MANDATED BENEFITS: MENTAL HEALTH

Over the past several years there has been increasing interest in a topic generally known as "mandated benefits." This term actually covers three subtopics:

(1) Statutes and rules requiring that certain persons be covered by health insurance policies. A good example is the Model Newborn Children Bill (Model #155 in the NAIC *Model Laws, Regulations and Guidelines*) endorsed by the NAIC in 1973. This statute requires inclusion of newly born children in the family policies of their parents from the moment of birth.

(2) Statutes and rules mandating certain illnesses or procedures be covered by health insurance policies. A good example is the Health Examination Benefits Availability Act (Model #160 in the NAIC *Model Laws, Regulations and Guidelines*) adopted in 1986. It requires offering coverage for routine physical examinations and well-baby care.

(3) Statutes and rules mandating that care by certain providers must be reimbursed if it is a covered expense. For example, in some states a statute provides that insurers must cover treatments provided by chiropractors if they would cover those same treatments provided by a medical doctor, and the chiropractor is acting within the scope of his license.

In addition to the types of mandates listed above, statutes vary in whether the coverage specified is *required* to be included in the policy or certificate, or whether it must be *offered* to the subscribers, usually with an increased cost. This chart will focus on the second classification enumerated. State statutes or regulations providing that certain coverage must be included or offered are summarized on the following pages. A number of different coverages are required in numerous states, while a few are unique to only one or two states. This chart only includes states that currently have a mandated benefit provision in place.

CATEGORIES

ALZHEIMER'S DISEASE
DEVELOPMENTAL DELAYS
MENTAL ILLNESS – INCLUDES EATING DISORDERS

MISCELLANEOUS
- ATTENTION DEFICIT/HYPERACTIVITY DISORDER
- BRAIN INJURY

MANDATED BENEFITS: MENTAL HEALTH

ALZHEIMER'S DISEASE

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

STATE	CITATION	SUMMARY
AL (9/23)	AAC 482-1-091-.06	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
AK (9/23)	§ 21.53.020	Shall not cancel or forfeit long-term care policy due to deterioration of insured's mental health.
AZ (9/23)	Ariz. Admin. Code R20-6-1004	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
AR (9/23)	Ark. Admin. Code 054.00.13-6	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
CA (9/23)	Ins. §§ 10123.16; 10123.17	If coverage for long-term care facility services or home-based care then insurer must not exclude coverage for Alzheimer's.
CO (9/23)	C.R.S.A § 10-19-107	Long-term care policies may not exclude coverage for dementia diseases and related disabilities.
CT (9/23)	§§ 38a-501-11; 38a-501-21	Long-term care policies may not exclude or limit coverage for organic brain disorders such as Alzheimer's disease.
DE (9/23)	18 Del. Admin. Code 1404-6.0	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
DC (9/23)	26A DCMR § 2603	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
FL (9/23)	Rule 69O-157.012; 69O-157.104	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
GA (9/23)	Reg. 120-2-16-.06	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
HI (9/23)	§ 431:10H-203	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.

MANDATED BENEFITS: MENTAL HEALTH

ALZHEIMER'S DISEASE

STATE	CITATION	SUMMARY
ID (9/23)	IDAPA 18.04.11.012	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
IL (9/23)	50 ILAC § 2012.50	Long-term care policies may not exclude or limit benefits on the basis of Alzheimer's disease.
IN (9/23)	760 Ind. Admin. Code 2-3-2	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
IA (9/23)	Iowa Admin. Code r. 191-39.6	Long-term care policies may not exclude or limit benefits for Alzheimer's disease, nor may policies limit coverage for Alzheimer's disease to the skilled or intermediate level of care.
KS (9/23)	KAR 40-4-37b	Long-term care policies shall not exclude coverage for loss which results from organic brain disease, including Alzheimer's disease.
KY (9/23)	806 KAR 17:081; 17:085	Long-term care and short-term nursing home care policies may not exclude or limit coverage for Alzheimer's disease.
LA (9/23)	37 LA ADC Pt XIII, § 1909	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
ME (9/23)	02-031 CMR Ch. 270, § 6 02-031 CMR Ch. 425, § 6	Long-term care policies shall not exclude or limit coverage for Alzheimer's disease. Medicare supplement policies may not exclude or limit coverage for Alzheimer's disease.
MD (9/23)	Ins. §§ 15-801; 18-109; 18-111; COMAR 31.11.05.03; 31.11.05.04; 31.14.01.04	Insurer must offer the option of benefits for expenses arising from the care, including nursing home care and intermediate or custodial nursing care, of individuals who have Alzheimer's disease. Long-term care insurers shall provide coverage for Alzheimer's disease without any condition, limitation, or reduction in coverage not applicable to coverage for other diseases or illnesses. Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
MA (9/23)	211 CMR 65.05	No individual long-term care policy may exclude otherwise eligible persons from policy benefits due to the presence or history of Alzheimer's disease.
MI (9/23)	§ 500.3905	Long-term care policies may not exclude or limit coverage for Alzheimer's disease or related disorders.

MANDATED BENEFITS: MENTAL HEALTH

ALZHEIMER'S DISEASE

STATE	CITATION	SUMMARY
MN (9/23)	§ 62S.15	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
MS (9/23)	Miss. Admin. Code 19-3:8.07	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
MO (9/23)	20 CSR 400-4.100	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
MT (9/23)	Mont. Admin. R. 6.6.3104	Long-term care policies may not exclude or limit coverage for Alzheimer's disease or irreversible dementia.
NE (9/23)	R. & Regs. tit. 210, ch. 46, § 006.02(B)	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
NV (9/23)	NAC 687B.090	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
NH (9/23)	Ins. 3601.05	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
NJ (9/23)	NJAC 11:4-34.4	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
NM (9/23)	NMAC 13.10.15.10	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
NY (9/23)	11 NYCRR 52.25	Long-term care policies may not exclude or limit coverage for Alzheimer's disease or demonstrable organic brain disease.
NC (9/23)	§ 58-55-35; 11 NCAC 12.1004	When long-term care insurance provides coverage for organic brain disorder syndrome, progressive dementing illness, or primary degenerative dementia, such phrases shall be interpreted to include Alzheimer's disease. No long-term care policy may limit or exclude coverage of Alzheimer's disease.

MANDATED BENEFITS: MENTAL HEALTH

ALZHEIMER'S DISEASE

STATE	CITATION	SUMMARY
ND (9/23)	NDAC 45-06-05-04; 45-06-15-03	Long-term care and short-term care policies may not exclude or limit coverage for Alzheimer's disease.
OH (9/23)	OAC 3901-4-01	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
OK (9/23)	OKLA ADMIN. CODE § 365:10-5-43	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
OR (9/23)	§ 743.655	A long-term care insurance policy may not exclude coverage for Alzheimer's disease and related dementias.
PA (9/23)	31 Pa. Code § 89a.105	Long-term care policies may not exclude or limit coverage for Alzheimer's disease or degenerative or dementing illness.
PR (9/23)	No provision	
RI (9/23)	§ 27-34.2-6; R.I. ADC 11-5-44:6	Long-term care policies may not exclude or limit coverage on the basis of Alzheimer's disease, other dementias or organic brain disorder.
SC (9/23)	R. 69-44 § 6	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
SD (9/23)	S.D. Admin. R. 20:06:21:02; 20:06:21:04	Long-term care policies which condition payments of benefits on the inability to perform activities of daily living may not be used to restrict coverage for organic brain disorders, including Alzheimer's disease and senile dementia. Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
TN (9/23)	Tenn. Comp. R & Reg. 0780-01-61-.06	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
TX (9/23)	28 TAC 3.3826	Long-term care policies may not exclude or limit coverage for Alzheimer's disease or related disorders.

MANDATED BENEFITS: MENTAL HEALTH

ALZHEIMER'S DISEASE

STATE	CITATION	SUMMARY
UT (9/23)	UTAH ADMIN. CODE R590-148-6	Long-term care policies may not exclude or limit coverage for Alzheimer's disease or any other mental or nervous disorder of organic origin.
VT (9/23)	8 V.S.A. § 8085	Long-term care policies may not exclude or limit coverage for Alzheimer's disease or related disorders.
VI (9/23)	No provision	
VA (9/23)	14 VAC 5-200-60	Long-term care policies may not exclude or limit coverage for Alzheimer's disease, senile dementia, organic brain disorder or other similar diagnosis.
WA (9/23)	WAC 284-83-145	Long-term care policy will provide coverage for insureds with Alzheimer's disease or related degenerative or dementing illness.
WV (9/23)	W. Va. Code St. R. 114-32-4	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.
WI (9/23)	Reg. § INS 3.46	Coverage may not be excluded or limited on the basis of irreversible dementia, which includes but is not limited to Alzheimer's disease.
WY (9/23)	Ins. Gen. ch. 37, § 6	Long-term care policies may not exclude or limit coverage for Alzheimer's disease.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
AL (10/23)	§ 27-12-11	No person shall make or permit any unfair discrimination between amount of premium, policy fees or rates charged for any policy or contract of disability insurance, or in the benefits payable thereunder, or in any of the terms or conditions of such contract or in any other manner whatever.
AK (10/23)	§§ 21.54.100; 21.36.090	A health care insurer that offers, issues for delivery, delivers, or renews a health care insurance plan in the group market may not establish rules for eligibility for an individual or dependent of an individual based on disability. A health care insurer may not require an individual to pay a premium, contribution, or policy fee greater than a premium, contribution, or policy fee for a similarly situated individual already enrolled in the plan.
AZ (10/23)	§§ 20-826; 20-1342.01; 20-1407; 20-448	Each contract that provides coverage of a dependent child shall not operate to terminate the coverage while the child is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent upon the subscriber for support and maintenance. Proof of incapacity and dependency shall be furnished to insurer within 31 days of age of attainment, and as may be required by insurer, but not more frequently than annually after the two-year period following attainment of limiting age. An insurer shall not refuse to consider an application for life or disability insurance on the basis of developmental delay or developmental disability. The rejection of an application or the determining of rates, terms, or conditions of a life or disability insurance contract on the basis of developmental delay or developmental disability constitutes unfair discrimination.
AR (10/23)	§§ 23-86-102; 23-86-108; 23-66-206 Ark. Admin. Code 054.00.71-4	In any group or blanket accident and health shall not terminate for an unmarried dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of nineteen years of age and who is chiefly dependent on the contract holder for support and maintenance. Terminating or modifying coverage or refusing to issue or renew any policy or contract of insurance solely because the applicant or insured or any employee of either is mentally or physically impaired constitutes unfair discrimination.
CA (10/23)	Ins. §§ 10118; 10124; 10277; 10278	A policy of disability insurance shall not terminate the coverage of a child while the child is and continues to be both incapable of self-sustaining employment by reason of an intellectual disability or physical handicap, and chiefly dependent upon insured for support and maintenance. Proof of incapacity and dependency must be furnished to insurer within 31 days of child's attainment of limiting age, and subsequently as may be required by insurer, but not more frequently than annually after the two-year period following child's attainment of limiting age. A health insurance policy shall not terminate upon attainment of limiting age when the child is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon policyholder or subscriber for support and maintenance.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
CO (10/23)	§ 10-16-104	All individual and group sickness and accident insurance policies or contracts issued on or after 1-1-08 that includes dependent coverage, shall provide early intervention services to an eligible child. Eligible child is defined as infant or toddler, from birth through 2 years of age, who has significant delays in development or has a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development.
CT (10/23)	§ 38a-489; 38a-816; Reg. 38a-505-9	Family coverage shall not terminate for any dependent child who is incapable of self-sustaining employment due to mental or physical handicap, as certified by a physician, and is chiefly dependent on the insured for support and maintenance. Proof of incapacity may be required within 31 days of the child's attainment of the limiting age. Refusing to insure, continue to insure, or limiting the amount, extent or kind of coverage available to an individual or charging an individual a different rate for the same coverage because of physical or intellectual disability constitutes unfair and deceptive acts or practices in the business of insurance.
DE (10/23)	18 Del. Admin. Code § 1304-7.0	Family coverage shall not terminate for any dependent child who is incapable of self-sustaining employment due to mental retardation or physical handicap and is chiefly dependent on the insured for support or maintenance. The policy may require proof of incapacity within 31 days of attainment of limiting age.
DC (10/23)	§ 31-2231.11	No person shall terminate or modify coverage or refuse to issue or renew a property and casualty policy or a life, health, or annuity policy, solely because the applicant or insured, or an employee of either, is mentally or physically impaired. A termination, modification, or refusal shall be based on sound actuarial principles or related to actual or reasonably anticipated experience.
FL (10/23)	§ 627.6041	A hospital or medical expense insurance policy or health care services plan does not terminate the coverage of a child who continues to be both incapable of self-sustaining employment by reason of an intellectual or physical disability, and chiefly dependent on the policy holder or subscriber for support and maintenance.
GA (10/23)	§ 33-24-28	An individual hospital or medical expense insurance policy shall not terminate coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of developmental disability or physical disability as determined by the Department of Behavioral Health and Developmental Disabilities and chiefly dependent on the policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of the child's attainment of the limiting age and subsequently as may be required by the insurer but not more frequently than annually after the two-year period following the child's attainment of the limiting age.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
HI (10/23)	§§ 431:10-212; 431:13-103	Every individual and group life insurance policy and every hospital or medical expense insurance policy shall not terminate coverage of a child who is and continues to be incapable of self-sustaining employment by reason of intellectual disability or physical handicap, and chiefly dependent upon the policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of the limiting age, and subsequently as may be required by the insurer, but not more frequently than annually after the two-year period following attainment of the limiting age. Terminating or modifying coverage, or refusing to issue or renew any property or casualty policy solely because the applicant or insured or any employee of either is mentally or physically impaired constitutes unfair discrimination.
ID (10/23)	§ 41-2139	A policy shall not terminate coverage of an unmarried child who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent upon insured for support and maintenance. Proof of dependent's incapacity required within 31 days of dependent's attainment of the limiting age. Insurer may require proof at reasonable intervals during the two years following the child's attainment of the limiting age. After the two-year period, such subsequent proof may not be required more than once a year.
IL (10/23)	215 ILCS §§ 5/356b; 5/367b; 125/4-9.1; 5/364	The hospital and medical expense provisions of an accident or health insurance policy shall not terminate the coverage of a person who, because of disabling condition that occurred before attainment of the limiting age, is incapable of self-sustaining employment and is dependent on his or her parents or other care providers for lifetime care and supervision. The insurer may inquire of the policyholder two months prior to attainment by a dependent of the limiting age, or at any reasonable time thereafter, whether such dependent is a disabled and dependent person and, in the absence of proof submitted within 60 days (31 days for group and HMO policies) of such inquiry that such dependent has a disability and dependent, insurer may terminate coverage at or after attainment of limiting age. In the absence of such inquiry, coverage of any disabled and dependent person shall continue. No accident or health policy shall contain distinction or discrimination in terms and conditions or rates because of disabilities.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
IN (10/23)	§§ 27-8-14.2-3 to 27-8-14.2-4; Bulletin 136 (March 30, 2006)	Group policy must provide coverage for treatment of an autism spectrum disorder. Insurer may not refuse to cover, refuse to renew or terminate coverage solely because individual is diagnosed with an autism spectrum disorder. Coverage must not be subject to dollar limits, deductibles or coinsurance that are less favorable than those applicable to physical illnesses. Pervasive development disorder means a neurological condition, including Asperger's Syndrome and autism, as defined in the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association.
	§§ 27-8-5-2; 27-8-5-19; 27-8-5-19.3	An individual or group policy of accident and sickness insurance shall not terminate coverage of a child who is incapable of self-sustaining employment by reason of mental, intellectual, or physical disability and is chiefly dependent upon the policyholder for support and maintenance. Proof of incapacity must be furnished within 31 days of the child reaching the limiting age (120 days for group). Insurer may require subsequent proof during two years after attainment of limiting age, and thereafter may inquire no more than once per year. Policies may not include a waiver of coverage for a mental health condition or developmental disability.
IA (10/23)	§ 514E.7; IAC 191-15.11	An association policy shall not terminate coverage when a person is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and primarily dependent for support and maintenance upon the person in whose name the contract is issued. Proof of incapacity and dependency required within 120 days of attainment of limiting age, and subsequently as may be required by the insurer, but not more frequently than annually after the two-year period following attainment of the limiting age. No contract, benefits, terms, conditions, or type of coverage shall be denied, restricted, modified, excluded, or reduced solely on the basis of physical or mental impairment except where based upon sound actuarial principles or related to actual or reasonably anticipated experience.
KS (10/23)	§ 40-4-37c	Long-term care family coverage shall not terminate for a child who is incapable of self-sustaining employment due to mental retardation or physical handicap and is chiefly dependent on the insured for support and maintenance. Proof may be required within 31 days of date coverage would otherwise terminate.
KY (10/23)	§ 304.17-310	An individual hospital or medical expense insurance policy or service plan contract shall not terminate coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of an intellectual or physical disability and chiefly dependent upon the policyholder or subscriber for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age and subsequently as required by insurer but not more frequently than annually after the two-year period following the child's attainment of limiting age.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
LA (10/23)	LSA-R.S. 22:1000; 22:1001	Family group health and accident insurance may provide for continuing coverage for any unmarried child or grandchild in the legal custody of and residing with the grandparent, and who is incapable of self-sustaining employment by reason of intellectual or physical disability, who became so incapable prior to attainment of age twenty-one. Group health and accident insurance shall not terminate coverage for any dependent child who is and continues to be incapable of self-sustaining employment by reason of intellectual or physical disability. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age.
ME (10/23)	24-A M.R.S.A. § 2159-A	No insurer may refuse to insure or refuse to continue to insure, limit the amount, extent or kind of coverage available to an individual or charge an individual a rate different from that normally charged for the same coverage solely because the insured or the applicant has a physical or mental handicap unless the basis is clearly demonstrated through sound actuarial evidence.
MD (10/23)	Ins. § 27-501	An insurer may not require special conditions, facts or situations as a condition to its acceptance or renewal of a particular insurance risk in an arbitrary, capricious, unfair, or discriminatory manner based wholly or partly on physical handicap or disability.
MA (10/23)	M.G.L.A. 175 § 193T	No insurance company offering for sale an insurance policy shall make any distinction or discrimination as to the issuance of such policy or the rates or premiums charged solely on the basis of the insured's intellectual disability or physical impairment except when based on sound actuarial principles or related to actual experience.
MI (10/23)	§§ 500.2264; 550.1410	Any contract or insurance policy shall not terminate coverage for an unmarried child of the policyholder who is incapable of self-support due to developmental disability or physical disability, and who is dependent upon such policyholder for support and maintenance. Policyholder must submit proof of dependent's incapacity not later than 31 days after the attainment of limiting age by dependent child.
MN (10/23)	§ 62A.14	An individual or group hospital or medical expense insurance policy shall not terminate the coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability and chiefly independent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age, and subsequently as required by insurer, but not more frequently than annually after the two-year period following child's attainment of limiting age.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
MS (10/23)	§ 83-41-205	Any individual hospital or medical service plan or insurance policy shall not terminate coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of an intellectual disability or physical disability and chiefly dependent upon the policyholder for support and maintenance. Proof of incapacity required within 31 days of child's attainment of limiting age and subsequently as required by insurer, but not more frequently than annually after the two-year period following child's attainment of limiting age.
MO (10/23)	§ 376.776; 20 CSR 100-2.200	Hospital and medical expense policies must not terminate the hospital and medical coverage while child is and continues to be both incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent on policyholder for support and maintenance. Proof of incapacity required at least 31 days before attainment of limiting age and at reasonable intervals during the two years following attainment of limiting age and no more than annually after the two-year period. May not refuse to insure, refuse to continue to insure, or limit the amount, extent, or kind of coverage available to an individual, or charge a different rate for the same coverage solely because of a physical or mental impairment constitutes unfair discrimination, except where based on sound actuarial principles or related to actual or reasonably anticipated experience.
MT (10/23)	§§ 33-22-304; 33-22-506; 33-18-206	An individual or group hospital or medical expense insurance policy may not terminate the coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent for support and maintenance. Proof of intellectual disability or the physical disability and dependency required within 31 days of child's attainment of limiting age and subsequently as required by insurer but not more frequently than annually after the two-year period following child's attainment of limiting age. An insurer may not refuse to consider an application for life or disability insurance on the basis of developmental delay or disability. Rejection of an application or determining of rates, terms, or conditions of a life or disability insurance contract on the basis of developmental delay or disability constitutes unfair discrimination unless the applicant's medical condition and history and either claims experience or actuarial projections establish that substantial differences in claims are likely to result from the developmental delay or disability.
NE (10/23)	§ 44-710.01	No individual policy of sickness and accident insurance shall terminate coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of an intellectual disability or a physical disability and chiefly dependent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age and subsequently as required by insurer but not more frequently than annually after the two-year period following child's attainment of limiting age. Insurer may charge an additional premium for continuation of coverage beyond the limiting age of the policy with respect to such child on the basis of the class of risks applicable to such child.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
NV (10/23)	§ 689B.035	Any group health insurance policy shall not terminate coverage when a dependent child reaches the limiting age if the child is and continues to be incapable of self-sustaining employment due to a physical handicap or an intellectual disability and dependent on the policyholder for support and maintenance. Proof of child's incapacity required within 31 days after child attains limiting age and as often as insurer may require thereafter, but no more than once a year beginning two years after child attains limiting age.
NH (10/23)	§ 415:5	Coverage of a dependent under accident and health insurance plans shall continue while dependent is mentally or physically incapable of earning his/her own living as long as dependent remains chiefly dependent on the policyholder. Proof of incapacity required within 31 days of attainment of limiting age.
	§§ 415:6-n; 415:18-s; 420-A:17-g (health service corp.); 420-B:8-r (HMO)	Policies must provide coverage for children from birth to 36 months with an identified developmental disability and/or delay. Coverage is subject to a maximum yearly benefit.
NJ (10/23)	§§ 17:48a-7.1; 17:48E-22; NJAC 11:4-57.3	Coverage of an unmarried child covered prior to attainment of age 19, shall not terminate for a dependent who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the subscriber for support and maintenance. Subscriber required submitting proof of incapacity within 31 days of attainment of termination age. Carriers shall not apply any exclusion in a health insurance policy or health maintenance organization contract to deny benefits for services or supplies that are medically necessary for the treatment of developmental disorders, developmental delay, or learning disabilities.
NM (10/23)	§ 59A-22-33	An individual or group hospital or medical expense insurance policy shall not terminate coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of intellectual or developmental disability or physical disability and chiefly dependent on policyholder for support and maintenance. Proof of incapacity required within 31 days of child's attainment of limiting age and subsequently, as required by insurer, but not more frequently than annually after the two-year period following attainment of limiting age.
NY (10/23)	§§ 3216; 4235; 4224; 4304 to 4305; Circular Letter 1980-11	No policy of individual and group accident and health insurance shall terminate coverage of an unmarried child who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, or physical handicap and who is chiefly dependent for support and maintenance. Proof of incapacity required within 31 days of dependent's attainment of limiting age. No life insurance company or savings and insurance bank shall refuse to insure, refuse to continue to insure or limit the amount, extent or kind of coverage available to an individual, or charge a different rate for the same coverage solely because of the physical or mental disability, impairment or disease, or prior history thereof, except where permitted by law or regulation and based on sound actuarial principles or related to actual or reasonably anticipated experience.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
NC (10/23)	§§ 58-51-25; 58-51-35; Bulletin 89-L-3	An individual or group accident and health insurance policy shall not terminate coverage of a child who is and continues to be incapable of self-sustaining employment by reason of an intellectual or physical disability and chiefly dependent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of attainment of limiting age and subsequently as required by insurer, but not more frequently than annually after child's attainment of limiting age. No insurance company shall refuse to issue or deliver any individual or group accident and health insurance policy or hospital or medical service plan policy which it is currently issuing which affords benefits or coverage of minor children by reason of an intellectual or physical disability. Nor shall such policy carry a higher premium rate or charge or restrict or exclude coverage or benefits by reason of an intellectual or physical disability. Policy may exclude benefits otherwise payable for disability, hospitalization, or medical or other therapeutic expense directly and solely attributable to an intellectual or physical disability.
ND (10/23)	§ 26.1-36-22	An individual or group health insurance policy shall not terminate the coverage of a dependent child who is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent on employee for support and maintenance. Proof of incapacity and dependency required within 31 days of attainment of limiting age and subsequently as required by insurer, but not more frequently than annually after the two-year period following attainment of limiting age.
OH (10/23)	§ 3923.24	A group sickness and accident insurance policy shall not terminate coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and primarily dependent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age and subsequently on insurer's request, but not more frequently than annually after the two-year period following attainment of limiting age.
OK (10/23)	OKLA ADMIN. CODE § 365:10-5-5	Accident and sickness family coverage shall not terminate coverage for any dependent child who is incapable of self-sustaining employment due to mental retardation or physical handicap and is chiefly dependent on insured for support and maintenance. Proof of incapacity may be required within 31 days of attainment of limiting age.
OR (10/23)	§ 743A.190	Health benefit plan must cover a child under 18, and who has been diagnosed with a pervasive developmental disorder, all medical services, including rehabilitation services that are medically necessary. Pervasive developmental disorder means a neurological condition that includes autism spectrum disorder, developmental delay, developmental disability, or mental retardation.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
PA (10/23)	40 P.S. § 756.2	A group accident and sickness insurance policy shall not terminate coverage of an unmarried child who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who is chiefly dependent on insured for support and maintenance. Proof of incapacity required within 31 days of attainment of limiting age.
PR (10/23)	No provision	
RI (10/23)	230-RCR- 20-30-1.7	Family coverage shall not terminate coverage of a dependent child who is incapable of self-sustaining employment due to mental retardation or physical handicap and is chiefly dependent on insured for support and maintenance. Proof of incapacity required within 31 days of attainment of limiting age.
SC (10/23)	§§ 38-65-70; 38-71-780; 38-71-350	Any group life insurance policy may be extended to any child who is both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent on the employee for support. Individual or group hospital or medical expense insurance policy shall not terminate coverage for any dependent child who is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and primarily dependent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of attainment of limiting age and subsequently as required by insurer, but not more frequently than annually after the two-year period following attainment of limiting age.
SD (10/23)	§§ 58-17-30.1; 58-18-31	An individual, group or blanket health insurance policy shall not terminate coverage of a dependent child who is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age and subsequently as required by insurer, but not more frequently than annually after the two-year period following attainment of limiting age.
TN (10/23)	§ 56-7-2302	An individual or group hospital or medical expense insurance policy or contract shall not terminate coverage of a dependent child who is and continues to be both incapable of self-sustaining employment by reason of intellectual or physical disability and chiefly dependent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age and subsequently as required by insurer, but not more frequently than annually after two-year period following child's attainment of limiting age.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
TX (10/23)	I.C. §§ 1201.059; 1367.201 to 1367.207	Individual, blanket, or group insurance policies shall not terminate coverage of a child who is incapable of self-sustaining employment because of intellectual disability or physical disability and chiefly dependent on insured for support or maintenance. Proof of incapacity and dependency required not later than 31 days after child attains limiting age and subsequently, as insurer requires but not more frequently than annually after the second anniversary of date child attains limiting age.
UT (10/23)	§ 31A-22-611; Utah Admin. Code R590-129-4	Accident and health insurance policies or contracts shall not terminate coverage of a disabled dependent (one with mental or physical impairment) due to an age limitation. Insured may require proof of incapacity within 30 days of date child attains limiting age and subsequently, but not more often than annually after the two-year period following attainment of limiting age. Refusing to insure or refusing to continue to insure, or limiting the amount, extent, or kind of coverage available to an individual, or charging a higher rate for the same coverage solely because of physical or mental impairment is prohibited except where based on sound actuarial principles or reasonably anticipated loss experience.
VT (10/23)	8 V.S.A. § 4089d	Any group or individual policy of health insurance shall not limit or restrict coverage of an unmarried child who is incapable of self-sustaining employment by reason of mental or physical disability and who is chiefly dependent on insured for support and maintenance. Insurer may require reasonable periodic proof of a continuing condition no more frequently than once every year.
VI (10/23)	22 V.I.C. §§ 1731 to 1735	Coverage required in health care insurance plans by this section must include treatment prescribed, identified and ordered by a licensed physician, psychologist, or a licensed clinical social worker for an insured who is diagnosed with an autism spectrum disorder in accordance with a treatment plan developed by licensed physician, licensed psychologist or licensed clinical social worker pursuant to a comprehensive evaluation or re-evaluation of the insured.
VA (10/23)	§§ 38.2-3409; 38.2-508	Any group or individual accident and sickness insurance policy shall not terminate a dependent's coverage that is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical handicap, and chiefly dependent on policy owner for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of specified age, and subsequently as required by insurer, but not more frequently than annually after two-year period following attainment of limiting age. No person shall refuse to insure, refuse to continue to insure, or limit the amount, extent or kind of insurance coverage available to an individual, or charge a different rate for the same coverage solely because of mental or physical impairments, unless based on sound actuarial principles.

MANDATED BENEFITS: MENTAL HEALTH

DEVELOPMENTAL DELAYS

STATE	CITATION	SUMMARY
WA (10/23)	§§ 48.20.420 (disability); 48.21.150 (group/blanket disability); 48.41.140 (pool policy); 48.46.320 (HMO)	Policies shall not terminate coverage of a dependent unmarried person if that dependent is and continues to be both incapable of self-sustaining employment by reason of developmental or physical disability and chiefly dependent upon policyholder for support and maintenance. Proof of incapacity and dependency is furnished within 31 days of attainment of age 26 and subsequently as may be required by the pool but not more frequently than annually after two-year period following dependent's attainment of age 26.
WV (10/23)	W. Va. Code R. 114-12-5	Any accident and sickness insurance policy may not terminate coverage of a dependent child who is and continues to be both incapable of self-sustaining employment because of mental retardation or physical handicap and chiefly dependent upon policyholder for maintenance and support. Proof of incapacity may be required within 31 days of attainment of limiting age.
WI (10/23)	§ 632.88; Reg. § INS 6.67	Every hospital or medical expense insurance policy or contract may not terminate coverage of a dependent child who is and continues to be both incapable of self-sustaining employment because of intellectual disability or physical handicap and chiefly dependent for support and maintenance. Proof of incapacity and dependency may be required within 31 days of attainment of limiting age and subsequently, but not more frequently than annually after the two-year period following attainment of limiting age. Refusing to insure, or refusing to continue to insure, or limiting the amount, extent or kind of coverage available to an individual or charging a different rate for the same coverage solely because of physical or mental impairment constitutes unfair discrimination except where based on sound actuarial principles or related to actual or reasonably anticipated experience (applicable to life and disability insurance).
WY (10/23)	§ 26-22-401	Individual or group hospital or medical expense insurance policies may not terminate coverage of a child who is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent on policyholder for support and maintenance. Proof of incapacity and dependency required within 31 days of child's attainment of limiting age and subsequently as required by insurer, but not more frequently than annually after the two-year period following attainment of limiting age.

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
AL (10/23)	§ 27-54-4	Group plans must include minimum benefits for the following illnesses diagnosed by an appropriately licensed provider: schizophrenia, schizophrenia form disorder, schizoaffective disorder, bipolar disorder, panic disorder, obsessive-compulsive disorder, major depressive disorder, anxiety disorder, mood disorders, any condition or disorder involving mental illness excluding alcohol and substance abuse that falls under any of the diagnostic categories listed in the mental disorders section of the *International Classification of Disease*, as periodically revised.
AK (10/23)	§ 21.54.151	A health insurer that offers a health care insurance plan in the group market shall comply with the mental health or substance use disorder benefit requirements established under 42 U.S.C. 300 gg-26.
AZ (10/23)	§ 20-2322	Health plan shall not impose any aggregate annual or lifetime limit on mental health services or benefits that are less than the applicable lifetime limit for health services generally. Mental health services and mental health benefits do not include benefits for the treatment of substance abuse or chemical dependency.
AR (10/23)	Ark. Admin. Code 054.00.71-4; § 23-99-506	Benefits for diagnosis and treatment of mental illness shall be provided under same terms and conditions as for treatment of other medical illnesses and conditions. Not mandatory for small employers with 2-50 employees or group health plans whose costs increase 1% or more due to its application. Does not apply to any plan where application would result in a 1.5% increase in the cost of coverage for the first benefit year or 1% for each subsequent year.
	§ 23-86-113	Group accident and health policy or group contract of hospital and medical service corporations providing hospitalization or medical benefits to Arkansas residents for conditions arising from mental illness must include inpatient and outpatient care, and partial hospital services. Copayment requirement shall not exceed 20%. Coverage is subject to a maximum yearly benefit.
CA (10/23)	Ins. §§ 10144.5; 10144.55	Plans must include inpatient and outpatient care, partial hospital services, and prescription drugs for serious mental illness. Includes schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, obsessive-compulsive disorder, panic disorder, autism, anorexia nervosa and bulimia nervosa.
	Health & Safety § 1374.72	Preempted by federal law, see *Brazil v. Office of Pers. Mgmt.*, 35 F.Supp. 3d 1101 (N.D.Cal. 2014).

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
CO (10/23)	§ 10-16-104(5.5)	Mandated coverage for prevention, screening and treatment of mental health and behavioral disorders that is no less extensive than coverage provided for any physical illness.
CT (10/23)	§§ 38a-488a; 38a-514	Individual and group health plans shall provide coverage for mental or nervous conditions. "Mental or nervous conditions" means mental disorders as defined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. May not have greater coinsurance and deductible, etc., than for physical illness. Provides for coverage for biologically-based mental illness at least equal to coverage provided any other illness.
DE (10/23)	18 Del.C. §§ 3343; 3578	Cover serious mental illnesses like schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, anorexia nervosa, bulimia nervosa, schizoaffective disorder and delusional disorder. Carriers may not place greater burden on policyholder by means of higher deductibles, limits in number of visits, etc.
DC (10/23)	§§ 31-3102; 31-3104; 31-4724	Mandated mental health coverage with at least specified minimum benefits. Covered benefits shall be limited to coverage of treatment of clinically significant mental illnesses identified by the *International Classification of Diseases* or the *Diagnostic and Statistical Manual* of the American Psychiatric Association. No policy of group health insurance can restrict access to psychologist.
FL (10/23)	§ 627.668	Every group or prepaid contract must offer coverage for mental and nervous disorders as defined by the American Psychiatric Association to levels specified.
GA (10/23)	§§ 33-24-28.1; 33-24-29; 33-24-29.1	Mandated offering of coverage for treatment of mental disorders to the same extent as treatment for physical illnesses. "Mental disorders" are defined in accordance with the American Psychiatric Association's *Diagnostic and Statistical Manual* or the *International Classification of Diseases* (World Health Organization).

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
HI (10/23)	§§ 431M-1 to 431M-7	Every policy must include coverage within their hospital and medical coverage the benefits for mental health treatment services. The terms "mental disorder" and "mental illness" shall be used interchangeably and shall include the definitions identified in the most recent publications of the Diagnostic and Statistical Manual of the American Psychiatric Association or International Classification of Disease.
ID (10/23)	IC § 67-5761A	State employees and their spouses with serious mental illnesses and state employees whose children have been diagnosed with serious emotional disturbances must not be discriminated against in group health care service coverage. Serious mental illness means a mental disorder consisting of at least one of the following: schizophrenia, paranoia and other psychotic disorders, bipolar disorders, obsessive-compulsive disorder, panic disorder, schizoaffective disorders, and major depressive disorders, as defined in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association.
IL (10/23)	215 ILCS 5/370c	Group accident and health policies shall provide coverage for reasonable and necessary treatment for mental disorders or conditions. Medical disorders fall under the diagnostic categories of the American Psychiatric Association's *Diagnostic and Statistical Manual* or the *International Classification of Diseases*
IN (10/23)	§§ 27-8-5-15.6; 27-13-7-14.8	May not impose treatment limitations or financial requirements different than for other medical coverage.
IA (10/23)	§ 514C.22	Group plan covering more than 50 employers must cover biologically based mental illness, defined to include schizophrenia, schizoaffective disorder, bipolar disorder, major depression, obsessive-compulsive disorders, pervasive developmental disorders, and autism. May not impose an aggregate limit that is less than the aggregate limit on other types of illness.
KS (10/23)	§§ 40-2,105; 40-2,105a	Every policy must include coverage with at least specified minimum benefits and subject to same deductibles, copayments and coinsurance as other covered services. Group plan must include coverage for diagnosis and treatment of mental illnesses. Mental illnesses mean any disorder as such terms are defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, 1994) of the American Psychiatric Association.

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
KY (10/23)	§§ 304.17-318; 304.17A-661; 304.18-036; 304.32-165; 304.38-193	Mandated offering of coverage for mental illness at least to the same extent and degree as that offered for physical illness. A health benefit plan that provides coverage for treatment of a mental health condition shall provide coverage under the same terms and conditions as for treatment of a physical illness. Small group and individual plan exempt.
LA (10/23)	LSA-RS 22:1043	Plans must include coverage for severe mental illness under the same circumstances and conditions or greater as benefits for all other conditions. Severe mental illness includes schizophrenia, schizoaffective disorder, bipolar disorder, post-traumatic stress, panic disorder, major depressive disorder, obsessive-compulsive disorder, anorexia, bulimia, intermittent explosive disorder, psychosis NOS (not otherwise specified) if child is under age 17, Rett's Disorder, Tourette's Disorder.
ME (10/23)	24 M.R.S.A. §§ 2325-A; 2749-C; 2843; 02-031 CMR. ch. 330 § 5	Mandated coverage with at least specified minimum benefits in every group contract. Coverage must be available to cover schizophrenia, paranoia, bipolar disorder, panic disorder, obsessive-compulsive disorder, autism, major depression at same levels as treatment for physical disease. Does not apply to employer groups of 20 or less.
MD (10/23)	Ins. §§ 15-802; 15-840	A health benefit plan subject to this section shall provide at least the listed benefits for the diagnosis and treatment of a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder. Provide coverage for medically necessary residential crisis services.
MA (10/23)	M.G.L.A. 175 § 47B; 176A § 8A; 176B § 4A; 176G: § 4M	Every policy must include coverage with at least specified minimum benefit for biologically-based mental disorders as described by the American Psychiatric Association's *Diagnostic and Statistical Manual*. Must provide benefits on a nondiscriminatory basis.
MI (10/23)	§ 500.3501	HMO basic services include outpatient mental health and substance use disorder services.
MN (10/23)	§ 62A.151	Health plan, nonprofit health services plan or HMO that provides coverage for inpatient hospital and medical expenses must include coverage on the same basis as other benefits for the treatment of emotionally disabled children in a residential treatment facility.
MS (10/23)	§§ 83-9-39; 83-9-41	Group plans shall provide coverage; plans covering 100 or fewer employees may be offered on optional basis. Limited Benefit plans - formula included to measure. Must cover minimum of 30 days per year inpatient, 60 days per year partial hospitalization and 52 outpatient visits per year.

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
MO (10/23)	§ 376.1550	Health benefit plans must provide coverage for mental health conditions as defined in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*. May not establish rate and rules for payments that places a greater burden on insured for treatment of mental health than treatment of physical health.
MT (10/23)	§§ 33-22-701 to 33-22-710	Mandated coverage with at least specified minimum benefits in every group contract. Level of benefits for care and treatment of severe mental illness must be no less favorable than that provided for physical illness. Severe mental illness means: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, anorexia, bulimia, or autism.
NE (10/23)	§§ 44-791 to 44-795	Group policy must not establish any rate, term or condition that places a greater financial burden on the insured than for access to treatment for physical condition for any biologically-based serious mental illness. Means any mental health condition that medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the illness. Serious mental illness includes, but is not limited to, schizophrenia, schizoaffective disorder, delusional disorder, bipolar affective disorder, major depression, and obsessive-compulsive disorder.
NV (10/23)	§ 689A.0455	Must provide coverage for treatment of conditions relating to severe mental illness. Defined as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorder or obsessive-compulsive disorder, etc.
NH (10/23)	§§ 415:18-a; 417-E:1	Mandated coverage with at least specified minimum benefits in every group contract. Cover "biologically based" mental illness under the same terms and conditions as for other types of health care for physical illness. Includes schizophrenia, schizoaffective disorder and other psychotic disorders, major depressive disorder, bipolar disorder, anorexia nervosa, bulimia nervosa, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder, chronic post-traumatic stress disorder or autism.
NJ (10/23)	§§ 17:48-6v; 17:48A-7u; 17:48E-35.20; 17B:26-2.1s; 17B:27-46.1v; 17B:27A-7.5; 17B:27A-19.7; N.J. Admin. Code §§ 11:4-57.1 to 11:4-57.4	Provide coverage for mental health conditions and substance use disorders under the same terms and conditions as for other illness. Defined to include at least schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, pervasive developmental disorder or autism.

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
NM (10/23)	§ 59A-23E-18	Provides group policy must not impose treatment limitations or financial requirements on the provision of mental health benefits if identical limitations or requirements are not imposed on coverage of benefits for other conditions. Does not apply to benefits for treatment of substance abuse, chemical dependency or gambling addiction.
NY (10/23)	Ins. Law §§ 3221(l)(5)(A); 3221(l)(5)(B)(i)	Every group or school blanket policy shall provide coverage for diagnosis and treatment of mental health conditions at least equal to coverage provided for other health conditions (specific benefit levels also listed). Every group or school blanket policy shall also provide comparable coverage for biologically based mental illness. Covered health conditions are defined in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders.*
NC (10/23)	§§ 58-51-55; 58-67-75; 58-65-90	Group plan shall provide benefits for care and treatment of mental illness that are no less favorable than benefits for physical illness. Mental illness as defined in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders.* Group policies shall not, solely because an individual to be insured has or had a mental illness or chemical dependency: refuse to issue a policy that affords benefits or coverage for any medical treatment or service for physical illness or injury; have a higher premium rate; or reduce physical illness or injury coverage.
ND (10/23)	§ 26.1-36-09	Mandated coverage with at least specified minimum benefits in every group contract.
OH (10/23)	§§ 3923.281; 3923.282; 3923.28	Every policy of sickness and accident insurance shall provide benefits for diagnosis and treatment of biologically based mental illnesses on the same terms and conditions as, and shall provide benefits no less extensive than, those provided for physical diseases and disorders. Biologically based mental illness means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder and panic disorder. Specific benefits and requirements also listed for mental and emotional disorders.
OK (10/23)	36 Okl.St.Ann. §§ 6060.10 to 6060.12	Cover mental health disorder same as group coverage provided for other illness and disease. Treatment limitations applicable to mental health shall be no more restrictive than the predominate limitation applied to substantially all medical and surgical benefits covered by the plan. Mental health disorder defined in the American Psychiatric Association's *Diagnostic and Statistical Manual* or the *International Classification of Diseases.* A health plan that experiences a greater than 2% increase in costs pursuant to providing treatment for severe mental illness is exempt from requirement.

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
OR (10/23)	§ 743A.168	Group policy shall provide coverage for mental or nervous conditions at the same levels and subject to limitations no more restrictive than those for other types of health coverage.
PA (10/23)	40 P.S. § 764g	Any group health insurance policy shall provide minimum coverage for serious mental illnesses including at least 30 inpatient and 60 outpatient days annually, with no difference in annual or lifetime dollar limits as compared to any other illness. Serious mental illness means any illness defined by the American Psychiatric Association and includes schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, anorexia nervosa, bulimia nervosa, schizoaffective disorder, and delusional disorder.
	40 P. S. § 908-14	Insurers shall comply with Federal acts, including 42 U.S.C. 300 gg-5.
PR (10/23)	24 L.P.R.A. § 7032	Minimum coverage shall include mental health services.
RI (10/23)	§§ 27-38.2-1 to 27-38.2-4; 27-18-35	Cover mental illness same as coverage provided for other illness and disease. Must include same duration of coverage, amount limits, deductibles and coinsurance amounts. Include disorders listed by *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association or the *International Classification of Disease Manual* published by the World Health Organization.
SC (10/23)	§§ 38-71-737; 38-71-290	Group policy must have been offered rider for psychiatric benefits with minimum of $2000 coverage per member per benefit year with a lifetime benefit of $10,000. Includes mental and nervous conditions and other psychiatric disorders that are defined, described or classified as psychiatric disorders as listed in the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association and includes bipolar disorder, major depressive disorder, obsessive-compulsive disorder, paranoid and other psychotic disorder, schizophrenia, schizoaffective disorder, anxiety disorder, post-traumatic stress disorder, and depression in childhood and adolescence. Mandated coverage for treatment of a mental health condition and may not establish a rate, term, or condition that places a greater financial burden on an insured for access to treatment for a physical health condition in similar settings and treatment modalities.
SD (10/23)	§ 58-17-98	Mandated coverage for treatment and diagnosis of biologically-based mental illness, with same dollar limits, deductibles, coinsurance factors and restrictions as for other illnesses. Biologically-based means schizophrenia and other psychotic disorders, bipolar disorder, major depression and obsessive-compulsive disorder.

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
TN (10/23)	§§ 56-7-2360; 56-7-2601	Coverage with specified minimum benefits in all group policies. Coverage to either aggregate lifetime benefits or annual benefits.
TX (10/23)	§§ 1355.001 to 1355.007	Group health benefit plan must offer specified benefits and same amount limits, deductibles and coinsurance factors for serious mental illness as for physical illness for group policies. Serious mental illness means bipolar disorder, depression in childhood and adolescence, major depressive disorder, obsessive-compulsive disorder, paranoid and other psychotic disorders, schizoaffective disorders and schizophrenia.
UT (10/23)	§ 31A-22-625	At time of purchase and renewal, an insurer shall offer to small employers a choice between catastrophic mental health coverage and 50/50 mental health coverage. An insurer shall offer a large employer mental health and substance use disorder benefits in compliance with 42 U.S.C. 300 gg-26.
VT (10/23)	8 V.S.A. §§ 4089a; 4089b	Any group health insurance plan shall provide coverage for treatment of a mental condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a mental health condition than for access to treatment for other health conditions.
VI (10/23)	No provision	
VA (10/23)	§ 38.2-3412.1	Group and individual health insurance coverage, as defined in § 38.2-3431, shall provide coverage for mental health and substance use disorder benefits. Such benefits shall be in parity with the medical and surgical benefits contained in the coverage. Coverage shall include mobile crisis response services and support and stabilization services provided in a residential crisis stabilization unit to the extent that such services are covered in other settings or modalities, regardless of any difference in billing codes.
WA (10/23)	§ 48.21.241	Mandated coverage in group policies for mental health services with copayment or coinsurance no more than for other medical or surgical services. Includes mental disorders listed in most current version of *Diagnostic and Statistical Manual of Mental Disorders*, published by American Psychiatric Association.

MANDATED BENEFITS: MENTAL HEALTH

MENTAL ILLNESS TREATMENT

STATE	CITATION	SUMMARY
WV (10/23)	§ 33-16-3ff	Carrier must provide coverage for prevention, screening and treatment of mental and behavioral health disorders that is no less extensive than coverage for physical illnesses. Include disorders listed by *Diagnostic and Statistical Manual of Mental Disorders* and autism spectrum disorder.
WI (10/23)	§ 632.89	Group or blanket disability and group health benefit plans shall provide coverage of nervous and mental disorders. Copayments, limitations, etc., must be no more restrictive for coverage of nervous or mental disorders than the most common or frequent type of limitations applied to substantially all other coverage under the plan. Possible exemptions for certain cost increases and small employers. Specified minimum benefits.
WY (10/23)	§ 26-22-104	All individual and group blanket policies of accident and sickness must reimburse for services that are rendered by a duly licensed doctor of medicine or a duly licensed psychologist.

MANDATED BENEFITS: MENTAL HEALTH

MISCELLANEOUS MANDATES

ATTENTION DEFICIT/HYPERACTIVITY DISORDER		
LA (10/23)	LSA-R.S. 22:1031	Any insurance policy or insurance contract shall include benefits payable for diagnosis and treatment of attention deficit/hyperactivity disorder. These benefits shall be payable under the same circumstances and conditions as those paid for any other illness, diagnosis, or accident.

BRAIN INJURY		
IA (10/23)	I.C.A. § 225C.28B	A person or designated group of persons shall not be denied insurance coverage by reason of an intellectual disability, a developmental disability, brain injury, or chronic mental illness.
OR (10/23)	§ 743A.175	Coverage required for medically necessary therapy and services for the treatment of traumatic brain injury.
TX (10/23)	§§ 1352.001 to 1352.008	Must cover cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy, etc., necessary as a result of a brain injury.
WV (10/23)	§§ 33-15-4d; 33-16-3h; 33-24-7c; 33-25-8b; 33-25A-8b	Coverage required for rehabilitation services for brain injury, unless rejected by insured.

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.