ISSUE BRIEF

# State Health Benefit Mandate Review Programs

## *Comparative Insights & Policy Analysis*

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CHBRP

California Health Benefits Review Program (CHBRP)
University of California

## Summary

Including the California Health Benefits Review Program (CHBRP), there are 13 programs throughout the country that provide analysis of health insurance benefit-related legislation to state legislatures. Seven state programs are housed within state agencies such as a Department of Insurance, three programs are housed within an independent state program, two programs (including CHBRP) are housed at a public university, and one program is located within the state legislature. Funding sources of the programs vary, and include direct appropriation from the legislature, assessments from state fees, and indirect funding by funding the operating organization but not the specific mandate review work.

The number of analyses each state program conducts annually varies, with most state programs completing between three and seven reports annually. About half of the states are required to complete the analyses within a specified number of days (generally less than three months), and the other half of states have an unspecified amount of time, although there may be a deadline for when the request needs to be sent to the program and/or for the delivery of the analysis. Most programs use contractors to complete the analyses in some capacity, ranging from fully contracting out the analysis to contracting out parts of the analysis.

While all 13 state programs provide analysis of impacts of legislation on state-regulated commercial health insurance, almost all states provide analysis regarding state employee health plans, and fewer than half provide analysis regarding impacts for Medicaid. Almost all states include information related to medical effectiveness and public health or social impact, although not to the same extent as CHBRP. Additionally, most states provide actuarial analysis when data are available.

## Introduction

The Affordable Care Act set a floor for mandated health insurance benefits for many forms of health insurance, but states continue to retain broad authority to enact additional mandates, regulate fully insured commercial plans, and alter cost-sharing or utilization management rules. Programs like the California Health Benefits Review Program (CHBRP) play a critical role in evaluating how proposed state-level health insurance mandates impact coverage, medical effectiveness, public health, and premiums before legislation is enacted. CHBRP is aware of other programs throughout the country that

provide similar state-level analysis, and periodically conducts surveys to better understand these programs. This report details CHBRP's latest survey conducted in 2025, which was the first since 2014.[1]

Benefit mandate review programs provide state legislatures with independent, evidence-based information regarding the potential impacts of legislation, which can support evidence-informed state policy. In the fall of 2025, CHBRP contacted every state and the District of Columbia to explore the status and processes of benefit mandate review programs outside of California.

This issue brief:

- Provides an overview of other states' programs, including similarities to and differences from CHBRP; and
- Catalogs structure, organizational practices, and analytic practices of other programs.

# Approach

CHBRP reached out to contacts in all 50 states and Washington, DC. CHBRP identified programs in 12 states other than California, and 9 programs responded to a request for interviews. During interviews, contacts were asked about the establishment of the program in their state, its organizational goals and structure, their analytical process, and the scope of their analyses. The results below reflect information provided by these 9 programs to CHBRP during interviews and information from publicly available websites for all 12 states. Information about CHBRP is also included as a comparison.

While nearly every state provides fiscal estimates to its Legislature for introduced legislation in some form (i.e. Fiscal Note[2], estimates from state agencies, estimates for Medicaid or state employee health plans), CHBRP focused on identifying programs in other states that provide multi-faceted review of benefit mandate legislation, including for legislation that would impact state-regulated commercial health insurance.

# Findings

Including CHBRP, there are 13 programs throughout the country that provide analysis of health insurance benefit-related legislation to state legislatures. Below, CHBRP summarizes the structure of the programs, the analytic process, and scope of analyses. While the primary focus of this survey was identifying programs that provide information regarding impacts on state-regulated commercial health insurance, CHBRP also gathered information regarding whether these 13 state programs provide analysis of other types of health insurance, such as Medicaid or state employee health plans, and included this information below. Through this survey, CHBRP also identified programs in states other than the 13 identified that only provide analysis related to state Medicaid programs or the state's employee health benefit offerings; while this information is not included in the main findings, information about some of these programs is provided in the *Other Benefit Mandate Review Efforts* section.

## Program Structure

All identified programs were established through state legislation (see the Appendix). Seven state programs are housed within state agencies such as a Department of Insurance, three programs are housed within an independent state program, two programs (including CHBRP) are housed at a public university, and one program is located within the state legislature. The independent state programs are all created and funded by their respective state legislatures but operate separately.

[1] CHBRP completed similar surveys in 2004, 2009, 2011, 2013, and 2014.
[2] Fiscal Notes provide estimates of how proposed legislation will affect state finances and are widely used by state legislatures. More information about fiscal notes is available from the National Conference of State Legislatures.

The funding source for benefit mandate review work varies. Some programs receive direct appropriations from the legislature or receive funding through assessments on health insurers or other entities, such as other types of state licensure. Other programs receive funding for their general work at the level of the state agency or independent program and then fund the benefit mandate review work through that larger budget allocation. Table 1 outlines these characteristics of the 13 identified programs, including CHBRP.

**Table 1. Program Characteristics of Benefit Mandate Review Programs**

| State | Name of Program and Location | Type of Location | Funding Source |
|---|---|---|---|
| California | California Health Benefits Review Program (CHBRP) | University | Appropriation from the legislature via assessment on health insurers |
| Colorado | Division of Insurance, Department of Regulatory Agencies (DORA) | State Agency | Appropriation from the legislature via funds from premium tax revenue |
| Hawaii* | Office of the Auditor | State Agency | Office is funded through the legislature; no direct funding provided for mandate reviews |
| Maine | Bureau of Insurance | State Agency | Dedicated funding allocated from assessments on health insurers and agent licensing and filing fees |
| Maryland | Maryland Health Care Commission | Independent State Program | Allocated within the Commission's budget; Commission receives funding from the legislature |
| Massachusetts* | Center for Health Information and Analysis (CHIA) | Independent State Program | CHIA is funded through industry assessments, the state budget, and dedicated trust funds; no direct funding provided for mandate reviews |
| Minnesota | Minnesota Department of Commerce | State Agency | Appropriation from the legislature |
| New Hampshire | Office of the Commissioner, Insurance Department | State Agency | Assessment on health insurers funds the Office; Office funds the mandate review work, but there is not specific budget |
| New Jersey* | Mandated Health Benefits Advisory Commission, Department of Banking and Insurance | State Agency | The Department is funded through the legislature; no direct funding for mandate reviews |
| Pennsylvania | Pennsylvania Health Care Cost Containment Council (PHC4) | Independent State Program | PHC4 is funded through the legislature; no direct funding provided for mandate reviews |
| Texas (a) | Health Impact, Cost, and Coverage Analysis Program at the Center for Health Care Data at the University of Texas Health Science Center at Houston | University | Appropriation from the legislature via assessment on health insurers |

| State | Name of Program and Location | Type of Location | Funding Source |
|---|---|---|---|
| Virginia | Health Insurance Reform Commission, supported by the Joint Commission on Health Care and Bureau of Insurance | Legislative Commission | The Commission is funded through the legislature; no direct funding for mandate reviews |
| Washington | Executive Office of Policy, Planning, and Evaluation, Department of Health | State Agency | Mandate reviews are not directly funded |

**Source: California Health Benefits Review Program, 2026.**
Notes:
* Hawaii, Massachusetts, and New Jersey did not respond to CHBRP's requests for interviews before publication.
(a) Texas' benefit mandate review program was established through legislation signed in 2025. The Program anticipates conducting benefit mandate reviews beginning with the 2027 legislative session.

## Analytic Process

Below, Table 2 shows the analytic process for all 13 programs. For all identified programs, requests for analysis are sent by the state legislature, although who from within the legislature has the authority to request varies. For several states, legislative leadership and committee chairs make these determinations. In Hawaii, a concurrent legislative resolution from both chambers is required. In Maryland, legislators are able to send a request for analysis not only for legislation that has been introduced, but also for legislation that failed in a previous session. In Washington, a proponent of a bill (an individual or an organization) brings the idea to the legislature before the bill is introduced and the appropriate committee chairs review and potentially request an analysis. The analysis is then completed before the next legislative session, at which time the bill may or may not be introduced. In three states (Colorado, Minnesota, and Washington), committees collect all potential proposals for analysis and then make a final determination regarding which bills are sent for analysis.

The number of analyses each state program conducts annually varies, with most state programs completing between three and seven reports annually. The amount of time programs have to complete the analyses is largely divided into two groups: a specified number of days that is generally less than three months (six states); and an unspecified amount of time, although there may be a deadline for when the request needs to be sent to the program and/or for the delivery of the analysis (six states). In Minnesota, analyses are required to be completed within 180 days. This amount of time is more similar to the states with unspecified amounts of time, as based on when the requests are sent and the required delivery date, programs generally have between 6 and 9 months to complete the analyses.

How the analyses are completed also varies, although most programs use contractors in some capacity. Similar to CHBRP, Texas' newly launched program is housed at a university and contracts with faculty and researchers to conduct the analyses. This program is also supported by a core group of staff. Conversely, several states fully contract out some or all of the analyses to contractors (Maryland, Massachusetts, and New Hampshire[3]). Other states also contract with external contractors but maintain a limited role in the analysis process (Colorado, Maine, and Minnesota). For these state programs, the involvement is usually inclusive of project management, coordination of stakeholder feedback, and soliciting data from state entities or health insurers. Staff from the state will also typically review draft analyses but will not be involved in the initial writing or research for the analysis. In New Hampshire[3] and Washington, some or all analyses are completed fully by state agency staff. In Virginia, although there is a Legislative Committee that oversees the analysis, the analysis itself is completed by two other state entities: the Joint Commission on Health Care (a Legislative committee) and the Bureau of Insurance.

Overall, there is substantial variation in how many analyses programs complete annually and the amount of time available to complete these analyses. However, a majority of programs receive requests from legislative leadership and also work with contractors to complete this work. Contractors may be brought into supplement staff capacity or expertise.

[3] In New Hampshire, both fully internal and fully contracted analyses are completed.

## Table 2. Analytic Process of Benefit Mandate Review Programs

| State | Legislative Trigger for Analysis | Number of Analyses per Year | Amount of Time for Analyses | Staffing Model |
|---|---|---|---|---|
| California | Legislative leadership – Chairs of Health and Appropriations Committees, Senate President pro Tempore, and Speaker of the Assembly | 12-18 | 60 days | Contracts with university faculty and researchers; supported by university staff |
| Colorado | Multiple legislators | Up to 6 | Not specified; goal of 4-5 months (September 15-January) | Internal and contractors |
| Hawaii | Concurrent legislative resolutions | Varies; completed up to 4 in recent years | Delivery at least 20 days prior to the start of the Legislative session (late January); Concurrent resolutions typically passed in April (8-9 months) | * |
| Maine | By request of the Health Coverage, Insurance and Financial Services legislative committee | 2-4 annually; 2 during the Legislative Session | During legislative session, 8 weeks; otherwise, 5 months | Internal and contractors |
| Maryland | 1) Legislature can request if legislation failed; or<br>2) Chair of a legislative committee | 6-7 in recent years | Requests must arrive by July 1; submit analysis by the end of December (6 months) | Fully contracted |
| Massachusetts* | Legislative committees | 2-5 | 90 days | Fully contracted |
| Minnesota | Legislative leadership – Chairs of Health and Human Services Committees collect language from Members, then decide what to send for analysis | 9-10 | 180 days | Internal and contractors |
| New Hampshire | Legislature | 1 external and 2-3 internal | Fiscal note – 1 week; Full request follows and is completed by the summer (3-4 months) | Internal analyses or fully contracted |
| New Jersey* | Chair of Committee in which the bill is introduced | 8-10 in recent years | 60 days plus potential for 45-day extension | * |
| Pennsylvania | Legislative leadership, as specified by statute | Have not done an analysis since 2008 | 90 days for preliminary review; 120 days for full review | N/A (b) |
| Texas (a) | Legislative leadership or Lieutenant Governor | N/A | 30 days during legislative session; 60 days outside of legislative session | Contracts with university faculty and researchers; supported by university staff |

| State | Legislative Trigger for Analysis | Number of Analyses per Year | Amount of Time for Analyses | Staffing Model |
|---|---|---|---|---|
| Virginia | Legislature | Varies; 1-2 or 6-7 | Not specified; requests are typically sent by May and completed by October (4-5 months) | Legislative Commission sends request to two state entities to complete the analyses |
| Washington | 3rd party proponent proposes to the legislature; Committee chairs request review | Maximum 1 annually, but do not necessarily conduct an analysis each year | 6-8 months; request must be made at least 9 months before next legislative session and analysis must be submitted at least 30 days prior to start of legislative session | Internal |

**Source: California Health Benefits Review Program, 2026.**
Notes:
* Hawaii, Massachusetts, and New Jersey did not respond to CHBRP's requests for interviews before publication.
(a) Texas' benefit mandate review program was established through legislation signed in 2025. The Program anticipates conducting benefit mandate reviews for the 2027 legislative session.
(b) While the enabling statute in Pennsylvania makes requirements about who performs the preliminary review and the types of expertise required to conduct the full review, because Pennsylvania has not conducted a benefit mandate review since 2008, the program does not have a specific process regarding how a benefit mandate review would be conducted.

# Scope of Analyses

## Health Insurance Markets

Depending on the enabling statute of the program, the health insurance markets (state-regulated commercial markets, state employee health plans, Medicaid) included in an analysis vary.

- **State-regulated commercial markets:** All state programs (13), including CHBRP, analyze the impact of health insurance benefit mandate legislation on commercial state-regulated health insurance.
- **State employee health plans:** Eleven states analyze the impact of legislation on state employee health plans (California, Hawaii, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, Pennsylvania, Texas, Virginia, Washington). Some of these states include self-insured plans in addition to fully funded plans. Two states do not analyze impacts of legislation on state employee health plans (Colorado, New Jersey).
- **Medicaid:** Five states include the state Medicaid programs in analysis, should the legislation impact Medicaid (California, Maryland, Minnesota, Texas, Washington). In eight states, programs do not examine the impacts of legislation for Medicaid (Colorado, Hawaii, Maine, Massachusetts, New Hampshire, New Jersey, Pennsylvania[4], Virginia).

## Medical Effectiveness and Public Health or Social Impact Analysis

All states with programs include general background information about the topic of the bill in the analysis, but whether the analysis includes information about medical effectiveness and public health and/or social impacts varies between states. CHBRP's work is the most extensive in terms of level of detail of medical effectiveness and public health impacts. Other states, including Maryland, Massachusetts, and New Jersey, also provide a comprehensive review. Most states provide a high-level overview of medical effectiveness and social impacts, including New Hampshire and Washington. Some states limit information to answering specific questions about social impact as directed by the state's statute, such as Hawaii and

[4] The legislation reviewed in Pennsylvania has only impacted "individual and group" coverage. The statute in Pennsylvania does not state whether requests are limited only to these markets.

Maine. Three states do not provide some or all of this information in their analyses: Hawaii does not include information about medical effectiveness; Massachusetts does not include information about public health or social impact; and Minnesota does not include either type of information in their reports.

### Fiscal Estimates

While all 13 identified programs consider the fiscal impact of health insurance benefit mandate legislation, some states provide general information about these impacts, such as directional estimates or a summary of relevant published research about cost of services or utilization, while others provide actuarial analysis.

- **States providing general fiscal information:** Hawaii, New Jersey, Pennsylvania[5], Washington
- **States providing actuarial analysis, to the extent data is available:** California, Colorado, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, Texas, Virginia

Among the states that produce actuarial analyses, seven use data from their state's all-payer claims database (Colorado, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, and Texas).

### Neutrality and Recommendations

In all states, analyses are nonpartisan and neutral. All programs except those in three states (New Hampshire, Pennsylvania, and Washington) do not make recommendations pertaining to the bills being analyzed.

## Cumulative Impact of Benefit Mandate Reports

Several states also produce reports that provide fiscal estimates of the cumulative impact of existing benefit mandates (Maine, Maryland, Massachusetts, Minnesota, and New Hampshire). These reports may include the impacts of all benefit mandates in state law or a specified set of benefit mandates (e.g. breast cancer screening services). In some states, publication of these reports is required on a regular basis (e.g. annually in Maine and every 4 years in Maryland), while in other states such as New Hampshire, they have produced these reports in the past but are not required to complete them.

# Other Benefit Mandate Review Efforts

Some states are exploring whether to develop a benefit mandate review program. For example, a recently signed bill in Oregon[6] directs the Legislative Policy and Research Office to develop and test an approach for reviewing proposed health insurance mandates. The impact statements are directed to include evidence about the medical need for the treatment or service, the extent of coverage, and the proposed measure's impact on equitable access to care for Oregon residents.

States may also have entities within and external to their state government that provide analysis of health insurance benefit mandates for state employee health plans and/or Medicaid programs. For example:

- The Colorado Department of Health Care Policy and Financing provides analysis of benefit mandate proposals that would impact Medicaid to the legislature, in addition to queries from state agencies who are considering changes to benefits or policy changes. These estimates are conducted internally by the Research and Analysis Unit and are not usually published externally.

[5] Information included in the first benefit mandate review is mostly limited to information submitted by third parties. Should this information include actuarial analysis, it would be included in the review. However, PHC4 does not conduct its own actuarial analysis.
[6] Oregon House Bill 4040.

- Similarly, the Georgia Health Policy Center's Medicaid Policy and Business Team works under a contract with the Georgia Department of Community Health to provide research, strategy, and technical assistance for the Georgia Medicaid program. At the request of Georgia's Medicaid Director, the Center will conduct analysis of proposed or enacted legislation. These analyses are delivered to the Director and are not publicly available.

- In Kansas, the State Employee Health Plan, which is housed under the Kansas Department of Administration, will conduct one-year pilots of a new benefit mandate at the request of the legislature, before those benefits can be extended to the full state-regulated health insurance market.[7] These pilots are limited to only enrollees in the state employee health plan.

# Conclusion

Several states conduct analysis of health insurance benefit mandate legislation and provide a formal mechanism for this analysis. To CHBRP's knowledge, 12 other states conduct analyses that are similar to CHBRP's work. There is variation in where these programs are housed (e.g., universities, legislative committees, state agencies), financing source, number of annually completed analyses, and length of analytic period. A majority of programs receive requests from legislative leadership and also use contractors to fully or partially complete analyses. Additionally, the scope of analyses varies by state; while all states provide analysis of impacts of legislation on state-regulated commercial health insurance, almost all states provide analysis regarding state employee health plans and fewer than half provide analysis regarding impacts for Medicaid. Almost all states include information related to medical effectiveness and public health or social impact, although not to the same extent as CHBRP. Additionally, most states provide actuarial analysis when data are available.

States without benefit mandate review programs or capacity may find value in benefit mandate reviews from other states, particularly because these analyses are neutral. As states continue to see the introduction of health insurance benefit mandate legislation, analyses from California and other state programs may be helpful in informing state legislatures about the medical effectiveness, public health impacts, and fiscal impacts of legislation. Additionally, states looking to establish benefit mandate review programs have numerous models of active programs to determine the best approach for their state.

[7] KSA 40-2248 through KSA 40-2249a

# Appendix

### Table 3. Additional Details of Benefit Mandate Review Programs

| State | Name of Program and Public Website | Relevant Statute | Publicly Available Reports |
|---|---|---|---|
| California | California Health Benefits Review Program (CHBRP) | California Health and safety code section 127660-127665 | Yes |
| Colorado | Division of Insurance, Department of Regulatory Agencies (DORA) | Colorado Revised Statuses; Section 10-16-155 | After bill is introduced; reports are confidential until then |
| Hawaii* | Office of the Auditor | Hawaii Revised Statutes Section 23-51 | Yes |
| Maine | Bureau of Insurance | Title 24-A: Main Insurance Code; Chapter 33: Health Insurance Contracts; Section 2752 | Yes |
| Maryland | Maryland Health Care Commission | Maryland Insurance Code Section 15–1501 | Yes |
| Massachusetts* | Center for Health Information and Analysis | General Laws – Part 1 – Title 1 – Chapter 3 – Section 38C | Yes |
| Minnesota | Minnesota Department of Commerce | Minnesota Statutes Section 62J.26, subdivision 3 | Yes |
| New Hampshire | Office of the Commissioner, Insurance Department | Insurance<br>Chapter 400-A - Insurance Department<br>Section 400-A:39-b | Externally conducted reports only |
| New Jersey* | Mandated Health Benefits Advisory Commission, Department of Banking and Insurance | New Jersey Revised Statutes Section 17B:27D-1 et seq | Yes |
| Pennsylvania | Pennsylvania Health Care Cost Containment Council (PHC4) | Act 89 of 1986, as amended by Act 15 of 2020 | Yes |
| Texas (a) | Health Impact, Cost, and Coverage Analysis Program at the Center for Health Care Data at the University of Texas Health Science Center at Houston (N/A) | Texas Insurance Code, Subchapter J, Section 38.451 – 38.458 | Yes (a) |
| Virginia | Health Insurance Reform Commission, supported by the Joint Commission on Health Care and Bureau of Insurance | Subsection C of S30-343 of the Code of Virginia | Yes |
| Washington | Executive Office of Policy, Planning, and Evaluation, Department of Health | Revised Code of Washington Chapter 48.47 | No |

**Source: California Health Benefits Review Program, 2026.**
Note: * Hawaii, Massachusetts, and New Jersey did not respond to CHBRP's requests for interviews before publication.
(a) Texas' benefit mandate review program was established through legislation signed in 2025. The Program anticipates conducting benefit mandate reviews for the 2027 legislative session.

# 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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