecticut	5/0	Minnesota	7/5	South Carolina	4/4
Delaware	6/1	Mississippi	2/0	South Dakota	2/0
District of Columbia	4/0	Missouri	7/5	Tennessee	5/7
Florida	6/2	Montana	2/2	Texas	7/1
Georgia	11/0	Nebraska	2/1	Utah	0/0
Hawaii	3/0	Nevada	3/4	Vermont	3/0
Idaho	1/10	New Hampshire	3/0	Virginia	7/1
Illinois	4/0	New Jersey	13/6	Washington	1/2
Indiana	4/0	New Mexico	4/0	West Virginia	5/0
Iowa	7/3	New York	4/0	Wisconsin	2/0
Kansas	5/0	North Carolina	6/9	Wyoming	12/0

Figure 7: Service Requirements by State and Plan Type, Through June 30, 2001

State	Adult imms	Blood pressure	Breast CA	Cervical CA	Chlamydia	Cholesterol	Colorectal CA	Contraception	Healthy life	Folic acid
Alabama	Group		Both							
Alaska			Group	Group						
Arizona			Both, B/S						HMO	
Arkansas			Both (offer)							
California			Group	Group		Group	Group	Group		
Colorado	B/S		Group, B/S	B/S	B/S	B/S	B/S	B/S	B/S	
Connecticut			Group				Group	Group		
Delaware			Group	Both			Both	Both		
District of Columbia			Both	Both						
Florida			Both, B/S							
Georgia	HMO		Group	Both	Both			Both		
Hawaii			Group					Group		
Idaho	B/S	B/S	Both, B/S	B/S		B/S		B/S		
Illinois			Both	Group			Group			
Indiana			Both				Both			
Iowa			Both					Both, B/S	HMO	
Kansas			Both	Both						
Kentucky			Both	Group				B/S		
Louisiana			Both	Both						
Maine			Group, B/S	Both, B/S				Both, B/S		
Maryland	HMO	HMO	Both, B/S	Both	Both, B/S	HMO	Both, B/S	Both, B/S		
Massachusetts	HMO		Both	Both						
Michigan			Group (offer)							
Minnesota			Both, B/S	Both, B/S				HMO		
Mississippi			Group (offer)							
Missouri		B/S	Both, B/S	Both			Both, B/S	Both		
Montana			Both, B/S							
Nebraska			Group							
Nevada			Both, B/S	Both, B/S				Both		
New Hampshire			Group					Both		
New Jersey	Both	Both	Both, B/S	Both		Both	Both	B/S	Both	
New Mexico			Both	Both				Both		
New York			Group	Group						
North Carolina		B/S	Both, B/S	Both, B/S			Both, B/S	Both, B/S		
North Dakota	B/S		Both, B/S							
Ohio			Group (offer)	Group (offer)						
Oklahoma			Group, B/S				Both, B/S (offer)	HMO		
Oregon		B/S	Group, B/S	Group, B/S		B/S				
Pennsylvania			Both	Both						
Rhode Island			Both, B/S	Both, B/S			Both	Both		
South Carolina			Both, B/S	Both, B/S						
South Dakota			Both							
Tennessee		B/S	Both, B/S	Group, B/S	Both (offer)		B/S			
Texas			Group				Both	Both		
Utah										
Vermont			Both					Both		
Virginia			Both	Both			Both	Both		
Washington			Both					B/S		
West Virginia			Both	Both			Both			
Wisconsin			Group							
Wyoming	HMO		Both	Both	HMO		Both		HMO	

Service Abbreviation
 Adult/adolescent immunizations Adult imms
 Blood pressure screening Blood pressure
 Breast cancer screening Breast CA
 Cervical cancer screening Cervical CA
 Chlamydia screening Chlamydia
 Cholesterol screening Cholesterol
 Colorectal cancer screening Colorectal CA
 Contraceptive counseling Contraception

Service Abbreviation
 Counseling for a health lifestyle Healthy life
 Folic acid intake Folic acid
 HIV/Other STD screening counseling HIV/STD
 Infant/childhood immunizations Infant imms
 Injury prevention.....Injury
 Newborn hearing screening.....Newborn hear
 Oral health screening/counseling.....Oral
 Osteoporosis screening..... Osteoporosis

Service Abbreviation
 Physical examinations Physicals
 Prenatal care and education Prenatal
 Problem drinking screening/counseling ... Drinking
 Prostate cancer screening Prostate CA
 Skin cancer screening/counseling Skin CA
 Tobacco cessation counseling Tobacco
 Vision screening Vision

HIV/STD	Infant imm	Injury	Newborn hear	Oral	Osteoporosis	Physicals	Prenatal	Drinking	Prostate CA	Skin CA	Tobacco	Vision
						Both	HMO (offer)					
									Group			Group
	HMO, B/S					HMO, B/S	B/S					B/S
	Both											
	Both				Both	Group	Group		Group		Group	Both
B/S	Group, B/S						B/S		Group, B/S		B/S	
	Group								Group			
	Group						B/S		Group			
	Group		Group									
	Both, B/S		Both		Both	HMO						Both
	Both		HMO		Group (offer)		HMO		Both			Both
	Both											
	B/S					B/S			B/S			B/S
									Group			
			Group						Both			
	Both, B/S					HMO	B/S				HMO	Both
	Both				Both				Both			
	B/S				Both		B/S					
	Group				Group				Both			
							B/S		Both, B/S			
	Both, B/S		Both, B/S		Both			HMO	HMO, B/S			Group
	Both		Both				HMO					Both
	Both, B/S						Both, B/S		Group, B/S			Both
	Both											
			Both		Both	B/S			Both, B/S			
	Both, B/S											
	Group, B/S											
	B/S					B/S						
							Group					
	Both, B/S	Both				Both, B/S	B/S		HMO		Both, B/S	Group
	Both											
	Group								Group			
	B/S				Both, B/S	B/S			Both, B/S			
	B/S						B/S		Both		B/S	
	Both											Both
	Both, B/S		B/S		Group				Both (offer)			
	B/S		B/S									B/S
	Both					HMO	HMO					
	Both, B/S		Both			B/S	B/S		Both			B/S
	B/S					B/S	B/S		Both		B/S	
									Both			
	B/S				Both	B/S			Group, B/S			
	Both		Group		Both		B/S		Both			
	Group											
	Both, B/S		Both						Both			
							B/S					
	Both		Both									
	Both											
	HMO		HMO			HMO	HMO		Both			HMO

Abbreviation Plan Type
Group Service required through group health plans
HMO Service required through health maintenance organization plans
B/S Service required through basic and/or standard health plans
Both Service required through both group health plans and health maintenance organization health plans
(offer) Plan is only required to offer coverage for service

2nd Edition of USPSTF does not recommend the services shown above in light gray

Useful Links and Resources

Partnership for Prevention has created online reports for each of the 23 clinical preventive services studied here and for several states: <http://www.prevent.org/clinicalpreventativescvs.htm>

US Preventive Services Task Force develops recommendations on evidence-based preventive services in the *Guide to Clinical Preventive Services*: <http://www.ahcpr.gov/clinic/uspstfix.htm>

PreventionInfo.org is an online resource, provided by **Partnership for Prevention**, on disease prevention and health promotion topics: <http://www.preventioninfo.org>

National Conference of State Legislatures' Health Policy Tracking Service provides information and assistance to state legislators and their staff on key issues, including health care: <http://www.hpts.org>



Resources and Notes

* All comparisons of state mandate details to USPSTF recommendations for the study results included here are based on mandates for group-only, HMO-only, and group and HMO plans. Comparisons are not included for basic/standard health plans, as details for the preventive services mandates within these plan types are not available.

- 1 Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small. Partnership for Prevention. Washington, DC: 2001.
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- 3 Nelson DE, Bland S, Powell-Griner E, et al. State trends in health risk factors and receipt of clinical preventive services among US adults during the 1990s. *JAMA*. 2002; 287: 2659-2667.
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- 8 Whitlock EP, et al. Evaluating primary care behavioral counseling interventions: An evidence-based approach. *American Journal of Preventive Medicine*. 2002; 22(4): 267-284.
- 9 Coffield AB, et al. Priorities Among Recommended Clinical Preventive Services. *American Journal of Preventive Medicine*. 2001; 21(1): 1-9.
- 10 Rathore SS, McGreevey JD, Schulman KA, Atkins D. Mandated coverage for cancer-screening services: whose guidelines do states follow? *American Journal of Preventive Medicine*. 2000; 19: 71-78.
- 11 Insurance Coverage of Clinical Preventive Services in Employer-sponsored Health Plans, Results of a Partnership for Prevention/William M. Mercer National Survey, 2001. Partnership for Prevention. Washington, DC. To be released 2003.
- 12 California: To Require Preventive Care Standards for MCOs. The National Journal, American Health Line. June 21, 2002.

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