Appendix 18: Summary of CHBRP Completed Reports on Mandate Bills, 2006-2009

Bills Analyzed	**Medical Effectiveness of a Mandated Service or Treatment**	**Coverage**	**Estimated Utilization Impact of Mandate**	**Estimated Cost Impact in Terms of Total Health Care Expenditures (1)**	**Estimated Cost Impact in Terms of % Premium Changes by Payer (2)**	**Burden of Disease**	**Estimated Public Health Impact**
2006							
AB 264: Pediatric Asthma Self-Management Training and Education Services (Chan) (3/3/2006)	Asthma self-management training and education programs increase children's self-efficacy and knowledge about asthma, leading to better self-management behaviors and have favorable effects on health and utilization outcomes for asthmatic children including reducing the (1) number of days of asthma symptoms (2) nights of nocturnal asthma (3) number of asthma exacerbations and (4) severity of asthma symptoms, (5) school absences, (6) emergency room visits, and (7) hospitalizations. Evidence is *ambiguous* whether asthma self-management training and education affects the number of physician visits for asthma care.	# of children insured children aged 1-17 with coverage for mandated benefit, Before: 5,340,000 After: 5,340,000 (No change) # of covered children aged 1-17 in CA with symptomatic asthma: 503,000	This utilization is estimated to increase by approximately 10 percentage points (from 55.6% to 65.6%)	$5 million (0.01%)	PRIVATE Employers (+ 0.01%) Enrollees in group plans (+0.01%). Individually purchased insurance (+0.01%). PUBLIC CalPERS (+0.01%) Medi-Cal (+0.03%) HFP (NA) Members out-of-pocket expenses[3]: Co-payment (0.01) Direct payment (NA)	9.4% of insured children in CA have symptomatic asthma	• There would be a total reduction of approximately 40,500 days of missed school per year; 8,900 fewer children would report their physical activity is limited due to asthma; 500 fewer children with asthma would visit the emergency department; and 80 fewer children would be hospitalized for asthma-related conditions. • AB 264 is not expected to affect gender or racial disparities in asthma management. • Mortality is a rare occurrence among children with asthma, therefore CHBRP is not able to determine whether AB 264 would impact premature death associated with childhood asthma. • The reduction in 40,500 missed school days per year would likely lead to productivity gains in California through a decrease in lost workdays of caregivers.

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AB 264 (amended): Pediatric Asthma Self-Management Training and Education Services (Chan) (5/25/2006)	Same findings regarding the effectiveness of asthma self-management and education as AB 264 as introduced. No evidence suggests that providing asthma self-management training and education in any single type of setting yields better outcomes than providing training in other settings.	# of children insured children aged 1-17 with coverage for mandated benefit, Before: 5,340,000 After: 5,340,000 (No change) # of covered children aged 1-17 in CA with high-risk asthma: 134,000	Utilization is estimated to increase by approximately 10 percentage points (from 63.2% to 73.2%) for children already covered.	$1 million (less than 0.01%)	PRIVATE Employers (+less than 0.01%) Enrollees in group plans (+less than 0.01%). Individually purchased insurance (+less than 0.01%). PUBLIC CalPERS (+less than 0.01%) Medi-Cal (+less than 0.01%) HFP (0.02%) Members out-of-pocket expenses: Co-payment (+less than 0.01%) Direct payment (NA)	2.5% of insured children in CA have high-risk asthma	• There would be a total reduction of approximately 36,000 days of missed school per year among children with "high-risk" asthma; 2,000 fewer children would report their physical activity is limited due to asthma; 300 fewer children with asthma would visit the emergency department; and 160 fewer children would be hospitalized for asthma-related conditions. • AB 264 is not expected to affect gender or racial disparities in asthma management. • Mortality is a rare occurrence among children with asthma, therefore CHBRP is not able to determine whether AB 264 would impact premature death associated with childhood asthma. • The reduction in 36,000 missed school days per year would likely lead to productivity gains in California through a decrease in lost workdays of caregivers.
AB 2012: Orthotic and Prosthetic Devices (Emmerson) (4/11/2006)	There is a lack of information about the quality of care associated with the prescribing of orthotic and prosthetic (O&P) devices by physicians vs. podiatrists.	Coverage varies across plans and policies; some have no annual limits, but for those with a limit, typically $2,000; Copayments vary, can range from 20 to 50%	CHBRP estimates no change in the utilization rates postmandate	None	None	6.8 million O&P devices were used by the insured population—40.4 procedures per 1,000 persons	• There is no evidence to suggest that AB 2012 would impact utilization of O&P devices, therefore there is no evidence that there would be an impact on the public's health. • There is no evidence that AB 2012 would impact racial and ethnic health disparities. • There is no evidence that AB 2012 would impact premature death. • There is no evidence that AB 2012 would impact economic loss associated with the conditions related to the use of O&P devices.

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AB 2012 (amended): Orthotic and Prosthetic Devices (Emmerson) (6/15/2006)	There is a lack of information about the quality of care associated with the prescribing of orthotic and prosthetic (O&P) devices by physicians vs. podiatrists. No studies were found that evaluated the impact of cost sharing on the use of O&P devices. There is weak evidence that newer technologies for lower limb prostheses benefit non-elderly adults who are healthy and active. There is insufficient evidence regarding the effects of new technologies used in upper limb prostheses and spinal orthoses.	# of insured individuals in compliant O&P plans, Before: 5,244,862 After: 13,692,321 Change: 8,447,459 (161% increase)	CHBRP estimates no change in the utilization rates postmandate	$4.6 million (+0.01%)	PRIVATE Employers (+ 0.06%) Enrollees in group plans (+0.06%). Individually purchased insurance (NA). PUBLIC CalPERS (+0.0%) Medi-Cal (NA) HFP (NA) Members out-of-pocket expenses: Co-payment (- 0.07%) Direct payment (0)	6.8 million O&P devices were used by the insured population—40.4 procedures per 1,000 persons	• There is no evidence to suggest that AB 2012 would impact utilization of O&P devices, therefore there is no evidence that there would be an impact on the public's health. • There is no evidence that AB 2012 would impact racial and ethnic health disparities. • There is no evidence that AB 2012 would impact premature death. • There is no evidence that AB 2012 would impact economic loss associated with the conditions related to the use of O&P devices.

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AB 2281: High Deductible Health Care Coverage (Chan) (4/18/2006)	Evidence suggests that many clinical preventive services improve health and well-being. No studies of high-deductible health plans (HDHPs) as they exist currently have examined direct effects of HDHPs on use of preventive services. Most studies of cost sharing in conventional types of health plans (e.g., HMOs) have found that **lower cost sharing** is associated with greater use of preventive services.	# of insured in CA with commercial insurance: 15,886,000 # of insured in HDHPs in CA with coverage subject to AB 2281: 1,746,000 (Analysis does not show change)	Change in utilization of a variety of preventive services by enrollees in HDHPs (ranges are by largest magnitude change for any service): Scenario 1 Range: No change to +3.5% Scenario 2 Range: -0.8% to +2.1%	All insured: Scenario 1 +0.004% Scenario 2 +0.000% HDHPs: Scenario 1 +0.05% Scenario 2 +0.03%	All insured: Scenario 1 PRIVATE Enrollees in group plans (+0.002%). Individually purchased insurance (+0.079%). Members out-of-pocket expenses: Copayment/deductible (-0.084%) Non-covered services (0) Scenario 2 PRIVATE Enrollees in group plans (+0.00%). Individually purchased insurance (+0.04%). Members out-of-pocket expenses: Copayment/deductible (-0.10%) Non-covered services (+13.61%) HDHPs: Scenario 1 PRIVATE Employers (+ 0.11%) Enrollees in group plans (+0.08%). Individually purchased insurance (+0.19). Members out-of-pocket expenses: Co-payment (- 0.71%) Non-covered services (0) Scenario 2 PRIVATE Employers (+ 0.07%) Enrollees in group plans (+0.05%). Individually purchased insurance (+0.09%). Members out-of-pocket expenses: Co-payment (- 0.81%) Non-covered services (+13.61%)	1,746,000 enrollees in HDHP plans in CA	• The overall effect on the public's health is dependent on how insurance companies respond to AB 2281. If HDHPs continue to cover effective clinical preventive services no longer subject to the deductible, utilization of these services and corresponding health outcomes would improve. If HDHPs dropped coverage, utilization of preventive services and related health outcomes would decline. Therefore the public health impact of AB 2281 is unknown. • The impact on gender and racial disparities is unknown. • The impact on premature death is unknown. • The impact on economic loss associated with disease is unknown.

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SB 1223: Hearing Aids for Children (Scott) (4/3/2006)	Speech and language development of children whose hearing loss is diagnosed and treated prior to 6 months of age is similar to that of children with normal hearing, and is better than that of children whose hearing loss is diagnosed after age 6 months. Evidence of the effects of early diagnosis and treatment on personal and social development is *ambiguous*. Some newer hearing aid technologies are associated with better hearing outcomes than older technologies.	# of insured children with hearing impairments in CA with coverage for hearing aids similar to or better than mandated levels, *Before*: 57,000 *After*: 108,000 *Change*: 51,000 (89.5% increase)	400 newly covered children to use hearing aids post-mandate	$3.4 Million (0.01%)	PRIVATE Employers (+ 0.01%) Enrollees in group plans (+0.01%). Individually purchased insurance (+0.04%). PUBLIC CalPERS (+0.0%) Medi-Cal (0.0) HFP (0.0) Members out-of-pocket expenses: Co-payment (0.65%) Direct payment (- 100%)	1.7% of children in the U.S. are affected by hearing loss; 56.1% of children with hearing loss in California use hearing aids	• SB 1223 would likely contribute to better speech and language outcomes for the 400 additional children receiving hearing aids as a result of the mandate. • There is no evidence to suggest that SB 1223 will have a substantial impact on gender or racial disparities in hearing loss. • The acquisition of hearing aids does not impact mortality outcomes. Therefore, there is no impact on premature death. • Estimates on the lifetime costs associated with hearing loss typically focus on those with severe or profound hearing loss and costs vary from $297,000 per person in one study to $417,000 per person in another. It is possible that SB 1223 could contribute to decreased special education and productivity costs associated with hearing loss.
SB 1245: Cervical Cancer Screening Test (Figueroa) (4/7/2006)	Evidence suggests that the use of HPV testing as an adjunct to the Pap test increases the accuracy of the test and improves the efficiency of screening programs.	# of insured women aged 18-64 in CA with coverage for mandated benefit, *Before:* 7,627,000 (100%)	None	None	None	Prevalence rate of HPV is 14.3%; 7% of those will progress to CIN III or cervical cancer.	• SB 1245 will not increase utilization of the HPV screening test, therefore there would be no impact on the number of cervical cancer cases. • There will be no impact on racial disparities in cervical cancer screening or treatment. • There will be no impact on premature death from cervical cancer. • There will be no impact on economic loss associated with cervical cancer.

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SB 1508: Propofol for Colonoscopies (Bowen) (4/7/2006)	The available evidence does not indicate whether propofol is associated with better or worse health outcomes than traditional sedation methods. Evidence shows favorable results as to the use of propofol versus traditional sedation methods for: (1) procedural outcomes and (2) post-procedure outcomes. The safety outcomes associated with the use of propofol appear to be similar to those associated with the use of other sedative and analgesic agents.	# of insured individuals with coverage for the benefit, *Before:* 20,144,000 (100%)	The utilization of colonoscopies is not expected to increase. However, the utilization rate for propofol with anesthetic service for colonoscopy is estimated to increase by 2 percentage points (from the current rate of 14% to 16%), for an additional 6,248 members aged 50 to 65 years who would receive propofol for colonoscopies per year. This 2–percentage point increase of propofol would result in the decrease in the use of moderate sedation for the purpose of colonoscopy by 2% (from 86% to 84%).	$3.378 million or 0.01%	PRIVATE Employers (+ 0.01%) Enrollees in group plans (+0.01%). Individually purchased insurance (+0.01%). PUBLIC CalPERS (+0.01%) Medi-Cal (+0.01% HFP (0.0%) Members out-of-pocket expenses: Co-payment (+ 0.01%) Direct payment (NA)	14,345 new cases of colorectal cancer and 4,425 colorectal cancer deaths occur in CA annually.	• SB 1508 will not increase the utilization of colonoscopy. Therefore there would be no impact on the number of colorectal cancer cases. SB 1508 will result in 6,248 more patients using propofol during their colonoscopy–which is expected to save 1,770 hours of procedure time and 1,562 hours of recovery time annually. • There will be no impact on racial disparities in colorectal cancer screening or treatment. • There will be no impact on premature death from colorectal cancer. • There will be no impact on economic loss associated with colorectal cancer.

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2007							
AB 30: Inborn Errors of Metabolism (Evans) (8/24/2007)	With the exception of phenylketonuria (PKU), the literature on treatment of Inborn Errors of Metabolism (IEM) disorders is relatively sparse. Literature indicates that appropriate long-term treatment can extend life and greatly enhance quality of life for many persons with IEM disorders. There are no controlled studies on the efficacy of special formulas and special food products for non-PKU IEM disorders. The lack of controlled studies is not as great a concern for IEM disorders as for many other conditions because these disorders are single-cause conditions for which the scientific basis and rationale for treatment are strong.	# of individuals with coverage for medical nutrition therapy, *Before:* 8,096,100 *After:* 20,687,000 *Change:* 12,590,900 (156% increase)	CHBRP estimates no change in the utilization rates postmandate	$415,000 (+less than 0.01%)	PRIVATE Employers (+less than 0.01%) Enrollees in group plans (+less than 0.01%). Individually purchased insurance (+less than 0.01%). PUBLIC CalPERS (+0.01%) Medi-Cal (0.0 HFP (0.0%) Members out-of-pocket expenses: Co-payment (+less than 0.01%) Direct payment (-100%)	Occurs in approximately 1 in 5,000 newborns in CA–more than 100 births per year.	• AB 30 would not increase utilization of medical nutrition therapy, therefore no impact on health outcomes are expected. Insurance coverage for this benefit will increase for 386 individuals with a non-PKU IEM disorder and therefore will likely reduce the administrative burden and financial hardship associated with these disorders for those families. • AB 30 is not expected to have an impact on gender, racial, or ethnic disparities in health. • AB 30 is not expected to have an impact on premature death of children with non-PKU IEM disorders. • AB 30 is not expected to reduce economic loss associated with non-PKU IEM disorders.

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AB 54: Acupuncture (Dymally) (6/22/2007)	Needle acupuncture vs. no treatment or sham acupuncture Evidence suggests that needle acupuncture is (1) more effective than no treatment for certain musculoskeletal and chronic headache, (2) more effective than sham acupuncture for certain musculoskeletal conditions and for postoperative nausea and vomiting. Needle acupuncture vs. other treatments Evidence suggests that needle acupuncture is more effective than medication or education for osteoarthritis of the knee, more effective than physical therapy for pelvic pain associated with pregnancy, and more effective than medication for chronic headache. Evidence suggests that needle acupuncture is as effective as other treatments for temporomandibular joint dysfunction, smoking cessation and postoperative nausea and vomiting Acupuncture needling used as an adjuvant treatment Evidence suggests that needle acupuncture is an effective adjuvant to other treatments for chronic low back pain, pelvic pain, stroke, and chemotherapy-induced vomiting.	# of individuals with coverage, *Before:* 10,436,600 *After:* 12,095,000 *Change:* 1,658,400 (15.9% increase)	No overall increase in utilization of acupuncture is expected as a result of the mandate.	$2.44 Million (.004%)	PRIVATE Employers (+0.025%) Enrollees in group plans (+0.029%). Individually purchased insurance (+0.0%). PUBLIC CalPERS (0.102%) Medi-Cal (0.0) HFP (0.0%) Members out-of-pocket expenses: Copayment (+0.075%%) Direct Payment (-100%)	One-third of adults report having lower back pain, neck pain, or migraines in the past 3 months. 2.4% of insured adults used acupuncture in the past year in CA.	• AB 54 is not expected to result in an overall increase in utilization of acupuncture in the 1-year time frame used in this analysis, but the mandate would decrease out-of-pocket costs for current users who would face a decrease in financial burden. • Women and Asians are more likely to use acupuncture and will benefit from a reduced financial burden of paying for acupuncture out-of-pocket. • There is no expected reduction in premature death as a result of AB 54. • There is no expected reduction in economic loss associated with conditions related to acupuncture use.

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AB 368: Mandate to Offer Coverage of Hearing Aids for Children (Carter) (4/16/2007)	Speech and language development of children whose hearing loss is diagnosed and treated prior to 6 months of age is similar to that of children with normal hearing, and is better than that of children whose hearing loss is diagnosed after age 6 months. Evidence of the effects of early diagnosis and treatment on personal and social development is ambiguous. Some newer hearing aid technologies are associated with better hearing outcomes than older technologies.	# of insured hearing-impaired children aged 0-17 years with coverage for hearing aids, similar to or above mandated levels, *Before:* 60,000 *After:* 87,000 Change: 27,000 (45% increase) # remaining without coverage, post-mandate: 31,000	Approximately 270 additional children will receive hearing aids each year as a result of AB 368. Utilization of hearing aids by children currently without coverage (54%) is expected to increase by approximately four percentage points to the same level of utilization by children who currently have coverage (58%). The utilization rate among those with current coverage is expected to remain the same.	$2.29 million (+less than 0.01%)	PRIVATE Employers (+0.01% Enrollees in group plans (+0.1%). Individually purchased insurance (+0.41%). PUBLIC CalPERS (0.0%) Medi-Cal (0.0 HFP (0.0%) Members out-of-pocket expenses: Copayment (+.22%) Direct Payment (-46.36%)	1.7% of children in the U.S. are affected by hearing loss; 56.1% of children with hearing loss in California use hearing aids	• AB 368 would likely contribute to better speech and language outcomes for the 270 additional children receiving hearing aids as a result of the mandate, as well as for the 15,000 children receiving a more sophisticated hearing aid and the 1,800 children who could receive a cochlear implant in their opposite ear. • Male children and Hispanic children have higher prevalence of hearing problems compared to females and non-Hispanics respectively. • The acquisition of hearing aids does not impact mortality outcomes. Therefore, there is no impact on premature death. • Estimates on the lifetime costs associated with hearing loss typically focus on those with severe or profound hearing loss and costs vary from $297,000 per person in one study to $417,000 per person in another. It is possible that AB 368 could contribute to decreased special education and productivity costs associated with hearing loss.

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AB 423: Mental Health Services (Beall) (4/20/2007)	Findings suggest that when parity in coverage is implemented in conjunction with intensive management of mental health and substance abuse (MH/SA) services and provided to persons who already have some coverage for these services: (1) consumers' out-of-pocket costs for MH/SA services decrease (2) rates of growth in the use and cost of MH/SA services decrease (3) utilization of mental health services and psychotropic medications does not increase, but utilization of substance abuse services increases slightly.	# of individuals with full parity coverage of: *Non-SMI disorders,* *Before:* 0 *After:* 18,033,000 *Change:* 18,033,000 *Substance use disorders,* *Before:* 0 *After:* 18,033,000 *Change:* 18,033,000	Utilization of MH/SA services (including prescription drugs for smoking cessation) would increase as a result of the mandate, e.g., by 24.5 outpatient mental health visits per 1,000 members per year	$109.93 million (+0.16%).	PRIVATE Employers (+0.19% Enrollees in group plans (+0.17%). Individually purchased insurance (+0.41%). PUBLIC CalPERS (+0.17%) Medi-Cal (-0.01 HFP (+0.02%) Members out-of-pocket expenses: Copayment (-0.37%) Direct Payment (NA)	28% of adults in the U.S. have a mental or addiction disorder	• Although it is likely that AB 423 will also have positive health outcomes such as reduced suicides, reduced inpatient psychiatric care, reduced symptomatic distress, improved quality of life for some people, CHBRP is unable to estimate these benefits and therefore the impacts of the mandate on outcomes are unknown. • Although the lifetime prevalence for mental disorders is similar for males and females, gender differences exist with regard to specific mental disorder diagnoses. There is substantial variation both across and within racial groups with respect to the prevalence of and treatment for MH/SA disorders. AB 423 has the potential to reduce gender and racial disparities in mental health treatment, but the exact impact is unknown. • Mental and substance abuse disorders are a substantial cause of mortality and disability in the U.S, but the impact of AB 423 on premature death is unknown. • There are sizeable economic costs associated with mental and substance abuse disorders with an estimated $147.8 billion in 1990 associated with mental disorders and $428.1 billion in 1995 related to substance abuse. The impact of AB 423 on these costs is unknown.

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AB 1429: Human Papillomavirus Vaccination (Evans) (4/17/2007)	Among females who complete all three doses of the quadrivalent HPV vaccine (Gardasil) and who were not previously exposed to HPV 6, 11, 16 and 18, the vaccine provides for a 95% or higher level of protection against HPV infection, anogenital warts, and precancerous lesions associated with these types of HPV. The vaccine is less effective among females who have not completed all three doses of the vaccine and/or were exposed to HPV prior to vaccination. Evidence suggests the vaccine does not have a statistically significant effect on the occurrence of the cervical intraepithelial neoplasia 3 and adenocarcinoma in situ associated with types of HPV other than the four toward which the vaccine is targeted (i.e., types 5, 11, 16, & 18). The quadrivalent vaccine appears safe at 5 years postvaccination. Duration of protection is unknown beyond five years.	# of individuals with coverage for HPV vaccine, *Before:* 3,355,200 *After:* 3,382,600 *Change:* 27,400 (0.8% increase)	The 2008 vaccination rate for females aged 11 to 26 years is estimated to be approximately 43.3% for those newly covered for the vaccine. Approximately 23.7%, or 6,500 of the 27,400 females aged 11 to 26 years currently without coverage for HPV vaccination are estimated to receive HPV vaccination in the first year following passage of AB 1429.	$4.6 Million (+0.006%)	PRIVATE Employers (+ 0.004%) Enrollees in group plans (+0.003%). Individually purchased insurance (+0.067%). PUBLIC CalPERS (+0.0%) Medi-Cal (0.0) HFP (0.0) Members out-of-pocket expenses: Co-payment (0.026%) Direct payment (-100%)	27% of females aged 14-59 are infected with HPV	• Assuming 6,500 additional women get vaccinated in the first year after passage of the mandate, over 1,000 cases of HPV could be averted over the lifetimes of these women, thereby preventing almost 30 cases of cervical cancer and 10 cervical cancer-related deaths. • Blacks and Hispanics have higher mortality rates from cervical cancer compared to other racial/ethnic groups. Providing coverage for vaccination may be one way to reduce these racial and ethnic disparities. It is unknown, however, the extent to which this mandate will reduce these disparities. • Approximately 10 deaths could be prevented over the lifetime of women vaccinated in the first year. • AB 1429 could result in a total savings of nearly 300 person-years, valued at approximately $3.5 million in productivity.

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AB 1461: Alcohol and Drug Abuse Exclusion (Krekorian) (4/19/2007)	No studies were identified that assessed whether excluding coverage for illnesses and injuries associated with alcohol or substance abuse affects health or access to care. Evidence from interviews suggest that decisions about screening and treatment for alcohol and substance abuse are not driven by physicians' knowledge of the uniform accident and sickness policy provision law (UPPL) exclusion or of patients' insurance status.	# of individuals with coverage (policies without UPPL exclusion), *Before:* 20,626,000 *After:* 20,694,000 *Change:* 68,000 (0.3% increase)	None	$0 (0.0%)	PRIVATE Employers (0.0%) Enrollees in group plans (0.0%). Individually purchased insurance (+0.005%). PUBLIC CalPERS (N/A) Medi-Cal (N/A) HFP (N/A) Members out-of-pocket expenses: Copayment (+0.002%) Direct Payment (-100%)	7.9% of all ED visits are alcohol-related and 1.3% of ED visits are due to drug abuse or misuse.	• No evidence that AB 1461 would change physician practice patterns in terms of screening and counseling for alcohol and substance abuse or treatment for illness and injuries sustained in conjunction with alcohol or substance abuse. Therefore, we conclude that this mandate would have no impact on overall public health outcomes. • AB 1461 is not expected to have an impact on gender, racial, or ethnic disparities in health outcomes. • AB 1461 is not expected to have an impact on premature death related to alcohol or drug use. • AB 1461 is not expected to reduce economic loss associated with to alcohol or drug use.

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SB 24: Tobacco Cessation (Torlakson) (4/20/2007)	Counseling A large body of evidence suggests that counseling and brief advice by physicians and other health professionals increase abstinence from smoking. Pharmacotherapy Among first-line pharmacological agents (those used in initial attempts to quit smoking), nicotine replacement therapy and bupropion are effective treatments. Among second-line agents (those used when initial attempts to quit have not been successful), Varenicline, other forms of cytisine, clonidine, and nortriptyline increase smoking cessation. Coverage for tobacco cessation services Full coverage for tobacco cessation counseling and pharmacotherapy is associated with improved abstinence from smoking relative to no coverage. The evidence of the effect of full coverage for tobacco cessation counseling and pharmacotherapy relative to partial coverage on abstinence from smoking is ambiguous.	# of insured individuals in CA with coverage for: *NRT, Before:* 8,430,000 *After:* 19,557,000 *Change:* 11,127,000 (132% increase) *Counseling, Before:* 12,607,000 *After:* 19,557,000 *Change:* 6,950,000 (55% increase) *Antidepressant, Before:* 11,623,000 *After:* 19,557,000 *Change:* 7,934,000 (68% increase)	Enrollees 18 years and older who smoke *with* partial/full covered benefit and utilize NRT, counseling, or antidepressant: Increase of +25% Enrollees 18 years and older who smoke *without* covered benefit and who use NRT, counseling, or antidepressant: Increase of +122%	$70 million (+0.10%)	PRIVATE Employers (+0.17%) Enrollees in group plans (+0.16%). Individually purchased insurance (+0.34%). PUBLIC CalPERS (+0.09%) Medi-Cal (0%) HFP (+0.01%) Members out-of-pocket expenses: Co-payment (-0.19%) Direct Payment (-100%)	15% of California adults are smokers	• Approximately 31,716 smokers will quit due to SB 24 each year. During the first year after implementation, this mandate is estimated to result in 22 fewer cases of AMI or stroke and 35 fewer low birth-weight deliveries each year. • Racial and ethnic disparities in smoking prevalence are also apparent in California. The extent to which SB 24 will modify these disparities is unknown. • For each quitter, between 7.0 and 12.4 years of life is gained due to prevention of premature death from smoking-related illnesses. This adds up to a total of 222,012 to 393,278 years of potential life gained across the state each year.

Bills Analyzed	Medical Effectiveness of a Mandated Service or Treatment	Coverage	Estimated Utilization Impact of Mandate	Estimated Cost Impact in Terms of Total Health Care Expenditures (1)	Estimated Cost Impact in Terms of % Premium Changes by Payer (2)	Burden of Disease	Estimated Public Health Impact
2008							
AB 1774: Gynecological Cancer Screening Tests (Lieber) (4/7/2008)	Cervical Cancer Among asymptomatic women at average risk who are sexually active and have not had a hysterectomy, screening with the Pap test reduces the incidence of cervical cancer. Among asymptomatic women at high risk, the HPV DNA test and Pap test are equally accurate for identifying women with abnormal cytology who should receive further testing. Among both average risk and high risk women, evidence of the relative accuracy of screening with the Pap test alone vs. multimodal screening with both the Pap test and the HPV DNA test is ambiguous. Ovarian Cancer Evidence is insufficient to determine the effectiveness of genetic testing to identify mutations associated with increased cancer risk among women without a hereditary risk for ovarian cancer. Although screening asymptomatic women at average risk for ovarian cancer with transvaginal ultrasound and/or the CA-125 blood test can detect ovarian cancer at an earlier stage, there is insufficient evidence to determine whether screening reduces morbidity and mortality. Evidence suggests that annual screening with transvaginal ultrasound is accurate among asymptomatic women at increased risk and could increase survival over the short term. Endometrial Cancer No studies were found that addressed screening tests for endometrial	# of individuals affected by mandate– women aged 18-64 years: 8,433,000 Percentage of individuals with coverage for: *Cervical cancer tests:* 100% (diagnostic testing for symptomatic women, routine screening for high-risk women, and routing screening for average-risk women) *Ovarian cancer tests:* 100% (diagnostic for symptomatic, and routing for high-risk), 0% (routine screening for average-risk) *Endometrial cancer tests:* 100% (diagnostic for symptomatic, and routing for high-risk), 0% (routine	Under this scenario, utilization of screening tests in the first year post-mandate would increase by about 1,565,000 for transvaginal ultrasound, 945,000 for endometrial biopsy, 232,000 for BRCA1/2 genetic mutation tests, and 244,000 for HNPCC genetic mutation tests. Other selected screening tests would experience lower utilization increases.	$2.72 billion, or 3.43%,	PRIVATE Employers (+3.46%) Enrollees in group plans (+3.41%). Individually purchased insurance (+4.67%). PUBLIC CalPERS (3.07%) Medi-Cal (1.90%) HFP (+0.0%) Members out-of-pocket expenses: Co-payment (+3.6%) Direct Payment (NA)	4,700 cases and 1,100 deaths from gynecological cancers in CA each year.	• AB 1774 is expected to result in the detection of early-stage ovarian cancer for 470 women over 3 years. But it is also expected to result in more than 30,000 false-positive results for the initial screen, and another 6,600 unnecessary surgeries due to increased screenings. It is also expected to result in an increase in 4,600 false positive results for HPV, without any increase in the number of cases of cervical cancer found early. • AB 1774 is not expected to have an impact on racial disparities related to gynecological cancers. • Since insurers typically cover the gynecological tests that have been found to be medically effective, AB 1774 is not expected to substantially reduce premature death among women. However, for the 470 women expected to have early-stage ovarian cancer detected due to AB 1774, this could potentially improve survival. • Overall, at present, there are over $500 million in indirect costs associated with gynecological cancers in California. AB 1774 could potentially decrease lost productivity costs by increasing survival for women with earlier detected ovarian cancer.

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	cancer.	screening for average-risk)					

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AB 1887: Mental Health Services (Beall) (4/8/2008)	Findings suggest that when parity in coverage is implemented with intensive management of mental health and substance abuse (MH/SA) services and provided to persons with some coverage for these services: (1) consumers' out-of-pocket costs for MH/SA services decrease (2) rates of growth in the use and cost of MH/SA services decrease, and (3) utilization of MH/SA increases slightly among persons with substance abuse disorders and persons with moderate levels of symptoms of mood and anxiety disorders.	# of insured individuals with full parity coverage of: *Non-SMI disorders,* *Before:* 0 *After:* 18,859,000 *Change:* 18,859,000 *Substance use disorders,* *Before:* 0 *After:* 18,859,000 *Change:* 18,859,000	About 18 million individuals would be affected by the mandate. None of these individuals currently have coverage at levels achieving full MH/SA parity with medical care, as would be mandated under AB 1887 for non-severe mental illnesses (SMI) and substance use disorders. Utilization would increase by 23.9 outpatient mental health visits (12.03%) and 9.0 outpatient substance abuse visits (27.41%) per 1,000 members per year. Annual inpatient days per 1,000 members would increase by 0.1 (4.36%) for mental health and by 1.1 (17.05%) for substance abuse.	$104 million (+0.14%)	PRIVATE Employers (+ 0.17%) Enrollees in group plans (+0.23%). Individually purchased insurance (+0.36%). PUBLIC CalPERS (0.0%) Medi-Cal (NA) AIM&MRMIP -(-0.01%) HFP (+0.02%) Members out-of-pocket expenses: Co-payment (-0.36%) Direct Payment (NA)	28% of adults in the U.S. have a mental or addiction disorder	• Although it is likely that AB 1887 will also have positive health outcomes such as reduced suicides, reduced inpatient psychiatric care, reduced symptomatic distress, improved quality of life for some people, CHBRP is unable to estimate these benefits and therefore the impacts of the mandate on outcomes are unknown. • Although the lifetime prevalence for mental disorders is similar for males and females, gender differences exist with regard to specific mental disorder diagnoses. There is substantial variation both across and within racial groups with respect to the prevalence of and treatment for MH/SA disorders. There is no evidence that AB 1887 would reduce gender and racial disparities in mental health treatment. • Mental and substance abuse disorders are a substantial cause of mortality and disability in the U.S, but there is no evidence that AB 1887 would result in a reduction in premature death. • There are sizeable economic costs associated with mental and substance abuse disorders with an estimated $147.8 billion in 1990 associated with mental disorders and $428.1 billion in 1995 related to substance abuse. The impact of AB 1887 on these costs is unknown.

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AB 1894: HIV testing (Krekorian) (4/7/2008)	Indirect evidence shows that screening for HIV is effective. Evidence shows that tests for HIV are highly accurate. Evidence shows that the following treatments for HIV reduce the risk of clinical progression, opportunistic infection, and death. Acceptance rates for HIV testing among asymptomatic persons vary widely.	# of individuals with coverage, *Before:* 22,190,000 (100%)	No estimated overall increase in utilization	+ $554,000 (0.00%)	PRIVATE Employers (+0.00%) Individuals w/group insurance (+0.00%) Individuals w/individual coverage (+0.00%) PUBLIC CalPERS (0.00%) Medi-Cal (0.00%) HFP (0.00%) Members' out-of-pocket expenditures[3] Copayment (+0.00%) Direct payment (-0.00%)	Between 6,700-9,000 new infections occur annually in California	• AB 1894 is not expected to alter coverage or utilization of HIV testing and is therefore not expected to have an impact on overall public health. • Men are infected with HIV at a rate 10 times that of women and the AIDS incidence rates for blacks are almost four times greater than for Hispanics or whites. AB 1894 is not expected to change utilization of HIV testing and therefore is not expected to impact gender or racial/ethnic disparities. • AB 1894 is not expected to reduce premature death due to AIDS. • AB 1894 is not expected to reduce economic loss associated with AIDS.
AB 1962: Maternity Services (De La Torre) (4/10/2008)	Evidence shows that there is no difference in birth outcomes for infants or mothers in association with numbers of prenatal visits. Evidence suggests that some prenatal care services are effective (i.e., counseling; screening tests; diagnostic and preventive services; supplements).	# of individuals with coverage for maternity services (subject to mandate, i.e. in large-group, small-group, or individual plans), Before: 1,281,000 After: 1,882,000 *Change:* 600,800 (47% increase)	No increase in utilization of maternity services including prenatal care services	$24 Million (0.32%)	PRIVATE Employers (0.0%) Employees covered by group insurance (0.0%). Individually purchased insurance (+4.75%). PUBLIC CalPERS (N/A) Medi-Cal (N/A) HFP (N/A) Members out-of-pocket expenses: Copyament (1.28%) Direct Payment (-100%)	550,000 births occur annually in California.	• The extent to which AB 1962 would result in increased utilization of effective prenatal care services is unknown. Therefore the public health impacts of the mandate are unknown. • Babies born to black women are more likely to be born prematurely and have higher mortality rates. There is no evidence that AB 1962 would make an impact on prenatal care utilization rates among black women to reduce these disparities in health outcomes. • The impact of AB 1962 on premature death is unknown. • The impact of AB 1962 on the economic loss associated with disease is unknown.

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AB 2174: Amino acid-based elemental formulas (Laird) (4/8/2008)	The medical effectiveness analysis examined the effectiveness of elemental formula for diagnosis and treatment of the two disorders addressed in AB 2174 for which literature on the effectiveness of formula was available: eosinophilic esophagitis (EE) and short bowel syndrome (SBS). No literature on the effectiveness of amino acid-based elemental formula was found for any other eosinophilic disorder. Evidence from studies suggests that amino acid–based elemental formula and elimination diets are both effective strategies to treat eosinophilic esophagitis. The evidence does not indicate which regimen is more effective. Three uncontrolled studies report that elemental formula is effective in improving symptoms associated with short bowel syndrome (SBS).	# of individuals with coverage for formula used without a feeding tube, *Before:* 8,019,300 *After:* 22,362,000 *Change:* 14,342,700 (179% increase)	Of the insured population who would gain coverage, approximately 31,000 are estimated to have either an eosinophilic disorder or SBS. Of these 31,000 people, approximately 900 would access coverage for formula taken orally or with a feeding tube. CHBRP estimates no change in the utilization rates postmandate	+$1.7 million (less than 0.01%)	PRIVATE Employers (+ 0.02%) Enrollees in group plans (+0.02%). Individually purchased insurance (+0.02%). PUBLIC CalPERS (0.02%) Medi-Cal (0.00%) HFP (0.00%) Members out-of-pocket expenditures: Copayment (0.02%) Direct Payment (-100%)	EE occurs in approximately 4.3/10,000 children and 2.3/10,000 adults; SBS occurs in approximately 3/1,000,000 children and 4/ 1,000,000 adults.	• AB 2174 would not increase utilization of amino acid-based elemental formula, therefore no impact on health outcomes are expected. Insurance coverage for this benefit will increase for and out-of-pocket costs will decrease for approximately 900 individuals and therefore will likely reduce the administrative burden and financial hardship associated with these disorders for those families. • AB 2174 is not expected to have an impact on gender, racial, or ethnic disparities in health outcomes. • AB 2174 is not expected to have an impact on premature death. • AB 2174 is not expected to reduce economic loss associated with eosinophilic disorders and SBS.

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AB 2234: Breast Conditions (Portantino) (4/3/2008)	There is insufficient evidence that digital mammography, BMRI screening, or ultrasound decreases breast cancer mortality or improves health outcomes when compared with standard mammography screening. Harms associated with screening are due to false-positive readings that result in a higher rate of benign biopsies. Evidence shows that notifying women about routine mammography screening improves the overall mammography screening rate.	# of women aged 30-64 years enrolled in plans or policies affected by mandate, with coverage for: *Mammogram and ultrasound tests:* 6,775,000 (100%) *BMRI tests:* *Before:* 1,608,000 *After:* 6,775,000 *Change:* 5,167,000 (321% increase)	Mammogram and ultrasound tests +0.32% BMRI tests +335.90%	+ $252 million (0.32%)	PRIVATE Employers (+0.32%) Individuals w/group insurance (+0.31%) Individuals w/individual coverage (+0.40%) PUBLIC CalPERS (0.22%) Medi-Cal (0.55%) HFP (0.00%) Members' out-of-pocket expenditures[3] Copayment (+0.24%) Direct payment (-100.00%)	One in nine women in California will be diagnosed with breast cancer in her lifetime.	• There is insufficient evidence to draw a conclusion as to the potential public health benefit of AB 2234, whereas some evidence exists as to the potential harms associated with increases in false positives and benign biopsies resulting from the additional 131,000 BMRI screenings. The notification aspect of AB 2234 is expected to increase the number of women who receive mammograms each year by 19,000, leading to a reduction in breast cancer mortality. • Breast cancer affects predominantly women, with non-Hispanic white women having the highest rates. There is insufficient evidence to determine whether AB 2234 would impact these disparities. • Due to increased mammography screening, AB 2234 is expected to prevent approximately 16 deaths per year from breast cancer. • AB 2234 is expected to save 366 life years and 4.4 million dollars in lost productivity.

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SB 1198: Durable Medical Equipment (Kuehl) (4/3/2008)	Persons with a wide range of diseases and conditions use durable medical equipment (DME) to improve health, functioning, quality of life, and productivity. There is little evidence of the effectiveness of having private health insurance coverage for DME on use of DME.	# of insured individuals with coverage for DME in: Base plan only, *Before:* 8,817,864 *After:* 7,333,883 *Change:* -1,483,980 (17% decrease) Base plan/rider combination, *Before:* 8,044,136 *After:* 9,528,117 *Change:* 1,483,980 (18.4% increase)	SB 1198 would not increase the number of users of DME. There would be a slight increase in the units of DME or utilization of more-expensive DME among existing DME users in response to reduced cost sharing and lifting of annual and lifetime expenditure limits. The increase in utilization and related expenses are minimal ($25.58 per DME user per year or 4.1%)	+$42.96 Million (0.52%)	PRIVATE Employers (+0.00%) Individuals w/group insurance (+0.00%) Individuals w/individual coverage (+0.00%) PUBLIC CalPERS (0.00%) Medi-Cal (0.00%) HFP (0.00%) Members' out-of-pocket expenditures[3] Copayment (-0.00%) Direct payment (-100.00%)	2.4% privately insured Californians aged 18-64 reported having a health problem that required the use of special equipment	• There is no evidence to suggest that SB 1198 would impact utilization of DME, therefore there is no evidence that there would be an impact on the public's health. There will be a decrease in out-of-pocket spending for approximately 11,000 enrollees using DME in excess of their annual benefit limit and may result in a reduction of financial hardship associated with their condition. • There is no evidence that SB 1198 would impact racial and ethnic health disparities. • There is no evidence that SB 1198 would impact premature death. • There is no evidence that SB 1198 would impact economic loss associated with the conditions related to the use of DME.

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SB 1634: Cleft Palates (Steinberg) (4/11/2008)	Orthodontic services are coordinated with surgeries as standard care for treatment of oral clefts. Teams of experts, including orthodontists, provide coordinated care. The orthodontic services involved in oral cleft repair begin in the first weeks after birth and continue over the following years as the treatments proceed. Expert consensus for treatment of oral clefts is that teams of experts provide care, with all elements of the care coordinated within the team. Although there is no evidence with respect to the added benefit of orthodontic services or to the effect of team care, this in no way implies that such services are not effective. *No evidence of effect*is not the same as *evidence of no effect*.	# of individuals with coverage, *Before:* 14,506,000 *After:* 18,973,000 *Change:* 4,467,000 (31% increase)	Orthodontic services for oral cleft repair +0%	+ $146,000 (0.00%)	PRIVATE Employers (+0.25%) Individuals w/group insurance (+0.25%) Individuals w/individual coverage (0.00%) PUBLIC CalPERS (0.00%) Medi-Cal (0.00%) HFP (0.00%) Members' out-of-pocket expenditures: Copayment (-1.98%) Direct payment (0.00%)	Approximately 300 children in health plans affected by SB 1634 are diagnosed with oral clefts.	• To the extent that lack of coverage results in a delay in getting the orthodontia and the subsequent surgeries needed to repair the oral cleft, health outcomes such as speech may be affected. Reduced delays in surgery may result in improvements in the health of children with oral clefts. In addition, SB 1634 would likely reduce the administrative burden and financial hardship faced by families with children with oral clefts. • There is insufficient evidence to determine if SB 1634 would impact differences in gender or racial disparities in the use of orthodontia in the treatment of oral clefts. • SB 1634 is not expected to impact mortality associated with oral clefts. • An estimated 11.7% of those with oral clefts are unable to work. An additional 17.2% are limited in their ability work. To the extent delays in surgery are reduced, thereby improving health outcomes, there is a potential for improvement in the health of children with oral clefts and a corresponding reduction in morbidity and lost productivity.

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2009							
AB 56: Mammography (Portantino) (3/16/2009)	Evidence shows that among women aged 40 years and older, mammography screening reduces breast cancer mortality by (1) 15-26% after 7 to 9 years of follow-up for women aged 50 years and older, and (2) 15%-17% after 10 to 14 years of follow-up for women aged 40-49 years. Harms associated with mammography screening are primarily false-positive findings that result in additional outpatient visits, additional diagnostic imaging, and biopsies. Evidence shows that notifying women through written notice about routine mammography screening can increase the overall mammography screening rate by one third.	# of individuals with mandated coverage for mammograms (similar to mandated level, women in CDI-regulated plans), 1,185,000 (100%) # turning 40 who receive mandated written notification by CDI- and DMHC-regulated plans, *Before:* 35,000 *After:* 160,000 *Change:* 125,000 (357% increase)	Due to increased notification an increase of approximately 20,000 (0.38%) in total # of mammograms among women with coverage after AB 56 implementation.	+ $3.8 million	PRIVATE Employers (+0.01%) Individuals w/individual coverage (+0.01%) PUBLIC CalPERS (+0.01%) Medi-Cal (+0.01%) HFP (+0%) Members' out-of-pocket expenditures[3] Copayment (+0.01%) Direct payment (+0%)	One in nine women in California will be diagnosed with breast cancer in her lifetime.	• Due to increased notification, this mandate is expected to increase the number of women who receive mammograms each year by 20,000. A reduction in mortality.is expected with the prevention of approximately 16 deaths from breast cancer per year, beginning approximately 14 years after implementation of AB 56. • To the extent that notification increases mammography screening among non-white women, there is the potential for AB 56 to reduce the racial/ethnic disparities in screening rates and health outcomes associated with breast cancer. • An estimated reduction in 16 premature deaths each year is expected due to AB 56. • AB 56 is expected to save 366 life-years and $5.2 million in productivity.

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AB 98: Maternity Services (De La Torre) (3/16/2009)	Evidence shows that there is no difference in birth outcomes for infants or mothers in association with numbers of prenatal visits. Evidence suggests that some prenatal care services are effective (i.e., counseling; screening tests; diagnostic and preventive services; supplements).	# of individuals in CDI-regulated plans with maternity coverage, in: *Large- and small-group plans, Before:* 1,132,000 (100%) *Individual plans, Before:* 233,000 *After:* 1,038,000 *Change:* 805,000 (345% increase) *All CDI-regulated plans (total), Before:* 1,565,000 *After:* 2,370,000 *Change:* 805,000 (51% increase)	No increase in utilization of maternity services including prenatal care services	$29 Million (0.04%)	PRIVATE Employers (0.0%) Employees covered by group insurance (0.0%). Individually purchased insurance (+1.50%). PUBLIC CalPERS (N/A) Medi-Cal (N/A) HFP (N/A) Members out-of-pocket expenses: Copyament (0.34%) Direct Payment (-100%)	Approximately 550,000 births occur annually in California.	• CHBRP is unable to estimate what the impact of AB 98 will be on the utilization of prenatal care. A lower bound estimate would assume that there will be no increase in the utilization ofeffective prenatal care services because these pregnant women will likely still face high out-of-pocket costs. An upper bound estimate would assume that all 7,100 newly covered pregnancies would have financial barriers to prenatal care removed and thus an increase in the utilization of effective prenatal care services, and corresponding health outcomes would be expected. To the extent that AB 98 increases the utilization of effective prenatal care that can reduce outcomes such as preterm births and related infant mortality, there is a potential to reduce morbidity and mortality and the associated societal costs. • Babies born to black women are more likely to be born prematurely and have higher mortality rates. There is no evidence that AB 98 would make an impact on prenatal care utilization rates among black women to reduce these disparities in health outcomes. • To the extent that AB 98 increases the utilization of effective prenatal care, there is a potential to reduce preterm births and related infant mortality. • To the extent that AB 98 increases the utilization of effective prenatal care, there is a potential to reduce economic loss associated with preterm births and related mortality.

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AB 163: Amino Acid-Based Elemental Formula (Emmerson) (3/30/2009)	Literature on the effectiveness of amino acid–based elemental formula was found for only two eosinophilic eosinophilic gastrointestinal disorders (EGID) —eosinophilic esophagitis and eosinophilic gastroenteritis Evidence from studies suggests that amino acid–based elemental formula and elimination diets are both effective strategies to treat eosinophilic esophagitis. The evidence does not indicate which regimen is more effective. A single case report suggests that elemental formula is effective in improving symptoms associated with eosinophilic gastroenteritis (EG).	# of individuals with coverage for formula used: *With a feeding tube,* *Before:* 21,161,800 *After:* 21,340,000 *Change:* 178,200 (0.8% increase) *Without a feeding tube,* *Before:* 7,553,800 *After:* 21,340,000 *Change:* 13,786,200 (183% increase)	Of the insured population who would be affected by the bill, approximately 4 per 10,000 individuals—for a total of 8,500—are estimated to have EGID. Of these 8,500 people, approximately 615 would access coverage for formula taken orally or with a feeding tube. CHBRP estimates no change in the utilization rates post-mandate.	$1.3 million (less than .01%) annually, solely due to the additional administrative costs associated with providing coverage for persons who do not currently have this benefit.	PRIVATE Employers (+ 0.01%) Employees covered by group insurance (+0.01%). Individually purchased insurance (+4.75%). PUBLIC CalPERS (0.01%) Medi-Cal (0.00%) HFP (0.00%) Members out-of-pocket expenses: Copyament (1.28%) Direct Payment (-100%)	EE occurs in approximately 4.3/10,000 children and 2.3/10,000 adults.	• AB 163 would not increase utilization of amino acid-based elemental formula, therefore no impact on health outcomes are expected. Insurance coverage for this benefit will increase for and out-of-pocket costs will decrease for approximately 615 individuals and therefore will likely reduce the administrative burden and financial hardship associated with these disorders for those families. • AB 163 is not expected to have an impact on gender, racial, or ethnic disparities in health outcomes. • AB 163 is not expected to have an impact on premature death. • AB 163 is not expected to reduce economic loss associated with EGID.
AB 214: Durable Medical Equipment (Chesbro) (4/9/2009)	Persons with a wide range of diseases and conditions use durable medical equipment (DME) to improve health, functioning, quality of life, and productivity. There is little evidence of the effectiveness of having private health insurance coverage for DME on use of DME. Some evidence shows that utilization management reduces use of some types of DME.	# of insured individuals with coverage for DME compliant with AB 214, *Before:* 8,248,000 *After:* 21,340,000 *Change:* 13,092,000 (159% increase)	No impact on the number of DME users; +4.03% per user/per year increase in average DME costs	$72.9 million including (+0.09%)	PRIVATE Employers (+0.29%) Individuals w/group insurance (+0.28%) Individuals w/individual coverage (+0.59%) PUBLIC CalPERS (0.00%) Medi-Cal (0.00%) HFP (0.00%) Members' out-of-pocket expenditures[3] Copayment (-2.28%) Direct payment (-100%)	2.4% privately insured Californians aged 18-64 reported having a health problem that required the use of special equipment	• Among the current users of DME, AB 214 is expected to result in an increased utilization because increased annual limits and coinsurance are expected to lead to some persons receiving more DME, more expensive DME items, and more-frequent replacement of existing DME items. The health benefits associated with this increased utilization are unknown. • There is no evidence that AB 214 would impact racial and ethnic health disparities. • AB 214 will have no impact on premature death • The impact that AB 214 would have on economic loss associated with the conditions related to the use of DME is unknown.

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AB 244: Mental Health Services (Beall) (4/17/2009)	Coverage for mental health and substance use disorders at parity with other physical illnesses is associated with the following outcomes: (1) consumers' out-of-pocket costs for MH/SA services decrease; (2) persons with mental health needs that insurance coverage and access to care have improved; (3) utilization of MH/SA services increases slightly among persons with substance use disorders, persons with moderate symptoms of mood and anxiety disorders, and low-income persons employed by small firms.	# of insured individuals with full parity coverage of: *Non-SMI disorders, Before:* 11,500,000 *After:* 18,009,000 *Change:* 6,506,000 (57% increase) *Substance use disorders, Before:* 11,500,000 *After:* 18,009,000 *Change:* 6,509,000 (57% increase)	CHBRP estimates that among individuals in policies subject to AB 244, utilization would increase by 18.6 outpatient mental health visits (8.76%) and 5.4 outpatient substance abuse visits (30.83%) per 1,000 members per year as a result of the mandate. Annual inpatient days per 1,000 members would increase by 0.01 (4.33%) for mental health and by 1.5 (25.34%) for substance abuse.	$80.6 million, or 0.10%.	PRIVATE Employers (+10%) Enrollee premium contributions (+9%) Individually purchased insurance (+0.38 %) PUBLIC CalPERS (0.0%) Medi-Cal (NA), AIM & MRMIP -(less than 0.01%) HFP (+0.02%) Members out-of-pocket expenses: Copayment (-0.12) Direct Payment (NA)	Approximately 28% of adults in the U.S. have a mental or addiction disorder	• Although it is likely that AB 244 will also have positive health outcomes such as reduced suicides, reduced inpatient psychiatric care, reduced symptomatic distress, improved quality of life for some people, CHBRP is unable to estimate these benefits and therefore the impacts of the mandate on outcomes are unknown. AB 244 will alleviate a financial burden for some users of MH/SA treatment. The exception is for tobacco use disorders, where the increased utilization of tobacco cessation pharmaceuticals is expected to result in 1,137 persons quitting tobacco use. • Although the lifetime prevalence for mental disorders is similar for males and females, gender differences exist with regard to specific mental disorder diagnoses. There is substantial variation both across and within racial groups with respect to the prevalence of and treatment for MH/SA disorders. There is no evidence that AB 244 would reduce gender and racial disparities in mental health treatment. • Mental and substance abuse disorders are a substantial cause of mortality and disability in the U.S, but there is no evidence that AB 1887 would result in a reduction in premature death with the exception of the 1,137 persons expected to quit tobacco use, yielding an additional 7,800 years of life gained.

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AB 259: Certified Nurse Midwives: Direct Access (Skinner) (4/17/2009)	Evidence from studies that compare care provided by certified nurse midwives (CNMs) and physicians indicate that: (1) health outcomes do not differ for newborns delivered by CNMs and physicians; (2) maternal health outcomes do not differ for mothers cared for by either provider; (3) mothers cared for by CNMs are (a) more likely to have a spontaneous vaginal birth, (b) less likely to use analgesia/anesthesia, (c) less likely to have an episiotomy, (d) less likely to have deliveries in which forceps or vacuum extraction were used, (4) mothers cared for by CNMs have lower rates of prenatal hospitalizations and higher rates of initiating breastfeeding.	# of individuals with certified nurse-midwife coverage, *Before:* 20,913,000 *After:* 21,340,000 *Change:* 427,000 (2% increase) # of individuals with direct access to CNWs, *Before:* 14,277,800 *After:* 21,340,000 *Change:* 7,042,200 (49% increase)	No evidence to indicate that there would be an increase in use of CNMs as a result of removing the referral requirement	None	None	CNMs currently preside over ~34,000 (8%) of 427,000 live deliveries in CA for women enrolled in plans subject to mandate	• Unable to estimate a public health impact, as this would be contingent upon the bill increasing the number of women choosing CNMs over physician care, for which there is no evidence. • Content experts' input suggests some women may receive prenatal care earlier. • There may be long-term impacts, presently unquantifiable, if the bill increases CNM-attended births. CHBRP conducted such a scenario-analysis, with caveats, that suggested an increase in spontaneous vaginal deliveries, recognized as the ideal outcome for low-risk pregnancies.

Bills Analyzed	Medical Effectiveness of a Mandated Service or Treatment	Coverage	Estimated Utilization Impact of Mandate	Estimated Cost Impact in Terms of Total Health Care Expenditures (1)	Estimated Cost Impact in Terms of % Premium Changes by Payer (2)	Burden of Disease	Estimated Public Health Impact
AB 513: Breast-Feeding (de Leon) (4/17/2009)	Multiple guidelines recommend lactation consultation and use of breast pumps as means of supporting breast-feeding, which is recommended as a means of reducing morbidity and improving health outcomes. Evidence from studies that compared extra lactation to standard breast-feeding indicate that: (1) the effectiveness of extra lactation on cessation of any breast-feeding is ambiguous; (2) receipt of extra lactation consultation does not affect cessation of exclusive breast-feeding before 4-6 weeks post delivery; (3) extra lactation consultation does not affect GI or respiratory tract health outcomes for infants. Evidence from two RCTs suggests that use of an electric vs. a manual breast pump reduces the amount of time required for pumping but does not affect the volume of milk expressed or breast-feeding rates at 6 months. One nonrandomized study suggested that low-income women who had immediate or delayed access to breast pumps had greater odds of not feeding formula to their infants than women who did not receive breast pumps.	# of individuals with coverage for: *Lactation consulting during delivery admission,* *Before:* 20,535,000 (100%) *Outpatient lactation consulting,* *Before:* 10,482,000 *After:* 18,970,000 *Change:* 8,488,000 (81% increase) *Breast pump rental,* *Before:* 17,750,000 *After:* 20,535,000 *Change:* 2,785,000 (16% increase)	Lactation Consultation + 0% Breast Pumps +50%	+$2.4 million (+0.0028%)	PRIVATE Employers (+0.01%) Individuals w/group insurance (+0.01%) Individuals w/individual coverage (+0.01%) PUBLIC CalPERS (0.01%) Medi-Cal (0.20%) HFP (0.00%) Members' out-of-pocket expenditures[3] Copayment (-0.04%) Direct payment (-94.35%)	Approximately 416,000 delivering women	• Since utilization of lactation consulting or electric breast pumps is not estimated to increase in response to AB 513, there is no projected increased health benefits from the bill, but it is expected to decrease out-of-pocket costs for 6,000 women (in the case of consultations) and 2,000 women (for electric pumps). • Racial and ethnic minorities have lower rates of breast-feeding initiation than whites, but given no utilization impact, AB 513 is not expected to decrease this disparity. • Similarly, given no change in utilization, bill is unlikely to result in either a reduction of economic loss associated with conditions possibly prevented by breast feeding or accrual of long-term health benefits.

Bills Analyzed	Medical Effectiveness of a Mandated Service or Treatment	Coverage	Estimated Utilization Impact of Mandate	Estimated Cost Impact in Terms of Total Health Care Expenditures (1)	Estimated Cost Impact in Terms of % Premium Changes by Payer (2)	Burden of Disease	Estimated Public Health Impact
SB 158: Human Papillomavirus Vaccination (Wiggins) (4/14/2009)	Among females who complete all three doses of the quadrivalent HPV vaccine (Gardasil) and who were not previously exposed to HPV 16 or 18, the vaccine provides for a 98% reduction in pre-cancerous cervical lesions caused by HPV types 16 and 18. The vaccine is less effective among females who have not completed all three doses of the vaccine and/or were exposed to HPV prior to vaccination. Evidence suggests the vaccine does not have a statistically significant effect on the occurrence of the cervical intraepithelial neoplasia 3 and adenocarcinoma in situ associated with types of HPV other than the four toward which the vaccine is targeted (i.e., types 5, 11, 16, & 18). The quadrivalent vaccine appears safe at 5 years postvaccination. Duration of protection is unknown beyond five years.	# of females aged 11 to 26 in plans subject to mandate with coverage for the benefit, *Before:* 3,331,000 *After:* 3,348,000 *Change:* 17,000 (0.5% increase)	Change in # of females aged 11-26 vaccinated annually + 1.4% (2,500)	+ $1.6 million (+0.0019%)	PRIVATE Employers (+0.0002%) Individuals w/group insurance (+0.0002%) Individuals w/individual coverage (+0.0228%) PUBLIC CalPERS (0%) Medi-Cal (0%) HFP (0%) Enrollees' out-of-pocket expenditures[3] Copayment (+0.0054%) Direct payment (-100%)	27% of females aged 14-59 are infected with HPV	• Assuming 2,500 additional females get vaccinated in the first year after passage, 8 to 13 cases of cervical cancer could be prevented. • After catch-up vaccinations are complete, the number of additional females receiving vaccinations due to the mandate falls to ~350, preventing 1 to 2 cases of cervical cancer over the lifetime of these females. • Additional possible reductions in cases of anal, vulvar, vaginal, penile, or oral cavity and phalanx cancer due to increased HPV vaccination. • Blacks and Hispanics have higher mortality rates from cervical cancer compared to other racial/ethnic groups, but the impact this mandate would have on these disparities is unknown. • CHBRP estimates that the mandate would result in 3 to 5 deaths being prevented from the first-year vaccinations, yielding a total savings of 80 to 140 person years, valued at an amount between $1.3 and $2.2 million.

Bills Analyzed	Medical Effectiveness of a Mandated Service or Treatment	Coverage	Estimated Utilization Impact of Mandate	Estimated Cost Impact in Terms of Total Health Care Expenditures (1)	Estimated Cost Impact in Terms of % Premium Changes by Payer (2)	Burden of Disease	Estimated Public Health Impact
SB 161: Chemotherapy Treatment (Wright) (4/17/2009)	CHBRP did not conduct a standard medical effectiveness review for this bill due to the large number of drugs and cancers addressed. At the point the analysis was completed, 38 oral anticancer medications approved by the FDA were used to treat 52 different types of cancer. Specific uses vary across medications and types of cancer. Some oral anticancer medications are used alone. Some are used either alone or in combination with other anticancer medications (oral, intravenous, or injectable) depending on the type and stage of cancer being treated. There are no intravenous or injected substitutes for many oral anticancer medications.	Enrollees with coverage for oral anticancer medications, *Before:* 20,868,000 *After:* 21,340,000 *Change:* 472,000 (2% increase)	Oral anticancer medication + 0%	+$5 million (+0.01%)	PRIVATE Employers (+0.01%) Individuals w/group insurance (+0.01%) Individuals w/individual coverage (+0.18%) PUBLIC CalPERS (0.01%) Medi-Cal (0.00%) HFP (0.00%) Members' out-of-pocket expenditures[3] Copayment (-0.10%) Direct payment (-100.00%)	An estimated 140,000 cases of cancer each year; one in two Californians born today will develop cancer at some point in their lifetime	• The potential public health impact as a result of SB 161 is a reduction in out-of-pocket costs for oral anticancer medications. This could reduce the financial burden and related health consequences faced by cancer patients. • Breast cancer is the most prevalent cancer in California, almost exclusively affecting women. Sixty-five percent of the prescriptions and 33% of the total cost for oral anticancer medications are for drugs used to treat breast cancer. There is a potential to reduce the financial burden faced by women undergoing treatment for breast cancer. • After breast cancer, the next three most common cancers in California are colorectal, prostate, and lung cancer. Blacks in California have higher rates of diagnoses of these three cancers compared to all other racial and ethnic groups. These three cancers are all treated using oral anticancer medications, therefore, blacks could face a reduced financial burden.

NOTES:
1 Total expenditures include total premiums and out-of-pocket spending for copayments and non-covered benefits.
2 Percentages differ from those in published reports due to rounding to second decimal.
3 Members' out-of-pocket expenditures refer to privately insured members' out-of-pocket expenditures, copayments, and direct payments for services not covered under the benefit.