Relying heavily on university-based researchers, CHBRP provides the California Legislature with timely, independent, and accurate analyses of proposed legislation (bills) that would mandate health insurance benefits (or repeal existing mandates).

**Health Insurance Benefit Mandates.** As defined by CHBRP’s authorizing statute, a benefit mandate bill requires health insurance products to provide any of the following: (1) coverage for screening, diagnosis, or treatment of a specific disease or condition; (2) coverage for specific types of health care treatments or services; (3) coverage for services by specific types of health care providers. A mandate may specify benefit coverage terms, such as limits, co-pays, etc. A mandate may require benefit coverage to be standard or may allow it to be offered separately. A list of mandates current in California is available at [www.chbrp.org](http://www.chbrp.org).

**Affordable Care Act.** As noted in the table below, despite ‘benefit floors’ applicable to large segments of California’s health insurance market, the Legislature has continued to introduce benefit mandate bills.

- Since 1975, California law and regulation have required health insurance regulated by the Department of Managed Health Care (DMHC) to cover medically necessary Basic Health Care Services (BHCS).
- Since September 2010, the Affordable Care Act (ACA) has required a portion of health insurance to cover federally specified preventive services (FPS).
- In 2014, the ACA will require certain segments of the health insurance market to cover Essential Health Benefits (EHBs).

Despite changes in the health insurance market, benefit mandate bills continue to be regularly introduced by the Legislature.

<table>
<thead>
<tr>
<th>Legislative Cycle</th>
<th>Number of Bills</th>
<th>California Mandate Bill Topics (partial list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>18</td>
<td>Acquired Brain Injury, Autism, Colorectal Cancer &amp; Genetic Testing, Fertility Preservation, Infertility, Oral Cancer Drugs, Prescription Drugs, Wellness Programs</td>
</tr>
<tr>
<td>2011-12</td>
<td>18</td>
<td>Autism, Breast Cancer, Immunizations for Children, Mammography, Maternity Services, Mental Health Services, Prescription Drugs, Tobacco Cessation</td>
</tr>
<tr>
<td>2009-10</td>
<td>21</td>
<td>Chemotherapy, Diabetes, Durable Medical Equipment, Mammography, Maternity Services, Mental Health Services, Tobacco Cessation</td>
</tr>
<tr>
<td>2007-08</td>
<td>19</td>
<td>Acupuncture, Alcohol and Drug Abuse, Gynecological Cancer, Hearing Aids for Children, HIV Testing, Human Papillomavirus Vaccination, Mental Health Services</td>
</tr>
</tbody>
</table>

Key: Basic Health Care Services = BHCS; Essential Health Benefits = EHBs, Federally Specified Preventive Services = FPS

Notes: In 2013, CHBRP was asked to review 8 benefit mandate bills, all intended to take effect in 2014, when coverage for EHBs will be required for some health insurance products. Based on past experience and communication with legislators, CHBRP expects a total of 18 benefit mandate bills for the 2013-2014 legislative cycle.
CHBRP’s Reports. In eleven years, CHBRP has completed reports on more than 90 bills from the California Legislature, all available at www.chbrp.org. Each report:

- Summarizes scientific evidence regarding the medical effectiveness of clinical interventions relevant to the proposed benefit mandate or repeal,
- Estimates the impact on benefit coverage, costs, utilization, and public health.

The reports make no recommendations, deferring all policy decision-making to the Legislature. The table above includes a partial list of topics addressed, organized by legislative cycle.

CHBRP’s Other Publications. To complete its own work and to assist others, CHBRP regularly updates a set of resources, as well as policy and issue briefs, all available at www.chbrp.org:

- Estimates of Sources of Health Insurance in California
- Current Mandates: Health Insurance Benefit Mandates in California State Law
- Federal Preventive Services Benefit Mandate and California Benefit Mandates
- Pediatric Dental and Pediatric Vision Essential Health Benefits
- California’s Mandates and the ACA’s EHBs

History and Methods. CHBRP was initially authorized by the passage of Assembly Bill (AB) 1996 (Chapter 795, Statutes of 2002). The program was reauthorized by the passage of Senate Bill 1704 (Chapter 684, Statutes of 2006) and again by the passage of AB 1540 (Chapter 298, Statutes of 2009). The state funds CHBRP’s work through a small annual assessment on health plans and insurers in California.

CHBRP is comprised of a small analytic staff in the University of California's Office of the President, working with a Faculty Task Force and contracted actuaries. The faculty is drawn from several University of California campuses, including UC Berkeley, UCSF, UCLA, UC Davis, and UC San Diego. Each analysis is completed within a 60-day period. This strict timeline ensures that reports are submitted before the Legislature formally considers the bill.

A strict conflict-of-interest policy ensures that no financial or other interest biases the reports. Experts in pertinent areas of clinical practice, clinical controversies, and research are retained to advise CHBRP on each bill. Advice is also provided by a National Advisory Council, made up of experts from outside of California who represent groups with an interest in health insurance benefit mandates.

Detailed descriptions of the methods developed to evaluate the effects of proposed health insurance benefit mandates are available at www.chbrp.org. The following are brief descriptions of CHBRP’s analytic approach.

Medical Effectiveness. CHBRP applies the principles of evidence-based medicine to assess clinical issues pertinent to benefit mandates. During the analysis, systematic literature reviews document the medical effectiveness (as measured by proven effect on health outcomes) of the screening, diagnostic, or treatment interventions likely to be affected by the mandate or repeal.

Cost Impacts. Using an annually updated actuarial model, CHBRP presents cost impacts as three sets of information: (1) coverage for the specified benefit; (2) utilization of benefit-relevant screening, diagnostic, or treatment interventions; and (3) cost of health insurance and utilization of the benefit. CHBRP presents current estimates and projects changes that would be expected after implementation of the mandate or repeal. To accommodate the ACA’s anticipated changes, CHBRP has adjusted 2014 projections of baseline enrollment and premiums, using figures from CalSIM and actuarial expectations created for Covered California.

Public Health Impacts. CHBRP reviews pertinent health statistics, and then pairs Medical Effectiveness findings with expected postmandate utilization to project impacts on health outcomes for the affected populations (e.g., the effect of asthma self-management training on the reduction of hospitalizations for asthma). CHBRP also considers each bill’s potential impact on health disparities related to race and gender.