

California Health Benefits Review Program

The Federal Preventive Services Health Insurance Benefit Mandate and California's Health Insurance Benefit Mandates

February 10, 2017

California Health Benefits Review Program
1111 Franklin Street, 11th Floor
Oakland, CA 94607

T: 510-287-3876
F: 510-763-4253

www.chbrp.org

Additional free copies of this and other CHBRP bill analyses and publications may be obtained by visiting the CHBRP website at www.chbrp.org

Suggested Citation: California Health Benefits Review Program (CHBRP). (2017). *The Federal Preventive Services Health Insurance Benefit Mandate and California's Health Insurance Benefit Mandates*. Oakland, CA.



THE FEDERAL PREVENTIVE SERVICES HEALTH INSURANCE BENEFIT MANDATE AND CALIFORNIA'S HEALTH INSURANCE BENEFIT MANDATES

As a tool for analyzing legislation, the California Health Benefits Review Program (CHBRP) maintains this resource to identify potential overlap between the federal benefit mandate requiring health insurance coverage of some preventive services and California state benefit mandates. CHBRP provides independent evidence-based analysis of health-insurance-related legislation at the request of the Legislature.

As indicated in federal¹ and California state² law, non-grandfathered group and individual health insurance plans and policies must cover certain preventive services *without cost-sharing when delivered by in-network providers and as soon as 12 months after a recommendation* appears in any of the following:

- The United States Preventive Services Task Force (USPSTF) A and B recommendations³
- The Health Resources and Services Administration (HRSA)-supported health plan coverage guidelines for women's preventive services⁴
- The HRSA-supported comprehensive guidelines for infants, children, and adolescents, which include:
 - The *Bright Futures* Recommendations for Pediatric Preventive Health Care⁵, and
 - The recommendations of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children⁶
- The Advisory Committee on Immunization Practices (ACIP) recommendations that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC)⁷

¹ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act.

² California Health and Safety Code 1367.002 and California Insurance Code Section 10112.2.

³ USPSTF created a concise document summarizing its A and B recommendations (Current as of June 2016), available at: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>. However, for this resource CHBRP consulted USPSTF's A-Z Topic Guide because up-to-date summaries of recommendations are available through links on that webpage: <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>.

⁴ Available at: <https://www.hrsa.gov/womensguidelines2016/index.html>.

⁵ Available at: <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>.

⁶ Available at: <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>.

⁷ "Recommended immunization schedules for persons aged 0 through 18 years—United States, 2016" available at: <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf>.

"Catch-up immunization schedule for persons aged 4 months through 18 years who start late or are more than 1 month behind—United States, 2015" available at: <http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>.

"Recommended adult immunization schedule—United States, 2016" available at: <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>.

This resource is arranged as follows:

<u>Tables</u>	<u>Page</u>
Table 1. Federal Health Insurance Benefit Mandates as Defined by Reference to USPSTF A and B Recommendations & Related Mandates in California State Law	4
Table 2. Federal Health Insurance Benefit Mandates as Defined by Reference to HRSA-Supported Health Plan Coverage Guidelines for Women’s Preventive Services & Related Mandates in California State Law	35
Table 3. Federal Health Insurance Benefit Mandates as Specified by Reference to HRSA-Supported Comprehensive Guidelines for Infants, Children, and Adolescents & Related Mandates in California State Law	41
Table 4. Federal Health Insurance Benefit Mandates as Specified by ACIP Recommendations	43

Methods

For Table 1, CHBRP reviewed known benefit mandates in California’s Health and Safety Code (H&SC) and the California Insurance Code (IC)⁸ to identify state benefit mandates that seemed to overlap with the tests, treatments, or services partially or fully addressed by one or more of USPSTF’s recommendations. Where there appears to be overlap, the relevant H&SC and IC are listed in the last column. If there does not appear to be overlap, “None identified” appears in the last column. CHBRP defines benefit mandates as per its authorizing statute.⁹ Therefore, the listed mandates fall into one or more of the following categories: (a) offer or provide coverage for the screening, diagnosis, or treatment of specific diseases or conditions; (b) offer or provide coverage for types of health care treatments or services, including coverage of medical equipment, supplies, or drugs used in a treatment or service; and/or (c) offer or provide coverage permitting treatment or services from a specific type of health care provider. Listed mandates also include those that (d) specify terms (limits, timeframes, copayments, deductibles, coinsurance, etc.) for any of the other categories.

USPSTF created a concise document summarizing its A and B recommendations¹⁰ (last updated in June 2016). Table 1 is organized categorically by condition or disease groups addressed by a USPSTF recommendation. Categories are identified as cancer, chronic conditions, health promotion, pregnancy-related, and sexual health. The columns in Table 1 also indicate the specified test, treatment, or service, and any specified sex, age, or other characteristics of eligible enrollees. Blanks in these columns indicate that the USPSTF recommendation was not specific. It should be noted that USPSTF often does not specify age groups, but rather makes recommendations for

⁸ CHBRP maintains a list of benefit mandates current in California, available at:

http://www.chbrp.org/other_publications/index.php.

⁹ Available at: <http://www.chbrp.org/faqs.php>.

¹⁰ Available at: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>.

“children,” “adolescents,” or “adults.” The next column identifies specified terms of coverage. For clarity, the terms specified by the federal preventive services benefit mandate are always included and are in *italics*; the terms are “*without cost-sharing when in-network*” and “*as soon as 12 months after recommendation release*.” If the USPSTF recommendation was released less than 12 months ago, that row is highlighted in the table. When the USPSTF recommendation seems to imply terms (e.g., frequency of event) which could affect the terms of benefit coverage, these are listed in the same column, without italics. When updates are made to any of the schedules, new benefit mandates are listed individually and highlighted, in order to indicate which are less than 12 months old and therefore may not be among the list for which benefit coverage is required.

For Table 2, CHBRP used complimentary methods, except that the known benefit mandates in the H&SC and IC were reviewed to identify overlap with HRSA-supported health plan coverage guidelines for women’s preventive services,¹¹ developed by the Institute of Medicine (IOM)¹² in 2011 and updated by the Women’s Preventive Services Initiative¹³ in 2016.

For Table 3 and Table 4, CHBRP used complimentary methods with a few exceptions. For Table 3, the known benefit mandates in the H&SC and IC were reviewed to identify overlap with HRSA-supported comprehensive guidelines for infants, children, and adolescents, which include: (1) The *Bright Futures* Recommendations for Pediatric Preventive Health Care;¹⁴ and (2) the recommendations of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children.¹⁵ For Table 4, the known benefit mandates in the H&SC and IC were reviewed to identify overlap with ACIP recommendations that have been adopted by the Director of the CDC.¹⁶ For both Table 3 and Table 4, CHBRP has not listed each federal health insurance benefit mandate as specified by reference to HRSA and ACIP. Because individual recommendations often relate to multiple conditions and diseases, and because the schedules often imply complex variation by age—and sometimes by sex—we have aggregated the benefit mandates as screenings or treatments related to “wellness” or as “vaccine preventable diseases.” Links to HRSA- and ACIP-supported schedules are provided in the tables.

¹¹ Available at: <http://www.hrsa.gov/womensguidelines/>.

¹² The Institute of Medicine (IOM) is now known as the National Academy of Medicine (NAM).

¹³ More information about the Women’s Preventive Services Initiative can be found at: <http://www.womenspreventivehealth.org/>

¹⁴ Available at: <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>.

¹⁵ Available at: <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>.

¹⁶ “Recommended immunization schedules for persons aged 0 through 18 years—United States, 2016” available at: <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf>.

“Catch-up immunization schedule for persons aged 4 months through 18 years who start late or are more than 1 month behind—United States, 2015” available at: <http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>.

“Recommended adult immunization schedule—United States, 2016” available at: <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>.

Table 1. Federal Health Insurance Benefit Mandates as Specified by Reference to USPSTF A and B Recommendations¹⁷ & Related Mandates in California State Law^{18,19}

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
In the rows that follow, recommendations released less than 12 months prior to 2/1/17 are highlighted in the same color as this cell. If the new recommendation revises an older recommendation, the change is <u>underlined and defined</u> .							
Cancer							
1	Breast cancer	Genetic counseling and evaluation for <i>BRCA</i> testing	Women when family history is associated with an increased risk for potentially harmful mutations in <i>BRCA1</i> or <i>BRCA2</i> genes		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Women with positive screening results should receive genetic counseling and, if indicated after counseling, <i>BRCA</i> testing</p>	<p>Risk Assessment, Genetic Counseling, and Genetic Testing for <i>BRCA</i>-Related Cancer in Women</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/brca-related-cancer-risk-assessment-genetic-counseling-and-genetic-testing</p> <p>(December 2013)</p> <p>Grade: B</p>	<p>Breast cancer screening, diagnosis, and treatment:</p> <p>H&SC 1367.6</p> <p>IC 10123.8</p> <p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>

¹⁷ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act.

¹⁸ For brevity, CHBRP has not listed in each row the California mandate (H&SC 1367.002 & IC 10112.2) which requires compliance with federal laws and regulations requiring coverage of preventive services without cost-sharing (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act).

¹⁹ CHBRP is aware that state regulation may also require benefit coverage, but is focusing this resource on health insurance benefit mandate laws.

²⁰ Unless otherwise noted, the links listed below were accessed on or before 2/1/17.

²¹ Unless otherwise noted, the mandates listed below were reviewed on or before 2/1/17.

²² “Other” is included here in order to specify pregnant or non-pregnant women.

²³ “Other” is included here when more details are available about the intended group, beyond age.

²⁴ *Italicized terms* are explicit in the federal law (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act). Non-italicized terms of benefit coverage are implied by the referenced recommendation.

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
2	Breast cancer	<p><u>Shared, informed decision-making about medications to reduce risk*</u></p> <p>*The September 2005 recommendation referenced counseling only</p>	<p>Women at increased risk for breast cancer*</p> <p>*The 2013 recommendation broadened the population from women with high risk for cancer and low risk for adverse events to women at increased risk</p>		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Medications for Risk Reduction of Breast Cancer in Women</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-medications-for-risk-reduction</p> <p>(September 2013)</p> <p>Grade: B</p>	<p>Breast cancer screening, diagnosis, and treatment:</p> <p>H&SC 1367.6</p> <p>IC 10123.8</p> <p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>
3	Breast cancer	<p><u>Offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene*</u></p> <p>*The 2013 recommendation specifies which prescription medications are recommended</p>	<p><u>Women at increased risk for breast cancer and at low risk for adverse medication effects</u></p>		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Medications for Risk Reduction of Breast Cancer in Women</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-medications-for-risk-reduction</p> <p>(September 2013)</p> <p>Grade: B</p>	<p>Breast cancer screening, diagnosis, and treatment:</p> <p>H&SC 1367.6</p> <p>IC 10123.8</p> <p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
4	Breast cancer (2002)	Screening mammography, with or without clinical breast examination	Women	40 and older	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Every 1 to 2 years</p>	<p>Screening for Breast Cancer (2002)</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening-2002</p> <p>(September 2002)*</p> <p>Grade: B</p> <p>*Section 2713(a)(5) of the Public Health Service Act, which implements the ACA, specifies that this USPSTF recommendation be used. The PALS Act of 2015 extended this coverage policy through 2017.</p>	<p>Mammography:</p> <p>H&SC 1367.65</p> <p>IC 10123.81</p> <p>Breast cancer screening, diagnosis, and treatment:</p> <p>H&SC 1367.6</p> <p>IC 10123.8</p> <p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
5	Breast Cancer (2016)	Screening mammography	Asymptomatic women who do not have preexisting breast cancer and who are not at high risk for breast cancer	50 to 74 years	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Biennial</p>	<p>Screening for Breast Cancer (2016)</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1</p> <p>(January 2016)</p> <p>Grade: B</p> <p>This recommendation takes effect on January 1, 2018 after the sunset of the PALS Act, which extended the 2002 Breast Cancer Screening recommendation through 2017.</p>	<p>Mammography:</p> <p>H&SC 1367.65</p> <p>IC 10123.81</p> <p>Breast cancer screening, diagnosis, and treatment:</p> <p>H&SC 1367.6</p> <p>IC 10123.8</p> <p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>
6	Cervical cancer	Cytology (Pap smear)	Women	21 to 65 years	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Every 3 years</p>	<p>Screening for Cervical Cancer</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening</p> <p>(March 2012)</p> <p>Grade: A</p>	<p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
7	Cervical cancer	Cytology and human papillomavirus (HPV) testing	Women	30 to 65 who want to lengthen screening interval	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Every 5 years</p>	<p>Screening for Cervical Cancer</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening</p> <p>(March 2012)</p> <p>Grade: A</p>	<p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>
8	Colorectal Cancer	Aspirin		<u>50 to 59 with a ≥10% 10-year CVD risk</u>	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Aspirin for the Prevention of Cardiovascular Disease and colorectal cancer</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer</p> <p>(April 2016)</p> <p>Grade: B</p>	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
9	Colorectal cancer (CRC)	Screening *The 2016 recommendation broadens the types of screenings that are recommended		50 to 75 years	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Screening should begin at age 50 and continue until age 75. Frequency of screening is dependent upon the chosen method.²⁵</p> <p>The risks and benefits of these screenings may vary</p>	<p>Screening for Colorectal Cancer</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2</p> <p>(June 2016)</p> <p>Grade: A</p>	<p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>

²⁵ The frequency for tests is not mentioned in the Summary of Recommendations; however it is included in the Recommendation Statement available at: <https://www.uspreventiveserVICEStaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2#tab>.

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
10	Lung cancer	Screening with low-dose computed tomography		Adults 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<p>Screening for Lung Cancer</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening</p> <p>(December 2013)</p> <p>Grade: B</p>	<p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>
11	<p>Ovarian, tubal, or peritoneal cancer*</p> <p>* The September 2005 recommendation included only breast and ovarian cancer, the 2013 recommendation includes tubal and peritoneal cancers</p>	Genetic counseling and evaluation for BRCA testing	Women when family history is associated with an increased risk for potentially harmful mutations in BRCA1 or BRCA2 genes		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing</p>	<p>Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer in Women</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/brca-related-cancer-risk-assessment-genetic-counseling-and-genetic-testing</p> <p>(December 2013)</p> <p>Grade: B</p>	<p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
12	Skin cancer	Counseling about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer		Children, Adolescents, and Young Adults aged 10 to 24 who have fair skin	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Behavioral Counseling to Prevent Skin Cancer https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/skin-cancer-counseling (May 2012) Grade: B	Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55
Chronic Conditions							
13	Abdominal aortic aneurysm (AAA)	Ultrasonography	Men	65 to 75 who have ever smoked	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i> One-time	Screening for Abdominal Aortic Aneurysm https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/abdominal-aortic-aneurysm-screening (June 2014) Grade: B	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
14	Abnormal Blood Glucose and Diabetes	Screening		40 to 70 who are overweight or obese	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes</p> <p>(October 2015)</p> <p>Grade: B</p>	None identified
15	Cardiovascular disease (CVD)	Aspirin	*Updated recommendation removes gender differences	<u>50 to 59 with a ≥10% 10-year CVD risk</u>	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Aspirin for the Prevention of Cardiovascular Disease and colorectal cancer</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer</p> <p>(April 2016)</p> <p>Grade: B</p>	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
16	Cardiovascular disease (CVD)	Intensive behavioral interventions to promote a healthful diet and <u>physical activity</u> *The 2014 recommendation broadened the recommended intervention to include physical activity		Adults who are <u>overweight or obese</u> and have additional cardiovascular disease (CVD) risk factors *The 2014 recommendation includes the categories of overweight or obese	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Disease Risk Factors https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/healthy-diet-and-physical-activity-counseling-adults-with-high-risk-of-cvd (August 2014) Grade: B	None identified
17	Cardiovascular disease (CVD)	Statin		40 to 75 with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of $\geq 10\%$	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i> Low- to moderate-dose statin Requires universal lipids screening.	Statin Use for the Primary Prevention of Cardiovascular Disease in Adults https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/statin-use-in-adults-preventive-medication1 (November 2016) Grade: B	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
18	Depression	Screening for major depressive disorder (MDD)		12 to 18 years	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>When systems are in place to ensure accurate diagnosis, effective treatment, and follow-up</p>	<p>Major Depressive Disorder in Children and Adolescents</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-children-and-adolescents-screening1</p> <p>(February 2016)</p> <p>Grade: B</p>	<p>Comprehensive preventive care for children aged 16 years or younger:</p> <p>H&SC 1367.35</p> <p>IC 10123.5</p> <p>Comprehensive preventive care for children aged 17 and 18 years:</p> <p>H&SC 1367.3</p> <p>IC 10123.55</p>
19	Depression	Screening	<u>Includes pregnant and postpartum women</u>	Adults	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>When staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up</p>	<p>Screening for Depression in Adults</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1</p> <p>(January 2016)</p> <p>Grade: B</p>	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
20	Hepatitis B virus (HBV) infection	Screening	Persons at high risk for infection		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for Hepatitis B Virus Infection</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-b-virus-infection-screening-2014</p> <p>(May 2014)</p> <p>Grade: B</p>	None identified
21	Hepatitis C virus (HCV) infection	Screening		Adults at high risk for infection and adults born between 1945 and 1965	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>One-time screening for HCV infection to adults born between 1945 and 1965</p>	<p>Screening for Hepatitis C Virus Infection in Adults</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-c-screening</p> <p>(June 2013)</p> <p>Grade: B</p>	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
22	Hypertension	Blood pressure screening		18 and older	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Obtain measurements outside of clinical setting for diagnostic confirmation</p> <p>Adults 18 to 39 with normal blood pressure should be screened every 3 to 5 years</p> <p>Adults ages 40 and older and those at increased risk should be screened annually</p>	<p>Screening for High Blood Pressure in Adults</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/high-blood-pressure-in-adults-screening</p> <p>(October 2015)</p> <p>Grade: A</p>	<p>Comprehensive preventive care for children aged 17 and 18 years:</p> <p>H&SC 1367.3</p> <p>IC 10123.55</p>
23	Latent Tuberculosis Infection	Screening for latent tuberculosis infection (LTBI)		Asymptomatic adults at increased risk for infection	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for Latent Tuberculosis Infection</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening</p> <p>(September 2016)</p> <p>Grade: B</p>	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
24	Obesity	Screening and comprehensive, intensive behavioral interventions to promote improvement in weight status		Children and adolescents age 6 years and older ²⁶	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for Obesity in Children and Adolescents https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-children-and-adolescents-screening (January 2010) Grade: B	Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5
25	Obesity	Screening		Adults	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for and Management of Obesity in Adults https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-children-and-adolescents-screening (June 2012) Grade: B	None identified

²⁶ The Summary Recommendation does not define obesity. Obesity is defined in the Recommendation Statement “as having a BMI at $\geq 95^{\text{th}}$ percentile for age and gender”, but the recommendation is not explicitly restricted to obese children and adolescents. The Recommendation Statement is available at: <http://www.uspreventiveserVICEStaskforce.org/uspstf10/childobes/chobesrs.htm>.

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
26	Obesity	Intensive, multicomponent behavioral interventions		Adults with body mass index (BMI) of 30 kg/m ² or higher	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for and Management of Obesity in Adults https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-adults-screening-and-management (June 2012) Grade: B	None identified
27	Osteoporosis	Screening	Women	Younger than 65 whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for Osteoporosis https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/osteoporosis-screening (January 2011) Grade: B	Osteoporosis: H&SC 1367.67 IC 10123.185
28	Osteoporosis	Screening	Women	65 and older	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for Osteoporosis https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/osteoporosis-screening (January 2011) Grade: B	Osteoporosis: H&SC 1367.67 IC 10123.185

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
Health Promotion							
29	Alcohol misuse	Screening		Adults <u>aged 18 years or older</u> * *The April 2004 recommendation referenced “adults” only	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care (May 2013) Grade: B	Alcoholism treatment: H&SC 1367.2(a) IC 10123.6 Nicotine or chemical dependency treatment in licensed alcoholism or chemical dependency facilities: H&SC 1367.2(b) IC 10123.6 Maternity services: IC 10123.865 IC 10123.866

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
30	Alcohol misuse	Brief behavioral counseling interventions to reduce alcohol misuse		<p>Persons engaged in risky or hazardous drinking*</p> <p>*The April 2004 recommendation referenced “adults” only</p>	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care</p> <p>(May 2013)</p> <p>Grade: B</p>	<p>Alcoholism treatment: H&SC 1367.2(a) IC 10123.6</p> <p>Nicotine or chemical dependency treatment in licensed alcoholism or chemical dependency facilities: H&SC 1367.2(b) IC 10123.6</p> <p>Maternity services: IC 10123.865 IC 10123.866</p>
31	Dental caries	Oral fluoride supplementation		6 months of age through 5 years whose primary water source is deficient in fluoride	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Prevention of Dental Caries in Children from Birth through Age 5 Years</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening</p> <p>(May 2014)</p> <p>Grade: B</p>	<p>Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
32	Dental caries	Fluoride varnish		Age of primary tooth eruption through 5 years	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Prevention of Dental Caries in Children from Birth through Age 5 Years https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening (May 2014) Grade: B	Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5
33	Falls	Exercise or physical therapy and vitamin D supplementation		65 and older who are community-dwelling and at increased risk for falls	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Prevention of Falls in Community-Dwelling Older Adults https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/falls-prevention-in-older-adults-counseling-and-preventive-medication (May 2012) Grade: B	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
34	Gonococcal ophthalmia neonatorum	Prophylactic ocular topical medication		Newborns	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/ocular-prophylaxis-for-gonococcal-ophthalmia-neonatorum-preventive-medication</p> <p>(July 2011)</p> <p>Grade: A</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p> <p>Comprehensive preventive care for children aged 16 years or younger:</p> <p>H&SC 1367.35</p> <p>IC 10123.5</p>
35	Intimate Partner Violence	<p>Screening for intimate partner violence</p> <p>Provide or refer for intervention services to women who screen positive</p>	Women of childbearing age		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for Intimate Partner Violence</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening</p> <p>(January 2013)</p> <p>Grade: B</p>	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
36	Tobacco use	Interventions including education or brief counseling to prevent initiation of tobacco use		School-aged children and adolescents	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-children-and-adolescents-primary-care-interventions (August 2013) Grade: B	None identified
37	Tobacco use	Ask about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and FDA-approved pharmacotherapy for cessation		Adults	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions (September 2015) Grade: A	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
38	Visual impairment	Vision screening for amblyopia and its risk factors		Children aged 3-5 years	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>At least once</p>	<p>Screening for Visual Impairment in Children Ages 1 to 5 Years</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/visual-impairment-in-children-ages-1-5-screening</p> <p>(January 2011)</p> <p>Grade: B</p>	<p>Comprehensive preventive care for children aged 16 years or younger:</p> <p>H&SC 1367.35</p> <p>IC 10123.5</p>
Pregnancy Related							
39	Bacteriuria	Urine culture	Pregnant women who are asymptomatic		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>At 12 to 16 weeks' gestation or at the first prenatal visit, if later</p>	<p>Screening of Asymptomatic Bacteriuria</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/asymptomatic-bacteriuria-in-adults-screening</p> <p>(July 2008)</p> <p>Grade: A</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
40	Breastfeeding	Interventions to support breastfeeding	Pregnant women, new mothers, and their children		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>During pregnancy and after birth</p>	<p>Primary Care Interventions to Support Breastfeeding</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/breastfeeding-primary-care-interventions</p> <p>(October 2016)</p> <p>Grade: B</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p> <p>Comprehensive preventive care for children aged 16 years or younger:</p> <p>H&SC 1367.35</p> <p>IC 10123.5</p>
41	Gestational diabetes	Screening	Asymptomatic pregnant women after 24 weeks gestation		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for Gestational Diabetes Mellitus</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/gestational-diabetes-mellitus-screening</p> <p>(January 2014)</p> <p>Grade: B</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
42	Hepatitis B virus (HBV) infection	Screening	Pregnant women		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>At first prenatal visit</p>	<p>Screening for Hepatitis B Virus Infection in Pregnancy</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-b-in-pregnant-women-screening</p> <p>(June 2009)</p> <p>Grade: A</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>
43	Human immunodeficiency virus (HIV)	Screening	<p>Pregnant women - <u>including women who present in labor who are untested and whose HIV status is unknown*</u></p> <p>*The July 2005 recommendation did not address women in labor.</p>		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for HIV</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening</p> <p>(April 2013)</p> <p>Grade: A</p>	<p>HIV testing:</p> <p>H&SC 1367.46</p> <p>IC 10123.91</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
44	Neural tube defects	Folic acid supplementation to prevent neural tube defects	Women who are planning or are capable of pregnancy		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid</p>	<p>Folic Acid to Prevent Neural Tube Defects</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication</p> <p>(January 2017)</p> <p>Grade: A</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>
45	Preeclampsia	Low-dose Aspirin (81 mg/d)	Pregnant women at high risk for preeclampsia, after 12 weeks gestation		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Low-Dose Aspirin for the Prevention of Morbidity and Mortality from Preeclampsia</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication</p> <p>(September 2014)</p> <p>Grade: B</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
46	Rh (D) incompatibility	Rh (D) blood typing and antibody testing	Pregnant women		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>During first visit for pregnancy-related care</p>	<p>Screening for Rh (D) Incompatibility</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/rh-d-incompatibility-screening</p> <p>(February 2004)</p> <p>Grade: A</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>
47	Rh (D) incompatibility	Repeated Rh (D) antibody testing	Pregnant women who are unsensitized Rh (D)-negative at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for Rh (D) Incompatibility</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/rh-d-incompatibility-screening</p> <p>(February 2004)</p> <p>Grade: B</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>
48	Syphilis infection	Screening	Pregnant women		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for Syphilis Infection in Pregnancy</p> <p>https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/syphilis-infection-in-pregnancy-screening</p> <p>(May 2009)</p> <p>Grade: A</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
48	Tobacco use	Ask about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation	Pregnant women		<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1 (September 2015) Grade: A	Maternity services: IC 10123.865 IC 10123.866

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
Sexual Health							
49	Chlamydial infection	Screening	*The 2014 recommendation broadens the population to all sexually active women, including pregnant women	24 and younger who are sexually active and for older women at increased risk	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for Chlamydia and Gonorrhea https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/chlamydia-and-gonorrhea-screening (September 2014) Grade: B	Maternity services: IC 10123.865 IC 10123.866 Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
50	Gonorrhea	Screening	*The 2014 recommendation broadens the population to all sexually active women	24 and younger	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for Chlamydia and Gonorrhea https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/chlamydia-and-gonorrhea-screening (September 2014) Grade: B	Maternity services: IC 10123.865 IC 10123.866 Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
51	Gonorrhea	Screening	*The 2014 recommendation broadens the population to all sexually active women	25 and older who are at increased risk	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for Chlamydia and Gonorrhea https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/chlamydia-and-gonorrhea-screening (September 2014) Grade: B	Maternity services: IC 10123.865 IC 10123.866 Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55
52	Human immunodeficiency virus (HIV)	Screening		<u>Adolescents and adults aged 15 to 65</u> as well as younger and older persons at increased risk* *The July 2005 recommendation specified “at risk only”	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for HIV https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening (April 2013) Grade: A	HIV testing: H&SC 1367.46 IC 10123.91 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
53	Sexually transmitted infections (STIs)	Intensive behavioral counseling *The 2014 recommendation recognizes that some interventions of lesser intensity are also effective		Adolescents who are sexually active	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Behavioral Counseling to Prevent Sexually Transmitted Infections https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/sexually-transmitted-infections-behavioral-counseling1 (September 2014) Grade: B	Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55
54	Sexually transmitted infections (STIs)	Intensive behavioral counseling *The 2014 recommendation recognizes that some interventions of lesser intensity are also effective		Adults at increased risk for STIs	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Behavioral Counseling to Prevent Sexually Transmitted Infections https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/sexually-transmitted-infections-behavioral-counseling1 (September 2014) Grade: B	None identified

#	Federal Mandates as Specified by Reference to USPSTF					USPSTF A or B Recommendation ²⁰	Related Health Insurance Benefit Mandate(s) in California State Law ²¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ²²	Specified Age/Other ²³	Terms ²⁴		
55	Syphilis infection	Screening		Asymptomatic non-pregnant adolescents and adults at increased risk	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Screening for Syphilis Infection https://www.uspreventiveserVICEStaskforce.org/Page/Document/UpdateSummaryFinal/syphilis-infection-in-nonpregnant-adults-and-adolescents (June 2016) Grade: A	Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55

Table 2. Federal Health Insurance Benefit Mandates as Specified by Reference to HRSA-Supported Health Plan Coverage Guidelines for Women’s Preventive Services²⁷ & Related Mandates in California State Law^{28,29}

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Health Plan Coverage Guidelines for Women’s Preventive Services ³⁰	Related Health Insurance Benefit Mandate(s) in California State Law ³¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ³²	Specified Age/Other ³³	Terms ³⁴		
HRSA-supported Health Plan Coverage Guidelines for Women’s Preventive Services were updated on 12/20/2016.							
1	Breastfeeding	Comprehensive lactation support services, including counseling, education, and breastfeeding equipment and supplies	Women, during the antenatal, perinatal, and the postpartum period		<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Breastfeeding support, supplies, and counseling http://www.hrsa.gov/womensguidelines/	Maternity services: IC 10123.865 IC 10123.866 Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5

²⁷ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act.

²⁸ For brevity, CHBRP has not listed in each row the California mandate (H&SC 1367.002 & IC 10112.2) which requires compliance with federal laws and regulations requiring coverage of preventive services without cost-sharing (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act).

²⁹ CHBRP is aware that state regulation may require benefit coverage, but is focusing this resource on health insurance benefit mandate laws.

³⁰ Unless otherwise noted, the links listed below were accessed on or before 1/25/17.

³¹ Unless otherwise noted, the mandates listed below were reviewed on or before 1/25/17.

³² “Other” is included here in order to specify pregnant or non-pregnant women.

³³ “Other” is included here when more details are available about the intended group, beyond age.

³⁴ *Italicized terms* are explicit in the federal law (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act). Non-italicized terms of benefit coverage are implied by the referenced recommendation.

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Health Plan Coverage Guidelines for Women's Preventive Services ³⁰	Related Health Insurance Benefit Mandate(s) in California State Law ³¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ³²	Specified Age/Other ³³	Terms ³⁴		
2	Cervical Cancer	Cervical Cytology (Pap test)		21 to 65	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Women 21 to 29 should be screened every 3 years</p> <p>Women 30 to 65 should be screened with cytology and HPV testing every 5 years, or cytology alone every 3 years</p> <p>Women with average risk should not be screened more than once every 3 years</p>	<p>Screening for Cervical Cancer</p> <p>http://www.hrsa.gov/womensguidelines/</p>	<p>Cancer screening tests:</p> <p>H&SC 1367.665</p> <p>IC 10123.20</p>

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Health Plan Coverage Guidelines for Women's Preventive Services ³⁰	Related Health Insurance Benefit Mandate(s) in California State Law ³¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ³²	Specified Age/Other ³³	Terms ³⁴		
3	Contraception	<p>Full range of Food and Drug Administration (FDA) approved contraceptive methods, effective family planning practices, and sterilization procedures.</p> <p>Counseling, initiation of contraceptive use, and follow-up care</p> <p>NOTE: Exemptions for religious employers may be granted by HRSA³⁵</p>	Women with reproductive capacity		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Contraceptive methods and counseling</p> <p>http://www.hrsa.gov/womensguidelines/</p>	<p>Contraceptive devices requiring a prescription:</p> <p>H&SC 1367.25</p> <p>IC 10123.196</p> <p>Reproductive health care services:</p> <p>H&SC 1367.31</p> <p>IC 10123.202</p>
4	Gestational diabetes	Screening	Pregnant women, between 24 and 28 weeks of gestation (or at first prenatal visit for women at high risk for diabetes)		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p>	<p>Screening for gestational diabetes</p> <p>http://www.hrsa.gov/womensguidelines/</p>	<p>Maternity services:</p> <p>IC 10123.865</p> <p>IC 10123.866</p>

³⁵ See Federal Register /Vol. 76, No. 149 /Wednesday, August 3, 2011 /Rules and Regulations available at: <http://www.gpo.gov/fdsys/pkg/FR-2011-08-03/pdf/2011-19684.pdf>.

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Health Plan Coverage Guidelines for Women's Preventive Services ³⁰	Related Health Insurance Benefit Mandate(s) in California State Law ³¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ³²	Specified Age/Other ³³	Terms ³⁴		
5	Human immunodeficiency virus (HIV)	Prevention education and risk assessment	Adolescent and adult women		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Annually</p>	<p>Screening for human immune-deficiency virus</p> <p>http://www.hrsa.gov/womensguidelines/</p>	<p>HIV testing:</p> <p>H&SC 1367.46</p> <p>IC 10123.91</p>
6	Human immunodeficiency virus (HIV)	Screening	Adolescent and adult women, women with an increased risk of HIV infection, pregnant women		<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>All women should be tested for HIV at least once during their lifetime</p> <p>Screening annually or more often may be appropriate for women with an increased risk of HIV infection</p> <p>All pregnant women upon initiation of prenatal care with retesting based on risk factors</p>	<p>Screening for human immune-deficiency virus</p> <p>http://www.hrsa.gov/womensguidelines/</p>	<p>HIV testing:</p> <p>H&SC 1367.46</p> <p>IC 10123.91</p>

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Health Plan Coverage Guidelines for Women's Preventive Services ³⁰	Related Health Insurance Benefit Mandate(s) in California State Law ³¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ³²	Specified Age/Other ³³	Terms ³⁴		
7	Interpersonal and domestic violence	Screening and, when needed, providing or referring for initial intervention services	Women	Adolescent and adult	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>At least annually</p>	<p>Screening and counseling for interpersonal and domestic violence</p> <p>http://www.hrsa.gov/womensguidelines/</p>	None identified
8	Sexually transmitted infections (STI)	Counseling	Women who are sexually active and at an increased risk for STIs	Adolescent and adult	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Directed behavioral counseling by a health care provider or other appropriately trained individual</p>	<p>Counseling for sexually transmitted infections for all sexually active women</p> <p>http://www.hrsa.gov/womensguidelines/</p>	None identified

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Health Plan Coverage Guidelines for Women's Preventive Services ³⁰	Related Health Insurance Benefit Mandate(s) in California State Law ³¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other ³²	Specified Age/Other ³³	Terms ³⁴		
9	Wellness	Well-woman preventive care visit(s), including preconception, prenatal and interconception care, that are age and developmentally appropriate ³⁶	Women	Adolescents and adults	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Annually, although several visits may be needed to obtain all necessary recommended preventive services, depending on health status, health needs, and other risk factors</p>	<p>Well-woman visits</p> <p>http://www.hrsa.gov/womensguidelines/</p>	<p>Multiple mandates relate. See specific conditions or disorders.</p> <p>Any related health insurance benefit mandate in California state law in this document that relates to women.</p>

³⁶ The guideline indicates that the well-woman visit includes, as appropriate, any test, treatment, or service referenced by the HRSA-supported health plan coverage guidelines for women's preventive services (which are the focus of this table) as well as any referenced by the federal preventive services health insurance benefit mandate (which are the focus of this resource).

Table 3. Federal Health Insurance Benefit Mandates as Specified by Reference to HRSA-Supported Comprehensive Guidelines for Infants, Children, and Adolescents³⁷ & Related Mandates in California State Law^{38,39}

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Comprehensive Guidelines for Infants, Children, and Adolescents ⁴⁰	Related Health Insurance Benefit Mandate(s) in California State Law ⁴¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other	Specified Age/Other	Terms ⁴²		
In the rows that follow, recommendations released less than 12 months prior to 2/1/17 are highlighted in the same color as this cell.							
1	Wellness	Screening (many, which includes autism screening)—for full list, see <i>Bright Futures</i> schedule (see link in this row, next to last column)		21 and younger, with varied ages for varied screenings – for full list, see <i>Bright Futures</i> schedule (see link in this row, next to last column)	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i> Per-child screening repetition coverage requirements vary by age and screening – for full list, see <i>Bright Futures</i> schedule (see links in this row, next to last column)	Recommendations for Pediatric Preventive Health Care Bright Futures/ American Academy of Pediatrics http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf (2015)	Comprehensive preventive care for children aged 16 years or younger: ⁴³ H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: ⁴² H&SC 1367.3 IC 10123.55

³⁷ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act.

³⁸ For brevity, CHBRP has not listed in each row the California mandate (H&SC 1367.002 & IC 10112.2) which requires compliance with federal laws and regulations requiring coverage of preventive services without cost-sharing (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act).

³⁹ CHBRP is aware that state regulation may require benefit coverage, but is focusing this resource on health insurance benefit mandate laws.

⁴⁰ Unless otherwise noted, the links listed below were accessed on or before 2/1/2017.

⁴¹ Unless otherwise noted, the mandates listed below were reviewed on or before 2/1/2017.

⁴² *Italicized terms* are explicit in the federal law (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act). Non-italicized terms of benefit coverage are implied by the referenced recommendation.

⁴³ This statute references a similar but older (1987) set of American Academy of Pediatrics recommendations.

#	Federal Mandates as Specified by Reference to HRSA-Supported Guidelines					HRSA-Supported Comprehensive Guidelines for Infants, Children, and Adolescents ⁴⁰	Related Health Insurance Benefit Mandate(s) in California State Law ⁴¹
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other	Specified Age/Other	Terms ⁴²		
2	Wellness	Screening (many)—for full list, see Heritable Disorders panel (see link in this row, next to last column)		Newborns and children – for full list, see Heritable Disorders panel (see link in this row, next to last column)	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i>	Recommended Uniform Screening Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf (Includes recommendations in effect as of November 2016)* *Recommendations have remained unchanged since December 2011	Maternity services: IC 10123.865 IC 10123.866 Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 ⁴²

Table 4. Federal Health Insurance Benefit Mandates as Specified by ACIP Recommendations^{44,45}

#	Federal Mandates as Specified by Reference to ACIP Recommendations					ACIP Recommendations ⁴⁶	Related Health Insurance Benefit Mandate(s) in California State Law ⁴⁷
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other	Specified Age/Other	Terms ⁴⁸		
In the rows that follow, recommendations released less than 12 months prior to 2/1/2017 are highlighted in the same color as this cell.							
1	Vaccine preventable diseases	Immunizations (many) – for the full list, see the ACIP schedule (see link in this row, next to last column)		0 through 18 years, with varied ages for varied immunizations – for the full list, see ACIP schedule (see link in this row, next to last column)	<i>Without cost-sharing when in-network</i> <i>As soon as 12 months after recommendation release</i> Per-child/adolescent immunization repetition coverage requirements vary by age and immunization – for the full list, see ACIP schedule (see link in this row, next to last column)	Recommended immunization schedules for persons aged 0 through 18 years—United States, 2016 http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf (Includes recommendations in effect as of January 1, 2016)	Maternity services: IC 10123.865 IC 10123.866 Comprehensive preventive care for children aged 16 years or younger: H&SC 1367.35 IC 10123.5 Comprehensive preventive care for children aged 17 and 18 years: H&SC 1367.3 IC 10123.55

⁴⁴ For brevity, CHBRP has not listed in each row the California mandate (H&SC 1367.002 & IC 10112.2) which requires compliance with federal laws and regulations requiring coverage of preventive services without cost-sharing (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act).

⁴⁵ CHBRP is aware that state regulation may require benefit coverage, but is focusing this resource on health insurance benefit mandate laws.

⁴⁶ Unless otherwise noted, the links listed below were accessed on or before 2/1/2017.

⁴⁷ Unless otherwise noted, the mandates listed below were reviewed on or before 2/1/2017.

⁴⁸ *Italicized terms* are explicit in the federal law (Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act). Non-italicized terms of benefit coverage are implied by the referenced recommendation.

#	Federal Mandates as Specified by Reference to ACIP Recommendations					ACIP Recommendations ⁴⁶	Related Health Insurance Benefit Mandate(s) in California State Law ⁴⁷
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other	Specified Age/Other	Terms ⁴⁸		
2	Vaccine preventable diseases	Catch-up immunizations (many) – for the full list, see the ACIP schedule (see link in this row, next to last column)		4 months through 18 years, who start late or who are more than 1 month behind, with varied ages for varied immunizations – for the full list, see ACIP schedule (see link in this row, next to last column)	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Per-child/adolescent immunization repetition coverage requirements vary by age and immunization - for the full list, see ACIP schedule (see link in this row, next to last column)</p>	<p>Catch-up immunization schedule for persons aged 4 months through 18 years who start late or are more than 1 month behind—United States, 2015</p> <p>http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf</p> <p>(Includes recommendations in effect as of January 1, 2015)</p>	<p>Comprehensive preventive care for children aged 16 years or younger:</p> <p>H&SC 1367.35</p> <p>IC 10123.5</p> <p>Comprehensive preventive care for children aged 17 and 18 years:</p> <p>H&SC 1367.3</p> <p>IC 10123.55</p>

#	Federal Mandates as Specified by Reference to ACIP Recommendations					ACIP Recommendations ⁴⁶	Related Health Insurance Benefit Mandate(s) in California State Law ⁴⁷
	Condition or Disease	Test, Treatment, or Service	Specified Sex/Other	Specified Age/Other	Terms ⁴⁸		
3	Vaccine preventable diseases	Immunizations (many) – for the full list, see the ACIP schedule (see link in this row, next to last column)		Adults 19 and older, with varied ages for varied immunizations – for the full list, see ACIP schedule (see link in this row, next to last column)	<p><i>Without cost-sharing when in-network</i></p> <p><i>As soon as 12 months after recommendation release</i></p> <p>Per-adult immunization repetition coverage requirements vary by age and immunization – for the full list, see ACIP schedule (see link in this row, next to last column)</p>	<p>Recommended adult immunization schedule— United States, 2016</p> <p>http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf</p> <p>(Includes recommendations in effect as of January 1, 2016)</p>	None identified

CALIFORNIA HEALTH BENEFITS REVIEW PROGRAM COMMITTEES AND STAFF

A group of faculty, researchers, and staff complete the analysis that informs California Health Benefits Review Program (CHBRP) reports. The CHBRP **Faculty Task Force** comprises rotating senior faculty from University of California (UC) campuses. In addition to these representatives, there are other ongoing contributors to CHBRP from UC that conduct much of the analysis. The **CHBRP staff** coordinates the efforts of the Faculty Task Force, works with Task Force members in preparing parts of the analysis, and manages all external communications, including those with the California Legislature. As required by CHBRP's authorizing legislation, UC contracts with a certified actuary, PricewaterhouseCoopers, to assist in assessing the financial impact of each legislative proposal mandating or repealing a health insurance benefit.

The **National Advisory Council** provides expert reviews of draft analyses and offers general guidance on the program to CHBRP staff and the Faculty Task Force. CHBRP is grateful for the valuable assistance of its National Advisory Council. CHBRP assumes full responsibility for the report and the accuracy of its contents.

Faculty Task Force

Janet Coffman, MA, MPP, PhD, *Vice Chair for Medical Effectiveness*, University of California, San Francisco

Sara McMenamin, PhD, *Vice Chair for Medical Effectiveness and Public Health*, University of California, San Diego

Joy Melnikow, MD, MPH, *Vice Chair for Public Health*, University of California, Davis

Ninez Ponce, PhD, *Co-Vice Chair for Cost*, University of California, Los Angeles

Nadereh Pourat, PhD, *Co-Vice Chair for Cost*, University of California, Los Angeles

Susan L. Ettner, PhD, University of California, Los Angeles

Sylvia Guendelman, PhD, LCSW, University of California, Berkeley

Marilyn Stebbins, PharmD, University of California, San Francisco

Task Force Contributors

Diana Cassady, DrPH, University of California, Davis

Shana Charles, PhD, MPP, University of California, Los Angeles, and California State University, Fullerton

Shauna Durbin, MPH, University of California, Davis

Margaret Fix, MPH, University of California, San Francisco

Ronald Fong, MD, MPH, University of California, Davis

Brent Fulton, PhD, University of California, Berkeley

Barry Hill, MPH, University of California, Davis

Sarah Hiller, MA, University of California, San Diego

Jeffrey Hoch, PhD, University of California, Davis

Michelle Ko, MD, PhD, University of California, Davis

Gerald Kominski, PhD, University of California, Los Angeles

Ying-Ying Meng, PhD, University of California, Los Angeles

Jack Needleman, PhD, University of California, Los Angeles
Matthew J. Niedzwiecki, PhD, University of California, San Francisco
Dominique Ritley, MPH, University of California, Davis
Dylan Roby, PhD, University of California, Los Angeles, and University of Maryland, College Park
Riti Shimkhada, PhD, University of California, Los Angeles
Meghan Soulsby Weyrich, MPH, University of California, Davis
Steven Tally, PhD, University of California, San Diego
Ed Yelin, PhD, Professor Emeritus, University of California, San Francisco
Byung-Kwang (BK) Yoo, MD, MS, PhD, University of California, Davis
Sara Yooun, University of California, San Diego

National Advisory Council

Lauren LeRoy, PhD, Strategic Advisor, L. LeRoy Strategies, *Chair*
Stuart H. Altman, PhD, Professor of National Health Policy, Brandeis University, Waltham, MA
Deborah Chollet, PhD, Senior Fellow, Mathematica Policy Research, Washington, DC
Joseph P. Ditré, Esq, former Director of Enterprise and Innovation, Families USA, Washington, DC
Allen D. Feezor, Fmr. Deputy Secretary for Health Services, North Carolina Department of Health and Human Services, Raleigh, NC
Charles “Chip” Kahn, MPH, President and CEO, Federation of American Hospitals, Washington, DC
Jeffrey Lerner, PhD, President and CEO, ECRI Institute Headquarters, Plymouth Meeting, PA
Donald E. Metz, Executive Editor, *Health Affairs*, Bethesda, MD
Dolores Mitchell, (Retired) Executive Director, Group Insurance Commission, Boston, MA
Marilyn Moon, PhD, Vice President and Director, Health Program, American Institutes for Research, Silver Spring, MD
Carolyn Pare, President and CEO, Minnesota Health Action Group, Bloomington, MN
Michael Pollard, JD, MPH, Senior Advisor, Policy and Regulation, Pharmaceutical Care Management Association, Washington, DC
Richard Roberts, MD, JD, Professor of Family Medicine, University of Wisconsin-Madison, Madison, WI
Prentiss Taylor, MD, Corporate Medical Director, Advocate At Work, Advocate Health Care, Chicago, IL
Alan Weil, JD, MPP, Editor-in-Chief, *Health Affairs*, Bethesda, MD

CHBRP Staff

Garen Corbett, MS, Director
John Lewis, MPA, Associate Director
Erin Shigekawa, MPH, Principal Policy Analyst
Adara Citron, MPH, Principal Policy Analyst
AJ Scheitler, EdD, Back-up Analyst (UCLA-based)
Karla Wood, Program Specialist
Kristen Greenlee, Temporary Program Specialist

California Health Benefits Review Program
University of California
Office of the President
1111 Broadway, Suite 1400
Oakland, CA 94607
Tel: 510-287-3876 Fax: 510-763-4253
chbrpinfo@chbrp.org www.chbrp.org

The California Health Benefits Review Program is administered by UC Health at the University of California, Office of the President. UC Health is led by John D. Stobo, MD, Executive Vice President.