

Federal Recommendations and the California and Federal Preventive Services Benefit Mandates

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California Health Benefits Review Program (CHBRP)
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The California Health Benefits Review Program (CHBRP) provides independent evidence-based analysis of health insurance-related legislation at the request of the California Legislature. As an analytical tool, CHBRP maintains this resource to identify potential overlap between two broad benefit mandates, the Federal Preventive Services Mandate¹ and the California Preventive Services Mandate,² both of which reference four sets of federal recommendations (see list, below). This tool also notes other California benefit mandates that require health insurance coverage of some preventive services. While the other California benefit mandates may address the benefit coverage of enrollees in grandfathered³ health insurance, the two broad preventive services mandates address only the benefit coverage of enrollees in non-grandfathered health insurance.

Please note: On March 30, 2023, the Federal District Court judge in *Braidwood Management Inc et al v. Becerra et al*¹ issued a nationwide injunction barring enforcement of the Federal Preventive Services Mandate. On June 21, 2024, the United States Court of Appeals for the Fifth Circuit ruled that the mandate under the Affordable Care Act to cover services recommended by the United States Preventive Services Task Force with a Grade A or B is unconstitutional; the ruling only applies to the plaintiffs of the case.⁴ The U.S. Supreme Court will hear the case in 2025 and a final decision is expected by June 2025. Regardless of the final judgement regarding the Federal Mandate, both state health insurance regulators, the California Department of Managed Health Care (DMHC)¹ and the California Department of Insurance (CDI)¹ have indicated that requirements of the California Preventive Services Mandate remain in effect for the health insurance of enrollees in non-grandfathered plans and policies regulated by DMHC or CDI.

Both the California Preventive Services Mandate and the Federal Preventive Services Mandate make coverage requirements for enrollees in nongrandfathered group and individual health insurance plans and policies by referencing these four sets of Federal recommendations:

- The United States Preventive Services Task Force (USPSTF) A and B recommendations⁵
- The Health Resources and Services Administration (HRSA)-supported health plan coverage guidelines for [women's preventive services](#)
- The HRSA-supported comprehensive guidelines for infants, children, and adolescents, which include:

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 Grandfathered health insurance was purchased on or before March 23, 2010. Grandfathered status may be lost if certain significant changes that reduce benefits or increase costs to consumers occur. See <https://www.healthcare.gov/glossary/grandfathered-health-plan/>.

⁴ United States Court of Appeals for the Fifth Circuit. *Braidwood Management Inc et al v. Becerra et al. No. 23-10326*.

⁵ USPSTF created a concise [document](#) summarizing its A and B recommendations (Current as of January 2025). However, for this resource CHBRP consulted USPSTF's All Recommendation Topics because up-to-date summaries of recommendations are available through links on that [webpage](#).

- The [Bright Futures Recommendations for Pediatric Preventive Health Care](#), and
- The recommendations of the Secretary’s [Advisory Committee on Heritable Disorders in Newborns and Children](#)
- The Advisory Committee on Immunization Practices (ACIP) recommendations that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC)⁶

For the preventive services identified in any of the four sets of recommendations listed above, for enrollees in non-grandfathered plans and policies, benefit coverage is required and must comply with the benefit coverage terms listed below in Table 1. For particular tests, treatments, and services, additional terms of benefit coverage may also be applicable; see Tables 2-5 on the following pages.

Table 1. Terms of Benefit Coverage Required by the California Preventive Services Mandate and the Federal Preventive Service Mandate

Terms	California Preventive Services Mandate	Federal Preventive Services Mandate
Timing	as soon as 12 months after a recommendation appears	as soon as 12 months after a recommendation appears
Cost sharing (a)	<i>without cost sharing (including no application of any deductible) when delivered by in-network providers. (b)</i>	<i>without cost sharing (including no application of any deductible) when delivered by in-network providers</i>

Source: California Health Benefits Review Program, 2025

Notes: (a) Application of a deductible is allowed for enrollees in health savings account (HSA) qualified high deductible health plan (HDHP) if not applying the deductible would disqualify the plan as a federally recognized HSA-HDHP.

(b) C. Herman, DMHC, July 2023

Although this document is focused on mandate laws, readers should be aware that regulations may further clarify broad aspects of compliance with the existing mandates. For example, plans and insurers subject to the Federal Mandate must cover, without cost sharing, items and services that are integral to the furnishing of a recommended preventive service, regardless of whether the item or service is billed separately.⁷

In addition, regulations may further clarify compliance related to coverage of particular preventive services. For example, plans and insurers subject to the Federal Mandate must cover any contraceptive services and FDA-approved, -cleared, or -granted products that an individual and their attending provider have determined to be medically appropriate for the individual, whether or not those services or products are specifically identified in the HRSA-supported Guidelines.⁸

The pages that follow include tables that address how the California and Federal Preventive Services Mandates are further specified in law (see Table 1 for the mandate’s broad requirements) by reference to one or another set of federal recommendations, as well as lists of other California mandates that have overlapping requirements.

⁶ “Recommended immunization schedules for children and adolescents aged 18 years or younger—United States, 2022” available at:

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.

“Recommended immunization schedule for adults aged 19 years or older—United States, 2022” available at:

<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>.

⁷ See 85 FR 71142, 71174 (Nov. 6, 2020) (discussing examples provided in Coverage of Certain Preventive Services Under the Affordable Care Act (“2015 Final Regulations”), 80 FR 41318 (July 14, 2015)); see also 2015 Final Regulations, 80 FR 41318, 41319 (July 14, 2015) (discussing previous guidance).

⁸ See 26 CFR 54.9815-2713(a)(4); 29 CFR 2590.715-2713(a)(4); and 45 CFR 147.130(a)(4); and FAQs Part 54, Q8.

Methods

CHBRP defines benefit mandates as per its [authorizing statute](#). 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.

For Table 2, CHBRP reviewed known benefit mandates in California’s Health and Safety Code (HSC) and the California Insurance Code (INS)⁹ to identify state benefit mandates that seem to overlap with the tests, treatments, or services partially or fully addressed by one or more of USPSTF’s A and B recommendations. If there does not appear to be overlap, “None identified” appears in the last column. Where there appears to be overlap, the relevant HSC and INS are listed in the last column.

USPSTF maintains a concise [document](#) summarizing its A and B recommendations. The rows in Table 2 are 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 2 indicate the specified test, treatment, or service, and any terms of benefit coverage that would be indicated by that particular recommendation. If the USPSTF recommendation was established or updated less than 12 months ago, that row is highlighted in the table.

For Table 3, CHBRP used complementary methods. For Table 3 the known benefit mandates in the HSC and INS were reviewed to identify overlap with HRSA-supported health plan coverage guidelines for [women’s preventive services](#), developed initially by the Institute of Medicine (IOM)¹⁰ in 2011. In March 2021, The American College of Obstetricians (ACOG) was awarded a cooperative agreement to review and recommend updates to the Women’s Preventive Services Guidelines biennially, or upon the availability of new evidence, as well as new preventive services topics. This joint program is called the [Women’s Preventive Services Initiative](#).

For Table 4 and Table 5, CHBRP used complementary methods with a few exceptions. For Table 4, the known benefit mandates in the HSC and INS 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](#); and (2) the recommendations of the Secretary’s [Advisory Committee on Heritable Disorders in Newborns and Children](#). For Table 5, the known benefit mandates in the HSC and INS were reviewed to identify overlap with ACIP recommendations that have been adopted by the Director of the CDC.¹¹ Because individual recommendations often relate to multiple conditions and diseases, and because the schedules often imply complex variation by age—and sometimes by sex—for both Table 4 and Table 5, CHBRP has not listed each benefit mandate as specified by reference to HRSA and ACIP. Instead, the benefit mandates are aggregated as screenings or treatments related to “wellness” or as “vaccine preventable diseases.” Links to HRSA- and ACIP-supported schedules are provided in the tables.

⁹ CHBRP maintains a [resource](#) of the list of benefit mandates current in California.

¹⁰ The Institute of Medicine (IOM) is now known as the National Academy of Medicine (NAM).

¹¹ [Child and Adolescent Immunization Schedule by Age: Recommendations for Ages 18 Years or Younger, United States, 2025](#) and [Adult Immunization Schedule by Age: Recommendations for Ages 19 Years or Older, United States, 2025](#).

Table 2. California¹² and Federal¹³ Preventive Service Mandates Specified by Reference to USPSTF A and B Recommendations & Other Related Mandates in California State Law¹⁴

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ¹⁵			USPSTF A or B Recommendation ¹⁶	Related Health Insurance Benefit Mandate(s) in California State Law ¹⁷
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ¹⁸		
In the rows that follow, recommendations released less than 12 months prior to 01/13/2025 are highlighted in the same color as this cell. If the recommendation modifies an existing recommendation, the modification is <u>underlined and defined</u> .					
Cancer					
1	Breast cancer (Topic is in the process of being updated by USPSTF) ¹⁹	An appropriate brief familial risk assessment tool. Women with a positive result should receive genetic counseling followed by genetic testing for BRCA1 or BRCA2, if indicated.	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with <i>BRCA1</i> or <i>BRCA2</i> gene mutation Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing	BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing (Updated August 2019) Grade: B	Breast cancer screening, diagnosis, and treatment: HSC 1367.6, INS 10123.8 Cancer screening tests: HSC 1367.66, INS 10123.20
2	Breast cancer (Topic is in the process of being updated by USPSTF)	Offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors	Women aged 35 years and older at increased risk for breast cancer and at low risk for adverse medication effects	Breast Cancer: Medication Use to Reduce Risk (Updated September 2019) Grade: B	Breast cancer screening, diagnosis, and treatment: HSC 1367.6, INS 10123.8 Cancer screening tests: HSC 1367.665, INS 10123.20
3	Breast Cancer	Screening mammography	Women aged <u>40</u> to 74 years Biennial screening	Breast Cancer: Screening (Updated April 2024) Grade: B	Mammography: HSC 1367.65, INS 10123.81 Breast cancer screening, diagnosis, and treatment: HSC 1367.6, INS 10123.8 Cancer screening tests: HSC 1367.665, INS 10123.20

¹² H&SC 1367.002 & IC 10112.2

¹³ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act

¹⁴ CHBRP is aware that state regulation may also require benefit coverage, but is focusing this resource on health insurance benefit mandate laws.

¹⁵ See Table 1 for benefit coverage specifics applicable to all tests, treatments, and services addressed by the California and Federal Preventive Services Mandates.

¹⁶ Unless otherwise noted, the links listed below were accessed on or before 01/13/2025.

¹⁷ Unless otherwise noted, the mandates listed below were reviewed on or before 01/13/2025.

¹⁸ Benefit coverage terms required for all recommended preventive services are listed in Table 1.

¹⁹ The Task Force keeps recommendations as current as possible by routinely updating existing recommendations. The process of updating recommendations includes research and an opportunity for public comment.

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
4	Cervical cancer (Topic is in the process of being updated by USPSTF)	Cervical cytology (Pap smear)	Women 21 to 65 years* Screen every 3 years *Women aged 30 to 65 years have the option of this recommendation or the recommendation below	Cervical Cancer: Screening (Updated August 2018) Grade: A	Cancer screening tests: HSC 1367.665, INS 10123.20 Cervical cancer screening: HSC 1367.66, INS 10123.18
5	Cervical cancer (Topic is in the process of being updated by USPSTF)	Cervical cytology and high-risk human papillomavirus (hrHPV) testing (cotesting) or hrHPV testing alone* *The 2018 recommendation specifies cotesting or hrHPV alone (every 5 years) as an alternative to cytology alone every 3 years	Women aged 30 to 65 years Screen every 5 years *Women aged 30 to 65 years have the option of this lengthened screening interval or the alternate recommendation above	Cervical Cancer: Screening (Updated August 2018) Grade: A	Cancer screening tests: HSC 1367.665, INS 10123.20 Cervical cancer screening: HSC 1367.66, INS 10123.18
6	Colorectal cancer (CRC)	Screening	Persons aged 45 to 49 years Screening should begin at age 45 and continue until age 75. Frequency of screening is dependent upon the chosen method. ²⁴	Colorectal Cancer: Screening (Updated May 2021) Grade: B	Cancer screening tests: HSC 1367.665, INS 10123.20
7	Colorectal cancer (CRC)	Screening	Persons aged 50 to 75 years Screening should begin at age 45 and continue until age 75. Frequency of screening is dependent upon the chosen method.	Colorectal Cancer: Screening (Updated May 2021) Grade: A	Cancer screening tests: HSC 1367.665, INS 10123.20

²⁰ See Table 1 for benefit coverage specifics applicable to all tests, treatments, and services addressed by the California and Federal Preventive Services Mandates.

²¹ Unless otherwise noted, the links listed below were accessed on or before 01/13/2025.

²² Unless otherwise noted, the mandates listed below were reviewed on or before 01/13/2025.

²³ Benefit coverage terms required for all recommended preventive services are listed in Table 1.

²⁴ The frequency for tests is available in the [Recommendation Statement](#).

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
8	Lung cancer	Screening with low-dose computed tomography	Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years 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.	Lung Cancer: Screening (Updated March 2021) Grade: B	Cancer screening tests: HSC 1367.665, INS 10123.20
9	Ovarian, tubal, or peritoneal cancer (Topic is in the process of being updated by USPSTF)	An appropriate brief familial risk assessment tool. Women with a positive result should receive genetic counseling followed by genetic testing for BRCA1 or BRCA2, if indicated.	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with <i>BRCA1</i> or <i>BRCA2</i> gene mutation. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing	BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing (Updated August 2019) Grade: B	Cancer screening tests: HSC 1367.665, INS 10123.20
10	Skin cancer	Counseling about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer	Persons with fair skin types aged 6 months to 24 years, including parents of young children	Skin Cancer Prevention: Behavioral Counseling (Updated March 2018) Grade: B	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
Chronic Conditions					
11	Abdominal aortic aneurysm (AAA)	Ultrasonography	Men aged 65 to 75 years who have ever smoked Screen one time	Abdominal Aortic Aneurysm: Screening (Updated December 2019) Grade: B	None identified
12	Anxiety	Screenings	Adults and older adults, including pregnant and postpartum persons	Anxiety Disorders in Adults: Screening (Established June 2023) Grade: B	Maternal Mental Health: HSC 1367.625, INS 10123.867

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
13	Anxiety	Screening	Children and adolescents aged 8 to 18 years	Anxiety in Children and Adolescents: Screening (Established October 2022) Grade: B	None identified
14	Prediabetes and Type 2 Diabetes	Screening	35 to 70 who have overweight or obesity Screening every 3 years may be a reasonable approach for adults with normal blood glucose levels	Prediabetes and Type 2 Diabetes: Screening (Updated August 2021) Grade: B	None identified
15	Cardiovascular disease (CVD) (Topic is in the process of being updated by USPSTF)	Referral to behavioral counseling interventions to promote a healthy diet and physical activity	18 years or older with increased risk of CVD, defined as 1 or more of the following: hypertension or elevated blood pressure, dyslipidemia, or mixed or multiple risk factors such as the metabolic syndrome or an estimated 10-year CVD risk of $\geq 7.5\%$	Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions (Updated November 2020) Grade: B	None identified
16	Cardiovascular disease (CVD)	Statin	40 to 75 with no history of CVD or signs or symptoms of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of $\geq 10\%$	Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication (Updated August 2022) Grade: B	None identified
17	Depression	Screening for major depressive disorder (MDD)	Children and adolescents 12 to 18 years	Depression and Suicide Risk in Children and Adolescents: Screening (Updated October 2022) Grade: B	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
18	Depression	Screening	Adults, including pregnant and postpartum persons and older adults	Depression and Suicide Risk in Adults: Screening (Updated June 2023) Grade: B	Maternal mental health: HSC 1367.625, INS 10123.867
19	Hepatitis B virus (HBV) infection	Screening	Adolescents and adults at increased risk for infection	Hepatitis B Virus Infection in Adolescents and Adults: Screening (Updated December 2020) Grade: B	
20	Hepatitis C virus (HCV) infection	Screening	Persons aged 18 to 79 years	Hepatitis C Virus Infection in Adolescents and Adults: Screening (Updated March 2020) Grade: B	
21	Hypertension	Office blood pressure measurement (OBPM)	Persons aged 18 years and older Obtain measurements outside of clinical setting for diagnostic confirmation before starting treatment Adults aged 18 to 39 years not at increased risk for hypertension and with a prior normal blood pressure reading should be screened every 3 to 5 years Adults ages 40 and older and those at increased risk should be screened annually	Hypertension in Adults: Screening (Updated April 2021) Grade: A	Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
22	Latent Tuberculosis Infection	Screening for latent tuberculosis infection (LTBI)	Asymptomatic adults at increased risk of LTBI	Latent Tuberculosis Infection in Adults: Screening (Updated May 2023) Grade: B	None identified

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
23	Obesity	Comprehensive, intensive behavioral interventions	Children and adolescents aged 6 years and older <u>with a high body mass index (BMI) ($\geq 95^{\text{th}}$ percentile for age and sex)</u>	High Body Mass Index in Children and Adolescents: Interventions (Updated June 2024) Grade: B	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5
24	Obesity (Topic is in the process of being updated by USPSTF)	Intensive, multicomponent behavioral interventions	Adults with body mass index (BMI) of 30 kg/m ² or higher	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions (Updated September 2018) Grade: B	None identified
25	Osteoporosis (Topic is in the process of being updated by USPSTF)	Screening	Postmenopausal women younger than 65 who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool	Osteoporosis to Prevent Fractures: Screening (Updated June 2018) Grade: B	Osteoporosis: HSC 1367.67, INS 10123.185
26	Osteoporosis (Topic is in the process of being updated by USPSTF)	Screening	Women aged 65 years and older	Osteoporosis to Prevent Fractures: Screening (Updated June 2018) Grade: B	Osteoporosis: HSC 1367.67, INS 10123.185

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
Health Promotion					
27	Alcohol misuse (Topic is in the process of being updated by USPSTF)	Screening for unhealthy alcohol use in primary care and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use	Adults aged 18 years or older, including pregnant women.	Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions (Updated November 2018) Grade: B	Alcoholism treatment: HSC 1367.2(a), INS 10123.6 Nicotine or chemical dependency treatment in licensed alcoholism or chemical dependency facilities: HSC 1367.2(b), INS 10123.6 Maternity services: INS 10123.865, INS 10123.866
28	Dental caries	Oral fluoride supplementation	Children aged 6 months to 5 years whose primary water source is deficient in fluoride	Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions (Updated December 2021) Grade: B	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5
29	Dental caries	Fluoride varnish of primary teeth	Age of primary tooth eruption through 5 years	Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions (Updated December 2021) Grade: B	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5
30	Falls (Topic is in the process of being updated by USPSTF)	Exercise interventions	Adults aged 65 years and older who are community-dwelling and at increased risk for falls	Falls Prevention in Community-Dwelling Older Adults: Interventions (Updated June 2024) Grade: B	None identified

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
31	Gonococcal ophthalmia neonatorum	Prophylactic ocular topical medication	Newborns	Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication (Updated January 2019) Grade: A	Maternity services: INS 10123.865, INS 10123.866 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5
32	Intimate Partner Violence (Topic is in the process of being updated by USPSTF)	Screening for intimate partner violence Provide or refer women who screen positive to ongoing support services	Women of reproductive age	Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening (Updated October 2018) Grade: B	None identified
33	Tobacco use (Topic is in the process of being updated by USPSTF)	Interventions including education or brief counseling to prevent initiation of tobacco use	School-aged children and adolescents younger than 18 years who have not started to use tobacco	Tobacco Use in Children and Adolescents: Primary Care Interventions (Updated April 2020) Grade: B	None identified
34	Tobacco use	Ask about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and FDA-approved pharmacotherapy for cessation	Adults who are not pregnant	Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions (Updated January 2021) Grade: A	None identified
35	Visual impairment	Vision screening to detect amblyopia and its risk factors	Children aged 3-5 years Screen at least once	Vision in Children Ages 6 months to 5 Years: Screening (Updated September 2017) Grade: B	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
36	Drug misuse	Ask questions about unhealthy drug use	Persons aged 18 years or older, when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.	Unhealthy Drug Use: Screening (Updated June 2020) Grade: B	None identified
Pregnancy Related					
37	Alcohol misuse (Topic is in the process of being updated by USPSTF)	Screening for unhealthy alcohol use in primary care and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use	Pregnant women aged 18 years or older	Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions (Updated November 2018) Grade: B	Alcoholism treatment: HSC 1367.2(a), INS 10123.6 Nicotine or chemical dependency treatment in licensed alcoholism or chemical dependency facilities: HSC 1367.2(b), INS 10123.6 Maternity services: INS10123.865, INS 10123.866
38	Bacteriuria	Urine culture	Pregnant persons who are asymptomatic, at 12 to 16 weeks gestation or at the first prenatal visit, whichever is earlier	Asymptomatic Bacteriuria in Adults: Screening (Updated September 2019) Grade: B	Maternity services: INS 10123.865, INS 10123.866
39	Breastfeeding (Topic is in the process of being updated by USPSTF)	Interventions to support breastfeeding	Pregnant women, new mothers, and their children Offer during pregnancy and after birth	Breastfeeding: Primary Care Interventions (Updated October 2016) Grade: B	Maternity services: INS 10123.865, INS 10123.866 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5
40	Depression (Topic is in the process of being updated by USPSTF)	Counseling interventions (provision of or referral to)	Pregnant and postpartum persons who are at increased risk of perinatal depression	Perinatal Depression: Preventive Interventions (Updated February 2019) Grade: B	Maternity services: INS 10123.865, INS 10123.866 Maternal mental health: HSC 1367.625, INS 10123.867

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
41	Gestational diabetes	Screening	Asymptomatic pregnant persons at 24 weeks gestation or after	Gestational Diabetes: Screening (Updated August 2021) Grade: B	Maternity services: INS 10123.865, INS 10123.866 Diabetes (including gestational): HSC 1367.51, INS 10176.61
42	Hepatitis B virus (HBV) infection	Screening	Pregnant women at first prenatal visit	Hepatitis B Virus Infection in Pregnant Women: Screening (Updated July 2019) Grade: A	Maternity services: INS 10123.865, INS 10123.866
43	Hypertensive disorders of pregnancy	Screening with blood pressure measurements	Asymptomatic pregnant persons Screen throughout pregnancy	Hypertensive Disorders of Pregnancy: Screening (Updated September 2023) Grade: B	Maternity services: INS 10123.865, INS 10123.866
44	Human immunodeficiency virus (HIV) (Topic is in the process of being updated by USPSTF)	Screening	Pregnant persons - including those who present in labor or at delivery and whose HIV status is unknown	Human Immunodeficiency Virus (HIV) Infection: Screening (Updated June 2019) Grade: A	Maternity services: INS 10123.865, INS 10123.866 HIV testing: HSC 1367.46, INS 10123.91
45	Neural tube defects	Folic acid supplementation to prevent neural tube defects	All persons who are planning to or could become pregnant Recommend daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid	Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication (Updated August 2023) Grade: A	Maternity services: INS 10123.865, INS 10123.866

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
46	Preeclampsia	Low-dose Aspirin (81 mg/d)	Pregnant persons at high risk for preeclampsia, after 12 weeks gestation	Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication (Updated September 2021) Grade: B	Maternity services: INS 10123.865, INS 10123.866
47	Rh(D) incompatibility	Rh(D) blood typing and antibody testing	Pregnant women, during first visit for pregnancy-related care	Rh(D) Incompatibility: Screening (Updated February 2004) Grade: A	Maternity services: INS 10123.865, INS 10123.866
48	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	Rh(D) Incompatibility: Screening (Updated February 2004) Grade: B	Maternity services: INS 10123.865, INS 10123.866
49	Syphilis infection (Topic is in the process of being updated by USPSTF)	Early screening	Pregnant women	Syphilis Infection in Pregnant Women: Screening (Updated September 2018) Grade: A	Maternity services: INS 10123.865, INS 10123.866
50	Tobacco use	Ask about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation	Pregnant persons	Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions (Updated January 2021) Grade: A	Maternity services: INS 10123.865, INS 10123.866

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
51	Unhealthy weight gain	Behavioral counseling to promote healthy weight gain and preventing excess gestational weight gain in pregnancy	Pregnant adults and adolescents	Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions (Established May 2021) Grade: A	None identified
Sexual Health					
52	Chlamydia	Screening	Sexually active women, including pregnant persons, 24 years and younger Sexually active women, including pregnant persons, 25 years and older at increased risk for infection	Chlamydia and Gonorrhea: Screening (Updated September 2021) Grade: B	Maternity services: INS 10123.865, INS 10123.866 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
53	Gonorrhea	Screening	Sexually active women, including pregnant persons, 24 years and younger Sexually active women, including pregnant persons, 25 years and older at increased risk for infection	Chlamydia and Gonorrhea: Screening (Updated September 2021) Grade: B	Maternity services: INS 10123.865, INS 10123.866 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
54	Human immunodeficiency virus (HIV)	Prescribe preexposure prophylaxis (PrEP) using effective antiretroviral therapy	Adolescents and adults who are at high risk of HIV acquisition	Prevention of Acquisition of HIV: Preexposure Prophylaxis (Updated August 2023) Grade: A	PrEP and Post-exposure prophylaxis (PEP) for prevention of HIV: HSC: 1342.74, INS 10123.1933 Combination antiretroviral drug treatments for prevention of HIV: HSC 1342.72 , INS 10123.1931 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
55	Human immunodeficiency virus (HIV) (Topic is in the process of being updated by USPSTF)	Screening	Adolescents and adults aged 15 to 65 as well as younger adolescents and older adults at increased risk of infection	Human Immunodeficiency Virus (HIV) Infection: Screening (Updated June 2019) Grade: A	HIV testing: HSC 1367.46, INS 10123.91 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
56	Sexually transmitted infections (STIs)	Behavioral counseling	Sexually active adolescents Adults at increased risk for STIs	Sexually Transmitted Infections: Behavioral Counseling (Updated August 2020) Grade: B	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55

#	Benefit Coverage Specifics related to reference to USPSTF Recommendations ²⁰			USPSTF A or B Recommendation ²¹	Related Health Insurance Benefit Mandate(s) in California State Law ²²
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service ²³		
57	Syphilis infection	Screening	Adolescents and adults at increased risk for infection	Syphilis Infection in Nonpregnant Adolescents and Adults: Screening (Updated September 2022) Grade: A	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55

Table 3. California²⁵ and Federal²⁶ Preventive Service Mandates Specified by Reference to HRSA-Supported Health Plan Coverage Guidelines for Women’s Preventive Services & Related Mandates in California State Law^{27,28}

#	Benefit Coverage Specifics related to reference to HRSA-Supported Guidelines ²⁹			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	Population and other Terms of Coverage specific to this Test, Treatment, or Service		
In the rows that follow, recommendations released less than 12 months prior to 01/13/2025 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> .					
1	Anxiety	Screening	Adolescent and adult women, including those who are pregnant or postpartum Screening frequency up to clinical judgement	Screening for Anxiety (Updated 2020)	None identified
2	Breast Cancer	Mammography	Women at average risk of breast cancer Initiate screening between ages 40 and 50 through at least age 74 Screen at least biennially and as frequently as annually	Breast Cancer Screening for Average-Risk Women (Updated 2016)	Breast cancer screening, diagnosis, and treatment: HSC 1367.6, INS 10123.8 Cancer screening tests: HSC 1367.665, INS 10123.20
3	Breastfeeding	Comprehensive lactation support services, including counseling, education by clinicians and peer support services, and breastfeeding equipment and supplies Breastfeeding equipment and supplies include double electric breast pumps, including pump parts and maintenance, and breast milk storage supplies	During the antenatal, perinatal, and the postpartum period	Breastfeeding Services and Supplies (Updated January 2022)	Maternity services: INS 10123.865, INS 10123.866 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5

²⁵ H&SC 1367.002 & IC 10112.2

²⁶ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act

²⁷ For brevity, CHBRP has not listed in each row the California mandate (H&SC 1367.002 & IC 10112.2) that 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).

²⁸ CHBRP is aware that state regulation may require benefit coverage, but is focusing this resource on health insurance benefit mandate laws.

²⁹ See Table 1 for benefit coverage specifics applicable to all tests, treatments, and services addressed by the California and Federal Preventive Services Mandates.

³⁰ Unless otherwise noted, the links listed below were accessed on or before 01/13/2025.

³¹ Unless otherwise noted, the mandates listed below were reviewed on or before 01/13/2025.

4	Cervical Cancer	Cervical cytology (Pap test)	<p>Women 21 to 29 should be screened every 3 years with cytology</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>(Updated 2016)</p>	<p>Cancer screening tests: HSC 1367.665, INS 10123.20</p> <p>Cervical cancer screening: HSC 1367.66, INS 10123.18</p>
5	Contraception	<p>Full range of Food and Drug Administration (FDA)-approved, -granted, or -cleared contraceptive methods, effective family planning practices, and sterilization procedures</p> <p>Contraceptive care includes screening, education, counseling, provision of contraceptives, and follow-up care</p> <p>NOTE: Exemptions for religious employers or employers with moral objections may be granted by HRSA³²</p>	Adolescent and adult women	<p>Contraception</p> <p>(Updated January 2022)</p>	<p>Contraceptive devices requiring a prescription: HSC 1367.25, INS 10123.196</p> <p>Reproductive health care services: HSC 1367.31, INS 10123.202</p>
6	Diabetes	Screening	<p>Postpartum women with a history of gestational diabetes and who have not been previously diagnosed with type 2 diabetes</p> <p>Screen within the first year and as early as 4-6 weeks postpartum</p> <p>Women who were not screened within the first year or those with negative tests should be rescreened at least every 3 years for a minimum of 10 years after pregnancy</p> <p>For those with a positive test in the early postpartum period or who test positive or negative with hemoglobin A1C within 6 months postpartum, screening should be repeated at least 6 months</p>	<p>Screening for Diabetes Mellitus after Pregnancy</p> <p>(Updated January 2023)</p>	Diabetes (including gestational): HSC 1367.51, INS 10176.61
7	Gestational diabetes	Screening	Pregnant women, between 24 and 28 weeks of gestation (or at first prenatal visit for women with risk factors for diabetes)	<p>Diabetes in Screening for Gestational Diabetes Mellitus</p> <p>(Updated January 2023)</p>	<p>Maternity services: INS 10123.865, INS 10123.866</p> <p>Diabetes (including gestational): HSC 1367.51, INS 10176.61</p>

³² See Federal Register /Vol. 82, No. 221 /Thursday, November 15, 2018 /Rules and Regulations available at: <https://www.govinfo.gov/content/pkg/FR-2018-11-15/pdf/2018-24512.pdf> and Federal Register /Vol. 83, No. 221 /Thursday, November 15, 2018 /Rules and Regulations available at: <https://www.govinfo.gov/content/pkg/FR-2018-11-15/pdf/2018-24514.pdf>. On July 8, 2020, the Supreme Court upheld these final rules in *Little Sisters of the Poor v. Pennsylvania*, 591 U. S. ____ (2020).

8	Human immunodeficiency virus (HIV)	Prevention education and risk assessment	Adolescent and adult women, beginning at age 13 and continued as determined by risk	Screening for Human Immunodeficiency Virus Infection (Updated January 2022)	HIV testing: HSC 1367.46, INS 10123.91
9	Human immunodeficiency virus (HIV)	Screening	Adolescent and adult women aged 15 years and older All women should be tested for HIV at least once during their lifetime Screening annually or more often may be appropriate beginning at age 13 for women with an increased risk of HIV infection All pregnant women upon initiation of prenatal care with retesting based on risk factors Rapid testing is recommended for pregnant women who present in labor with an undocumented HIV status	Screening for Human Immunodeficiency Virus Infection (Updated January 2022)	HIV testing: HSC 1367.46, INS 10123.91
10	Interpersonal and domestic violence	Screening and, when needed, providing or referring for initial intervention services	Adolescent and adult women Screen at least annually	Screening for Interpersonal and Domestic Violence (Updated 2016)	None identified
11	Obesity	Counseling to maintain weight or limit weight gain	Women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m ²)	Obesity Prevention in Midlife Women (Updated January 2022)	None identified
12	Sexually transmitted infections (STIs)	Behavioral counseling by a health care clinician or other appropriately trained individual	Adolescent and adult women who are sexually active and at an increased risk for STIs	Counseling for Sexually Transmitted Infections (Updated January 2022)	
13	Urinary Incontinence	Screening	Women Screen annually and, <u>if indicated, facilitate further evaluation and treatment</u>	Screening for Urinary Incontinence (Updated 2024)	None identified
14	Wellness	Well-woman preventive care visit(s) Well-women visits include prepregnancy, prenatal, postpartum, and interpregnancy visits	Adolescent and adult women At least one preventive care visit per year beginning in adolescence and continuing across the lifespan as determined by age and risk factors Completed at a single or as part of a series of visits that take place over time, depending on age, health status, reproductive health needs, pregnancy status, and risk factors	Well-Woman Preventive Visits (Updated January 2022)	Multiple mandates relate. See specific conditions or disorders. Any related health insurance benefit mandate in California state law in this document that relates to women.

Table 4. California³³ and Federal³⁴ Preventive Service Mandates Specified by Reference to HRSA-Supported Comprehensive Guidelines for Infants, Children, and Adolescents³⁵ & Related Mandates in California State Law^{36,37}

#	Benefit Coverage Specifics related to reference to HRSA-Supported Guidelines ³⁸			HRSA-Supported Comprehensive Guidelines for Infants, Children, and Adolescents ³⁹	Related Health Insurance Benefit Mandate(s) in California State Law ⁴⁰
	Condition or Disease	Test, Treatment, or Service	Population and other Terms of Coverage specific to this Test, Treatment, or Service		
In the rows that follow, recommendations released less than 12 months prior to 01/13/2025 are highlighted in the same color as this cell.					
1	Wellness	Screening at well-child visits—for full list, see <i>Bright Futures</i> schedule	Children and adolescents aged 21 years and younger, with varied ages for varied screenings – for full list, see <i>Bright Futures</i> schedule Health benefit coverage requirements vary by screening and also vary by age– for full list, see <i>Bright Futures</i> schedule	Recommendations for Preventive Pediatric Health Care Bright Futures/ American Academy of Pediatrics (Updated May 2024)	Comprehensive preventive care for children aged 16 years or younger: ⁴¹ HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
2	Wellness	Screening—for full list, see Heritable Disorders panel	Newborns and children– for full list, see Heritable Disorders panel	Recommended Uniform Screening Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children (Updated January 2023)	Maternity services: INS 10123.865, INS 10123.866 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.542

³³ H&SC 1367.002 & IC 10112.2

³⁴ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act

³⁵ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act.

³⁶ For brevity, CHBRP has not listed in each row the California mandate (HSC 1367.002 & INS 10112.2) that 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).

³⁷ CHBRP is aware that state regulation may require benefit coverage, but is focusing this resource on health insurance benefit mandate laws.

³⁸ See Table 1 for benefit coverage specifics applicable to all tests, treatments, and services addressed by the California and Federal Preventive Services Mandates.

³⁹ Unless otherwise noted, the links listed below were accessed on or before 01/13/2025.

⁴⁰ Unless otherwise noted, the mandates listed below were reviewed on or before 01/13/2025.

⁴¹ This statute references a similar but older (1987) set of American Academy of Pediatrics recommendations.

Table 5. California⁴² and Federal⁴³ Preventive Service Mandates Specified by ACIP Recommendations^{44,45}

#	Benefit Coverage Specifics related to reference to ACIP Recommendations ⁴⁶			ACIP Recommendations ⁴⁷	Related Health Insurance Benefit Mandate(s) in California State Law ⁴⁸
	Condition or Disease	Test, Treatment, or Service	Specified populations and other terms		
In the rows that follow, recommendations released less than 12 months prior to 01/13/2025 are highlighted in the same color as this cell.					
1	Vaccine preventable diseases	Immunizations (many) – for the full list, see the ACIP schedule	0 through 18 years, with varied ages for varied immunizations – for the full list, see ACIP schedule Immunization coverage requirements vary by vaccine and also vary by age – for the full list, see ACIP schedule	Child and Adolescent Immunization Schedule By Age: Recommendations for Ages 18 Years or Younger, United States, 2025 (Table 1) (Updated November 21, 2024)	Maternity services: INS 10123.865, INS 10123.866 Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
2	Vaccine preventable diseases	Catch-up immunizations (many) – for the full list, see the ACIP schedule	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 Immunization coverage requirements vary by vaccine and also vary by age – for the full list, see ACIP schedule	Child and Adolescent Immunization Schedule By Age: Recommendations for Ages 18 Years or Younger, United States, 2025 (Table 2) (Updated November 21, 2024)	Comprehensive preventive care for children aged 16 years or younger: HSC 1367.35, INS 10123.5 Comprehensive preventive care for children aged 17 and 18 years: HSC 1367.3, INS 10123.55
3	Vaccine preventable diseases	Immunizations (many) – for the full list, see the ACIP schedule	Adults 19 and older, with varied ages for varied immunizations – for the full list, see ACIP schedule Immunization coverage requirements vary by vaccine and also vary by age – for the full list, see ACIP schedule	Adult Immunization Schedule by Age: Recommendations for Ages 19 Years or Older, United States, 2025 (Updated November 21, 2024)	None identified.

⁴² H&SC 1367.002 & IC 10112.2

⁴³ Affordable Care Act Section 1001, modifying Section 2713 of the Public Health Service Act

⁴⁴ For brevity, CHBRP has not listed in each row the California mandate (HSC 1367.002 & INS 10112.2) that 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 See Table 1 for benefit coverage specifics applicable to all tests, treatments, and services addressed by the California and Federal Preventive Services Mandates.

⁴⁷ Unless otherwise noted, the links listed below were accessed on or before 01/13/2025.

⁴⁸ Unless otherwise noted, the mandates listed below were reviewed on or before 01/13/2025.

About CHBRP

The California Health Benefits Review Program (CHBRP) was established in 2002. As per its authorizing statute, CHBRP provides the California Legislature with independent analysis of the medical, financial, and public health impacts of proposed health insurance benefit-related legislation. The state funds CHBRP through an annual assessment on health plans and insurers in California.

An analytic staff based at the University of California, Berkeley, supports a task force of faculty and research staff from multiple University of California campuses to complete each CHBRP analysis. A strict conflict-of-interest policy ensures that the analyses are undertaken without bias. A certified, independent actuary helps to estimate the financial impact. Content experts with comprehensive subject-matter expertise are consulted to provide essential background and input on the analytic approach for each report. Detailed information on CHBRP's analysis methodology, authorizing statute, as well as all CHBRP reports and other publications are available at <http://www.chbrp.org/>.

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