MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

The date following each state indicates the last time information for the state was reviewed/changed.

	ALABAMA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 27-50-4 No provision for baseline mammogram. Women age 40-49 at least every two years; age 50 and over, every year; both subject to more frequent screening on recommendation of physician. § 27-57-2 Insurers shall offer, at the time of proposal, sale, or renewal of a policy, to include colorectal cancer examinations within the coverage. Such offer of coverage shall include colorectal cancer examinations for covered persons who are 50 years of age or older, or for covered persons who are less than 50 years of age and at high risk for colorectal cancer according to current American Cancer Society colorectal cancer screening guidelines.
Contraceptive Service	No provision
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	Ala. Admin. Code r. § 420-5-6-.04; AL ST § 27-48-2 HMOs shall provide maternity coverage, including high risk-appropriate prenatal care. Every health benefit plan that provides maternity coverage shall provide coverage for all medically necessary inpatient care for a mother and her newly born child as determined by the woman's prenatal care physician, when consistent with the most recent version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

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	ALASKA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 21.42.375 A baseline mammogram for ages 35-39; every two years for ages 40-49; every year for age 50 and over. Coverage for any age when family history of breast cancer, upon referral of physician. Coverage no less favorable than other radiological exams. § 21.42.377 For people over age 50 or under age 50 and deemed at high risk for colorectal cancer, screenings deemed necessary by the American Cancer Society shall be covered by insurers at a frequency determined by health care providers, for average risk people who choose to be screened, coverage shall be available at stated frequencies. § 21.42.395 Insurers must cover annual pap smears for persons 18 or older, subject to standard policy provisions and deductibles.
Contraceptive Service	Bulletin No. 2002-8 (April 16, 2002) Contraceptives must be covered by plans if any prescription drugs are covered.
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 21.42.347 A health care insurer who provides coverage for the costs of childbirth shall also provide coverage for the costs of hospitalization or medical care following childbirth for a period of not less than 48 hours after a vaginal birth and 96 hours after a caesarean birth.

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	ARIZONA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 20-826(I); 20-1057(J); 20-1342(A)(10); 20-1402(A)(6); 20-1404(H) If the insurance contract provides coverage for mastectomies, the following apply: a baseline mammogram for ages 35-39; every two years for ages 40-49; and every year for age 50 and over. Effective October 30, 2023: If the insurance contract provides coverage for mastectomies, coverage shall be provided for a mammogram or other modality at ages and intervals recommended by the National Comprehensive Cancer Network. This includes patients at risk for breast cancer based on reporting and data of the American College of Radiology.
Contraceptive Service	§§ 20-826; 20-1057.08; 20-1402; 20-1404; 20-2329 If cover prescription drugs, group plans must cover contraceptive drugs or devices. If cover outpatient health care services, group plans must cover outpatient contraceptive services including consultations, examinations, procedures and medical services. A religious employer whose tenets prohibit the use of contraceptives is not required to provide coverage.
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 20-826(J); 20-2321; 20-1342(A)(11); 20-1402(A)(7); 20-1404(I) If maternity benefits covered, then benefits can also apply to the birth of a child who is legally adopted by the insurance enrollee.

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	ARKANSAS (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 23-79-140 Group contracts must include a mandated offering for coverage for a baseline mammogram ages 35-40; annual mammogram for ages 40 or older; and a comprehensive ultrasound screening if a mammogram screening demonstrates heterogeneously dense or extremely dense breast tissue when the primary healthcare provider or radiologist determines the ultrasound screening is medically necessary. Coverage for any age when doctor recommends, and when woman or her mother or sister has had breast cancer, positive genetic testing, or other risk factors. Insurance policy shall not impose copayment or deductible for a screening mammogram. § 23-79-1202 Mandated coverage for colorectal screenings for those 45 and older and those under 45 at high risk according to the United States Preventive Services Task Force, including those experiencing symptoms or needing a follow-up colonoscopy.
Contraceptive Service	§§ 23-79-1101 to 23-79-1104 Cover contraceptive drugs the same as other prescriptions. Copayments, deductible, fees, etc., must be the same. Religious employers are exempt.
Infertility Treatment	§§ 23-85-137; 23-86-118 Requires all accident and health and disability insurers to include in vitro fertilization as a covered expense. Ark. Admin. Code. 054.00.1-1 to 054.00.1-9 Sets minimum and maximum benefit levels; sets standards and guidelines for determining if policy must include in vitro fertilization coverage.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 23-86-115; 23-99-404; AR ADC 054.00.22 Appendix A (Rule 22) Group and blanket disability conversion policies must include maternity benefits. A health care insurer who provides coverage for the costs of childbirth shall also provide coverage for the costs of hospitalization or medical care following childbirth for a period of not less than 48 hours after a vaginal birth and 96 hours after a caesarean birth.

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	CALIFORNIA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	Ins. § 10123.81; Health & Safety § 1367.005 Every individual or group policy of disability insurance or self-insured employee welfare benefit plan shall be deemed to provide coverage for mammography for screening or diagnostic purposes upon the referral of a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, providing care to the patient and operating within the scope of practice provided under existing law. Ins. § 10123.18; Health & Safety §§ 1367.66; 1367.005 Pap smear annually. Includes option of any cervical cancer screening test approved by the FDA. Ins. § 10123.20; Health & Safety §§ 1367.005; 1367.665 Every individual and group health care service plan or health insurance policy must cover all medically accepted cancer screening tests.
Contraceptive Service	Ins. §§ 10123.196; 10112.27; Health & Safety §§ 1367.25; 1367.005 Insurance policy that covers prescriptions must cover contraceptive method approved by FDA, as designated by the insurers. Must include identical coverage for dependents. A religious employer may request coverage without this benefit. 28 CCR § 1300.67; 10 CCR § 2699.6700 Health care service plans shall provide a variety of voluntary family planning services.
Infertility Treatment	Ins. § 10119.6; Health & Safety § 1374.55 Mandated offering of coverage for infertility treatment other than in vitro fertilization.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	Ins. § 10123.184; Health & Safety § 1367.54 Group health care service plans and group disability policies are required to cover testing under the state-administered alpha-fetoprotein screening program.
Maternity Care	Ins. §§ 10119.5; 12683; 10123.87; 10123.865; 10123.866; 10 CCR §§ 2699.300; 2698.301; 2699.6700; 28 CCR § 1300.67; Health & Safety § 1367.62 Group policy from which conversion is made that covers basic hospital or surgical expense shall offer coverage for pregnancy expenses; plans shall cover medically necessary professional and hospital services relating to maternity care including: pre-natal and post-natal care and complications of pregnancy; newborn examinations and nursery care while the mother is hospitalized. Employers shall not change share-of-cost ratio for maternity benefits.

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	COLORADO (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 10-16-104 One breast cancer screening with mammography per year; cervical cancer screenings also covered. Colorectal cancer screening coverage for tests for the early detection of colorectal cancer and adenomatous polyps. § 10-16-139 A health plan must provide a woman direct access to an obstetrician, gynecologist, physician assistant, or an advanced practice nurse who is a certified midwife, or a certified midwife who is available under the plan for reproductive health care.
Contraceptive Service	§ 10-16-104 Provide coverage for contraception in the same manner as any other sickness, injury, disease, or condition otherwise covered under the policy or contract.
Infertility Treatment	§ 10-16-104 (23) Provides coverage for diagnosis and treatment of infertility and fertility preservation services.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 10-16-104 (3) Mandates coverage of normal pregnancy and childbirth in all group policies.

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	CONNECTICUT (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 38a-503; 38a-530; CT Bulletin No. HC-114 (July 7, 2016) A baseline mammogram for an insured age 35-39; and a mammogram every year for any insured age 40 and over. The baseline mammogram and mammogram may be provided by breast tomosynthesis at the option of the insured. Also covers ultrasound screening of entire breast if recommended by physician based on mammogram results. Magnetic resonance imaging for women age 35 or older. Both baseline and annual mammograms, ultrasound, and magnetic resonance imaging at any age for an insured who is at increased risk for breast cancer determined by the insured's medical provider. §§ 38a-492k; 38a-518k Colorectal cancer screenings in accordance with the recommendations established by the American Cancer Society.
Contraceptive Service	§§ 38a-503e; 38a-530e If coverage provides for outpatient drugs, it shall not exclude coverage for contraceptive prescriptions. May issue coverage without contraceptive coverage, if contrary to religious beliefs of individual or employer. Religious employer defined as a church-controlled organization.
Infertility Treatment	§§ 38a-509; 38a-536 All policies shall provide coverage for medically necessary expenses for diagnosis and treatment of infertility. May limit coverage to individuals under age 40 and limit number of treatments of specified procedures. CT Bulletin No. HC-125 (March 19, 2019) No age limits on infertility benefits for policies issued or renewed on or after Jan. 1, 2016.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 38a-503c; 38a-530c Shall provide coverage of a minimum of 48 hours of inpatient care for a mother and her newborn infant following a vaginal delivery and a minimum of 96 hours of inpatient care for a mother and her newborn infant following a caesarean delivery. The time periods shall commence at the time of delivery.

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	DELAWARE (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	18 Del.C. §§ 3345; 3552; 3561 Annual pap smear for women ages 18 or older. 18 Del.C. § 3552 Mammograms on following schedule: baseline at age 35; every one to two years ages 40-50 but no sooner than two years after baseline mammogram; and annually over age 50. Mammograms prescribed by doctor for women at risk also covered. Benefit should not exceed least expensive charge in area. 18 Del.C. §§ 3346; 3562 Colorectal cancer screening annually for persons over age 50, as determined by physician for high risk persons.
Contraceptive Service	18 Del.C. § 3559 Requires insurance coverage for all FDA approved contraceptives for group plans and blanket health insurance policies.
Infertility Treatment	18 Del. Admin. Code § 1308 Appendix A; 18 Del. Admin. Code § 1308 Appendix B There are no benefits available for services and supplies related to fertility testing, treatment of fertility and conception by artificial means.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	18 Del.C. § 3341 Carriers offering a health benefit plan shall comply with 42 U.S.C. § 300gg-51.

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	DISTRICT OF COLUMBIA (6/23)	**FLORIDA** (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 31-2902 Baseline mammogram and annual screening. Pap smear annually. Tests are not subject to co-payments unless the insured elects to have a baseline screening out of network. § 31-2931 Coverage provided for colorectal screening. § 31-3834.02 Coverage for preventative health services.	§§ 627.6418; 627.6613; 641.31095 Must cover baseline mammogram for ages 35-39; every two years for ages 40-49; and every year for age 50 and over; mandated offer of coverage with no deductible or coinsurance for group and individual insurers.
Contraceptive Service	§ 31-3834.01 Any health plan that offers coverage for prescription drugs shall provide benefits that allow for dispensing of up to a 12-month supply of a covered prescription contraceptive at one time. § 31-3834.04 Religious exemption	No provision
Infertility Treatment	No provision	Fla. Admin. Code Ann. r. 69O-194.002 Infertility services are included in the basic services that must be offered for preventive health care services by prepaid health clinics.
Prenatal HIV Testing	No provision	No provision
Alpha-Fetoprotein IV Screening	No provision	No provision
Maternity Care	§ 31-3802.01 If provide maternity and newborn care, shall provide inpatient postpartum treatment.	§§ 627.6406; 627.6574; 641.31(18) If maternity care covered, may not be limited to a certain time that is less than what is to be determined medically necessary.

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	GEORGIA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 33-29-3.2; 33-30-4.2 A baseline mammogram for ages 35-39; every two years for ages 40-49; yearly age 50 and over and when ordered by a physician for a female at risk. Insurers shall provide an annual notification to each female aged 40 and over of her mammogram coverage. Pap smear annually or more often if ordered by physician. Deductibles and exclusions subject to commissioner approval. § 33-24-56.2 Surveillance tests for women age 35 and older at risk for ovarian cancer. § 33-24-56.3 Coverage for colorectal cancer screening.
Contraceptive Service	§ 33-24-59.6 If a health benefit policy provides coverage for prescription drugs on an outpatient basis, it shall provide coverage for any prescribed drug or device approved by FDA for use as a contraceptive.
Infertility Treatment	GA ADC 111-8-29-.03 HMOs shall provide services for infertility.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 33-24-58.2 Any health plan which provides coverage for maternity services, including benefits for childbirth, shall provide coverage for at least 48 hours of inpatient care following a vaginal delivery and at least 96 hours of inpatient care following delivery by caesarean section for a mother and newly born child in a medical care facility. If a mother and newborn are discharged prior to the postpartum inpatient length of stay, coverage shall be provided for up to two follow-up visits, provided that the first such visit shall occur within 48 hours of discharge. GA ADC 111-8-29-.03; § 33-24-24 Shall include prenatal, intrapartum and postnatal maternity care in an HMO's basic health care services. If maternity covered, must also cover complications of pregnancy.

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	HAWAII (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 431:10A-116; 432:1-605; 432:2-406 For women age 40 and older, an annual mammogram; for a woman of any age with a family history of breast cancer, a mammogram on the recommendation of the woman's physician. § 431:10A-122 Provide coverage for colorectal-cancer screening.
Contraceptive Service	§§ 431:10A-116.6; 431:10A-116.7; 432:1-604.5 Each employer group accident and health or sickness policy shall cease to exclude contraceptive services or supplies for subscribers or subscribers' dependents, subject to an exemption for religious employers.
Infertility Treatment	§§ 431:10A-116.5; 432:1-604 Provides one-time only benefit for outpatient in vitro fertilization expenses; sets forth conditions for coverage; applies to all individual and group health policies and hospital or medical service plan contracts.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 393-7 A prepaid health care plan shall include maternity benefits, if the employee has been covered by the plan for 9 consecutive months prior to delivery.

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	IDAHO (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 41-2144; 41-2218; 41-3441; 41-3926; 41-4125; 41-4025 Policies that cover mastectomies must cover mammograms: baseline mammogram ages 35-39; every two years ages 40-49; every year age 50 and over; not to exceed the cost of the examination.
Contraceptive Service	No provision
Infertility Treatment	IDAPA 18.04.12.081 Not covered
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 41-3915 A general managed care plan shall allow members direct access to network obstetricians and gynecologists for maternity care, annual visits, and follow-up gynecological care for conditions diagnosed during maternity care or annual visits. §§ 41-2140; 41-3438; 41-4123; 41-2210; 41-4023 In a case where a fixed amount is payable for maternity benefits, involuntary complications of pregnancy shall be deemed an illness and entitled to benefits otherwise provided by the plan. Where the plan contains a maternity deductible, the maternity deductible shall apply only to expenses resulting from normal delivery and cesarean section delivery. § 41-3923 If an insurer provides coverage for injury or sickness for newborn dependent children of the members of the covered group, it shall also provide such coverage to adopted newborn children. § 41-2214 If a policy provides benefits for pregnancy, childbirth, or miscarriage, and if a pregnant employee is covered for such benefit at the time of discontinuance of the policy, and is not eligible for any replacement group coverage within 60 days, the policy must provide the benefits will be payable to the same extent as if discontinuance had not occurred for any covered benefits in connection with such pregnancy, childbirth, or miscarried, but not beyond a period of 12 months after the discontinuance.

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	ILLINOIS (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	215 ILCS 5/356g; 215 ILCS 125/4-6.1; 55 ILCS 5/5-1069; 55 ILCS 5/5-1069.1 Baseline mammogram ages 35-39; every year age 40 and over; a mammogram at ages and intervals considered medically necessary by the health care provider for high-risk individuals. A comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue, when medically necessary as determined by a physician licensed to practice medicine in all of its branches, advanced practice nurse, or physician assistant. 215 ILCS 5/356u Pap tests annually. Surveillance tests for ovarian cancer for female insureds who are at risk for ovarian cancer. 215 ILCS 5/356x Individual or group policies must cover for all colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a physician, in accordance with the published American Cancer Society guidelines on colorectal cancer screening.
Contraceptive Service	215 ILCS 5/356z.4 If provide coverage for prescription drugs or outpatient medical services, must provide coverage to same extent for all FDA-approved prescription contraceptives or for outpatient contraceptive services, voluntary sterilization procedures. 215 ILCS 5/356z.4a; Bulletin 2022-15 Coverage for abortions.
Infertility Treatment	215 ILCS 5/356m; 215 ILCS 105/8; 50 IL ADC 2015.10 to 2015.60 Group policies that cover pregnancy-related care must also cover infertility services, including in vitro fertilization. Religious organizations are not required to include services under this section if doing so violates its religious and moral teachings and beliefs. Policies may not impose restrictions different from those imposed on other prescription medications.
Prenatal HIV Testing	215 ILCS 5/356z.1 A policy that provides maternity coverage must provide coverage for prenatal HIV testing.
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	215 ILCS 5/356s Shall provide coverage of a minimum of 48 hours of inpatient care for a mother and her newborn infant following a vaginal delivery and a minimum of 96 hours of inpatient care for a mother and her newborn infant following a caesarean delivery. 50 Ill. Adm. Code 4521.130; 50 Ill. Adm. Code 4521.110 Minimum standards for HMOs shall include maternity care including prenatal and postnatal care. In group contracts, coverage mandated with some exceptions.

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	INDIANA (6/23)	**IOWA** (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 27-13-7-15.3; 27-8-14-6 Mandated coverage for baseline mammogram for women ages 35-39; mammogram every year age 40 and over; or under age 40 for a woman at risk with no greater deductible than for illness. §§ 5-10-8-7.8; 27-8-14.8-3; 27-13-7-17 Colorectal screening mandated for a non-symptomatic person as recommended under the American Cancer Society guidelines, a person at least age 45, or a person under 45 at risk.	I.C.A. § 514C.4 A baseline mammogram for ages 35-39 or more frequently if recommended by physician; every two years for ages 40-49 or more frequently if recommended by physician; every year for age 50 and over or more frequently if recommended by physician.
Contraceptive Service	§ 27-8-10-3 Contraceptive devices requiring a physician's prescription is an eligible expense.	I.C.A. § 514C.19; Iowa Admin. Code 191-35.39; 191-71.24; 191-75.18 Prohibits exclusion of payment benefits for prescription contraceptives and devices approved by FDA. Does not include tubal ligation or vasectomy, or over-the-counter drugs or devices.
Infertility Treatment	No provision	Iowa Admin. Code 191-71.14 Infertility coverage may be excluded.
Prenatal HIV Testing	No provision	No provision
Alpha-Fetoprotein IV Screening	No provision	No provision
Maternity Care	§ 27-8-24-4 If maternity benefits covered, then hospital stay postpartum must be too.	Iowa Admin. Code 191-75.11 Maternity benefit riders must be offered. I.C.A. § 514C.12; IAC 191-81.3(514C) A policy may not terminate inpatient benefits or require discharge of a mother or newborn from a hospital following delivery earlier than determined to be medically appropriate by the attending physician after consultation with the mother and in accordance with guidelines adopted by the commissioner.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	KANSAS (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 40-2230 Coverage for mammograms and pap smears performed at direction of doctor.
Contraceptive Service	No provision
Infertility Treatment	KS Bulletin No. 1993-10 (April 16, 1993) Infertility coverage may be excluded.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 40-2,160 Any health plan which provides coverage for maternity services, including benefits for childbirth, shall provide coverage for at least 48 hours of inpatient care following a vaginal delivery and at least 96 hours of inpatient care following delivery by caesarean section for a mother and newly born child in a medical care facility.

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	KENTUCKY (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 304.18-098; 304.38-1935; 304.32-1591; 304.17-316; 304.17A-133; 304.17A-096 Baseline mammogram ages 35-39; every two years ages 40-49; and every year age 50 and over. May limit to $50 per screening, coinsurance and deductible no less favorable than for illness. Insurers covering surgical services for mastectomy must also provide coverage for mammograms for any covered person, regardless of age, who has been diagnosed with breast disease. The term mammogram includes digital mammography including breast tomosynthesis. § 304.17A-257 Colorectal screenings covered, following the American Cancer Society guidelines, for those 45 and older, or under 45 and at high risk. Not subject to a deductible, coinsurance, or any other cost-sharing requirements.
Contraceptive Service	Kentucky Bulletin 95-10 Contraceptives covered under prescription drugs for Kentucky Health Care Reform Act.
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 304.17-185; 304.38-198; 304.32-154; 304.18-033 If maternity benefits part of plan, option for 5 days' nursery care after birth. § 304.17A-145 A health benefit plan shall provide coverage for inpatient care for a mother and her newly-born child for a minimum of 48 hours after vaginal delivery and a minimum of 96 hours after delivery by cesarean section.

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	LOUISIANA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 22:1028 Mammography according to following schedule: baseline mammogram ages 35-39; For women with a hereditary susceptibility from pathogenic mutation carrier status or prior chest wall radiation, an annual MRI starting at age 25 and annual mammography (DBT preferred modality) starting at age 30. Annual mammography (DBT preferred modality) starting at age 35 upon recommendation by physician. Annual mammography (DBT preferred modality), 40 years of age or older. Access to annual supplemental imaging for women with a prior history of breast cancer below the age of 50 with physician recommendation. Annual pap smear covered. § 22:1029 Required coverage for colorectal cancer screenings, for routine tests as recommended by the American College of Gastroenterology, in consultation with the American Cancer Society.
Contraceptive Service	No provision
Infertility Treatment	§ 22:1036 Prohibited exclusion of coverage of correctable medical conditions on basis of infertility.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 22:1065; 22:1075 A group health plan or health insurance issuer in the individual market may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

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	MAINE (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	24 M.R.S.A. § 2320-A; 24-A M.R.S.A. §§ 2745-A; 2837-A; 4237-A Must provide coverage for screening mammograms performed at least once a year for women of 40 years and over. 02-031 CMR Ch. 600, §§ 1 to 10 Same level of benefits as for other radiological procedures, no specific deductibles. 24 M.R.S.A. § 2320-E; 24-A M.R.S.A. §§ 2837-E; 4242 Must provide coverage for pap tests recommended by a physician. 24-A M.R.S.A. §§ 2763; 4254 Colorectal cancer screening covered for individuals who are at average or high risk for colorectal cancer according to a national cancer society's colorectal cancer screening guideline.
Contraceptive Service	24 M.R.S.A. § 2332-J; 24-A M.R.S.A. §§ 2756; 2847-G; 4247 If provide coverage for prescription drugs or outpatient medical services, must provide coverage to same extent for all FDA-approved prescription contraceptives without any cost-sharing requirement or for outpatient contraceptive services. Religious employers shall be granted exclusion if objection based on bona fide religious beliefs and practices.
Infertility Treatment	ME Bulletin No. 206 (December 21, 1992) Maine law does not require coverage for the diagnosis and treatment of infertility.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	24-A M.R.S.A §§ 2832; 2741; 24 M.R.S.A. § 2318 Group and blanket health policies shall provide same maternity benefits for unmarried women and minor dependents as are provided to married insureds.

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	MARYLAND (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	Ins. §§ 15-814; 15-907 Individual or group policy must cover screening in accordance with the American Cancer Society guidelines. No deductibles may be applied. Medicare supplement policies must provide coverage benefit for annual screening. Digital tomosynthesis are covered when a treating physician determines the procedure is medically appropriate and necessary. Ins. § 15-837 Provide coverage for colorectal cancer screening in accordance with the American Cancer Society guidelines. Subject to same coinsurance and deductibles as for similar coverage. COMAR 31.11.06.03 A comprehensive health benefit plan includes mammography services for persons ages 40 to 49 once every other calendar year, and for ages 50 and above once per calendar year.
Contraceptive Service	Ins. § 15-826; COMAR 31.11.06.03 If coverage provided for prescription drugs, coverage shall be provided for FDA-approved contraceptive drugs or devices obtained under a prescription and for procedures associated with their use. Religious organizations shall be granted exclusions if coverage conflicts with bona fide religious beliefs and practices. Group health insurance carriers must cover contraceptives.
Infertility Treatment	Ins. § 15-810; COMAR 31.11.06.03 Provides that a health insurance policy issued on an expense-incurred basis that provide pregnancy-related benefits cannot exclude outpatient benefits for all outpatient expenses arising from in vitro fertilization procedures; lists conditions for coverage; applies to all policies covering residents who work within the state. Included in group benefit plans, but not mandated in limited ones.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	Ins. §§ 15-10B-09; 15-812; 15-811 Shall authorize a minimum coverage of 48 hours of inpatient hospitalization care following an uncomplicated vaginal delivery and 96 hours of inpatient hospitalization care following an uncomplicated cesarean section. Whenever a mother is required to remain hospitalized after childbirth for medical reasons and the mother requests that the newborn remain in the hospital, the insurer or nonprofit health service plan shall pay the cost of additional hospitalization for the newborn for up to 4 days. Ins. § 15-506 Each insurer and nonprofit health service plan that provides maternity benefits in a policy form customarily issued on an individual or family basis shall offer the benefits to individuals regardless of marital status.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	MASSACHUSETTS (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	M.G.L.A. 175 § 47G; M.G.L.A. 176A § 8J; M.G.L.A. 176G § 4 A baseline mammogram for ages 35-39; annual screening for age 40 and older, plus annual pap screening for women age 18 and older.
Contraceptive Service	M.G.L.A. 175 § 47W; M.G.L.A. 176A § 8W; M.G.L.A. 176G § 4O; M.G.L.A. 176B § 4W Must cover contraceptives, if cover other outpatient prescriptions; applies to individual policies.
Infertility Treatment	M.G.L.A. 175 § 47H; M.G.L.A. 176A § 8K; M.G.L.A. 176B § 4J; M.G.L.A. 176G § 4 Provides coverage for medically necessary diagnosis and treatment of infertility to the same extent as benefits provided for pregnancy-related procedures. 211 CMR 37.01 to 37.10 Infertility benefits; requires insurers to provide benefits for all non-experimental infertility procedures and infertility-related drugs; insurers given option of covering experimental procedures, surrogacy and sterilization reversal procedures; specifies prohibited and permissible limitations on coverage.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	M.G.L.A. 175 § 47F; M.G.L.A. 176A § 8H; M.G.L.A. 176B § 4H: M.G.L.A. 176G § 4I Cover residents covered under health insurance policies for normal pregnancy. Coverage shall be provided for a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a caesarean section for a mother and her newly born child.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	MICHIGAN (6/23)	**MINNESOTA** (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 500.3406d; 550.1416 If performed on a woman 35 years of age or older and under 40 years of age, coverage for one screening mammography examination during that 5-year period, yearly after age 40.	§ 62A.30 Routine screening procedures, such as mammograms, colorectal screenings, and pap smears when ordered by physician. Preventive mammogram screenings for those at risk for breast cancer. Effective January 1, 2024, if health care provider determines enrollee requires additional diagnostic testing services or testing after a mammogram, health plan will provide coverage for the additional services or testing with no-cost sharing.
Contraceptive Service	No provision	No provision
Infertility Treatment	No provision	§ 62Q.14; Bulletin 96-2 (September 23, 1996) Cannot restrict the choice of enrollee as to where the enrollee receives diagnosis of infertility.
Prenatal HIV Testing	No provision	No provision
Alpha-Fetoprotein IV Screening	No provision	No provision
Maternity Care	§§ 500.3406r; 550.1416d Offer to provide coverage for maternity services and gynecological services rendered during pre- and post-natal care whether performed by a physician or a nurse midwife acting within the scope of his or her license or specialty certification.	§ 62A.041 Cover maternity benefits same as any other illness, irrespective of whether covered person is married, or whether dependent child. § 62A.0411 Provide coverage of a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a caesarean section for a mother and her newborn.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	MISSISSIPPI (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	Miss. Code. Ann. § 83-9-108 Medicare supplemental insurers must offer coverage for annual mammograms for all women 35 years of age and older.
Contraceptive Service	No provision
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	No provision

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	MISSOURI (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 376.782 Baseline mammogram ages 35-39; every year age 40 and over; every year for any woman deemed by a physician to have an above-average risk of breast cancer; additional or supplemental imaging when deemed medically necessary for proper breast cancer screening; and ultrasound and magnetic resonance imaging if treating physician deems necessary for screening or evaluation for any woman considered above-average risk; subject to same dollar limit, coinsurance and deductible as other radiological exams. § 376.1250 Pelvic exam and pap smear for nonsymptomatic women in accordance with American Cancer Society guidelines; colorectal cancer exam and tests for nonsymptomatic person in accordance with American Cancer Society guidelines. Subject to same coinsurance and deductibles as other benefits.
Contraceptive Service	§ 376.1199 Cover contraceptives either at no charge or with same coinsurance and deductible as any other covered drug. Excludes drugs and devices intended to induce an abortion.
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 375.995 Cannot discriminate against women buying individual policies versus family policies. § 354.095 Cannot discriminate based on marital status. § 376.1210 Shall provide coverage for a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section for a mother and her newly born child in a hospital. § 376.406 Newborn covered at moment of birth under covered member's insurance. § 376.816 Adopted children to be provided coverage.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	MONTANA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 33-22-132 A baseline mammogram for ages 35-39; every two years for ages 40-49 or more frequently if recommended by the woman's physician; and every year for age 50 and over. Coinsurance and deductible no less favorable than for physical illness, minimum $70 payment. Effective October 1, 2023, a supplemental breast examination based on factors that may increase a person's risk of breast cancer.
Contraceptive Service	51 Mont. Op. Att'y. Gen. No. 16 (Mont.A.G.) (March 28, 2006) (interpreting §§ 49-2-309; 49-2-303) If an employer benefit plan covers prescriptions, it may not exclude contraceptives. Mont.Admin.R. 37.86.5007 An HMO must provide family planning services as defined at ARM 37.86.1701 and 37.86.1705 (includes contraceptive supplies and procedures).
Infertility Treatment	Mont.Admin.R. 6.6.2508; 37.86.5007 For HMO's, infertility services are included in outpatient medical services both medically necessary and preventive.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 33-22-133 An agreement that provides coverage for maternity services, including benefits for childbirth, must provide coverage for at least 48 hours of inpatient hospital care following a vaginal delivery and at least 96 hours of inpatient hospital care following delivery by cesarean section for a mother and newborn infant in a health care facility. MT Insurance Order No. 2-16-94 (February 16, 1994) Policies shall not exclude maternity benefits, nor shall they include an additional premium for a maternity rider.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEBRASKA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 44-785 Baseline mammogram ages 35-39; every two years ages 40-49 or more frequently based on the patient's physician's recommendation; and every year age 50 and over. Coverage shall not be less favorable than for other radiological exams. Mammogram supplier shall meet the standards of the federal Mammography Quality Standards Act of 1992. § 44-7,102 Covers colorectal cancer screening for any nonsymptomatic person 45 or older. Effective on or after December 31, 2023, shall not impose cost-sharing requirements for screening colonoscopies.
Contraceptive Service	No provision
Infertility Treatment	Neb. Admin. R. & Regs. Tit. 210, Ch. 44, § 006 Not covered by Nebraska Comprehensive Health Insurance Pool.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	Neb. Admin. R. & Regs. Tit. 210, Ch. 44, § 010 Maternity benefit rider available through insurance pool, but not mandated.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEVADA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 689B.0374; 695C.1735; 689A.0405; 695B.1912 Annual pap smear for women age 18 and older; mammogram every 2 years or annually if ordered by a provider of health care; for women 40 years of age or older; Effective January 1, 2024, a mammogram for insureds 40 years of age or older; imaging tests on interval and at age deemed appropriate by health care provider based on risk factors. When deemed medically necessary, a diagnostic imaging test for breast cancer at the age deemed most appropriate. §§ 689A.04042; 689B.0367; 695B.1907; 695C.1731; 695G.168 Policy that covers colorectal cancer must cover cancer screenings in accordance with guidelines of American Cancer Society.
Contraceptive Service	§§ 689A.0418; 689B.0378; 689C.1676; 695A.1865; 695B.1919; 695C.1696; 695G.1715 An insurer that offers or issues a contract for hospital or medical service shall include in the contract coverage for up to a 12-month supply, per prescription, of any type of drug for contraception or its therapeutic equivalent or any type of contraception device which is approved by the FDA. No higher deductibles. Insurer affiliated with a religious organization not required to provide such coverage if it objects on religious grounds. Applies to health maintenance organizations and other insurers, group and blank, and individual plans.
Infertility Treatment	§§ 695B.1916; 695C.1694; 689A.0415; 689B.0376 Not required to be covered for contracts, HMOs, individual plans, group and blanket plans.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	NAC 686A.140 Cannot deny coverage on the basis of the woman being unmarried. §§ 689C.194; 689A.0425; 689B.520 A health benefit plan issued pursuant to this chapter that includes coverage for maternity care and pediatric care for newborn infants may not restrict benefits for any length of stay in a hospital in connection with childbirth for a mother or newborn infant covered by the plan to less than 48 hours after a normal vaginal delivery; and less than 96 hours after a cesarean section.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEW HAMPSHIRE (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 420-J:6-a Health plans shall not require prior authorization by a covered person's primary care provider for coverage of an annual gynecological visit and follow-up care for gynecological conditions identified during such visit. § 417-D:2 Baseline mammogram ages 35-39; a mammogram every one to two years, even if no symptoms are present, for women 40 to 49 years of age; and yearly mammogram age 50 and older.
Contraceptive Service	§§ 415:18-i; 420-A:17-c; 420-B:8-gg If group coverage provided for outpatient services or prescription benefits, coverage shall also be provided for outpatient contraceptive services or FDA-approved contraceptive drugs or devices.
Infertility Treatment	NH Bulletin 5-3-90 (May 3, 1990) Infertility conditions may be excluded from coverage.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 415:6-d; 415:6-l; 415:18; 420-A:17-f; 420-B:8-p; 420-B:8; 420-C:4 Mandated offering of maternity coverage through optional rider if maternity care is not covered in the insurance policy or contract for HMOs and PPOs, and general group or blanket policies, and health benefit plans. Must cover midwife under maternity benefits. § 417-D:2-a Pregnancy, delivery and postpartum coverage. § 420-J:6-a Health plans shall not require prior authorization by a covered person's primary care provider for coverage of maternity care and follow-up care for obstetrical conditions identified during maternity care.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEW JERSEY (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	N.J.S.A. 17B:27-46.1f; 17:48-6g; 17:48E-35.4; 17B:26-2.1e; 17:48A-7f; 26:2J-4.4 A baseline mammogram examination for women who are 40 years of age; every year for ages 40 and over; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider. N.J.S.A. 17B:27-46.1n; 17:48E-35.12; 17:48A-7m Pap smear covered to same extent as for any other medical condition. N.J.S.A. 17:48-6y; 17:48A-7x; 17:48E-35.23; 17B:26-2.1u; 17B:27-46.1y; 17B:27A-7.7; 17B:27A-19.9; 26:2J-4.24 Must cover expenses for colorectal cancer screening in accordance with United States Preventive Services Task Force recommendations. No cost-sharing requirement if there is a positive result.
Contraceptive Service	N.J.S.A. 17B:27-46.1ee; 17:48A-7bb; 17:48E-35.29; 17:48F-13.2; 17B:26-2.1y; 17B:27A-7.12; 17B:27A-19.15; 26:2J-4.30 If provide coverage for outpatient prescription drugs, shall provide coverage for prescription female contraceptives. Health and medical service corporations shall cover over-the-counter drugs approved by the FDA.
Infertility Treatment	N.J.S.A. 17:48-6x; 17:48A-7w; 17:48E-35.22; 17B:27-46.1x; 26:2J-4.23; N.J.A.C. 11:4-54.1 to 11:4-54.7 Plans covering groups of more than 50 persons and including pregnancy-related benefits must cover medically necessary expenses incurred in the diagnosis and treatment of infertility. Applies to persons age 45 and younger. HMOs must cover. Religious employer exception to in vitro fertilization, embryo transfer, artificial insemination, zygote intra fallopian transfer and intracytoplasmic sperm injection, if the required health care services are contrary to the religious employer's bona fide religious tenets.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision

NEW JERSEY (cont.)

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEW JERSEY (cont.)
Maternity Care	N.J.S.A. 17B:26-2.1b; 17B:27-46.1b; 17:48-6c; 17:48A-7c Mandated offering of maternity coverage without regard to marital status of subscriber to same extent as coverage for other illness. N.J.S.A. 17B:26-2.1bb; 17B:27A-19.19; 17B:27A-7.15; 17B:27-46.1hh; 26:2J-4.33 If plan provides maternity benefits, insurer shall reimburse obstetrical provider for maternity services rendered during the term of a covered person's pregnancy. N.J.S.A. 17B:26-2.1k; 17:48-6l; 17:48E-35.9; 17:48A-7k Every policy that provides maternity benefits shall provide coverage for a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean for a mother and her newly born child in a health care facility.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEW MEXICO (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 59A-22-39; 59A-46-41 A baseline mammogram for ages 35-39; every two years for ages 40-49; and every year for age 50 and over. §§ 59A-22-40; 59A-46-42 Pap test yearly for women age 18 and older. §§ 59A-22-47; 59A-23-7.6; 59A-46-48; 59A-47-43 Colorectal screenings covered; determined by the health care provider in accordance with the evidence-based recommendations established by the United States preventive services task force.
Contraceptive Service	§§ 59A-22-42; 59A-46-44 If coverage provided for prescription drugs, coverage shall be provided for FDA-approved contraceptive drugs or devices obtained under a prescription. A religious entity purchasing individual or group health insurance coverage may elect to exclude prescription contraceptive drugs or devices from the health coverage purchased.
Infertility Treatment	NM Admin. Code r. 13.10.21.8 HMOs include the diagnosis and indicated treatment of physical conditions causing infertility except for the reversal of sterilization.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	§§ 59A-22-45; 59A-46-46; 59A-23-6.1; 59A-47-41 Must provide coverage for pregnant women to screen for genetic abnormalities in the fetus.
Maternity Care	§§ 59A-22-35; 59A-46-39 If coverage includes maternity benefits, must cover transportation to the nearest available tertiary care facility. § 59A-47-28.1 For nonprofit health care plans, if coverage includes maternity benefits, must cover midwife services.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEW YORK (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	Ins. Law §§ 3216; 3221; 4303 Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer: baseline mammogram ages 35-39; annual mammogram age 40 and over; annual pap smear. NY Circular Letter No. 2016-2 (Supplement #1) (February 27, 2017) Must cover tomosynthesis, when medically necessary, without the insured being subject to annual deductibles, copayments, and coinsurance.
Contraceptive Service	Ins. Law §§ 3221; 4303 If cover prescription drugs, include cost for FDA-approved contraceptive drugs or devices. Religious employer may request a contract without the coverage. Religious employers exempt. Insurer required to provide benefits with no coinsurance or deductible. NY Circular Letter No. 2003-1 (Supplement #1) (January 21, 2017) Must provide coverage with no cost-sharing of contraceptive services related to follow-up and management of side effects, counseling for continued adherence, and device removal.
Infertility Treatment	Ins. Law §§ 3216; 3221; 4303 Shall include coverage for diagnosis and treatment of correctable medical conditions resulting in infertility, including surgical and medical treatments and prescriptions. Coverage shall be provided for persons between 21-44 years. Subject to copayments consistent with other benefits. NY Circular Letter No. 2017-7 (April 19, 2017) If an individual meets the definition of infertility, an issuer must provide coverage regardless of sexual orientation, marital status, or gender identity.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision

NEW YORK (cont.)

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NEW YORK (cont.)
Maternity Care	Ins. Law §§ 3216; 3221; 4303; NY Circular Letter No. 1976-23 (December 3, 1976) Mandated coverage to the same extent as provided for other illness or disease. Mandatory for every policy that covers hospital, surgical or medical. Shall include inpatient hospital coverage for mother and newborn for at least 48 hours after childbirth for any delivery other than a caesarean section, and for at least 96 hours after a caesarean section. NY Circular Letter No. 2016-1 (April 26, 2016) Issuers must provide full coverage for maternal depression screening in accordance with USPSTF B list recommendation at no cost-sharing.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NORTH CAROLINA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 58-51-57; 58-67-76; 58-65-92 Examinations and tests for the detection of cervical cancer and mammography covered with same deductibles and coinsurance as other procedures. A baseline mammogram for ages 35-39; every two years for ages 40-49 or more frequently upon recommendation of a physician; every year for age 50 and over or at any age for high-risk persons as recommended by a physician. § 58-3-179 Cover colorectal cancer screening for individuals 50 and older and persons under 50 who are at high risk. Same coinsurance and deductibles as for other procedures.
Contraceptive Service	§ 58-3-178 Provide coverage for prescription contraceptive drugs or devices. Same coinsurance and deductibles as for other prescriptions. Does not include "RU-486" or equivalent or "Preven" or equivalent. Religious employer may exclude coverage from policy.
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 58-3-170 If coverage, then to the same extent as provided for other illness or disease. 11 NCAC 4.0317 May not deny coverage to unmarried females when coverage is available to married females. § 58-3-169 An insurer that provides a health benefit plan that contains maternity benefits, including benefits for childbirth, shall ensure that coverage is provided to the mother and her newborn child for a minimum of 48 hours of inpatient length of stay following a normal vaginal delivery, and a minimum of 96 hours of inpatient length of stay following a cesarean section, without requiring the attending provider to obtain authorization from the insurer or its representative.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	NORTH DAKOTA (6/23)	**OHIO** (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 26.1-36-09.1 A baseline mammogram for ages 35-39; every year (or more frequently if ordered by doctor) for age 40 and above.	§§ 3923.52 to 3923.53; 1751.62 One screening mammography per year for adult women; supplemental screenings for adult women with dense breast tissue or increased risk of breast cancer; not to exceed 130% of the Medicare reimbursement rate; pap smear covered. § 3923.54 Employer-provided policies of sickness and accident insurance shall provide mammography screening for a woman 35-39; every two years (or more frequently if order by doctor) ages 40-49; and annually ages 50-64; not to exceed 130% of the Medicare reimbursement rate; pap smear covered.
Contraceptive Service	No provision	OH ADC 5160-26-12 Contraception provided to an individual of child-bearing age is not subject to a Medicaid co-payment obligation.
Infertility Treatment	1993 N.D. Op. Atty. Gen. L-342, 1993 WL 762749 (N.D.A.G.) "Preventive health services" includes infertility treatment, which are required to be covered by HMOs.	OH Bulletin No. 2009-7 (February 10, 2009) Only medically necessary infertility treatments are mandated for coverage, meaning that in vitro fertilization ("IVF"), gamete intrafallopian transfer ("GIFT") and zygote intrafallopian transfer ("ZIFT") are not included.
Prenatal HIV Testing	No provision	No provision
Alpha-Fetoprotein IV Screening	No provision	No provision
Maternity Care	§ 26.1-36-09.8 Post-delivery care for mothers and newborns. Minimum coverage of 48 hours of inpatient care following normal vaginal delivery and 96 hours of inpatient care following a cesarean section. Deductibles, coinsurance, or other cost sharing may apply.	§§ 3923.63; 3923.64; 1751.67 Inpatient and follow-up care requirements for maternity coverage. The policy shall cover a minimum of 48 hours of inpatient care following a normal vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean delivery.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	OKLAHOMA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	36 Okl.St.Ann. § 6060 Coverage of diagnostic examinations for breast cancer. Mammogram every 5 years ages 35-39, every year age 40 and over. 36 Okl.St.Ann. § 6060.3a Any plan that provides medical and surgical benefits shall provide coverage for routine annual obstetrical/gynecological examinations. 36 Okl.St.Ann. § 6060.8a Colorectal examinations covered for people over 50 or at high risk.
Contraceptive Service	No provision
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	36 Okl.St.Ann. § 6060.3 Postpartum care - minimum coverage of 48 hours of inpatient care following vaginal delivery; 96 hours of inpatient care following a cesarean section for the mother and newborn infant after childbirth. OK ADC 365:10-1-9 May not deny coverage to unmarried females when coverage is available to married females.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	OREGON (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 743A.100; 743A.108 Every health insurance policy shall provide coverage for mammograms annually for women 40 and over. Cover complete breast exam for early detection of breast cancer annually for women 18 and older; and more often if recommended by health care provider. § 743A.104 Pap smears and pelvic exams covered for women 18 to 64 years old and at any time upon referral of the woman's health care provider. § 743A.124 Cover colorectal cancer screenings for an insured age 50 or older: fecal occult blood tests, colonoscopies, including the removal of polyps during a screening procedure; or double contrast barium. For an insured at high risk cover exams as recommended by physician.
Contraceptive Service	§ 743A.066 Health benefit plans and student health insurance policies must cover contraceptives and related consultations, examinations, and procedures. Religious employers are exempt.
Infertility Treatment	No provision
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 743A.084 May not deny coverage to unmarried females when coverage is available to married females.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	PENNSYLVANIA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	40 P.S. § 764c A mammogram every year for women 40 years of age or older and with any mammogram based on a physician's recommendation for women under 40 years of age. 40 P.S. § 1574 Annual gynecological exam, including pelvic exam and clinical breast exam; routine pap smear. 40 P.S. § 764i Colorectal screenings for people over 50, an annual fecal occult blood test; sigmoidoscopy every 5 years; colonoscopy every 10 years; or at recommendation of treating physician.
Contraceptive Service	No provision
Infertility Treatment	62 P.S. § 443.6 Medicaid does not cover infertility services, procedures or drugs.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	31 Pa. Code § 145.4 May not deny coverage to unmarried females when coverage is available to married females. 40 P.S. § 1583 Post-partum coverage standards - minimum coverage of 48 hours of inpatient care following normal vaginal delivery; 96 hours of inpatient care following a cesarean section.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	PUERTO RICO (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	24 L.P.R.A. § 7032 Screening tests to detect gynecologic, breast and prostate cancer and sigmoidoscopy in adults over age 50. All according to acceptable practices.
Contraceptive Service	PR Circular Letter No. D-1882-2016 (April 13, 2016) Health benefit plans, unless exempt, must cover contraceptives and related consultations, examinations, and procedures.
Infertility Treatment	No provision
Prenatal HIV Testing	PR Circular Letter No. AS-1848-2014 (January 22, 2014) All pregnant women to be offered the following tests: a first HIV test during the first trimester of pregnancy at the first prenatal visit, and a second test during the third trimester of pregnancy (between the 28th and 34th week of pregnancy). Must provide coverage and will not impose cost-sharing requirements with regard to preventative services.
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	24 L.P.R.A. § 3512 Post-partum coverage standards - minimum coverage of 48 hours of inpatient care following vaginal delivery; 96 hours of inpatient care following a cesarean section.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	RHODE ISLAND (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 42-62-26; 27-20-17; 27-19-20 to 27-19-22; 27-41-30 to 27-41-32; 27-18-40 to 27-18-43 Coverage for mammograms and pap smears in accordance with American Cancer Society Guidelines. Shall be afforded coverage for 2 paid screening mammograms per year when recommended by a physician for women who have been treated for breast cancer within the last 5 years or who are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first-degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia. Payment only need be made if the facility meets quality assurance standards. §§ 27-18-58; 27-19-49; 27-20-44; 27-41-60 Shall provide colorectal examinations and laboratory tests for cancer for any nonsymptomatic person covered, in accordance with American Cancer Society guidelines.
Contraceptive Service	§§ 27-18-57; 27-19-48; 27-20-43; 27-41-59 Every plan that covers prescription drugs must cover FDA-approved contraceptive drugs and devices requiring a prescription. Provided, that nothing in this subsection shall be deemed to mandate or require coverage for the prescription drug RU-486. Excludes religious employers if against their beliefs.
Infertility Treatment	§§ 27-18-30; 27-19-23; 27-20-20; 27-41-33 Include benefits for infertility treatment the same as cover other pregnancy-related procedures. Co-pay not to exceed 20% for procedures for which only treatment is infertility.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 42-12.3-3 The state's program covers the maternity expenses of persons whose health insurance does not cover maternity benefits and who are not already eligible for federal aid under the SSA. §§ 27-20-17.1; 27-18-33.1; 27-19-23.1; 27-41-30.1 Post-partum coverage standards - minimum coverage of 48 hours of inpatient care following vaginal delivery; 96 hours of inpatient care following a cesarean section for a mother and her newly born child.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	SOUTH CAROLINA (6/23)	**SOUTH DAKOTA** (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 38-71-145 Individual and group plans must cover a baseline mammogram for ages 35-39; mammogram every two years for ages 40-49; and a yearly mammogram after age 50. Cover pap smear yearly, or more often at doctor's recommendation.	§§ 58-18-36; 58-41-35.5; 58-40-20; 58-38-22; 58-17-1.1 A baseline mammogram for ages 35-39; every two years for ages 40-49; and every year for age 50 and over. §§ 58-18-36.1; 58-38-22.1 Group health insurance policies shall provide coverage for screening for the presence of occult breast cancer.
Contraceptive Service	No provision	No provision
Infertility Treatment	SC Bulletin No. 1-95 (March 15, 1995) Coverage not mandated.	No provision
Prenatal HIV Testing	No provision	No provision
Alpha-Fetoprotein IV Screening	No provision	No provision
Maternity Care	§ 38-71-135 Post-partum coverage standards - minimum coverage of 48 hours of inpatient care following vaginal delivery; 96 hours of inpatient care following a cesarean section.	§§ 58-18B-50; 58-17-88; 58-18-76; 58-38-37; 58-41-112; 58-40-34 Minimum coverage of 48 hours of inpatient care following vaginal delivery and 96 hours of inpatient care following a cesarean section.

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	TENNESSEE (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 56-7-2502 If insurance company covers mastectomy surgery, it shall also provide coverage for: a baseline mammogram for ages 35-40; every year for ages 35-40 at high risk; and every year for age 40 and over. Diagnostic imaging and supplemental screenings covered without imposing a cost sharing requirement with exceptions. § 56-7-2363 Must offer an optional benefit to cover colorectal cancer screenings as specified in guidelines of American Cancer Society. Same deductible and coinsurance amount as for similar benefits.
Contraceptive Service	No provision
Infertility Treatment	Tenn. Comp. R. & Regs. 1200-13-13-.04; 1200-13-13-.10 Fertility drugs excluded from TennCare Medicaid.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 56-7-2604 Pediatric nursery care of newborns. § 56-7-2351 Cannot cancel coverage due to pregnancy. Tenn. Comp. R. & Regs. 0780-01-34-.04 May not deny coverage to unmarried females when coverage is available to married females. Tenn. Comp. R. & Regs. 1200-13-16-.05 Maternity care may be considered medically necessary and must be covered if it is in accordance with standards endorsed by the American College of Obstetrics and Gynecology. Tenn. Comp. R. & Regs. 0780-01-68-.05 Guidelines for discharge of postpartum mothers and newborns.

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	TEXAS (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	I.C. §§ 1356.005; 1652.056 Annual mammography screening for women age 35 and older. I.C. § 1363.003 Cover tests to detect colorectal cancer for a person 45 years of age or older. Minimum benefits must include a fecal occult blood test annually, a flexible sigmoidoscopy every 5 years, or colonoscopy if initial test or procedure is abnormal. I.C. § 1370.003 Women 18 years of age and older shall be covered for tests to detect ovarian and cervical cancer.
Contraceptive Service	I.C. §§ 1369.104 to 1369.108 A health plan that covers prescription drugs must also cover contraceptive drug or device approved by the FDA. Must be subject to same cost sharing and waiting periods applicable to other prescriptions. Does not cover any drug or device to terminate a pregnancy. Insurer affiliated with a religious organization is not required to provide such coverage, if it objects on religious grounds, unless necessary to preserve the life or health of the enrollee.
Infertility Treatment	I.C. §§ 1366.001 to 1366.007; 28 TAC §§ 11.511, 11.512 All group health benefit plans that provide hospital, surgical and medical insurance with pregnancy-related benefits shall provide benefits, on an expense-incurred basis, for in vitro fertilization subject to certain conditions. Some other procedures are optional. Group association indemnity consumer choice health benefit plan do not have to offer coverage. HMOs do not have to cover in vitro fertilization.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision

TEXAS (cont.)

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	TEXAS (cont.)
Maternity Care	I.C. § 1366.055 A health benefit plan that provides maternity coverage must include a minimum coverage of 48 hours of inpatient care following uncomplicated vaginal delivery and 96 hours of inpatient care following a cesarean section. 28 TAC § 11.508 HMOs must provide prenatal services if maternity benefits are covered. 28 TAC § 21.404 No insurer may deny maternity benefits to insureds or prospective insureds purchasing an individual policy when comparable family coverage policies offer maternity benefits. 28 TAC § 21.405 No policy may apply arbitrary waiting periods to maternity benefits in such a way as to exclude coverage for premature births when normal maternity benefits are included in the policy.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	UTAH (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	No provision
Contraceptive Service	No provision
Infertility Treatment	§ 31A-22-610.1 Adoption indemnity benefits may be used to obtain infertility treatments. Reg. R590-126-4; R590-233-4 Diagnosis of infertility generally excluded in other plans.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 31A-22-610.2 If an insured has maternity benefits, the policy must include a minimum coverage of 48 hours of inpatient care following normal vaginal delivery and 96 hours of inpatient care following a cesarean section. § 31A-22-613 If an insured is otherwise eligible for maternity benefits, a policy may not contain language which requires an insured to obtain any additional preauthorization or preapproval for customary and reasonable maternity care expenses or for the delivery of the child after an initial preauthorization or preapproval has been obtained from the insurer for prenatal care. UT Bulletin No. 97-1 (June 11, 1997) Carriers must offer maternity benefits to small employers of all group sizes. Reg. R590-83-4 No insurer may deny maternity benefits to insureds or prospective insureds purchasing an individual policy when comparable family coverage policies offer maternity benefits.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	VERMONT (6/23)	**VIRGIN ISLANDS** (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	8 V.S.A. § 4100a Mammography screenings for all patients; not subject to any co-payment, deductible, coinsurance or any other cost-sharing requirement or additional charge. 8 V.S.A. § 4100g Colorectal cancer screening shall be covered for those over 50 or at high risk. They can get an annual fecal occult blood testing plus one flexible sigmoidoscopy every 5 years; or one colonoscopy every 10 years.	No provision
Contraceptive Service	8 V.S.A. § 4099c Provide coverage for outpatient contraceptive services, including sterilization. Also cover prescription contraceptives and contraceptive devices, if insurance plan covers prescriptions. May not place any greater financial burden than for access to other treatments.	No provision
Infertility Treatment	No provision	No provision
Prenatal HIV Testing	No provision	No provision
Alpha-Fetoprotein IV Screening	No provision	No provision
Maternity Care	Ins. Reg. 89-1; VT Bulletin 54 (April 22, 1981); VT ADC 4-3-19:5 All policies must provide maternity coverage.	No provision

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	VIRGINIA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 38.2-3418.1 Mandated offering: baseline mammogram ages 35-39; every two years ages 40-49; and yearly after age 50; $50 limit. § 38.2-3418.1:2 Insurers shall provide coverage for annual pap smears. § 38.2-3418.7:1 Coverage for colorectal cancer screening, including annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, in accordance with standards of American College of Gastroenterology.
Contraceptive Service	§ 38.2-3407.5:1 If coverage provided for prescription drugs on an outpatient basis, coverage shall also be available for any FDA-approved contraceptive drug or device.
Infertility Treatment	VA Administrative Letter No. 1985-6 (March 1, 1985) HMOs mandated coverage with co-pay the lesser of 20% or $25.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§ 38.2-3414 Mandated offering of coverage for groups for maternity care using same formula for reimbursement as other medical and surgical procedures. § 38.2-3414.1 Insurers offering obstetrical benefits shall provide postpartum coverage.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	WASHINGTON (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 41.05.180; 48.20.393; 48.21.225; 48.44.325; 48.46.275; Regs. 284-50-270; 284-44-046 Screening or diagnostic mammography services upon recommendation of physician. § 48.43.043 Required coverage for colorectal cancer screenings for those 50 and over, or under 50 and at high risk.
Contraceptive Service	§ 48.41.110 Must include drugs and contraceptive devices requiring a prescription. Op. Att'y Gen. 2006 No. 10 (May 3, 2006), 2006 WL 1315460 (Wash.A.G.) No individual or organization with a religious or moral tenet opposed to a specific health service may be required to purchase coverage for that service. Op. Att'y Gen. 2002 No. 5 (August 8, 2002), 2002 WL 31936085 (Wash.A.G.) It is generally an unfair practice to cover prescription drugs but exclude contraceptives.
Infertility Treatment	WAC 284-43-5640; 284-43-5642 A health benefit plan is not required to cover infertility services.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 48.42.100; 48.41.110 Health care carriers must ensure that women have access to maternity care. Pools must offer at least one plan with maternity care. § 48.43.041 Individual health benefit plans shall offer maternity services, with no enrollee cost-sharing requirements beyond those generally applicable cost-sharing requirements. WAC 284-43-5642 A health benefit plan must cover "maternity and newborn" services, including in utero treatment, vaginal or cesarean childbirth delivery, nursery services and supplies for newborns, postnatal care and services, and complications of pregnancy.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	WEST VIRGINIA (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§§ 33-24-7b; 33-15-4c; 33-16-3g; 33-25-8a; 33-25A-8a Mammograms when medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force; a pap smear and test for HPV when medically appropriate and consistent with the guidelines from either the United States Preventive Services Task Force or the American College of Obstetricians and Gynecologists, for women age 18 or over. §§ 33-15-4f; 33-16-3*o*; 33-24-7f; 33-25-8e; 33-25A-8e; 5-16-7a Cover colorectal cancer screenings for any person age 50 and over, plus a symptomatic person under age 50. Tests include annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double contrast barium enema every 5 years.
Contraceptive Service	§§ 33-16E-1 to 33-16E-7 Health insurance plans that cover prescription drugs may not exclude or restrict coverage for contraceptive drugs or devices approved by the FDA. May not impose greater deductibles, etc., than for other drugs. Religious employers may exclude or restrict coverage where contrary to religious tenants.
Infertility Treatment	§ 33-25A-2 Basic HMO health care services shall include infertility services.
Prenatal HIV Testing	No provision
Alpha-Fetoprotein IV Screening	No provision
Maternity Care	§§ 33-24-7*l*; 33-15-4k; 33-16-3w; 33-25A-8k; 33-25-8i Maternity coverage mandated for policies renewed or issued after 1/1/14. §§ 33-16-3j; 33-15-4e; 5-16-7 The plan may not restrict benefits for any hospital stay following a normal vaginal delivery to less than 48 hours or following a cesarean section to less than 96 hours or require a provider to obtain authorization for such length hospital stays.

MANDATED BENEFITS - WOMEN'S HEALTH, PREGNANCY, FERTILITY AND PREVENTIVE CARE

	WISCONSIN (6/23)	**WYOMING** (6/23)
Preventive Care (incl. mammography, gynecological exam, pap smear)	§ 632.895(8) Every disability policy shall provide two mammogram exams between ages 40-49; annually for age 50 and older. § 632.895(16m) Every disability insurance policy, and every self-insured health plan of the state or a county, city, village, town, or school district, that provides coverage of any diagnostic or surgical procedures shall provide colorectal cancer screening for individuals 50 and older and persons under 50 who are at high risk.	§§ 26-18-103; 26-19-107 Group and disability insurance policies to include pap smear, colorectal cancer exam, breast cancer exam, including mammogram, all without a deductible due. Health plan must cover up to 80% of cost, with maximum of $250 per year.
Contraceptive Service	Op. Att'y Gen. OAG -1-04 (Aug. 16, 2004), 2004 WL 3078999 (Wis.A.G.) Attorney general's opinion states that it is a violation of Wisconsin's equal protection laws to deny contraceptives in prescription drug coverage.	No provision
Infertility Treatment	No provision	No provision
Prenatal HIV Testing	No provision	No provision
Alpha-Fetoprotein IV Screening	No provision	No provision
Maternity Care	§ 632.895(7) Every group disability insurance policy which provides maternity coverage shall provide maternity coverage for all persons covered under the policy. WI ADC § Ins 3.42 Conversion plans must cover maternity if it was covered under the former plan.	§ 26-22-202 All conversion policies must offer to cover pregnancy.

