

MANDATED BENEFITS – WOMEN’S HEALTH

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

	ALABAMA (06/23)	ALASKA (06/23)
Reconstructive Surgery Post Mastectomy	§ 22-6-10 Any publicly funded state health care program that covers mastectomy surgery shall also provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance.	§ 21.42.400 Health care insurers that cover mastectomies shall comply with federal law regarding coverage for reconstructive surgery.
Lymphedema	No provision	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision for testing. §§ 22-13A-1 to 22-13A-10 Osteoporosis Prevention and Treatment Education Act	No provision
Varicose Vein Treatment	No provision	No provision

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	ARIZONA (06/23)	ARKANSAS (06/23)
Reconstructive Surgery Post Mastectomy	§§ 20-826; 20-1057; 20-1342; 20-1402; 20-1404 If cover mastectomy, cover reconstructive surgery on breast which mastectomy was performed and reconstructive surgery on nondiseased breast to produce a symmetrical appearance. Also cover prosthesis and treatment of post-operative complications including lymphedemas	§ 23-99-405 If cover mastectomy surgery, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Also cover prosthesis and physical complications of mastectomy, including lymphedemas. Bulletin No. 9-2002 (April 15, 2002) WHCRA expands state law to cover reconstruction, even of non-mastectomy breast and complications.
Lymphedema	§§ 20-826; 20-1057; 20-1342; 20-1402; 20-1404 Lymphedemas covered	§ 23-99-405 Lymphedemas covered
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision	No provision for testing. §§ 20-15-1401 to 20-15-1404 Osteoporosis Prevention Education Act of 1997
Varicose Vein Treatment	No provision	AR ADC 054.00.18-6 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.

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	CALIFORNIA (06/23)	COLORADO (06/23)
Reconstructive Surgery Post Mastectomy	Ins. §§ 10123.8; 10123.86; Health & Safety §§ 1367.6; 1367.635; Welf. & Inst. § 14132.6; 10 CCR §§ 2698.301; 2699.6200; 2699.6700; 2699.300 Treatment for breast cancer shall include coverage for prosthetic devices or reconstructive surgery to restore and achieve symmetry incident to a mastectomy. Required to cover all complications from a mastectomy, including lymphedemas.	No provision
Lymphedema	Ins. § 10123.86; Health & Safety § 1367.635 Cover all complications from a mastectomy, including lymphedema.	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	Ins. § 10123.185; Health & Safety § 1367.67 Coverage required for diagnosis, treatment and management of disease, including coverage for bone mass measurement technologies if appropriate. Health & Safety §§ 125700 to 125710 California Osteoporosis Prevention and Education Act	No provision
Varicose Vein Treatment	10 CCR § 2220.10 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.	No provision

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	CONNECTICUT (06/23)	DELAWARE (06/23)
Reconstructive Surgery Post Mastectomy	<p>§§ 38a-504; 38a-542 Shall provide benefits for the reasonable costs of reconstructive surgery on breast on which mastectomy was performed and reconstructive surgery on nondiseased breast to produce a symmetrical appearance.</p> <p>§ 38a-503d Shall provide coverage for at least 48 hours of inpatient care following a mastectomy or lymph node dissection.</p>	<p>18 Del.C. §§ 3347; 3563 All individual, group and blanket health insurance policies that cover a mastectomy must cover prosthetic device or reconstructive surgery on breast upon which mastectomy was performed and other breast to achieve symmetrical appearance. Must also cover prostheses and physical complications of mastectomy, including lymphedemas.</p>
Lymphedema	No provision	<p>18 Del.C. §§ 3347; 3563 Lymphedemas covered</p>
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	<p>§ 38a-503f Coverage required for osteoporosis screening for any woman who is sixty years of age or older.</p>	<p>No provision for testing.</p> <p>16 Del.C. § 3001 Osteoporosis prevention and education</p>
Varicose Vein Treatment	<p>§ 38a-505-7 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.</p>	<p>18 Del.C. § 1304-6.1 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.</p>

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	DISTRICT OF COLUMBIA (06/23)	FLORIDA (06/23)
Reconstructive Surgery Post Mastectomy	§ 31-3832; DC Bulletin No. 00-001-LG (September 13, 2000) All insurers must comply with WHCRA. If cover mastectomy surgery, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Also cover prosthesis and physical complications of mastectomy, including lymphedemas. Subject to coinsurance and deductibles consistent with other benefits.	§§ 627.6417; 627.6612; 641.31 If cover mastectomies, must provide coverage for prosthetic devices and breast reconstructive surgery incident to a mastectomy, including reestablishing symmetry between the two breasts. Insurer may charge an appropriate additional premium for this coverage.
Lymphedema	§ 31-3832 Lymphedemas covered	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	§ 31-3834 If cover prescription drugs, must cover hormone replacement therapy prescribed for treating menopause.	No provision
Osteoporosis Bone Mass Testing	No provision	§§ 627.6409; 627.6691; 641.31 Coverage required for diagnosis and treatment of osteoporosis for high-risk individuals.
Varicose Vein Treatment	No provision	Rule 69O-154.105 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.

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	GEORGIA (06/23)	HAWAII (06/23)
Reconstructive Surgery Post Mastectomy	GA Directive No. 00-L&H-2 (May 1, 2000) Insurers required to comply with WHCRA. If insurer covers mastectomy, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas.	No provision
Lymphedema	GA Directive No. 00-L&H-2 (May 1, 2000) Lymphedemas covered	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	§ 31-15A-3 Group and individual policies must offer to cover bone density testing for the prevention, diagnosis and treatment of osteoporosis.	No provision
Varicose Vein Treatment	No provision	No provision

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	IDAHO (06/23)	ILLINOIS (06/23)
Reconstructive Surgery Post Mastectomy	Bulletin 2000-2 (January 31, 2000); IDAPA 18.04.13.000 – 18.04.13.101 All disability and health plans must comply with the WHCRA. If cover mastectomy surgery, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Also cover prosthesis and physical complications of mastectomy, including lymphedemas.	215 ILCS 5/356g; 125/4-6.1; 55 ILCS 5/5-1069; 65 ILCS 5/10-4-2; 50 IL ADC 2016.30; 4521.132 Policies that cover mastectomy must cover prosthetic device or reconstructive surgery on breast upon which mastectomy was performed and other breast to achieve symmetrical appearance. Must also cover prostheses and treatment for physical complications of mastectomy, including lymphedemas.
Lymphedema	Bulletin 2000-2 (January 31, 2000) Lymphedemas covered	215 ILCS 5/356g; 105/8; 125/4-6.1; 55 ILCS 5/5-1069; 65 ILCS 5/10-4-2; 50 IL ADC 2016.30; 4521.132 Lymphedemas covered
Breast Reduction Surgery	No provision	215 ILCS 5/356z.53 Effective January 1, 2024, group or individual policy of accident and health insurance or managed care plan amended, issued, or renewed, shall provide coverage for breast reduction surgery that is medically necessary.
Hormone Replacement Therapy	No provision	215 ILCS 5/356z.60 Effective January 1, 2024, group or individual policy of accident and health insurance amended, issued, or renewed, shall provide coverage for hormonal therapy medication.
Osteoporosis Bone Mass Testing	No provision	215 ILCS 5/356z.6 Group or individual policy of accident and health insurance must provide coverage for bone mass measurement and for the diagnosis and treatment of osteoporosis. 20 ILCS 2305/8.2 Osteoporosis Prevention and Education Program
Varicose Vein Treatment	No provision	50 IL ADC 2007.60 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.

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	INDIANA (06/23)	IOWA (06/23)
Reconstructive Surgery Post Mastectomy	§§ 27-8-5-26; 27-13-7-14 If cover mastectomy surgery, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Must provide coverage as required under 29 U.S.C. 1185b including prosthesis and physical complications of mastectomy.	IAC 191-35.35(509); 191-71.23(513B); 191-75.17(513C) If cover mastectomy surgery, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Also cover prosthesis and physical complications of mastectomy, including lymphedemas.
Lymphedema	No provision	IAC 191-35.35(509); 191-71.23(513B); 191-75.17(513C) Lymphedemas covered
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision for testing. IC 16-41-39.6-1 Osteoporosis Prevention and Treatment Education Program	No provision
Varicose Vein Treatment	No provision	IAC 191-36.5(514D) No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.

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	KANSAS (06/23)	KENTUCKY (06/23)
Reconstructive Surgery Post Mastectomy	§ 40-2,166; Bulletin 1998-14 (November 6, 1998) If cover mastectomy surgery, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas.	§§ 304.17-3163; 304.17A-134; 304.18-0983; 304.32-1593; 304.38-1934; Bulletin No. 2002-2 (June 20, 2002) Must offer coverage that includes all stages of breast reconstruction surgery following a mastectomy that resulted from breast cancer on the breast on which surgery was performed and on the other breast to produce a symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas.
Lymphedema	§ 40-2,166; Bulletin 1998-14 (November 6, 1998) Lymphedemas covered	§§ 304.17-3163; 304.17A-134; 304.18-0983; 304.32-1593; 304.38-1934; Bulletin No. 2002-2 (June 20, 2002) Lymphedemas covered
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	§ 40-2,166a If provide coverage for services other than Medicare supplement or accident-only policies, must also cover services related to diagnosis, treatment and management of osteoporosis.	§§ 304.17A-134; 304.17-3163; 304.18-0983; 304.32-1593; 304.38-1934 Must offer insureds an option to purchase coverage for bone density testing for women age 35 and older for early detection of osteoporosis.
Varicose Vein Treatment	No provision	No provision

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	LOUISIANA (06/23)
Reconstructive Surgery Post Mastectomy	§ 22:1077 If cover mastectomy surgery, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Also cover prosthesis and physical complications of mastectomy, including lymphedemas.
Lymphedema	§§ 22:1077; 22:1025.1 All policies shall offer coverage as an option to be exercised by the policyholder, covered benefits for the treatment of lymphedema including lymphedema that results as a complication of mastectomies.
Breast Reduction Surgery	No provision
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	§ 22:1032 Coverage must be provided to qualified individuals for bone mass measurement for the diagnosis and treatment of osteoporosis.
Varicose Vein Treatment	No provision

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	MAINE (06/23)
Reconstructive Surgery Post Mastectomy	24 M.R.S.A. § 2320-C; 24-A M.R.S.A. §§ 2745-C; 2837-C; 4237 Policies providing coverage for mastectomy surgery must provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician.
Lymphedema	No provision
Breast Reduction Surgery	24 M.R.S.A. § 2332-N; 24-A M.R.S.A. §§ 2761; 2847-L; 4252 Mandated offer of coverage for breast reduction surgery determined to be medically necessary.
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	No provision
Varicose Vein Treatment	24 M.R.S.A. § 2332-N; 24-A M.R.S.A. §§ 2761; 2847-L; 4252; 02-031 CMR Ch. 755, § 5 Mandated offer of coverage for treatment of symptomatic varicose veins determined to be medically necessary. No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.

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	MARYLAND (06/23)
Reconstructive Surgery Post Mastectomy	<p>Ins., § 15-815 All insurers, nonprofit health service plans and HMOs shall provide coverage for reconstructive breast surgery, including coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with the diseased breast when reconstructive breast surgery is performed on the diseased breast.</p> <p>Ins., § 15-834 Provide coverage for prosthesis for insured that has undergone mastectomy and has not had breast reconstruction.</p> <p>Ins., § 15-832.1 An entity subject to this section shall provide coverage for the cost of inpatient hospitalization services for a patient for a minimum of 48 hours following a mastectomy.</p> <p>Health – General, § 20-116 State breast cancer program provides to qualified individuals reconstructive surgery for mastectomies, surgery and reconstruction of the other breast to produce symmetry and prostheses.</p>
Lymphedema	<p>Ins., § 15-815 Lymphedema covered</p>
Breast Reduction Surgery	No provision
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	<p>Ins., § 15-823 Insurers shall provide reimbursement for bone mass measurement for the prevention, diagnosis and treatment of osteoporosis.</p> <p>COMAR 31.11.12.03 Group limited benefit plans include osteoporosis testing.</p>
Varicose Vein Treatment	No provision

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	MASSACHUSETTS (06/23)
Reconstructive Surgery Post Mastectomy	Bulletin No. B-97-07 (June 9, 1997) Reconstructive surgery allowed post-mastectomy.
Lymphedema	No provision
Breast Reduction Surgery	No provision
Hormone Replacement Therapy	§§ 175:47W; 176A:8W; 176G:4O; 176B:4W Must cover HRT if cover other outpatient drugs. Applies to individual policies. 211 CMR 71.09 Medicare program may cover new and innovative treatments too.
Osteoporosis Bone Mass Testing	No provision
Varicose Vein Treatment	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	MICHIGAN (06/23)	MINNESOTA (06/23)
Reconstructive Surgery Post Mastectomy	§§ 500.3406a; 550.1415 Shall offer benefits for prosthetic devices to maintain or replace body parts removed during mastectomy surgery. Reasonable charges for medical care and reconstructive surgery shall be covered.	§ 62A.25 Cover reconstructive surgery following surgery or illness if the mastectomy is medically necessary. Cover reconstructive surgery following mastectomy on breast upon which surgery was performed and on other breast to produce symmetrical appearance. Also cover lymphedemas and other physical complications.
Lymphedema	No provision	§ 62A.25 Lymphedemas covered
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	§§ 500.3406d; 550.1416 Must offer to cover breast cancer outpatient treatment services, including hormonal therapy.	No provision
Osteoporosis Bone Mass Testing	No provision	No provision
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	MISSISSIPPI (06/23)	MISSOURI (06/23)
Reconstructive Surgery Post Mastectomy	MS Admin. Code 19-3:13.01 to 19-3:13.08 Insurers that cover mastectomy must also cover reconstruction of the breast on which the mastectomy has been performed and reconstruction of the other breast to create a symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas.	§ 376.1209 Entities covering mastectomy must provide coverage for prosthetic device or reconstructive surgery necessary to restore symmetry. Subject to same deductible and co-insurance as the mastectomy.
Lymphedema	MS Admin. Code 19-3:13.01 to 19-3:13.08 Lymphedemas covered	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision for testing. §§ 41-93-1 to 41-93-9 Osteoporosis Prevention and Treatment Education Act	§ 376.1199 Carriers must include coverage for treatment of osteoporosis for individuals with a condition or medical history for which bone scan measurement is medically indicated.
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	MONTANA (06/23)	NEBRASKA (06/23)
Reconstructive Surgery Post Mastectomy	§ 33-22-135; MT Memorandum 8-21-2009 (#5) (August 21, 2009) Must cover reconstructive surgery resulting from a mastectomy that resulted from breast cancer, including all stages of one reconstructive surgery on the nondiseased breast to establish symmetry. Benefits include costs of prostheses.	§ 44-797; Bulletin CB-97 (February 22, 2000) Entities that provide mastectomy coverage shall provide coverage for all stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and physical complication of mastectomy, including lymphedemas.
Lymphedema	§ 33-22-135; MT Memorandum 8-21-2009 (#5) (August 21, 2009) Lymphedemas covered	§ 44-797 Lymphedemas covered
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision	No provision
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	NEVADA (06/23)	NEW HAMPSHIRE (06/23)
Reconstructive Surgery Post Mastectomy	§§ 689A.041; 689B.0375; 695B.191; 695C.171; 616C.185; 617.395; 608.157 Cover reconstructive breast surgery if cover mastectomy; includes surgery on one or both breasts to reestablish symmetry. Cover prostheses for all stages of mastectomy and physical complications, including lymphedemas. Employers must cover at least two prosthetics and reconstructive surgery if cover mastectomy.	§ 417-D:2-b If insurer covers mastectomy surgery, must also cover reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance.
Lymphedema	§§ 695B.191; 695C.171; 689A.041; 689B.0375 Lymphedemas covered	No provision
Breast Reduction Surgery	Bulletin 86-006 (June 13, 1986) Coverage required for breast reduction surgery on a nondiseased breast if that reduction is required to make it equal in size to a diseased breast after a mastectomy or reconstructive surgery on the diseased breast has been performed.	No provision
Hormone Replacement Therapy	§§ 689A.0415; 689A.0417; 689B.0376; 689B.0377; 695B.1916; 695B.1918; 695C.1694 to 695C.1695 Insurer that covers prescription drugs must cover hormone replacement therapy, with same deductible and copayment as for other prescriptions. Effective 1/1/2018, higher deductibles and copayments shall not be required.	No provision
Osteoporosis Bone Mass Testing	No provision	No provision for testing. §§ 126-I:1 to 126-I:5 Osteoporosis Prevention and Education Program
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	NEW JERSEY (06/23)
Reconstructive Surgery Post Mastectomy	<p>§§ 17B:27-46.1a; 17:48-6b; 17B:26-2.1a; 17:48A-7b; 17:48E-35; 17:48E-35.14; 26:2J-4.14</p> <p>Every subscription certificate and group and individual contract providing hospital service benefits shall provide benefits, following a mastectomy, on one breast or both breasts, for reconstructive breast surgery, surgery to restore and achieve symmetry between the two breasts, and the cost of prostheses. HMOs are required to cover.</p> <p>Bulletin 2013-10 (May 3, 2013)</p> <p>Remind carriers of covered persons’ rights, and of their own obligations, under the Health Maintenance Organization Act and Health Care Quality Act relative to the provision of reconstructive breast surgery benefits.</p>
Lymphedema	No provision
Breast Reduction Surgery	No provision
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	<p>No provision for testing.</p> <p>§§ 26:2R-1 to 26:2R-6</p> <p>Osteoporosis Prevention and Education Program</p>
Varicose Vein Treatment	<p>N.J. Admin. Code § 11:4-16.5</p> <p>No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.</p>

MANDATED BENEFITS – WOMEN’S HEALTH

	NEW MEXICO (06/23)
Reconstructive Surgery Post Mastectomy	<p>Bulletin 2000-008 (September 26, 2000); NMAC 13.10.21.8 All health care plans and health care insurers must comply with the WHCRA. If cover mastectomy surgery, must also provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas. HMOs and state benefits package must cover.</p> <p>§ 24-1-33 A health care provider that provides mastectomy shall provide information to the patient about the option of reconstructive surgery.</p>
Lymphedema	<p>Bulletin 2000-008 (September 26, 2000) Lymphedemas covered per WHCRA.</p>
Breast Reduction Surgery	No provision
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	<p>NMAC 13.10.21.8 A health care insurer offering basic health services shall provide coverage for diagnosis, treatment and management of osteoporosis.</p>
Varicose Vein Treatment	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	NEW YORK (06/23)	NORTH CAROLINA (06/23)
Reconstructive Surgery Post Mastectomy	<p>Ins. Law §§ 3216; 3221; 4303 All comprehensive policies must include coverage for reconstructive breast surgery resulting from mastectomy. Shall include reconstructive surgery on nondiseased breast to achieve symmetry. Contracts for individuals and small employers shall cover reconstruction.</p> <p>Circular Letter No. 2016-2 (July 8, 2016) All policies must comply with the WHCRA.</p>	<p>§§ 58-51-62; 58-65-96; 58-67-79; 135-48.50 Every policy issued or renewed that covers mastectomy must provide coverage for reconstructive breast surgery following a mastectomy. Must include surgery on nondiseased breast to achieve symmetry performed at the same time. Also coverage for prostheses and physical complications.</p>
Lymphedema	<p>No provision</p> <p><i>See</i> Circular Letter No. 2016-2 (July 8, 2016) All policies must comply with the WHCRA.</p>	<p>§§ 58-3-280; 58-51-62; 58-65-96; 58-67-79 Every health benefit plan shall provide coverage for the diagnosis, evaluation, and treatment of lymphedema.</p>
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	<p>Ins. Law §§ 3221; 4303; 4322 If cover prescription drugs, must provide coverage for bone density tests for those at risk due to age or heredity or those with symptoms of osteoporosis. Subject to deductibles and coinsurance.</p>	<p>§ 58-3-174 Shall provide coverage for diagnosis and evaluation of osteoporosis or low bone mass to qualified individuals. Bone mass measurement every 23 months or more often, if medically necessary. Lists individuals for whom this applies.</p>
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	NORTH DAKOTA (06/23)	OHIO (06/23)
Reconstructive Surgery Post Mastectomy	<p>§ 26.1-36-09.11 Must provide the benefit provisions of the federal Women's Health and Cancer Rights Act of 1998.</p> <p>Bulletin 2000-1 (January 10, 2000) Must comply with the WHCRA. If cover mastectomy surgery, must also provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas.</p>	<p>Bulletin 2001-1 (February 13, 2001) Insurers that cover mastectomy must also cover reconstruction of the breast on which the mastectomy has been performed and reconstruction of the other breast to create a symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas.</p>
Lymphedema	<p>Bulletin 2000-1 (January 10, 2000) Lymphedemas covered</p>	<p>Bulletin 2001-1 (February 13, 2001) Lymphedemas covered</p>
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision	No provision
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	OKLAHOMA (06/23)	OREGON (06/23)
Reconstructive Surgery Post Mastectomy	36 Okl.St. Ann. § 6060.5 Any health benefit plan that provides coverage for the treatment of breast cancer shall include coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed, provided that the reconstructive surgery and any adjustments made to the nondiseased breast must occur within 24 months of reconstruction of the diseased breast.	§ 743A.110 Insurers must cover mastectomy-related services for breast reconstruction, reconstruction of the other breast to achieve symmetry, prosthesis, treatment of complications, including lymphedemas.
Lymphedema	No provision	§ 743A.110 Lymphedemas covered
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	36 Okl.St. Ann. § 6060.1 Coverage to be provided for a bone density test for qualified individuals. Group and individual policies must cover bone density testing for females 45 and older when such test is requested by a primary care or referral physician.	No provision
Varicose Vein Treatment	Okla. Admin. Code 365:10-5-4 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	PENNSYLVANIA (06/23)	PUERTO RICO (06/23)
Reconstructive Surgery Post Mastectomy	40 P.S. § 764d A health policy covering a mastectomy must also include coverage for prosthetic devices, complications such as lymphedemas, and reconstructive surgery incident to the mastectomy.	24 L.P.R.A. § 3072 All plans must provide extended coverage for breast reconstruction after mastectomy, reconstructive surgery on the other breast to achieve symmetry, breast prosthesis, treatment for physical complications at all stages of mastectomy, including lymphedema, and any reconstructive surgery after mastectomy that may be needed for the physical and emotional recovery of the patient. 3 L.P.R.A. § 729f Reconstructive surgery covered by public employees benefit plans.
Lymphedema	40 P.S. § 764d Lymphedemas covered	24 L.P.R.A. § 3072 Lymphedemas covered
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision for testing. 71 P.S. §§ 531-A to 538-A Osteoporosis Prevention and Education Program	No provision
Varicose Vein Treatment	31 Pa. Code §§ 88.61; 89.77 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	RHODE ISLAND (06/23)	SOUTH CAROLINA (06/23)
Reconstructive Surgery Post Mastectomy	<p>§§ 27-18-39; 27-19-34; 27-20-29; 27-41-43 Entities which provide mastectomy benefits shall provide coverage for reconstruction of breast on which mastectomy was performed, surgery and reconstruction of other breast to produce a symmetrical appearance, prosthesis and treatment of lymphedemas as determined in consultation with attending physician and patient.</p> <p>§ 27-19-34.1 A health benefit plan that provides coverage for the treatment of breast cancer must provide to each enrollee coverage for inpatient care for a minimum of 48 hours following a mastectomy and 24 hours following a lymph node dissection for the treatment of breast cancer.</p>	<p>§ 38-71-130 Individual and group health insurers and HMOs that provide coverage for a mastectomy shall provide coverage for prosthetic devices and reconstruction of the breast on which surgery for breast cancer has been performed and surgery and reconstruction of the nondiseased breast. The provisions of this section shall not require supplemental health insurance policies to provide coverage for reconstruction of the nondiseased breast.</p>
Lymphedema	<p>§§ 27-18-39; 27-19-34; 27-20-29; 27-41-43 Lymphedemas covered</p>	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision	<p>No provision for testing.</p> <p>§§ 44-125-10 to 44-125-40 Osteoporosis Prevention and Treatment Education</p>
Varicose Vein Treatment	<p>230-RICR-20-30-1.7.2 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.</p>	<p>S.C. Code Regs. 69-34 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.</p>

MANDATED BENEFITS – WOMEN’S HEALTH

	SOUTH DAKOTA (06/23)	TENNESSEE (06/23)
Reconstructive Surgery Post Mastectomy	ARSD 20:06:40:17; 20:06:40:17.01 If cover mastectomy, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast to produce a symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas. Plans must give written notice to participants and beneficiaries.	§ 56-7-2507 All policies that cover mastectomy surgery must also cover reconstructive breast surgery on diseased breast as well as any surgical procedure on nondiseased breast to achieve symmetry. Surgical procedure on nondiseased breast to establish symmetry must occur within 5 years of the date the reconstructive breast surgery was performed on the diseased breast.
Lymphedema	ARSD 20:06:40:17 Lymphedemas covered	Tenn. Op. Atty. Gen. No. 07-66 (May 14, 2007) Lymphedemas covered under WHCRA.
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision	§ 56-7-2506 Coverage may be provided for bone mass measurement for the diagnosis and treatment of osteoporosis. Coverage provided to individuals for which bone density testing is determined to be medically necessary by the individual’s attending physician or primary care provider for the diagnosis and treatment of osteoporosis.
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	TEXAS (06/23)
Reconstructive Surgery Post Mastectomy	<p>I.C. §§ 1357.001 to 1357.007; 28 TAC §§ 11.508; 21.2103 If cover mastectomy, must cover reconstruction of the breast on which surgery has been performed; surgery and reconstruction of other breast to achieve symmetry; prosthesis and treatment of physical complications, including lymphedemas. Must still cover even if mastectomy was on previous insurance. Insurers must send out notice to insureds discussing their plans’ coverage.</p> <p>I.C. § 1357.054 A health benefit plan that provides coverage for the treatment of breast cancer must provide to each enrollee coverage for inpatient care for a minimum of 48 hours following a mastectomy and 24 hours following a lymph node dissection for the treatment of breast cancer.</p>
Lymphedema	<p>I.C. § 1357.004; 28 TAC § 21.2103 Lymphedemas covered</p>
Breast Reduction Surgery	No provision
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	<p>I.C. § 1361.003 Group health benefit plans and HMOs must provide coverage for medically accepted bone mass measurement to determine insured’s risk of osteoporosis and fractures associated with osteoporosis.</p> <p>28 TAC § 26.409 Mandated osteoporosis benefits do not apply to health benefit plans issued by a health carrier through a health group cooperative.</p>
Varicose Vein Treatment	<p>28 TAC § 3.3055 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.</p>

MANDATED BENEFITS – WOMEN’S HEALTH

	UTAH (06/23)
Reconstructive Surgery Post Mastectomy	§ 31A-22-630 If cover mastectomy, must provide coverage for reconstruction of the breast on which surgery was performed and reconstruction of the other breast, to produce symmetrical appearance. Must also cover prosthesis and physical complications of mastectomy, including lymphedemas.
Lymphedema	§ 31A-22-630 Lymphedemas covered
Breast Reduction Surgery	§ 31A-30-107.5 Breast reduction surgery may be subject of a condition-specific exclusion rider for individual and small group plans.
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	No provision
Varicose Vein Treatment	§ 31A-30-107.5 Varicose vein treatments may be subject to condition-specific exclusion rider for individual and small employer group plans. Utah Admin. Code R590-126-4; R590-233-4 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments for health benefit plan and accident and health policies.

MANDATED BENEFITS – WOMEN’S HEALTH

	VERMONT (06/23)	VIRGIN ISLANDS (06/23)
Reconstructive Surgery Post Mastectomy	No provision	No provision
Lymphedema	No provision	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	No provision	No provision
Varicose Vein Treatment	Admin. Code 4-3-8:6 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	VIRGINIA (06/23)	WASHINGTON (06/23)
Reconstructive Surgery Post Mastectomy	§ 38.2-3418.4 Must provide coverage for reconstructive breast surgery for the affected breast and the other to achieve symmetry. Also includes prosthesis and physical complications such as lymphedemas.	§§ 48.20.395; 48.21.230; 48.44.330; 48.46.280 Must cover reconstructive breast surgery resulting from mastectomy, including breast reduction of nondiseased breast to make it equal in size after reconstructive surgery on diseased breast is performed.
Lymphedema	§§ 38.2-3418.14; 38.2-3418.4 Coverage for lymphedemas, including supplies, equipment, self-management training, etc. Same limits and coverage as for similar ailments.	No provision
Breast Reduction Surgery	§ 32.1-325 Virginia medical assistance services will cover breast reduction if medically necessary.	§§ 48.20.395; 48.21.230; 48.44.330; 48.46.280 Must cover one reconstructive breast reduction on nondiseased breast to achieve symmetry following mastectomy. § 48.43.0128 May not apply categorical or blanket exclusions to gender affirming treatment.
Hormone Replacement Therapy	§ 38.2-3449.1 A health carrier that offers a health benefit plan to an individual or group shall not deny coverage of medically necessary transition-related care which includes continuous hormone replacement therapy and testing and monitoring.	No provision
Osteoporosis Bone Mass Testing	No provision	No provision
Varicose Vein Treatment	No provision.	WAC 284-50-320 No policy establishing a probationary period may exceed 6 months waiting for varicose vein treatments.

MANDATED BENEFITS – WOMEN’S HEALTH

	WEST VIRGINIA (06/23)	WISCONSIN (06/23)
Reconstructive Surgery Post Mastectomy	<p>§§ 33-15-4g; 33-16-3p; 33-24-7g; 33-25A-8f; 5-16-7c Every policy issued or renewed that covers mastectomy must provide coverage for reconstructive breast surgery following a mastectomy. Must include surgery on nondiseased breast to achieve symmetry. Also coverage for prostheses and physical complications, including lymphedemas. Public employees are also covered.</p> <p>§ 33-42-4 No health benefit policy providing coverage for surgical services in a hospital inpatient or outpatient setting may deny coverage for reconstruction of the breast following mastectomy.</p>	<p>§ 632.895 (13); Bulletin No. 10-24-97 Requires every group and individual disability insurance policy including HMOs, PPPs, and LSHOs and every self-insured county, municipality and school district health plan that provide coverage for a mastectomy to provide coverage of breast reconstruction of the affected tissue incident to a mastectomy.</p>
Lymphedema	<p>§§ 33-15-4g; 5-16-7c; 33-16-3p; 33-24-7g; 33-25A-8f Lymphedemas covered</p>	No provision
Breast Reduction Surgery	No provision	No provision
Hormone Replacement Therapy	No provision	No provision
Osteoporosis Bone Mass Testing	<p>No provision for testing.</p> <p>§§ 16-5M-1 to 16-5M-3 West Virginia Osteoporosis Prevention Education Act</p>	No provision
Varicose Vein Treatment	No provision	No provision

MANDATED BENEFITS – WOMEN’S HEALTH

	WYOMING (06/23)
Reconstructive Surgery Post Mastectomy	No provision
Lymphedema	No provision
Breast Reduction Surgery	No provision
Hormone Replacement Therapy	No provision
Osteoporosis Bone Mass Testing	No provision
Varicose Vein Treatment	No provision

This chart does not constitute a formal legal opinion by the NAIC staff on the provisions of state law and should not be relied upon as such. Every effort has been made to provide correct and accurate summaries to assist the reader in targeting useful information. For further details, the statutes and regulations cited should be consulted. The NAIC attempts to provide current information; however, readers should consult state law for additional adoptions.