

## THE EPIDEMIOLOGY OF U.S. IMMUNIZATION LAW:

### MANDATED COVERAGE OF IMMUNIZATIONS UNDER STATE HEALTH INSURANCE LAWS

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# Report

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## EXECUTIVE SUMMARY

Immunizations represent both basic clinical care as well as an essential public health activity with population-wide health implications, and for a number of reasons, the focus on national immunization policy has intensified in recent years. Insurers and employee health plans may cover immunization services as a matter of benefit design choice. Federal and state insurance laws also may mandate coverage of one or more classes of immunization services. For approximately 100 million persons who are members of state-regulated health insurance plans, state law plays a primary role in determining coverage. Thus the extent of state immunization health insurance mandates is essential in examining the overall adequacy of health insurance financing for immunization services.

This analysis is part of a comprehensive study of the “epidemiology” of U.S. immunization law. It provides a detailed assessment of state immunization statutes in force as of winter 2003. Its principal findings are as follows:

- Thirty three (33) states have an immunization mandate, while approximately a third have no mandate. Of the 18 without any mandate, 9 have either a universal or a “select universal” purchase and distribution system for children. Among the 33 states with some level of mandate, 7 also have universal systems.
- Among the 33 states that maintain some form of immunization mandate, there is considerable variation in the extent and depth of the mandate. Researchers evaluated state immunization laws against a typology that focuses on the elements of a comprehensive insurance immunization statute: (a) whether coverage is mandated; (b) the age ranges and categories of enrollees covered by the mandate; (c) the standard of coverage used to define the mandate; (d) prohibitions against deductibles and copayments or other cost sharing; and (e) regulation of networks and payment rates.) Results were as follows:
  - *Mandated coverage versus mandated offer:* With one exception, states mandate coverage rather than an offer of coverage.
  - *Mandate extended to enrollee sub-groups:* With limited exceptions (3 states) for women, mandates never cover adult enrollees, even adults with ACIP-recognized health risks. Among children, states vary considerably with respect to the age groups covered.
  - *Standard of coverage:* The ACIP is the standard of coverage for children in 6 states. The remaining states vary extensively in how they express their coverage standards.
  - *Cost-sharing:* States vary considerably in the cost sharing protections they include in their mandates. Thirteen (13) states prohibit both copayments and deductibles.
  - *Network and pricing:* No state insurance mandates address either network or pricing.
- When the elements of a comprehensive statute are assembled into various, increasingly relaxed “composite” statutes, a modest number of states can be considered to have a comprehensive law. **No state** statute meets the most rigorous definition of “comprehensive;” that is, no state mandates coverage of all children up to 18, sets coverage at the ACIP standard, and prohibits both copayments and deductibles. Under the most relaxed definition of a comprehensive statute (either covering to age 18 or cutting off at an earlier age, using either ACIP or an alternative standard, and either prohibiting or permitting copayments) the number of states that meet this lesser comprehensiveness test rises to 15. Only by completely eliminating both protections against deductibles as well as *any* standard of coverage (either ACIP or otherwise) does the number of states with qualifying statutes increase appreciably.

We recommend several steps, including the development of model state insurance immunization legislative language, as well as further research aimed at achieving a greater understanding of state law in this area.

## Introduction

Immunizations represent both basic clinical care as well as an essential public health activity with population-wide health implications. The focus on national immunization policy has intensified for a number of reasons in recent years, including both increased concern regarding achievement of national preventable disease goals, as well as more specific concerns about national security and ensuring the most cost efficient use of health resources.

The Institute of Medicine has identified the cost of vaccines and their administration as a factor in ensuring adequate access to immunization services.<sup>1</sup> For this reason, public health insurance programs such as Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP), as well as private health insurance and employee benefit plans typically contain at least some level of immunization coverage in order to spread the risk of immunization costs over the population and thereby mitigate the impact of immunization financing at the point of service. Indeed, achievement of age-appropriate immunization status is a specific health goal under managed care accreditation systems such as that developed by the National Committee on Quality Assurance.

Insurers and employee health plans may cover immunization services for certain member groups as a basic benefit and as a matter of discretion in benefit design. Federal and state law also may mandate one or more classes of immunization services as a defined benefit. For example, federal law mandates state Medicaid and SCHIP coverage of all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).<sup>2</sup> Under Medicare, certain immunization services are part of the Part B entitlement, including pneumococcal vaccine, influenza vaccine, and in the case of individuals who fall into certain risk categories, hepatitis B vaccine.<sup>3</sup>

Approximately 160 million Americans have employer-sponsored health insurance and another 12 million purchase individual private coverage policies.<sup>4</sup> Of these, approximately 100 million persons are enrolled in some form of state licensed health insurance insuring organization whose coverage standards are subject to state mandated benefit laws; the remainder are members of self insured health benefit plans offered by public or private employers that are governed by separate bodies of law, such as the Employee Retirement Income Security Act (ERISA), the Federal Employee Health Benefits Act (FEHBP), federal laws pertaining to coverage of the armed services and their dependents, or (in some cases) separate state laws applicable to public employees.

Despite the potential for coverage to be governed by other than state insurance law, states nonetheless play the primary role under U.S. law in the regulation of health insurance,<sup>5</sup> in terms of both the number of contracts of coverage they regulate as well as the impact of their insurance regulation choices on how policy makers view insurance regulation generally. State insurance coverage mandates effectively establish a "coverage floor" below which coverage cannot fall. Thus the extent of state immunization health insurance mandates is essential in examining the overall adequacy of health insurance financing for immunization services.

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<sup>1</sup> Institute of Medicine, *Calling the Shots* (National Academy Press, Washington D.C. 2000).

<sup>2</sup> 42 U.S.C. §§1396d(r) and 1396s(e) (Medicaid) ; 42 C.F. R. §457.410(b)(2) (SCHIP)

<sup>3</sup> Unlike Medicaid, the Medicare statute does not specifically reference the ACIP. However, ACIP standards guide CMS in making medical appropriateness determinations for Medicare-covered vaccines.

<sup>4</sup> Gary Claxton, *How Private Insurance Works: A Primer* (Henry J. Kaiser Family Foundation, Washington D.C. 2002) <http://www.kff.org/content/2002/2255/privinsprim.pdf> (accessed April 14, 2003)

<sup>5</sup> Id. See also, Rand Rosenblatt, Sylvia Law, and Sara Rosenbaum, *Law and the American Health Care System* (Foundation Press, NY, NY, 1997) Ch. 2

This study, which provides an in-depth examination of state insurance immunization coverage mandates, is the first in a series of studies for the Centers for Disease Control and Prevention (CDC), which, when completed, will provide program administrators and policy makers with a detailed, nationwide point-in-time descriptive analysis of the “legal epidemiology” of immunization coverage in the U.S. The study’s overall purpose is to provide the CDC with information on the extent and nature of insurance immunization coverage standards under U.S. law. The sources of law surveyed under this project span both federal and state law, as well as contracts of coverage between public and private sponsors of group health plans and health insurers and managed care organizations.

In conducting this analysis, we use as our coverage benchmark the immunization recommendations of the ACIP. The ACIP is an official advisory body to the CDC whose charge is to provide the federal government with scientific advice on immunization practice. Its members issue both formal coverage recommendations as vaccine technology evolves and provide recommendations concerning actual immunization practice in the context of both preventive care and the use of vaccines to treat disease. Thus, immunizations may be recommended either as a primary preventive service or as a form of secondary prevention (i.e., treatment).<sup>6</sup>

## Background and Study Methods

Most individual and group health insurance products sold in the U.S. today and regulated by state law are “defined benefit” in nature. By a “defined benefit” product, we mean an insurance product that specifies coverage of particular services, benefits, and treatment procedures that will be considered to fall within the scope of the insurance contract. When these services and benefits are medically necessary and not otherwise excluded in a particular case, an insurer or health plan will make payment on an enrollee’s behalf. In the absence of express legal standards imposed through statutes, private insurance and group health plan sponsors retain virtually total discretion over benefit design. Furthermore, unless statutes or contract provisions specify otherwise, health insurers and health benefit plan administrators retain considerable discretion to interpret and apply the terms of their coverage arrangements and to determine precisely what level of coverage will be made available.<sup>7</sup>

Even where a law calls for coverage of a certain benefit, in fact the legal standard of coverage can be so broad and ambiguous that insurers retain considerable flexibility to limit or minimize their risk exposure even where coverage was intended. This retention of broad discretion even in the face of seemingly clear coverage “mandates” is relatively poorly understood by drafters of both statutes and contracts.<sup>8</sup> Variations or silence in the precise detail of a coverage mandate can exert considerable impact on the meaning of a particular coverage requirement. For example, a law may mandate coverage but leave open questions regarding the standard of coverage, cost sharing, or the age groups of the enrollees for whom the coverage is recommended and who in fact will be entitled to receive it. Following the addition of the varicella (chicken pox) vaccine to the ACIP recommended schedule, the General Accounting Office found that numerous insurers

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<sup>6</sup> A primary preventive service would be made available to all individuals within a particular subgroup for whom a vaccination is recommended without regard to condition or diagnosis (e.g., children, elderly adults, or sexually active adolescents). A secondary preventive service in this context would be one that is specified for persons with certain diagnoses (for example, persons who are immunocompromised, for whom pneumococcal vaccines are recommended interventions).

<sup>7</sup> Rand Rosenblatt, Sylvia Law and Sara Rosenbaum, *Law and the American Health Care System* (Foundation Press, NY, NY 1997). Ch. 2.

<sup>8</sup> Id. See, also, Sara Rosenbaum et. al., *Negotiating the New Health System: A Nationwide Study of Medicaid Managed Care Contracts* (The George Washington University, Washington D.C., 1997).

did not update their schedules because they disagreed with the recommendation.<sup>9</sup> Insurers may retain the authority to deny coverage in certain situations (e.g., where an immunization is available free of charge through a school), unless prohibited from doing so. Similarly, in a federal system, state laws may all be considered coverage “mandates” and yet vary enormously in the precise scope of the mandate. In short, even where state mandates exist, insurers can retain broad discretion over the depth and scope of the benefits they actually cover.

Given the various ways in which insurers can restrict any *apparent* coverage mandate through limitations, restrictions, exclusions and use of certain payment techniques, it is important, when examining the epidemiology of immunization law, to test the elements of state immunization laws against a typology that takes the essential features of immunization coverage into account. Some of these features grow out of the ACIP standards themselves. Others are products of a general understanding of how insurance works and the strategies insurers use to limit their financial exposure, even in the face of a seeming mandate. Still others grow out of conversations with experts in immunization practice and preventive health. To carry out this study, we chose the following elements to include in our typology of state immunization laws:

- *Any immunization mandate*: Are immunizations a mandatory benefit for any enrollee population under any circumstance?
- *Mandated coverage versus mandated offer*: Is coverage actually required, or must insurers simply offer coverage for a separate premium supplement?
- *Extent of the enrollee population protected by the mandate*: Are immunizations listed as a covered class of benefit, and if so, for which enrollee subgroups (e.g., pediatric, pregnant women, persons with certain diagnoses, all members regardless of age, condition, or diagnosis).
- *Standard of benefit coverage*: Whether the standard of coverage is specified or left to the insurer’s own discretion regarding appropriateness (e.g. “immunizations as appropriate” versus either specified immunizations or immunizations recommended by the Advisory Committee on Immunization Practices).
- *Patient cost sharing*: Whether coverage is required without regard to otherwise applicable deductibles and whether otherwise applicable coinsurance or copayment rules apply; and whether the statute specifically addresses how the administration fee must be calculated.
- *Network limitations*: Whether, in the case of insurance products that use service networks (either loosely or tightly configured), immunizations coverage requirements (including both coverage and cost sharing) apply regardless of whether the provider is in or out of network.<sup>10</sup> The essence of this question is whether coverage is preserved regardless of whether an individual obtains the immunization from a network provider.

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<sup>9</sup> GAO: Practice Guidelines: Managed Care Plans Customize Guidelines to Meet Local Interests (GAO-HEHS-96-95) Washington D.C. (1995).

<sup>10</sup> The United States Supreme Court has recently clarified that the regulation of provider networks is in fact the regulation of the business of insurance. *Kentucky Association of Health Plans v Miller*, \_\_\_\_ U.S. \_\_\_\_, 123 S. Ct. 1471 (2003)

- *Permissible limits on coverage:* Whether insurers are permitted to exclude coverage that is otherwise required under certain circumstances (e.g., where the immunization is available free of charge from a public source)
- *Delivery and replacement:* Whether insurance products are required to cover and pay at replacement cost or through direct delivery of biologicals to participating providers and health professionals.

All states have laws that to at least some extent impose mandated coverage requirements on health insurance contracts sold in the state. Utilizing standard computerized legal research techniques, researchers conducted an on-line examination of state insurance laws that as of Winter 2003, regulated health insurance products sold in the state in either the individual or group market. Where examination of the state law suggested ambiguities in legal requirements, as identified by the senior member of the research group, who possesses extensive experience in health insurance legislation and regulation, follow-up telephone calls will be made to state insurance officials in order to clarify the meaning of a statute as well as to verify the absence of agency standards where no statutory provisions could be found <sup>11</sup>

This preliminary investigation of all state insurance laws yielded 33 jurisdictions that have enacted relevant statutes pertaining to immunizations. These statutes were analyzed, and the resulting data were evaluated and plotted. The evaluation was done in two stages. First, researchers effectively “unbundled” each statute into its components and compared each component against the elements of comprehensiveness, described above.

In the second stage, researchers “rebundled” the elements into four distinct, and increasingly relaxed hypothetical statutory “composites” in order to measure how many state laws could be considered “comprehensive” in their totality as opposed to each part. For this part of the study, and for reasons that will become evident below (i.e., the virtual absence of coverage for adults), the study focused on children. Furthermore, and for reasons that also will be illustrated below, this “composite” test did not include either network or payment elements. The four comprehensiveness “composites” chosen were as follows:

- *#1. The most comprehensive:* The state law mandates coverage for all children birth-18, includes the ACIP standard (as in Medicaid and SCHIP) in the mandate coverage, and prohibits both deductibles and cost-sharing.
- *#2. The second most comprehensive:* The state law mandates coverage for children *either up to age 18 or some lower age level*, includes the ACIP standard in the mandate coverage, and prohibits both deductibles and cost-sharing.
- *#3. The third most comprehensive:* The state law mandates coverage for children *either up to age 18 or some lower age level*, includes the ACIP standard in the mandate coverage, and *either allows or prohibits cost sharing* (deductibles still would be prohibited in this model).
- *#4. The most relaxed version of comprehensive:* The state law mandates coverage for children *either up to age 18 or some lower age level, the ACIP standard or some other standard in the mandate*, and *either allows or prohibits cost sharing* (deductibles still would be prohibited in this model).

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<sup>11</sup> Our project was approved by the George Washington University Institutional Review Board, No. U010327ER.

Figure 1 shows the composites that were developed.

<b>Figure 1. Comprehensive Immunization Mandate “Composite” Statutes (Pediatric Coverage Only)</b>				
<b>Elements of composite statute</b>	<b>Composite 1</b>	<b>Composite 2</b>	<b>Composite 3</b>	<b>Composite 4</b>
<b>Age groups covered by mandate</b>	<b>Birth-18</b>	<b>Birth-18, or any subgroup</b>	<b>Birth-18, or any subgroup</b>	<b>Birth-18, or any subgroup</b>
<b>Standard of coverage</b>	<b>ACIP</b>	<b>ACIP</b>	<b>ACIP</b>	<b>ACIP, or any other standard</b>
<b>Deductibles and cost sharing</b>	<b>Prohibited</b>	<b>Prohibited</b>	<b>Prohibited, or deductibles prohibited but copayments allowed</b>	<b>Prohibited, or deductibles prohibited but copayments allowed</b>
<b>States meeting standard</b>	<b>NONE</b>	<b>HI</b>	<b>HI, PA</b>	<b>AR, KS, HI, MN, MS, MO, NE, NY, NC, OK, PA, TX, VA, WV, WI</b>
<b>Cumulative Total</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>15</b>
<b>Source: GWU/SPHHS/CHSRP analysis of state immunization laws, Winter 2003</b>				

The findings are presented below.

## **Findings**

### Overall Findings

The results of our analysis suggest that although the majority of states (32 states and the District of Columbia) purport to maintain immunization mandates, no state has enacted a *comprehensive mandate*, that is, a law that mandates coverage during childhood and adolescence, requires adherence to ACIP standards, and prohibits the use of patient cost sharing (both deductibles and coinsurance). This points out how limited the mandate is, since the mandate may be limited to groups that exceed a minimum size, or to certain types of contracts of insurance (e.g., HMOs but not non-HMO insurers).

With three narrowly drawn exceptions, no state mandates coverage of adults, even those with a recognized medical risk. In the absence of such a mandate, an insurer would be free to use its discretion regarding immunization coverage as part of treatment. No state addresses the issue of insurer payment for provider immunization services through a replacement program, regulation of vaccine administration, or otherwise. Similarly, no state regulates insurer discretion over payment of out-of-network providers. No state law prohibits insurer exclusions when immunizations purportedly are available free of charge.

The next two sections present detailed tabular findings as well as a series of maps that offer readers a greater visual aid.

## Specific Findings

### *Any Immunization Coverage Mandate*

Table 1 shows that as of the winter 2003, 32 states and the District of Columbia maintained insurance laws that at least to some extent mandated immunization coverage. Included in these 33 jurisdictions are 8 that also maintain universal vaccine programs. Among the 16 states identified by the CDC as maintaining either fully universal vaccine purchase and delivery programs or programs that offer universal purchase and delivery for selected vaccines (“universal select”), Table 1 suggests a nearly even split between those that couple their universal systems with a coverage mandate and those that appear to offer fully or select universal systems in lieu of a mandate. Immunization mandates in universal states presumably help states defray the cost of the universal system while ensuring access to uninsured children or children insured for less than all ACIP-recommended vaccines.

TABLE 1 - STATES WITH ANY HEALTH INSURANCE IMMUNIZATION MANDATE		
STATE	MANDATE	NO MANDATE
Alabama		•
Alaska		•*
Arizona		•
Arkansas	•	
California	•	
Colorado	•	
Connecticut	•**	
Delaware	•	
District of Columbia	•	
Florida	•	
Georgia	•	
Hawaii	•**	
Idaho		•*
Illinois	•	
Indiana		—
Iowa		—
Kansas	•	
Kentucky		—
Louisiana	•	
Maine		•*
Maryland	•	
Massachusetts	•*	
Michigan	•	
Minnesota	•	
Mississippi	•	
Missouri	•	
Montana	•	
Nebraska	•	
Nevada		•**
New Hampshire		•*
New Jersey	•	
New Mexico	•*	
New York	•	
North Carolina	•*	
North Dakota	•**	
Ohio	•	
Oklahoma	•	
Oregon		•
Pennsylvania	•	
Rhode Island	•*	
South Carolina		•
South Dakota		•**
Tennessee		•
Texas	•	
Utah		•
Vermont		•**
Virginia	•	
Washington		•*
West Virginia	•	
Wisconsin	•	
Wyoming		•*
<b>TOTAL = 51</b>	<b>33</b>	<b>18</b>
<b>NOTE:</b> *Participates in the Universal Vaccine Delivery Program, which supplies all vaccines to all providers. ** Participates in the Universal Vaccine Delivery Program – Select, which supplies all vaccines to all providers with the exception of one or more vaccines.		
<b>Grey Box: Category does not apply</b>		
<b>Source: GWU/SPHHS/CHSRP analysis of state immunization laws, Winter 2003</b>		

*Type of Immunization Coverage Mandate*

Table 2 shows that among the jurisdictions with any mandate, 15 explicitly apply the mandate to both the group and individual insurance markets, while 7 *explicitly* restrict the mandate to the group market. In 8 cases the state statute simply is addressed to all contracts of insurance (a general market). Three states have statutes that refer to both the general and group markets.

<b>TABLE 2 – CLASSES OF PLANS COVERED BY STATE IMMUNIZATION MANDATES</b>			
<b>STATE</b>	<b>TYPE OF MANDATED COVERAGE</b>		
	<b><i>GROUP MARKET</i></b>	<b><i>INDIVIDUAL MARKET</i></b>	<b><i>GENERAL MARKET</i></b>
Arkansas			•
California	•		
Colorado	•	•	
Connecticut	•		
Delaware	•		
District of Columbia			•
Florida	•		•
Georgia	•	•	
Hawaii	•		
Illinois			•
Kansas	•	•	
Louisiana	•		
Maryland	•	•	
Massachusetts	•		•
Michigan			•
Minnesota	•	•	
Mississippi	•	•	
Missouri	•	•	
Montana	•	•	
Nebraska	•	•	
New Jersey	•		
New Mexico	•	•	
New York	•	•	
North Carolina			•
North Dakota			•
Ohio	•	•	
Oklahoma	•	•	
Pennsylvania	•		•
Rhode Island			•
Texas	•	•	
Virginia	•	•	
West Virginia	•		
Wisconsin			•
<b>TOTAL = 33</b>	<b>25</b>	<b>15</b>	<b>11</b>
<b>Note: Number does not add to 33.</b> Some states' statutes appear in more than one category.			
<b>Grey Box: Category does not apply</b>			
<b>Source: GWU/SPHHS/CHSRP analysis of state immunization laws, Winter 2003</b>			

The following excerpts illustrate the variation in how states address their mandates:

10-16-104. Mandatory coverage provisions . . .

11) Child health supervision services. (a) For purposes of this subsection (11), unless the context otherwise requires, "child health supervision services" means . . . immunizations required to be provided in basic and standard health benefit plans pursuant to section 10-16-105 (7.2), to dependent children up to age thirteen.

(b) An individual, small group, or large group health benefit plan issued in Colorado or covering a Colorado resident that provides coverage for a family member of the insured or subscriber, shall, as to such family member's coverage, also provide that the health insurance benefits applicable to children include coverage for child health supervision services up to the age of thirteen. Each plan shall, at a minimum, provide benefits for preventive child health supervision services. **CO**

\* \* \*

Chapter 29. Individual Accident and Sickness Insurance

33-29-3.4. Insurance coverage for child wellness services. . .

(b) Every insurer authorized to issue an individual accident and sickness policy in this state shall include, either as a part of or as a required endorsement to each basic medical or hospital expense, major medical, or comprehensive medical expense policy issued, delivered, issued for delivery, or renewed in this state on or after July 1 1995, basic coverage for child wellness services for an insured child. **GA**

Chapter 30. Group or Blanket Accident and Sickness Insurance

33-30-4.5. Coverage for child wellness services . . .

(b) Every insurer authorized to issue a group accident and sickness policy accident and sickness policy in this state shall include, either as a part of or as a required endorsement to each basic medical or hospital expense, major medical, or comprehensive medical expense policy issued, delivered, issued for delivery, or renewed in this state on or after July 1 1995, basic coverage for child wellness services for an insured child. **GA**

\* \* \*

§ 59A-22-34.3. Childhood immunization coverage required

A. Each individual and group health insurance policy, health care plan and certificate of health insurance delivered or issued for delivery in this state shall provide coverage for childhood immunizations. **NM**

*Group only coverage:* Seven states (California, Connecticut, Delaware, Hawaii, Louisiana, New Jersey, and West Virginia) restrict their coverage mandates to the group market, as illustrated by the following examples that also show the variation in the group size standards:

17:48-6m. Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations

No hospital service corporation contract providing hospital or medical expense benefits for groups *with greater than 50 persons* shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in the following . . . b. All childhood immunizations. **NJ [emphasis added]**

\* \* \*

5-16-9 Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts...

(i) The director shall provide by contract or contracts entered into under the provisions of this article the cost for coverage of children's immunization services . . . Additional immunizations may be required by the commissioner of the bureau of public health for public health purposes.

**WV**

*General coverage:* Eight states (Arkansas, the District of Columbia, Illinois, Michigan, North Carolina, North Dakota, Rhode Island, and Wisconsin) maintain statutes aimed at general insurance coverage, as shown below:

27-38.1-2. Coverage required for pediatric preventative care

(a) Every health insurance plan providing coverage for a dependent or minor child, other than school policies, shall include benefits for pediatric preventative care. . . .

(b) Every health insurer shall provide benefits for pediatric preventative care or make that care available to its enrolled participants. Benefits do not need to be provided pursuant to this section for pediatric preventative care services that are paid for or offered free of charge by the state of Rhode Island. **RI**

*General and group coverage:* Three states (Florida, Massachusetts, and Pennsylvania) explicitly address both general and group coverage in their mandates, as the following language illustrates:

627.6416. Coverage for child health supervision services

(1) All health insurance policies providing coverage on an expense-incurred basis which provide coverage for a member of a family of the insured or subscriber must, as to such family member's coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services. . . . (2) . . . (a) Child health supervision services must include . . . appropriate immunizations. **FL**

627.6406. Maternity care

(4) Any policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. The postdelivery care must include . . . immunizations. **FL**

\* \* \*

47C. Certain Accident and Sickness Insurance Policies to Cover Newborn Infants and Adopted Children, Including Congenital Defects, Birth Abnormalities, or Premature Birth.

Any blanket or general policy of insurance . . . which provides hospital expense and surgical expense insurance, which provides for dependent coverage . . . shall include as insured members of the blanket general policy, policy of accident and sickness, or fund newborn infants and newborn infants of a dependent of a policyholder domiciled in the commonwealth or a beneficiary domiciled in the commonwealth of a fund immediately from the moment of birth and thereafter. . . .

Any policy of insurance or any employers' health and welfare fund, as described in this section, shall provide . . . for the provision of preventive and primary care services for children. For the purposes of this paragraph preventive care services shall mean services rendered to a dependent child of an insured from the date of birth through the attainment of six years of age and shall include . . . appropriate immunizations. **MA**

\* \* \*

Chapter 15. Childhood Immunization Insurance Act

3508. Application of act

This act shall apply to all insurance policies, subscriber contracts and group insurance certificates issued under any group master policy. . . . **PA**

### Mandated Coverage versus Mandated Offers

While 33 jurisdictions provide for some form of mandate, the precise nature of the mandate can vary. As Table 3 shows, among the states with any mandate, one (Mississippi) appears to mandate only *an offer of coverage* rather than coverage itself. A mandated offer of coverage makes the selection of coverage potentially eligible for an additional premium charge, a factor that might cause some individual and group purchasers to reject the option. California has a mandatory offer provision applicable only to self insured employer sponsored health plans (contrasted below against the state's mandatory coverage requirement in the insured market). However, ERISA preemption principles suggests that even this mandated offer would not appear to bind self insured plans.<sup>12</sup>

TABLE 3 –MANDATED COVERAGE VERSUS MANDATED OFFERS		
STATE	MANDATE	
	OFFER OF A DEFINED BENEFIT	COVERAGE OF A DEFINED BENEFIT
Arkansas		•
California	•* (self insured plans)	•* (fully insured plans)
Colorado		•
Connecticut		•
Delaware		•
District of Columbia		•
Florida		•
Georgia		•
Hawaii		•
Illinois		•
Kansas		•
Louisiana		•
Maryland		•
Massachusetts		•
Michigan		•
Minnesota		•
Mississippi	•	
Missouri		•
Montana		•
Nebraska		•
New Jersey		•
New Mexico		•
New York		•
North Carolina		•
North Dakota		•
Ohio		•
Oklahoma		•
Pennsylvania		•
Rhode Island		•
Texas		•
Virginia		•
West Virginia		•
Wisconsin		•
<b>TOTAL = 33</b>	<b>2</b>	<b>32</b>
<b>Note: Number does not add to 33.</b> California is listed in two columns because the state has separate statutes. Mississippi permits insurers to offer a choice of the applicable coverage, while all others require insurers to provide the benefits.		
<b>Grey Box:</b> Category does not apply.		
<b>Source: GWU/SPHHS/CHSRP analysis of state immunization laws, Winter 2003</b>		

<sup>12</sup> See, e.g., Metropolitan Life Insurance Co. v Massachusetts, 471 U.S. 724 (1985). See generally, *Law and the American Health Care System*, *op. cit.*

Examples from California and Mississippi are provided below:

10121. Self-insured employee welfare benefits for birth and newborn children . . . <sup>13</sup>

(d) Every self-insured employee welfare benefit plan issued or amended on or after January 1, 1987, which provides benefits to the employee's dependents, **shall offer a choice** to all employees of coverage for comprehensive preventive health care for children. (e) For purposes of this section, benefits for the comprehensive preventive care of children shall . . . provide for the following . . . (2) Immunizations. **CA**

10123.55. Coverage in group policy for preventive care of children of specified ages . . .

(a) . . . every insurer issuing group disability insurance which covers hospital, medical, or surgical expenses **shall provide** benefits for the comprehensive preventive care of children 17 and 18 years of age under such terms and conditions as may be agreed upon between the group policyholder and the insurer. . . (b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following . . . (2) Provide for the following: (B) Immunizations. **CA**

\* \* \*

83-9-34. Child immunizations; optional coverage; written acceptance or rejection; application of section

(2)A health benefit plan that provides benefits for a family member of the insured shall provide an option for the insured to elect coverage for each newly born child of the insured, from birth through the date the child is twenty-four (24) months of age, for: (a)Immunization against: (i)Diphtheria; (ii)Hepatitis B; (iii)Measles; (iv)Mumps; (v)Pertussis; (vi)Polio; (vii)Rubella; (viii)Tetanus; (ix)Varicella; and (x)Hemophilus Influenza B (HIB). . .(c) The coverage shall be offered on an optional basis, and each primary insured must accept or reject such coverage in writing and accept responsibility for premium payment. **MS**

### *Enrollee Populations Covered by Insurance Mandates*

With only three exceptions (Florida, North Carolina and Virginia), no state mandates coverage for adults. All jurisdictions mandate coverage of children, but the variation in the age limits under the child mandates is striking. This variation is shown in Table 4. Overall, the pediatric coverage mandate is statutorily defined by age in 16 different ways. All states require coverage to commence “from the moment of birth,” while the age for cut-off varies from as young as the second birthday (Mississippi and Montana), to as old as “the attainment of nineteen years of age” (New York). The Montana language follows:

33-22-512Coverage for well-child care.

1)Each group disability policy or certificate of insurance that is delivered, issued for delivery, renewed, extended, or modified in this state by a disability insurer and that provides coverage for a family member of the insured or subscriber must provide coverage for well-child care for children from the moment of birth through 2 years of age. . . . (2)Coverage for well-child care under subsection (1) must include . . . (b)routine immunizations. **MT**

In Georgia, Hawaii, Louisiana, Massachusetts, Nebraska, Texas and Wisconsin, insurers are permitted to decline to cover children once they reach age six. The examples that follow are from Massachusetts and Wisconsin:

47C. Certain Accident and Sickness Insurance Policies to Cover Newborn Infants and Adopted Children, Including Congenital Defects, Birth Abnormalities, or Premature Birth.

Any policy of insurance or any employers' health and welfare fund, as described in this section, shall provide . . . for the provision of preventive and primary care services for children. For the purposes of this paragraph preventive care services shall mean services rendered to a dependent child of an insured from the date of birth through the attainment of six years of age. **MA**

\* \* \*

<sup>13</sup> Insurers will not be required to comply with this statute because of the federal statute ERISA.

632.895 Mandatory coverage . . .

(b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village or school district, that provides coverage for a dependent of the insured shall provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured. **WI**

**TABLE 4 – AGE STANDARDS OF PEDIATRIC COVERAGE MANDATES**

STATE	AGE RANGE	STATUTORY LANGUAGE
Arkansas	0-18	Birth through age eighteen
California	0-18	16 years of age or younger, 17 and 18 years of age
Colorado	0-12	Up to age thirteen
Connecticut	0-6	Birth through six years of age
Delaware	0-17	From birth through the date such child is 18 years of age
District of Columbia	0-17	Children up to 18 years of age
Florida	0-15 Adult female	1. From the moment of birth to age 16 years 2. Postdelivery care for a mother and her new born infant
Georgia	0-5	Child from birth through the age of five years
Hawaii	0-5	From the moment of birth through age five years
Illinois	0-15	Children under the age of 16 years
Kansas	0	Newly born children
Louisiana	0-5	From birth to age six
Maryland	Child/adolescent	Childhood and adolescent immunizations
Massachusetts	0-5	Date of birth through the attainment of six years of age
Michigan	Child	Eligible child enrolled in the program
Minnesota	0-18	From birth to 18
Mississippi	0-24 months	From birth through the date the child is twenty-four (24) months of age
Missouri	0-4	Child from birth to five years of age
Montana	0-2	From the moment of birth through 2 years of age
Nebraska	0-5	From birth to six years of age
New Jersey	Childhood	All childhood immunizations
New Mexico	Childhood	Shall provide coverage for childhood immunizations
New York	0-18	From the date of birth through the attainment of nineteen years of age
North Carolina	Female 13 or older	Female age 13 or older
North Dakota	0-4	From birth to the age of five years
Ohio	0-8	From the moment of birth until age nine
Oklahoma	0-17	From birth through the date such child is eighteen (18) years of age
Pennsylvania	Child	Include coverage for child immunizations
Rhode Island	0-7	Childhood immunizations until age eight (8)
Texas	0-5 + one day	From birth through the date the child is six years of age
Virginia	0-35 months; Female 13 or older	1. From birth to thirty-six months of age 2. any female of age thirteen or older
West Virginia	0-16	From birth through age sixteen
Wisconsin	0-5	From birth to the age of 6 years
<b>TOTAL = 33</b>		

**Source: GWU/SPHHS/CHSRP analysis of state immunization laws, Winter 2003**

*How the pediatric benefit mandate is expressed:* Just as there are age variations in state pediatric benefit mandates, there is also considerable variation in how the actual benefit mandate is expressed. Immunizations are often described as part of a category of services termed “preventive health care,” “preventive pediatric care,” “child wellness services,” or “child health supervision services.” Where coverage is tied to a preventive pediatric benefit, it may exclude coverage of other recommended immunizations that may not be furnished in a preventive context. Although secondary immunizations might be covered as a form of medical treatment, without an express statement of immunization coverage, the immunization service could be interpreted by an insurer as limited to those immunizations specified as part of a well child exam; in this situation, other immunizations furnished in a secondary prevention context or outside of a

well child exam might not be covered or else might be subject to limitations that otherwise would not apply to an immunization that is furnished as part of preventive care (e.g., no deductibles or coinsurance). The following excerpts illustrate the variation in state pediatric immunization mandates.

38a-533. Mandatory coverage for preventive pediatric care. (a) For purposes of this section, "preventive pediatric care" means the periodic review of a child's physical and emotional health from birth through six years of age by or under the supervision of a physician. Such review shall include . . . appropriate immunizations. **CT**

\* \* \*

15-817. Coverage for child wellness services

(a) "Child wellness services" defined. -- In this section, "child wellness services" means preventive activities designed to protect children from morbidity and mortality and promote child development. . . . (c) Coverage required. -- . . . (2) The minimum package of child wellness services shall cover at least: (i) all visits for . . . childhood and adolescent immunizations. **MD**

431:10A-206.5. Coverage for child health supervision services.

(b) Child health supervision services shall include . . . immunizations . . . in keeping with prevailing medical standards. For purposes of this subsection, the term "prevailing medical standards" means the recommendations of the Immunizations Practices Advisory Committee of the U.S. Department of Health and Human Services and the American Academy of Pediatrics; provided that in the event that the recommendations of the committee and the academy differ, the department of health shall determine which recommendations shall apply. **HI**

*Insurance mandates applicable to other age groups:* As noted, we were able to identify only three exceptions to the children-only coverage. As part of post-delivery care for new mothers, Florida requires the administering of immunizations. North Carolina and Virginia have incorporated coverage for adult females as part of ob-gyn care.

627.6406. Maternity care.

(4) Any policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for post-delivery care for a mother and her newborn infant. . . . The services must include . . . immunizations in keeping with prevailing medical standards. **FL**

\* \* \*

38.2-3407.11 Access to obstetrician-gynecologists

A. Each (i) insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense incurred basis, (ii) corporation providing individual or group accident and sickness subscription contracts, and (iii) health maintenance organization providing a health care plan for health care services, whose policies, contracts or plans, including any certificate or evidence of coverage issued in connection with such policies, contracts or plans . . . authorized to provide services under such policy, contract or plan and (ii) selected by such female . . . "health care services" means . . . immunization. **VA**

*The standard of coverage for immunizations*

Six of the 33 jurisdictions with an immunization mandate specify the ACIP recommendations as a statutory standard of coverage. As Table 5 illustrates, the more common approach is language requiring that coverage be “appropriate,” or “routine and necessary.” In some cases, the authority for setting the “appropriate” or “necessary” standard is expressly delegated to the state health agency, while in others the language is silent, which presumably vests insurers with the discretion to make internal decisions regarding appropriate coverage.

<b>TABLE 5 – THE STANDARD OF COVERAGE IN STATE IMMUNIZATION STATUTES</b>			
<b>STATE</b>	<b>ACIP</b>	<b>OTHER</b>	<b>SILENT</b>
Arkansas		•	
California*	•	•	
Colorado			•
Connecticut		•	
Delaware		•	
District of Columbia		•	
Florida		•	
Georgia		•	
Hawaii*	•	•	
Illinois		•	
Kansas		•	
Louisiana		•	
Maryland	•		
Massachusetts		•	
Michigan			•
Minnesota		•	
Mississippi		•	
Missouri		•	
Montana	•		
Nebraska		•	
New Jersey*	•	•	
New Mexico		•	
New York		•	
North Carolina		•	
North Dakota			•
Ohio		•	
Oklahoma		•	
Pennsylvania	•		
Rhode Island			•
Texas		•	
Virginia		•	
West Virginia		•	
Wisconsin		•	
<b>TOTAL = 33</b>	<b>6</b>	<b>26</b>	<b>4</b>
<b>Note: * Number does not add to 33. California, Hawaii, and New Jersey utilize the ACIP standard in addition to other standards. The information appears in multiple columns</b>			
<b>Grey Box: Category does not apply.</b>			
<b>Source: GWU/SPHHS/CHSRP analysis of state immunization laws, Winter 2003</b>			

*The ACIP standard* – Six states require their insurers to follow the ACIP recommendations. Of these six states, Maryland, Montana, and Pennsylvania utilize ACIP exclusively, while California, Hawaii, and New Jersey also specify adherence to additional standards. Examples are provided from Maryland and New Jersey:

(2) The minimum package of child wellness services shall cover at least: (i) all visits for and costs of childhood and adolescent immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control. **MD**

\* \* \*

17:48-6m. Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations

No hospital service corporation contract providing hospital or medical expense benefits for groups with greater than 50 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in the following . . . b. All childhood immunizations as recommended by the Advisory Committee on Immunization Practices of the United State Public Health Service and the Department of Health and Senior Services pursuant to section 7 of P.L. 1995, c. 316 (C. 26:2-137.1). **NJ**

California requires the use of a different combination of standards depending on whether the statute pertains to self insured plans or regulated insurance products:

10121. Self-insured employee welfare benefits for birth and newborn children . . .

(e) For purposes of this section, benefits for the comprehensive preventive care of children shall be consistent with the Guidelines for Health Supervision of Children and Youth, as adopted by the American Academy of Pediatrics in May 1982. **CA**

\* \* \*

10123.5. Coverage in group policy for preventive care of young children . . .

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following: (1) Be consistent with both of the following: (A) The Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics in September of 1987. (B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, unless the State Department of Health Services determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section. **CA**

*American Academy of Pediatrics (AAP) Guidelines:* Six states reference standards created by the AAP, either alone or in conjunction with other standards. Minnesota, New Mexico, and Ohio follow only the AAP standards, and Minnesota even specifies in which document those standards can be found. The three other states use the AAP standards combined with other sources, such as California with the ACIP standard as discussed above, Florida, which combines the AAP standards with the “Prevailing Medical Standards,” and Hawaii. Examples from Minnesota and Hawaii follow:

62A.047 Children's health supervision services and prenatal care services

A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate . . . must provide coverage for child health supervision services and prenatal care services. . . . "Child health supervision services" means . . . appropriate immunizations . . . appropriate to the age of a child from birth to age six, and appropriate immunizations from ages six to 18, as defined by Standards of Child Health Care issued by the American Academy of Pediatrics. **MN**

431:10A-206.5. Coverage for child health supervision services.

(b) Child health supervision services shall include . . . immunizations . . . in keeping with prevailing medical standards. For purposes of this subsection, the term “prevailing medical standards” means the recommendations of the Immunizations Practices Advisory Committee of the U.S. Department of Health and Human Services and the American Academy of Pediatrics; provided that in the event that the recommendations of the committee and the academy differ, the department of health shall determine which recommendations shall apply. **HI**

*Physician custom and prevailing medical standard:* Three jurisdictions, Illinois, Massachusetts and the District of Columbia allow a patient’s physician to determine which types and amounts of immunizations are necessary:

31-3802. Extent of coverage [Formerly 35-1102]

The coverage for dependent children up to 18 years of age shall include . . . (2) Coverage for preventive and primary care services, including . . . as recommended by the physician . . . immunizations. **DC**

Seven states allow the use of a more general standard to determine which immunizations to cover. These states provide that a child should receive the immunizations in keeping with “prevailing medical standards and practices.” Arkansas, Connecticut, and North Carolina provide no other guideline to be followed. The other four states, Florida, Georgia, Missouri, and Virginia, call for use of additional standards, such as those defined by the AAP, the Commissioner, a statute, or some combination of these:

23-79-141. Children’s Preventive Health Care Act . . .

(c) Definitions. As used in this section: (1) “Children’s preventive health care services” means physician-delivered or physician-supervised services for eligible dependents from birth through age eighteen (18), with . . . appropriate immunizations . . . in keeping with prevailing medical standards. **AR**

\* \* \*

33-29-3.4. Insurance coverage for child wellness services

(a) As used in this Code section, the term: (1) “Child wellness services” means . . . appropriate immunizations . . . in keeping with prevailing medical standards. **GA**

33-30-4.5. Coverage for child wellness services.

(b) Every insurer authorized to issue a group accident and sickness policy in this state shall include, either as a part of or as a required endorsement to each such basic medical or hospital expense, major medical, and comprehensive medical expense insurance policy issued, delivered, issued for delivery, or renewed in this state on or after July 1, 1995, basic coverage for child wellness services for an insured child from birth through the age of five years. . . . The Commissioner shall define by regulation the basic coverage for child wellness services and may consider the current recommendations for preventive pediatric health care by the American Academy for Pediatrics and any other relevant data or information in the promulgation of such regulation. **GA**

\* \* \*

38.2-3411.3 Coverage for childhood immunizations . . .

C. For the purpose of this section, “routine and necessary immunizations” means immunizations against diphtheria, pertussis, tetanus, polio, hepatitis B, measles, mumps, rubella, and other such immunizations as may be prescribed by the Commissioner of Health. **VA**

38.2-3411.1 Coverage for child health supervision services . . .

B. As used in this section, the term “child health supervision services” means the periodic review of a child’s physical and emotional status by a licensed and qualified physician or pursuant to a physician’s supervision. A review shall include but not be limited to...appropriate immunizations, in keeping with prevailing medical standards. **VA**

*Express specification of covered vaccines:* Delaware, Kansas, Mississippi, Nebraska, New York, Oklahoma, Texas, Virginia, West Virginia, and Wisconsin, have specifically delineated the types of immunizations that are subject to the coverage mandate. The New York and West Virginia statutes are provided below:

3216. Individual accident and health insurance policy provisions . . .

(17) (A) Every policy which provides medical, major-medical or similar comprehensive-type coverage shall provide coverage for the provision of preventive and primary care services. . . . (ii) at each visit, services in accordance with the prevailing clinical standards of such designated association . . . appropriate immunizations . . . (iii) necessary immunizations as determined by the superintendent in consultation with the commissioner of health consisting of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b and hepatitis b which meet the standards approved by the United States public health service for such biological products. **NY**

\* \* \*

5-16-9 Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts...

(i) The director shall provide by contract or contracts entered into under the provisions of this article the cost for coverage of children's immunization services from birth through age sixteen years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles, rubella, tetanus, hepatitis-B, haemophilus influenzae-b and whooping cough. Additional immunizations may be required by the commissioner of the bureau of public health for public health purposes. **W. VA**

Kansas outlines the types of required immunizations, as well as the number of doses that each patient should receive:

40-2,102. Coverage for newly born and adopted children; coverage for immunizations; notification of birth or adoption; mandatory option to cover delivery expenses of birth mother of adopted child.

For purposes of this paragraph "routine and necessary immunizations" shall consist of at least five doses of vaccine against diphtheria, pertussis, tetanus; at least four doses of vaccine against polio and Haemophilus B (Hib); and three doses of vaccine against Hepatitis B; two doses of vaccine against measles, mumps and rubella; one dose of vaccine against varicella and such other vaccines and dosages as may be prescribed by the secretary of health and environment. **KS**

Six of the ten states, Mississippi, New York, Oklahoma, Virginia, West Virginia, and Wisconsin, require the use of an additional standard along with the statutory provision, such as the Secretary or Commissioner of Health. Mississippi allows the Commissioner of Insurance to make this determination:

83-9-34. Child immunizations; optional coverage; written acceptance or rejection; application of section

(2)A health benefit plan that provides benefits for a family member of the insured shall provide an option for the insured to elect coverage for each newly born child of the insured, from birth through the date the child is twenty-four (24) months of age, for: (a)Immunization against: (i)Diphtheria; (ii)Hepatitis B; (iii)Measles; (iv)Mumps; (v)Pertussis; (vi)Polio; (vii)Rubella; (viii)Tetanus; (ix)Varicella; and (x)Hemophilus Influenza B (HIB) (b)Any other immunization that the Commissioner of Insurance determines to be required by law for the child. **MS**

Louisiana permits the standard to be based on the determination of the "state health officer" and school entry requirements:

215.14 Immunizations; coverage

B. The immunizations covered shall include the complete basic immunization series for children up to age six as defined by the state health officer and required for school entry. **LA**

*The absence of standards:* Four state statutes (Colorado, Michigan, North Dakota, and Rhode Island), are silent on the standard against which the adequacy of coverage will be measured, as shown below:

26.1-36-09.4. Preventive health care -- Copayments

The standard health benefit plan developed under section 26.1-36.3-08 must provide coverage for prenatal care visits for a covered person and recommended immunizations and well child visits for a covered person from birth to the age of five years. **ND**

\* \* \*

27-50-10. Basic, standard and economy health benefit plans . . .

(b) (1) The standard health benefit plan shall include . . . childhood immunizations until age eight (8) . . . (c) (1) The economy health benefit plan shall include . . . (iv) . . . childhood immunizations until age eight (8). **RI**

### *Cost Sharing Design and Administration Fees*

*Patient cost sharing:* State immunization laws typically address cost sharing, at least with respect to immunizations subject to the coverage mandate. States are more likely to expressly prohibit deductibles (21 out of 33) than cost sharing (13 out of 33). Presumably, statutory cost sharing rules do not apply to immunizations that may be furnished but that are not covered by the mandatory coverage rule. Notably at least 4 states expressly permit the use of deductibles, which appear to be rising as health care costs grow.<sup>14</sup> The results are shown in Table 6.

STATE	STATUTORY LANGUAGE REGARDING COPAYMENTS			STATUTORY LANGUAGE REGARDING DEDUCTIBLES		
	<i>Permits</i>	<i>Prohibits</i>	<i>Silent</i>	<i>Permits</i>	<i>Prohibits</i>	<i>Silent</i>
Arkansas		•			•	
California			•			•
Colorado	•				•	
Connecticut			•			•
Delaware			•			•
District of Columbia			•			•
Florida			•		•	
Georgia			•		•	
Hawaii		•			•	
Illinois	•			•		
Kansas		•			•	
Louisiana	•			•		
Maryland			•		•	
Massachusetts			•			•
Michigan			•			•
Minnesota		•			•	
Mississippi		•			•	
Missouri		•			•	
Montana			•		•	
Nebraska	•				•	
New Jersey			•		•	
New Mexico	•			•		
New York		•			•	
North Carolina		•			•	
North Dakota	•					•
Ohio	•			•		
Oklahoma		•			•	
Pennsylvania	•				•	

<sup>14</sup> Kaiser HRET op. cit.

Rhode Island	•					•
Texas		•			•	
Virginia		•			•	
West Virginia		•			•	
Wisconsin		•			•	
	<b>9</b>	<b>13</b>	<b>11</b>	<b>4</b>	<b>21</b>	<b>8</b>
<b>* Total = 33</b>				<b>* Total = 33</b>		
<b>Note: * Total equals 33</b> for each side of the table, i.e. 33 for Copayments, and 33 for Deductibles.						
<b>Grey Box:</b> Category does not apply.						
<b>Source: GWU/SPHHS/CHSRP analysis of state immunization laws, Winter 2003</b>						

Examples of statutory prohibition language are presented below:

23-79-141. Children's Preventive Health Care Act . . .

(f) Reimbursement, Coinsurance, and Deductibles . . . (2) (A) Benefits for recommended immunization services shall be exempt from any copayment, coinsurance, deductible, or dollar limit provisions in the accident and health insurance policy. This exemption shall be explicitly stated in the policy. **AR**

\* \* \*

62A.047 Children's health supervision services and prenatal care services

A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate . . . The policy, contract, or certificate must specifically exempt reasonable and customary charges for child health supervision services and prenatal care services from a deductible, copayment, or other coinsurance or dollar limitation requirement. **MN**

Although Mississippi mandates an offer of immunization coverage only, the offer must be made without cost sharing:

83-9-34. Child immunizations; optional coverage; written acceptance or rejection; application of section . . .

(3)The benefits required to be offered under subsection (2) of this section may not be made subject to a deductible, copayment or coinsurance requirement. **MS**

The Missouri statute bars deductibles and copayments, and also prohibits charges in excess of reasonable and customary standards.

376.1215. Immunizations, mandated coverage, exceptions, rulemaking.

2.Such coverage shall not be subject to any deductible or co-payment limits. . . .

6.No health care provider shall charge more than one hundred percent of the reasonable and customary charges for providing any immunization. **MO**

Permissive cost sharing language is illustrated by the following excerpts:

215.14 Immunizations; coverage

These benefits shall be payable under the same circumstances and conditions as benefits are paid under those policies, contracts, benefit plans, agreements, or programs for all other diagnoses, treatments, illnesses, or accidents. **LA**

\* \* \*

59A-22-34.3.Childhood immunization coverage required . . .

C.Coverage for childhood immunizations and necessary booster doses may be subject to deductibles and co-insurance consistent with those imposed on other benefits under the same policy, plan or certificate. **NM**

Illinois permits insurers to charge fees as long as they do not exceed the "usual and customary":

## 215 ILCS 105/8. Minimum benefits

Sec. 8. Minimum benefits. . . . b. Outline of benefits. Covered expenses shall be limited to the usual and customary charge, including negotiated fees, in the locality for the following services and articles when prescribed by a physician and determined by the Plan to be medically necessary for the following areas of services, subject to such separate deductibles, co-payments, exclusions, and other limitations on benefits as the Board shall establish and approve, and the other provisions of this Section: **IL**

The Ohio statute imposes a “reasonableness” standard to any fees attached to immunizations:

## 3923.55 Benefits for child health supervision services from birth to age nine...

(D) Copayments and deductibles shall be reasonable and shall not be a barrier to the necessary utilization of child health supervision services by covered persons. (E) Benefits for child health supervision services that are provided to a child during the period from birth to age one shall not exceed a maximum limit of five hundred dollars...Benefits for child health supervision services that are provided to a child during any year thereafter shall not exceed a maximum limit of one hundred fifty dollars per year... **OH**

The following excerpts illustrate state statutes that permit the application of copayments but bar the use of deductibles:

## 10-16-104. Mandatory coverage provisions

(11) . . . (c) Benefits for child health supervision services shall be exempt from a deductible or dollar limit provision in any individual, small group, or large group health benefit plan issued in Colorado or covering a Colorado resident and such exemption shall be explicitly stated in such a plan. Any copayment or coinsurance applicable to the benefits received during the course of one visit pursuant to paragraph (b) of this subsection (11) shall not exceed the copayment or coinsurance payment applicable to a physician visit. **CO**

\* \* \*

## 3505. Cost-sharing provisions

(a) Applicability.—Benefits for child immunization services shall be subject to copayment and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the policy are subject to those provisions. (b) Exemption.—Benefits for child immunization services shall be exempt from deductible or dollar limit provisions in a health insurance policy. This exemption must be explicitly provided for in the policy. **PA**

*Administration fees*

Of the 33 jurisdictions with immunization mandates, only West Virginia specifically permits payment for administration fees, while Rhode Island excludes coverage for the cost of vaccine. The remaining statutes are ambiguous or simply fail to address administration fees. We will conduct interviews with state insurance officials to clarify how these states address this issue. The following excerpts are from the West Virginia and Rhode Island statutes:

## 33-25A-8c. Third party payment for child immunization services . . .

This coverage will cover all costs associated with immunization, including the cost of the vaccine, if incurred by the health care provider, and all costs of vaccine administration. **W.VA**

\* \* \*

## 27.38.1-2. Coverage required for pediatric preventive care . . .

(b) . . . Benefits do not need to be provided for the cost of biologicals used for vaccinations. **RI**

*Network limitations and delivery and replacement*

No state statute addressed questions related to network or delivery and replacement cost.

## Synthesis of Findings: Illustrative Maps

The maps that accompany this study show the results of stage 2, when state laws were compared against the composites for pediatric coverage mandates. **No state** statute meets the most rigorous definition of “comprehensive”; that is, no state mandates coverage of all children up to 18, sets coverage at the ACIP standard, and prohibits both copayments and deductibles. Map #1 shows Composite 2 (age standards only are relaxed). This map shows that 1 state met the standard of Composite 2. Map #2 shows that 2 states met the standard of composite 3 (relaxed age requirements and relaxed protections against copayments). Map #3 shows the cumulative results under composite 4 (relaxed age levels, relaxed protections against copayments but deductibles still would be prohibited) and a relaxed standard of coverage (either ACIP or another standard). Under this most relaxed definition of a comprehensive statute, the total number of states that meet this lesser comprehensiveness test rises to 15 states.

Only by completely eliminating both protections against deductibles as well as *any* standard of coverage (either ACIP or otherwise) does the number of states with qualifying statutes increase appreciably. At this point however, all standards of coverage have been eliminated and all protections against deductibles have been lost, and the state statute could not realistically be considered “comprehensive.”

## **Discussion**

It is commonly reported that the majority of states have immunization mandates as part of their state health insurance laws. While this assessment is correct, this study underscores that this statement is only the starting point for understanding the depth of and variation in state immunization health insurance mandates. When these mandates are measured against a typology designed to examine the critical elements of an insurance mandate (mandated coverage, the extent of the enrollee group covered by the mandate, the standard of coverage, and regulation of cost-sharing, networks, and payment arrangements), their limitations become evident. Nearly all states with a mandate in fact mandate coverage, as opposed to an offer of coverage. Furthermore, with a very limited exception for coverage of certain women made by three states, no state addresses adult enrollees as part of the mandate. State mandates virtually always focus on children, but even here, states vary substantially with respect to the ages of children covered, the standard of coverage used, and the regulation of cost sharing. State coverage mandates extend to “immunizations” and thus reach not merely the biological but the full act of immunization, which in the common sense term, would include both the biological and its administration. Yet no state regulates payment to ensure rate adequacy. Finally, despite the link in modern health insurance arrangements between coverage and receipt of care through provider networks, no state insurance laws address networks.

The impact of this variation becomes evident when one groups states by the extent of their laws. No state maintains a mandatory coverage law that is *comprehensive* under the typology developed for this study: that is, the law reaches all children under 18, applies the ACIP standard of coverage, and prohibits all forms of patient cost sharing (i.e., deductibles and copayments). When the test is relaxed somewhat (e.g., the age limit of the child mandate, the coverage standard, or permissible uses of copayments) the number of states with comprehensive mandates increases, but not considerably. Indeed, under the various lesser “composite” scenarios we developed, the maximum number of states whose immunization laws can be considered “comprehensive” climbs to only 15.

Several major implications and questions flow from this analysis.

*1. Should this variation in state immunization mandates be of concern, and if so, what might be done to lessen it?*

We believe that these limits should be a matter of concern to policy makers. First, the limitations create important provisos and exceptions to coverage which purchasers may or may not understand and which insurers (understandably) will make use of as a means of limiting their risk exposure. For example, an employer who buys a policy covering “immunizations” may believe that the coverage will be at the officially recommended standards of the CDC or that the coverage will limit undue financial exposure at the point of service. In fact, the statute may fail to achieve critical financing protections, particularly in the case of emerging vaccines, which may be relatively costly. Unless coverage is at the ACIP level and protected against undue out-of-pocket payments, the advances brought about by a new vaccine may be slow to reach enrollees, despite the presence of a mandate.

We also believe that a primary contributor to the variation and omissions in these state laws is the limited understanding on the part of state policy makers regarding the key elements that should be addressed in an immunization coverage mandate. Our belief stems from both the complexity of U.S. immunization policy and practice, as well as the complexity of drafting coverage language. In particular, this latter point has become readily apparent to us through our managed care contract studies sample purchasing specifications drafting project for the CDC.<sup>15</sup> Through this project we were able to discern both the broad range of sub-issues that must be addressed in a coverage mandate (in this case a contract rather than a statute, but a legal document nonetheless), as well as the learning curve that policy makers face as they think about setting standards for insurers.

Based on this experience we recommend the development of a model immunization statute in conjunction with the Center on Public Health Law at Georgetown, the National Association of Insurance Commissioners, ASTHO, and experts within the CDC. We believe that our earlier drafting work for the CDC NIP in the managed care context<sup>16</sup> offers solid precedent and an important starting point for this type of drafting and dissemination effort.

*2. What explains the decision by certain states to maintain both a universal or select universal vaccine distribution program as well as an immunization mandate?*

One of the more intriguing findings of the study is the overlap between states with universal and universal select vaccine purchasing systems and those with insurance mandates. It is important to understand how these two separate bodies of state legal activity (one a public health purchasing and distribution system, the other, an insurance mandate) work together. Presumably the mandate ensures that with respect to the administration of vaccines, health professionals are paid by insurers when they immunize insured populations with vaccines secured through the universal program. Some states may also build allocation assumptions into their universal programs that require insurers to act as “first-dollar” payers where coverage is in fact available. Finally, of course, universal programs fill in gaps faced by patients who are uninsured or underinsured.

It is important to understand the precise ways in which these two systems interact, the coverage and payment assumptions that underlie them, and the extent to which universal systems are compensating for failure of state insurance laws. For example, in a state that assumes

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<sup>15</sup> See <http://www.gwhealthpolicy.org/newsps/immun/index.html>.

<sup>16</sup> Id.

insurance as a first dollar payer but whose coverage statute is not tied to ACIP, it may be years before coverage is updated to ACIP standards, leaving the state as the first dollar payer for emerging vaccines.

Given the prevalence of states with double systems, we recommend further analysis through intensive case study and data collection efforts.

### *3. Why do certain states have neither mandates nor universal systems?*

A surprising number of states (one third) have no insurance mandates in the area of immunizations. The reasoning behind this decision needs to be more carefully researched and understood. Together these 18 states comprise approximately 19% of the U.S. population, so their lack of a mandate is not inconsiderable. Some maintain some form of universal purchase and distribution program, while others do not have this type of program, either. Understanding the reasons for the lack of any insurance mandate is important not only to prospects for reform in these states, but to prospects of further reform in states that do have mandates. To the extent that the lack of any mandate is the result of an attempted and failed effort at reform, any future policy reform strategies would differ significantly from those employed in states that have never considered such a mandate.

In view of the high number of states that fall into this category, we recommend further investigation through a series of case studies, meetings with key stakeholders (e.g., public health officials, pediatric societies, insurance commissioners, and others in the state) and analysis of the states' markets.

### *4. Which of the factors presented in this typology may in fact have the greatest impact on the sufficiency of pediatric vaccine coverage?*

This study is designed to present an in-depth profile of state immunization laws. It cannot answer the important question of which elements of our typology have the greatest impact on the quality of the coverage. Nor can it tell the CDC what insurers actually do. For example, a state may mandate coverage only for select vaccines, but the state's principal health insuring organizations may in fact cover far more than the required statutory level. Understanding the reality of insurer choices with respect to immunization, particularly where adequacy of children's immunization is an express performance measure, is critical. Also essential is further understanding of which elements in this multi-phased measurement system appear to be more strongly associated with actual immunization levels. Further research aimed at building an association between insurance mandates and vaccine coverage, which also takes into account insurer market practices and the presence of universal immunization purchase and delivery programs, would appear to be in order.

### *4. What explains the almost non-existent regulatory response for adults?*

We believe that the absence of immunization standards for adults should be a matter on which the CDC focuses. The ACIP addresses all ages of individuals, and in the case of non-elderly adults, contains considerable recommendations for both preventive immunizations as well as immunizations where certain risks are present. In a risk context, an immunization may in fact be covered as a form of treatment for a particular underlying condition (e.g., insurers may cover immunizations for pregnant women as pregnancy related care and without regard to state immunization mandates). Far more knowledge is necessary where insurer practices related to adults is concerned.

Also of importance is greater understanding of the link between health insurance coverage for adults and coverage as a workplace matter for working adults. For example, health insurance plans for local public health agency workers may not include immunizations and yet as a workplace safety matter, a local health department may furnish all necessary immunizations. Similarly, a health worker exposed to health risks on the job presumably would be covered for certain immunizations as a form of workplace compensation.

Thus, the question of coverage rules for adults, particularly adults in the workforce, is complex but significant and bears follow-up study.

## APPENDIX 1 - Statutory Language

### THE IMMUNIZATION COVERAGE MANDATE

#### Arkansas

23-79-141. Children's Preventive Health Care Act . . .

(b) Declaration of Purposes. The purpose of this section is to assure that all children eighteen (18) years of age and younger are provided with insurance coverage for preventive health care services during their formative years . . . (c) Definitions. As used in this section: (1) "Children's preventive health care services" means physician-delivered or physician-supervised services for eligible dependents from birth through age eighteen (18), with . . . appropriate immunizations. . . .

(d) Applicability. (1) Every accident and health insurer, hospital or medical service corporation, health maintenance organization, fraternal benefit society, and self-insured plan transacting accident and health insurance or providing accident and health coverage in this state which delivers, issues for delivery in this state, or renews, extends, or modifies accident and health policies, contracts, certificates, and plans providing hospital and medical coverage on an expense-incurred, services, or prepaid basis, which contracts provide coverage for a family member of the insured person, shall provide to the contract holder coverage for periodic preventive care visits for covered persons. **AR**

#### California

10121. Self-insured employee welfare benefits for birth and newborn children . . .

(d) Every self-insured employee welfare benefit plan issued or amended on or after January 1, 1987, which provides benefits to the employee's dependents, shall offer a choice to all employees of coverage for comprehensive preventive health care for children. (e) For purposes of this section, benefits for the comprehensive preventive care of children shall . . . provide for the following . . . (2) Immunizations. **CA**

10123.5. Coverage in group policy for preventive care of young children . . .

(a) . . . every insurer issuing group disability insurance which covers hospital, medical, or surgical expenses shall provide benefits for the comprehensive preventive care of children 16 years of age or younger under such terms and conditions as may be agreed upon between the group policyholder and the insurer. . . (b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following . . . (2) Provide for the following: (B) Immunizations. **CA**

10123.55. Coverage in group policy for preventive care of children of specified ages . . .

(a) . . . every insurer issuing group disability insurance which covers hospital, medical, or surgical expenses shall provide benefits for the comprehensive preventive care of children 17 and 18 years of age under such terms and conditions as may be agreed upon between the group policyholder and the insurer. . . (b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following . . . (2) Provide for the following: (B) Immunizations. **CA**

#### Colorado

10-16-104. Mandatory coverage provisions . . .

(1.5) Child immunization coverage. An entity subject to the provisions of this article, article 8 of this title, or section 607 (1) of the federal "Employment Retirement Income Security Act of 1974", as amended, that provided coverage for pediatric vaccinations on May 1, 1993, shall not reduce the level of the coverage in effect on that date.

11) Child health supervision services. (a) For purposes of this subsection (11), unless the context otherwise requires, "child health supervision services" means . . . immunizations required to be provided in basic and standard health benefit plans pursuant to section 10-16-105 (7.2), to dependent children up to age thirteen.

(b) An individual, small group, or large group health benefit plan issued in Colorado or covering a Colorado resident that provides coverage for a family member of the insured or subscriber, shall, as to such family member's coverage, also provide that the health insurance benefits applicable to children include coverage for child health supervision services up to the age of thirteen. Each plan shall, at a minimum, provide benefits for preventive child health supervision services. **CO**

#### Connecticut

38a-533. Mandatory coverage for preventive pediatric care.

(a) For purposes of this section, "preventive pediatric care" means the periodic review of a child's physical and emotional health from birth through six years of age by or under the supervision of a physician. Such review shall include . . . appropriate immunizations. . . .

(b) Every group health insurance policy providing coverage . . . shall provide benefits for preventive pediatric care for any child covered by the policy or contract. **CT**

### **Delaware**

3558. Child immunizations

All group and blanket health insurance policies which are delivered or issued for delivery in this State by any health insurer or health service corporation shall provide coverage for each child of the insured, from birth through the date such child is 18 years of age for immunization against: 1. Diphtheria, 2. Hepatitis B, 3. Measles, 4. Mumps, 5. Pertussis, 6. Polio, 7. Rubella, 8. Tetanus, 9. Varicella, 10. Haemophilus influenzae B, and 11. Hepatitis A. **DE**

### **District of Columbia**

Title 31. Insurance and Securities

Subtitle IV. Health and Related Insurance

Chapter 38. Newborn Health Insurance

31-3802. Extent of coverage

The coverage for dependent children up to 18 years of age shall include . . . (2) Coverage for preventive and primary care services, including . . . immunizations. **DC**

### **Florida**

627.6416. Coverage for child health supervision services

(1) All health insurance policies providing coverage on an expense-incurred basis which provide coverage for a member of a family of the insured or subscriber must, as to such family member's coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. . . . (2) . . . (a) Child health supervision services must include . . . appropriate immunizations. **FL**

627.6579. Coverage for child health supervision services

(1) All group, blanket, or franchise health insurance policies providing coverage on an expense-incurred basis which provide coverage for a family member of the certificateholder or subscriber must, as to such family member's coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. . . . (2) . . . (a) Child health supervision services must include . . . appropriate immunizations. **FL**

627.6574. Maternity care . . .

(4) Any group, blanket, or franchise policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. The postdelivery care must include . . . immunizations. **FL**

627.6406. Maternity care

(4) Any policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. The postdelivery care must include . . . immunizations. **FL**

### **Georgia**

Chapter 29. Individual Accident and Sickness Insurance

33-29-3.4. Insurance coverage for child wellness services

(1) "Child wellness services" means . . . appropriate immunizations. . . . (b) Every insurer authorized to issue an individual accident and sickness policy in this state shall include, either as a part of or as a required endorsement to each basic medical or hospital expense, major medical, or comprehensive medical expense policy issued, delivered, issued for delivery, or renewed in this state on or after July 1 1995, basic coverage for child wellness services for an insured child from birth through the age of five years. **GA**

33-30-4.5. Coverage for child wellness services

(1) "Child wellness services" means . . . appropriate immunizations. . . . (b) Every insurer authorized to issue a group accident and sickness policy in this state shall include, either as a part of or as a required endorsement to each basic medical or hospital expense, major medical, or comprehensive medical expense policy issued, delivered, issued for delivery, or renewed in this state on or after July 1 1995, basic coverage for child wellness services for an insured child from birth through the age of five years. **GA**

### **Hawaii**

Part II. Group and Blanket Disability Insurance . . .

431:10A-206.5. Coverage for child health supervision services.

(a) All health insurance policies issued in this State, which provide coverage for the children of the insured shall provide coverage for child health supervision services from the moment of birth through age five years. . . .

(b) Child health supervision services shall include . . . immunizations. . . .

(c) Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit cited in this section, except that the limitations authorized by this subsection shall not apply to immunizations. **HI**

### **Illinois**

Chapter 215. Insurance

Comprehensive Health insurance Plan Act

215 ILCS 105/8. Minimum benefits

Sec. 8. Minimum benefits. A. Availability. The Plan shall offer in an annually renewable policy . . . (2.5) Professional services provided by a physician to children under the age of 16 years for . . . age appropriate immunizations. **IL**

### **Kansas**

40-2,102. Coverage for newly born and adopted children; coverage for immunizations; notification of birth or adoption; mandatory option to cover delivery expenses of birth mother of adopted child.

(a) (1) All individual and group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type contracts issued by a profit or nonprofit corporation and all contracts issued by health maintenance organizations organized or authorized to transact business in this state which provides coverage for a family member of the enrollee, insured or subscriber shall, as to such family members' coverage, also provide that the health insurance benefits applicable for children shall be payable with respect to a: (A) Newly born child of the enrollee, insured or subscriber from the moment of birth. . . .

(2) The coverage for newly born children shall consist of: . . . (B) routine and necessary immunizations for all newly born children of the insured or subscriber. **KS**

### **Louisiana**

215.14 Immunizations; coverage

A. Any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan other than the Office of Group Benefits programs, and a self-insurance plan, which is delivered or issued for delivery in this state on or after January 1, 1993, shall include benefits payable for immunizations for dependent children from birth to age six. **LA**

### **Maryland**

15-817. Coverage for child wellness services

(a) "Child wellness services" defined. -- In this section, "child wellness services" means preventive activities designed to protect children from morbidity and mortality and promote child development.

(b) Scope of section. - - This section applies to each individual hospital or major medical insurance policy, group or blanket health insurance policy, and nonprofit health service plan that: (1) is delivered or issued for delivery in the State; (2) is written on an expense-incurred basis; and (3) provides coverage for a family member of the insured. . . .

(c) Coverage required. - . . . (2) The minimum package of child wellness services shall cover at least: (i) all visits for . . . childhood and adolescent immunizations. **MD**

### **Massachusetts**

47C. Certain Accident and Sickness Insurance Policies to Cover Newborn Infants and Adopted Children, Including Congenital Defects, Birth Abnormalities, or Premature Birth.

Any blanket or general policy of insurance . . . which provides hospital expense and surgical expense insurance, which provides for dependent coverage . . . shall include as insured members of the blanket general policy, policy of accident and sickness, or fund newborn infants and newborn infants of a dependent of a policyholder domiciled in the commonwealth or a beneficiary domiciled in the commonwealth of a fund immediately from the moment of birth and thereafter. . . .

Any policy of insurance or any employers' health and welfare fund, as described in this section, shall provide . . . for the provision of preventive and primary care services for children. For the purposes of this paragraph preventive care services shall mean services rendered to a dependent child of an insured from the date of birth through the attainment of six years of age and shall include . . . appropriate immunizations. **MA**

### **Michigan**

Chapter 550 General Insurance Laws

Nonprofit Health Care Corporation Reform Act; Part 4.

550.1438. Primary health care benefits furnished; additional benefits.

Sec. 438. Notwithstanding any other provision of this act, a health care corporation may limit the benefits it will furnish to an eligible child enrolled in the program to the following primary health care benefits: . . . e) Preventive care, including, but not limited to, immunizations and well-child visits to a doctor's office. **MI**

### **Minnesota**

62A.047 Children's health supervision services and prenatal care services

A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate . . . must provide coverage for child health supervision services and prenatal care services. . . . "Child health supervision services" means . . . appropriate immunizations . . . appropriate to the age of a child from birth to age six, and appropriate immunizations from ages six to 18. **MN**

### **Mississippi**

83-9-34. Child immunizations; optional coverage; written acceptance or rejection; application of section

(1) In this section, "health benefit plan" means a plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident or sickness and that is offered by any insurance company group hospital service corporation or health maintenance organization that delivers or issues for delivery an individual, group, blanket or franchise insurance policy or insurance agreement, a group hospital service contract or an evidence of coverage or, to the extent permitted, by the Employee Retirement Income Security Act of 1974 . . . or any other analogous benefit arrangement. . . .

(2)A health benefit plan that provides benefits for a family member of the insured shall provide an option for the insured to elect coverage for each newly born child of the insured, from birth through the date the child is twenty-four (24) months of age, for: (a)Immunization against: (i)Diphtheria; (ii)Hepatitis B; (iii)Measles; (iv)Mumps; (v) Pertussis; (vi)Polio; (vii)Rubella; (viii)Tetanus; (ix)Varicella; and (x) Hemophilus Influenza B (HIB). . . .(c) The coverage shall be offered on an optional basis, and each primary insured must accept or reject such coverage in writing and accept responsibility for premium payment. **MS**

### **Missouri**

376.1215. Immunizations, mandated coverage, exceptions, rulemaking

1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization and all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide coverage for immunizations of a child from birth to five years of age as provided by department of health regulations. **MO**

376.801. Coverage for child health supervision services required--definitions-- permitted limitations on benefits.

2.As used in this section, the following terms mean: (1)"Child health supervision services", the periodic review of a child's physical and emotional status by a physician or pursuant to a physician's supervision. A review shall include . . . appropriate immunizations. **MO**

### **Montana**

33-31-102Definitions.

As used in this chapter, unless the context requires otherwise, the following definitions apply . . . (2)"Basic health care services" means . . . (i) immunizations; **MT**

Part 3 Requirements for Certain Individual Coverages

33-22-303Coverage for well-child care.

(1)Each medical expense policy of disability insurance or certificate issued under the policy that is delivered, issued for delivery, renewed, extended, or modified in this state by a disability insurer and that provides coverage for a family member of the insured or subscriber must provide coverage for well-child care for children from the moment of birth through 2 years of age . . . (2)Coverage for well-child care under subsection (1) must include . . . (b)routine immunizations. **MT**

33-22-512Coverage for well-child care.

1)Each group disability policy or certificate of insurance that is delivered, issued for delivery, renewed, extended, or modified in this state by a disability insurer and that provides coverage for a family member of the insured or subscriber must provide coverage for well-child care for children from the moment of birth through 2 years of age. . . . (2)Coverage for well-child care under subsection (1) must include . . . (b)routine immunizations.

**MT**

33-30-1014 Coverage for well-child care.

(1) Each disability insurance plan or group disability insurance plan that is delivered, issued for delivery, renewed, extended, or modified in this state by a health service corporation and that provides coverage for a family member of the insured or subscriber must provide coverage for well-child care for children from the moment of birth through 2 years of age. . . . (2) Coverage for well-child care under subsection (1) must include . . . (b) routine immunizations. **MT**

33-22-1521 Association plan -- minimum benefits . . .

(2) Covered expenses for plans offered under subsections (1)(a) and (1)(b) must be for the following medically necessary services and articles when prescribed by a physician or other licensed health care professional and when designated in the contract . . . (r) immunizations. **MT**

### **Nebraska**

44-784. Coverage for childhood immunizations; requirements

[A]ny expense-incurred group sickness and accident insurance policy or subscriber contract delivered, issued for delivery, or renewed after January 1, 1995, or any expense-incurred individual sickness and accident insurance policy or subscriber contract delivered or issued for delivery after such date that provides coverage for a dependent child under six years of age shall provide coverage for childhood immunizations. . . For purposes of this section, childhood immunizations shall mean the complete set of vaccinations for children from birth to six years of age for immunization against measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, and haemophilus influenzae type B. **NE**

### **New Jersey**

17:48-6m. Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations

No hospital service corporation contract providing hospital or medical expense benefits for groups with greater than 50 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in the following . . . b. All childhood immunizations. **NJ**

### **New Mexico**

§ 59A-22-34.3. Childhood immunization coverage required

A. Each individual and group health insurance policy, health care plan and certificate of health insurance delivered or issued for delivery in this state shall provide coverage for childhood immunizations. **NM**

§ 59A-23B-3. Policy or plan; definition; criteria . . .

B. A policy or plan shall meet the following criteria . . . (3) subject to a maximum limit on the cost of healthcare services covered in any calendar year of not less than fifty thousand dollars (\$ 50,000), the policy or plan provides the following minimum healthcare services to covered individuals: . . . (d) . . . appropriate immunizations. **NM**

### **New York**

4303. Benefits . . .

(j)(1) A health service corporation or medical expense indemnity corporation which provides medical, major-medical or similar comprehensive-type coverage must provide coverage for the provision of preventive and primary care services. (2) For purposes of this subsection, preventive and primary care services shall mean the following services rendered to a dependent child of a subscriber from the date of birth through the attainment of nineteen years of age . . . (ii) at each visit, services in accordance with the prevailing clinical standards of such designated association, including a medical history, a complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests which tests are ordered at the time of the visit and performed in the practitioner's office, as authorized by law, or in a clinical laboratory, and (iii) necessary immunizations as determined by the superintendent in consultation with the commissioner of health consisting of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b and hepatitis b which meet the standards approved by the United States public health service for such biological products. **NY**

§ 3216. Individual accident and health insurance policy provisions . . .

(17)(A) Every policy which provides medical, major-medical or similar comprehensive-type coverage shall provide coverage for the provision of preventive and primary care services. (B) For the purposes of this paragraph, preventive and primary care services means the following services rendered to a dependent child of an insured from the date of birth through the attainment of nineteen years . . . (ii) at each visit, services in accordance with the

prevailing clinical standards of such designated association, including . . . appropriate immunizations . . . (iii)necessary immunizations as determined by the superintendent in consultation with the commissioner of health consisting of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b and hepatitis b which meet the standards approved by the United States public health service for such biological products. **NY**

3221. Group or blanket accident and health insurance policies; standard provisions . . .

(8) . . . (B)In this paragraph, preventive and primary care services means the following services rendered to a dependent child of an insured from the date of birth through the attainment of nineteen years of age . . . (ii)at each visit, services in accordance with the prevailing clinical standards of such designated association, including . . . appropriate immunizations . . . (iii)necessary immunizations as determined by the superintendent in consultation with the commissioner of health consisting of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b and hepatitis b which meet the standards approved by the United States public health service for such biological products. **NY**

### **North Carolina**

58-3-167. Applicability of acts of the General Assembly to health benefit plans . . .

(1) "health benefit plan" means an accident and health insurance policy or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided by a multiple employer welfare arrangement; or a plan provided by another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, as amended, or by any waiver of or other exception to that act provided under federal law or regulation. **NC**

58-51.38. Direct Access to obstetrician-gynecologists

(a) Each health benefit plan shall allow each female plan participant or beneficiary age 13<sup>4</sup> or older direct access within the health benefit plan, without prior referral, to the health care services of an obstetrician-gynecologist . . . (2) "Health care services" means . . . immunization for disorders and diseases in accordance with the most current published recommendations of the American College of Obstetricians and Gynecologists. **NC**

### **North Dakota**

26.1-36-09.4. Preventive health care -- Copayments

The standard health benefit plan developed under section 26.1-36.3-08 must provide coverage for prenatal care visits for a covered person and recommended immunizations and well child visits for a covered person from birth to the age of five years. **ND**

### **Ohio**

3923.55 Benefits for child health supervision services from birth to age nine. . .

(B) . . . each policy of individual or group sickness and accident insurance delivered, issued for delivery, or renewed in this state on or after the effective date of this amendment, that provides coverage for family members of the insured shall provide, with respect to that coverage, that any benefits applicable for children shall include benefits for child health supervision services from the moment of birth until age nine. **OH**

### **Oklahoma**

6060.4 Child immunization coverage

(A) A health benefit plan delivered, issued for delivery or renewed on or after January 1, 1998, that provides benefits for the dependents of an insured individual shall provide coverage for each child of the insured, from birth through the date such child is eighteen (18) years of age for: 1. Immunizations against: a. diphtheria, b. hepatitis B, c. measles, d. mumps, e. pertusis, f. polio, g. rubella, h. tetanus, i. vericella, j. hemophilus influenzae type B, and k. hepatitis A . . .

C. 1. For purposes of this section, "health benefit plan" means a plan that . . . b. is offered by any insurance company, group hospital service corporation, the Oklahoma Employees Group Insurance Program, the Oklahoma Medicaid Program, or health maintenance organization that delivers or issues for delivery an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an evidence of coverage, or, to the extent permitted by the Employee Retirement Income Security Act of 1974 . . . by a multiple employer welfare arrangement . . . or any other analogous benefit arrangement. **OK**

### **Pennsylvania**

Chapter 15. Childhood Immunization Insurance Act

3508. Application of act

This act shall apply to all insurance policies, subscriber contracts and group insurance certificates issued under any group master policy. . . .

3503. Child immunizations

Except as provided in sections 6, any health insurance policy which is delivered, issued for delivery, renewed, extended or modified in this Commonwealth by any health care insurer shall provide that the health insurance benefits applicable under the policy include coverage for child immunizations. A health insurance policy shall provide for coverage for medically necessary booster doses of all immunizing agents used in child immunizations. **PA**

3506. Exemption . . .

[T]his act shall not be construed to require a health insurance policy to include coverage for child immunizations for an individual who is a resident of this Commonwealth if all of the following apply: (1) The individual is employed outside this Commonwealth. (2) The individual's employer maintains a health insurance policy for the individual as an employment benefit. **PA**

772. Policy provisions

The coverage for newborn children . . . need not include . . . immunizations . . . to the extent that such coverages are provided the insured or for dependent children under the same class of coverage. **PA**

### **Rhode Island**

27-50-10. Basic, standard and economy health benefit plans . . .

(b) (1) The standard health benefit plan shall include . . . childhood immunizations until age eight (8) . . . (c) (1) The economy health benefit plan shall include . . . (iv) . . . childhood immunizations until age eight (8). **RI**

27-38.1-2. Coverage required for pediatric preventative care

(a) Every health insurance plan providing coverage for a dependent or minor child, other than school policies, shall include benefits for pediatric preventative care. . . .

(b) Every health insurer shall provide benefits for pediatric preventative care or make that care available to its enrolled participants. Benefits do not need to be provided pursuant to this section for pediatric preventative care services that are paid for or offered free of charge by the state of Rhode Island. Benefits do not need to be provided for the cost of biologicals used for vaccinations. **RI**

### **Texas**

Art. 21.53F Coverage for Certain Benefits for Children . . .

Scope of Article

Sec. 2. (a0 This article applies only to a health benefit plan that: (1) provided benefits for . . . an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by: (A) an insurance company; (B) a group hospital service corporation operating under Chapter 20 of this code; (C) a fraternal benefit society operating under Chapter 10 of this code; (D) a stipulated premium insurance company operating under Chapter 22 of this code; (E) a health maintenance organization operating under the Texas Health Maintenance Organization Act . . . or (F) a multiple employer welfare arrangement subject to regulation under Subchapter I, Chapter 3 of this code; or (2) is offered by an approved nonprofit health corporation that is certified under Section 5.01(a), Medical Practice Act.

Required Benefit for Childhood Immunizations

Sec. 3. A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article, from birth through the date the child is six years of age, for: (1) immunization against: (A) diphtheria; (B) haemophilus influenzae type b; (C) hepatitis B; (D) measles; (E) mumps; (F) pertussis; (G) polio; (H) rubella; (I) tetanus; and (J) varicella; and (2) any other immunization that is required by law for child. **TX**

Art. 20A.09F Immunizations of Children

In addition to an immunization required under Section 3(a), Article 21.53F, Insurance Code, each health maintenance organization shall include in each health care plan provided by the organization coverage for immunization against rotovirus and any other immunization required for a child by statute or rule. **TX**

### **Virginia**

38.2-3407.11 Access to obstetrician-gynecologists

A. Each (i) insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense incurred basis, (ii) corporation providing individual or group accident and sickness subscription contracts, and (iii) health maintenance organization providing a health care plan for health care services, whose policies, contracts or plans, including any certificate or evidence of coverage issued in connection with such policies, contracts or plans . . . shall permit any female of age thirteen or older covered thereunder direct access . . . to the health care services of a participating obstetrician-gynecologist (i) authorized to provide services under such policy, contract or plan and (ii) selected by such female . . . "health care services" means . . . immunization. **VA**

### 38.2-3411.3 Coverage for childhood immunizations

A. Notwithstanding the provisions of 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident or sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for all routine and necessary immunizations for newborn children under such policy, contract or plan delivered, issued for delivery or renewed in this Commonwealth on and after July 1, 2000. B. The required benefits shall apply to immunizations administered to each newborn child from birth to thirty-six months of age. **VA**

### 38.2-3411.1 Coverage for child health supervision services

A. Every individual or group accident and sickness insurance policy, subscription contract providing coverage under a health services plan, or evidence of coverage of a health care plan delivered or issued for delivery in the Commonwealth or renewed, reissued, or extended if already issued, shall offer and made available coverage under such policy or plan for child health supervision services to provide for the periodic examination of children covered under such policy or plan.

B. As used in this section, the term "child health supervision services" means the periodic review of a child's physical and emotional status by a licensed and qualified physician or pursuant to a physician's supervision. A review shall include but not be limited to...appropriate immunizations, in keeping with prevailing medical standards. **VA**

## **West Virginia**

5-16-9 Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts...

(i) The director shall provide by contract or contracts entered into under the provisions of this article the cost for coverage of children's immunization services from birth through age sixteen years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles, rubella, tetanus, hepatitis-B, haemophilus influenzae-b and whooping cough. Additional immunizations may be required by the commissioner of the bureau of public health for public health purposes. **W. VA**

### 33-25-8c Third party payment for child immunization services

Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, any entity regulated by this article shall, on or after the first day of July, one thousand nine hundred ninety-four, provide as benefits to all subscribers and members coverage for child immunization services as described in section five [16-3-5], article three, chapter sixteen of this code. **W. VA**

## **Wisconsin**

### 632.895 Mandatory coverage . . .

(b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village or school district, that provides coverage for a dependent of the insured shall provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured. **WI**

### 609.88 Coverage of immunizations

Defined network plans are subject to s. 632.895. **WI**

## CONTENT STANDARD IN STATES WITH STATUTORY MANDATES

### Arkansas

23-79-141. Children's Preventive Health Care Act . . .

(c) Definitions. As used in this section: (1) "Children's preventive health care services" means physician-delivered or physician-supervised services for eligible dependents from birth through age eighteen (18), with . . . appropriate immunizations . . . in keeping with prevailing medical standards. **AR**

### California

10121. Self-insured employee welfare benefits for birth and newborn children . . .

(e) For purposes of this section, benefits for the comprehensive preventive care of children shall be consistent with the Guidelines for Health Supervision of Children and Youth, as adopted by the American Academy of Pediatrics in May 1982. **CA**

10123.5. Coverage in group policy for preventive care of young children . . .

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following: (1) Be consistent with both of the following: (A) The Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics in September of 1987. (B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, unless the State Department of Health Services determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section. **CA**

10123.55. Coverage in group policy for preventive care of children of specific ages . . .

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following: (1) Be consistent with both of the following: (A) The Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics in September of 1987. (B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, unless the State Department of Health Services determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section. **CA**

### Connecticut

38a-533. Mandatory coverage for preventive pediatric care.

(a) For purposes of this section, "preventive pediatric care" means the periodic review of a child's physical and emotional health from birth through six years of age by or under the supervision of a physician. Such review shall include . . . appropriate immunizations . . . in keeping with prevailing medical standards. **CT**

### Delaware

3558. Child immunizations

All group and blanket health insurance policies . . . shall provide . . . for immunization against: 1. Diphtheria; 2. Hepatitis B, 3. Measles, 4. Mumps, 5. Pertussis, 6. Polio, 7. Rubella; 8. Tetanus, 9. Varicella, 10. Haemophilus influenzae B, and 11. Hepatitis A. **DE**

### District of Columbia

31-3802. Extent of coverage [Formerly 35-1102]

The coverage for dependent children up to 18 years of age shall include . . . (2) Coverage for preventive and primary care services, including . . . as recommended by the physician . . . immunizations. **DC**

### Florida

627.6416. Coverage for child health supervision services

(a) Child health supervision services must include periodic visits which shall include . . . appropriate immunizations. . . . Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. **FL**

627.6574. Maternity care

4) Any group, blanket, or franchise policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. The postdelivery care must include . . . immunizations in keeping with prevailing medical standards. **FL**

627.6406. Maternity care.

(4) Any policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. . . . The services must include . . . immunizations in keeping with prevailing medical standards. **FL**

627.6579. Coverage for child health supervision services

(a) Child health supervision services must include periodic visits which shall include . . . appropriate immunizations. . . . Such services . . . shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. **FL**

### **Georgia**

33-29-3.4. Insurance coverage for child wellness services

(a) As used in this Code section, the term: (1) "Child wellness services" means . . . appropriate immunizations . . . in keeping with prevailing medical standards. **GA**

33-30-4.5. Coverage for child wellness services.

(b) Every insurer authorized to issue a group accident and sickness policy in this state shall include, either as a part of or as a required endorsement to each such basic medical or hospital expense, major medical, and comprehensive medical expense insurance policy issued, delivered, issued for delivery, or renewed in this state on or after July 1, 1995, basic coverage for child wellness services for an insured child from birth through the age of five years. . . . The Commissioner shall define by regulation the basic coverage for child wellness services and may consider the current recommendations for preventive pediatric health care by the American Academy for Pediatrics and any other relevant data or information in the promulgation of such regulation. **GA**

### **Hawaii**

431:10A-206.5. Coverage for child health supervision services.

(b) Child health supervision services shall include . . . immunizations . . . in keeping with prevailing medical standards. For purposes of this subsection, the term "prevailing medical standards" means the recommendations of the Immunizations Practices Advisory Committee of the U.S. Department of Health and Human Services and the American Academy of Pediatrics; provided that in the event that the recommendations of the committee and the academy differ, the department of health shall determine which recommendations shall apply. **HI**

### **Illinois**

215 ILCS 105/8. Minimum benefits . . .

The Plan shall offer . . . (2.5) Professional services provided by a physician to children under the age of 16 years . . . age appropriate immunizations ordered by a physician licensed to practice medicine in all its branches. **IL**

### **Kansas**

40-2,102. Coverage for newly born and adopted children; coverage for immunizations; notification of birth or adoption; mandatory option to cover delivery expenses of birth mother of adopted child.

For purposes of this paragraph "routine and necessary immunizations" shall consist of at least five doses of vaccine against diphtheria, pertussis, tetanus; at least four doses of vaccine against polio and Haemophilus B (Hib); and three doses of vaccine against Hepatitis B; two doses of vaccine against measles, mumps and rubella; one dose of vaccine against varicella and such other vaccines and dosages as may be prescribed by the secretary of health and environment. **KS**

### **Louisiana**

215.14 Immunizations; coverage

B. The immunizations covered shall include the complete basic immunization series for children up to age six as defined by the state health officer and required for school entry. **LA**

### **Maryland**

15-817. Coverage for child wellness services . . .

(2) The minimum package of child wellness services shall cover at least: (i) all visits for and costs of childhood and adolescent immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control. **MD**

### **Massachusetts**

47C. Certain Accident and Sickness Insurance Policies to Cover Newborn Infants and Adopted Children, Including Congenital Defects, Birth Abnormalities, or Premature Birth.

Any policy of insurance or any employers' health and welfare fund, as described in this section, shall provide . . . for the provision of preventive and primary care services for children. For the purposes of this paragraph

preventive care services shall mean services rendered to a dependent child of an insured from the date of birth through the attainment of six years of age and shall include . . . appropriate immunizations . . . as recommended by the physician. **MA**

### **Minnesota**

62A.047 Children's health supervision services and prenatal care services

A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate . . . must provide coverage for child health supervision services and prenatal care services. . . . "Child health supervision services" means . . . appropriate immunizations . . . appropriate to the age of a child from birth to age six, and appropriate immunizations from ages six to 18, as defined by Standards of Child Health Care issued by the American Academy of Pediatrics. **MN**

### **Mississippi**

83-9-34. Child immunizations; optional coverage; written acceptance or rejection; application of section

(2)A health benefit plan that provides benefits for a family member of the insured shall provide an option for the insured to elect coverage for each newly born child of the insured, from birth through the date the child is twenty-four (24) months of age, for: (a)Immunization against: (i)Diphtheria; (ii)Hepatitis B; (iii)Measles; (iv)Mumps; (v)Pertussis; (vi)Polio; (vii)Rubella; (viii)Tetanus; (ix)Varicella; and (x)Haemophilus Influenza B (HIB) (b)Any other immunization that the Commissioner of Insurance determines to be required by law for the child. **MS**

### **Missouri**

376.801. Coverage for child health supervision services required--definitions-- permitted limitations on benefits.

2.As used in this section, the following terms mean: (1)"Child health supervision services", the periodic review of a child's physical and emotional status by a physician or pursuant to a physician's supervision. A review shall include . . . appropriate immunizations . . . in keeping with prevailing medical standards. **MO**

376.1215. Immunizations, mandated coverage, exceptions, rulemaking.

5.The department of health shall promulgate rules and regulations to determine which immunizations shall be covered by policies, plans or contracts described in this section. **MO**

### **Montana**

33-22-303Coverage for well-child care . . .

(2)Coverage for well-child care under subsection (1) must include . . . (b)routine immunizations according to the schedule for immunizations recommended by the immunization practices advisory committee of the U.S. department of health and human services. **MT**

33-22-512Coverage for well-child care . . .

(2)Coverage for well-child care under subsection (1) must include . . . (b)routine immunizations according to the schedule for immunizations recommended by the immunization practices advisory committee of the U.S. department of health and human services. **MT**

33-30-1014Coverage for well-child care . . .

(2)Coverage for well-child care under subsection (1) must include . . . (b)routine immunizations according to the schedule for immunizations recommended by the immunization practices advisory committee of the U.S. department of health and human services. **MT**

### **Nebraska**

44-784. Coverage for childhood immunizations; requirements

For purposes of this section, childhood immunizations shall mean the complete set of vaccinations for children from birth to six years of ages for immunizations against measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, and haemophilus influenza type B. **NE**

### **New Jersey**

17:48-6m. Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations

No hospital service corporation contract providing hospital or medical expense benefits for groups with greater than 50 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in the following . . . b. All childhood immunizations as recommended by the Advisory Committee on Immunization Practices of the United State Public Health Service and the Department of Health and Senior Services pursuant to section 7 of P.L. 1995, c. 316 (C. 26:2-137.1). **NJ**

**New Mexico**

§ 59A-22-34.3. Childhood immunization coverage required

A. Each individual and group health insurance policy, health care plan and certificate of health insurance delivered or issued for delivery in this state shall provide coverage for childhood immunizations . . . in accordance with the current schedule of immunizations recommended by the American academy of pediatrics. **NM**

§ 59A-23B-3. Policy or plan; definition; criteria . . .

B. A policy or plan shall meet the following criteria . . . (3) subject to a maximum limit on the cost of healthcare services covered in any calendar year of not less than fifty thousand dollars (\$ 50,000), the policy or plan provides the following minimum healthcare services to covered individuals: . . . (d) . . . appropriate immunizations . . . (h) coverage for childhood immunizations, in accordance with the current schedule of immunizations recommended by the American academy of pediatrics, including coverage for all medically necessary booster doses of all immunizing agents used in childhood immunizations, . . . **NM**

§ 59A-46-38.2. Childhood immunization coverage required

A. . . in accordance with the current schedule of immunizations recommended by the American academy of pediatrics, including coverage for all medically necessary booster doses of all immunizing agents used in childhood immunizations. **NM**

**North Carolina**

58-51.39. Direct Access to obstetrician-gynecologists . . .

(2) "Health care services" means . . . immunization for disorders and diseases in accordance with the most current published recommendations of the American College of Obstetricians and Gynecologists. **NC**

**New York**

3216. Individual accident and health insurance policy provisions . . .

(17) (A) Every policy which provides medical, major-medical or similar comprehensive-type coverage shall provide coverage for the provision of preventive and primary care services. . . . (ii) at each visit, services in accordance with the prevailing clinical standards of such designated association . . . appropriate immunizations . . . (iii) necessary immunizations as determined by the superintendent in consultation with the commissioner of health consisting of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b and hepatitis b which meet the standards approved by the United States public health service for such biological products. **NY**

4303. Benefits . . .

j)(1) A health service corporation or medical expense indemnity corporation which provides medical, major-medical or similar comprehensive-type coverage must provide coverage for the provision of preventive and primary care services. . . . (iii) necessary immunizations as determined by the superintendent in consultation with the commissioner of health consisting of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b and hepatitis b which meet the standards approved by the United States public health service for such biological products. **NY**

**Ohio**

3923.55 Benefits for child health supervision services from birth to age nine...

(2) "Periodic review" means a review performed in accordance with the recommendations of the American academy of pediatrics and includes . . . appropriate immunizations. **OH**

**Oklahoma**

6060.4 Child immunization coverage . . .

A. A health benefit plan . . . shall provide . . . immunization . . . 2. Any other immunization subsequently required for children by the State Board of Health... **OK**

**Pennsylvania**

3502. Definitions . . .

"Child immunizations." Immunizations, including the immunizing agent, reimbursement for which shall not exceed 150% of the average wholesale price, which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services... **PA**

**Texas**

Art. 20A.09F Immunizations of Children

In addition to an immunization required under Section 3 (a), Article 21.53F, Insurance Code, each health maintenance organization shall include in each health care plan provided by the organization coverage for immunization against rotovirus and any other immunization required for a child by statute or rule...**TX**

### **Virginia**

38.2-3407.11 Access to obstetrician-gynecologists . . .

C. For the purpose of this section, “health care services” means...immunization for disorders and diseases in accordance with the most current published recommendations of the American College of Obstetricians and Gynecologists...**VA**

38.2-3411.3 Coverage for childhood immunizations . . .

C. For the purpose of this section, “routine and necessary immunizations” means immunizations against diphtheria, pertussis, tetanus, polio, hepatitis B, measles, mumps, rubella, and other such immunizations as may be prescribed by the Commissioner of Health. **VA**

38.2-3411.1 Coverage for child health supervision services . . .

B. As used in this section, the term “child health supervision services” means the periodic review of a child’s physical and emotional status by a licensed and qualified physician or pursuant to a physician’s supervision. A review shall include but not be limited to...appropriate immunizations, in keeping with prevailing medical standards.

**VA**

### **West Virginia**

5-16-9 Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts...

(i) The director shall provide by contract or contracts entered into under the provisions of this article the cost for coverage of children’s immunization services from birth through age sixteen years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles, rubella, tetanus, hepatitis-B, haemophilus influenzae-b and whooping cough. Additional immunizations may be required by the commissioner of the bureau of public health for public health purposes. **W. VA**

### **Wisconsin**

632.895 Mandatory coverage . . .

(14) COVERAGE OF IMMUNIZATIONS. (a) In this subsection: 1. “Appropriate and necessary immunizations” means the administration of vaccine that meets the standards approved by the U.S. public health services for such biological products against at least all of the following: a. Diphtheria. b. Pertussis. c. Tetanus. d. Polio. e. Measles. f. Mumps. g. Rubella. h. Hemophilus influexna B. i. Hepatitis B. j. Varicella. **WI**

## **PAYMENT STRUCTURE FOR IMMUNIZATIONS**

### **Arkansas**

23-79-141. Children's Preventive Health Care Act . . .

(f) Reimbursement, Coinsurance, and Deductibles . . . (2) (A) Benefits for recommended immunization services shall be exempt from any copayment, coinsurance, deductible, or dollar limit provisions in the accident and health insurance policy. This exemption shall be explicitly stated in the policy. **AR**

### **Colorado**

10-16-104. Mandatory coverage provisions

(11) . . . (c) Benefits for child health supervision services shall be exempt from a deductible or dollar limit provision in any individual, small group, or large group health benefit plan issued in Colorado or covering a Colorado resident and such exemption shall be explicitly stated in such a plan. Any copayment or coinsurance applicable to the benefits received during the course of one visit pursuant to paragraph (b) of this subsection (11) shall not exceed the copayment or coinsurance payment applicable to a physician visit. **CO**

### **Florida**

627.6416. Coverage for child health supervision services

(1) All health insurance policies providing coverage on an expense-incurred basis which provide coverage for a member of a family of the insured or subscriber must, as to such family member's coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. Such services must be exempt from any deductible provisions that are in force in such policies or contracts. **FL**

626.6579. Coverage for child health supervision services

(1) All group, blanket, or franchise health insurance policies providing coverage on an expense-incurred basis which provide coverage for a family member of the certificateholder or subscriber must, as to such family member's coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. Such services must be exempt from any deductible provisions that are in force in such policies or contracts. **FL**

### **Georgia**

33-29-3.4. Insurance coverage for child wellness services

(c) The coverage required under . . . this Code . . . shall not be subject to deductibles. **GA**

### **Hawaii**

431:10A-206.5. Coverage for child health supervision services

(a) All health insurance policies issued in this State, which provide coverage for children of the insured shall provide coverage for child health supervision services from the moment of birth through age five years. These services shall be exempt from any deductible provisions, and immunizations shall be exempt from any copayment provisions, which may be in force in these policies or contracts. **HI**

### **Illinois**

215 ILCS 105/8. Minimum benefits

Sec. 8. Minimum benefits. . . . b. Outline of benefits. Covered expenses shall be limited to the usual and customary charge, including negotiated fees, in the locality for the following services and articles when prescribed by a physician and determined by the Plan to be medically necessary for the following areas of services, subject to such separate deductibles, co-payments, exclusions, and other limitations on benefits as the Board shall establish and approve, and the other provisions of this Section: **IL**

### **Kansas**

40-2,102. Coverage for newly born and adopted children; coverage for immunizations; notification of birth or adoption; mandatory option to cover delivery expenses of birth mother of adopted child.

(2) The coverage for newly born children shall consist of: (B) routine and necessary immunizations for all newly born children of the insured or subscriber. . . . The required benefits shall . . . not be subject to any deductible, copayment or coinsurance requirements. **KS**

### **Louisiana**

215.14 Immunizations; coverage

These benefits shall be payable under the same circumstances and conditions as benefits are paid under those policies, contracts, benefit plans, agreements, or programs for all other diagnoses, treatments, illnesses, or accidents.

**Louisiana**

**Maryland**

15-817. Coverage for child wellness services . . .

(f)Deductible prohibited. (1)A policy or plan subject to this section may not impose a deductible on the coverage required under this section. **MD**

**Minnesota**

62A.047 Children's health supervision services and prenatal care services

A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate . . . The policy, contract, or certificate must specifically exempt reasonable and customary charges for child health supervision services and prenatal care services from a deductible, copayment, or other coinsurance or dollar limitation requirement. **MN**

**Mississippi**

83-9-34. Child immunizations; optional coverage; written acceptance or rejection; application of section . . .

(3)The benefits required to be offered under subsection (2) of this section may not be made subject to a deductible, copayment or coinsurance requirement. **MS**

**Missouri**

376.1215. Immunizations, mandated coverage, exceptions, rulemaking.

2.Such coverage shall not be subject to any deductible or co-payment limits. . . .

6.No health care provider shall charge more than one hundred percent of the reasonable and customary charges for providing any immunization. **MO**

**Montana**

33-22-303Coverage for well-child care.

(1). . . Benefits provided under this coverage are exempt from any deductible provision that may be in force in the policy or certificate issued under the policy. **MT**

33-22-512Coverage for well-child care.

(1). . . Benefits provided under this coverage are exempt from any deductible provision that may be in force in the policy or certificate issued under the policy. **MT**

33-30-1014Coverage for well-child care.

(1). . . Benefits provided under this coverage are exempt from any deductible provision that may be in force in the plan. **MT**

**Nebraska**

44-784. Coverage for childhood immunizations; requirements . . .

Benefits for childhood immunizations shall be exempt from any deductible provision contained in the applicable policy. Copayment, coinsurance, and dollar-limit provisions applicable to other medical services may be applied to the childhood immunization benefits. **NE**

**New Jersey**

17:48-6m. Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations . . .

[N]o deductible shall be applied for benefits provided pursuant to this section. This section shall apply to all hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium. **NJ**

**New Mexico**

59A-22-34.3.Childhood immunization coverage required . . .

C.Coverage for childhood immunizations and necessary booster doses may be subject to deductibles and co-insurance consistent with those imposed on other benefits under the same policy, plan or certificate. **NM**

59A-23B-3.Policy or plan; definition; criteria . . .

B.A policy or plan shall meet the following criteria . . . (3)subject to a maximum limit on the cost of healthcare services covered in any calendar year of not less than fifty thousand dollars (\$ 50,000), the policy or plan provides the following minimum healthcare services to covered individuals . . . (h). . . provided that coverage for

childhood immunizations and necessary booster doses may be subject to deductibles and co-insurance consistent with those imposed on other benefits under the same policy or plan. **NM**

59A-46-38.2. Childhood immunization coverage required . . .

B. Coverage for childhood immunizations and necessary booster doses may be subject to deductibles and coinsurance consistent with those imposed on other benefits under the same contract. **NM**

### **New York**

§ 3216. Individual accident and health insurance policy provisions . . .

(17). . . (C) Such coverage shall not be subject to annual deductibles and/or coinsurance. **NY**

3221. Group or blanket accident and health insurance policies; standard provisions . . .

(8) . . . (C) Such coverage shall not be subject to annual deductibles and/or coinsurance. **NY**

4303. Benefits . . .

(j)(1)A health service corporation or medical expense indemnity corporation which provides medical, major-medical or similar comprehensive-type coverage must provide coverage for the provision of preventive and primary care services. . . . Such coverage shall not be subject to annual deductibles and/or coinsurance. **NY**

### **North Carolina**

135-40.5. Benefits not subject to deductible or coinsurance . . .

(f) Immunizations. --The Plan will pay one hundred percent (100%) of allowable charges for immunizations for the prevention of contagious diseases as generally accepted medical practices would dictate when directed by an attending physician. **NC**

### **North Dakota**

§ 26.1-36-09.4. Preventive health care – Copayments . . .

The plan may impose only a five dollar copayment for each prenatal care visit and a two dollar copayment for each well child visit or immunization visit. **ND**

### **Ohio**

3923.55 Benefits for child health supervision services from birth to age nine...

(D) Copayments and deductibles shall be reasonable and shall not be a barrier to the necessary utilization of child health supervision services by covered persons. (E) Benefits for child health supervision services that are provided to a child during the period from birth to age one shall not exceed a maximum limit of five hundred dollars... Benefits for child health supervision services that are provided to a child during any year thereafter shall not exceed a maximum limit of one hundred fifty dollars per year... **OH**

### **Oklahoma**

6060.4 Child immunization coverage . . .

B. Benefits required pursuant to subsection A of this section shall not be subject to a deductible, copayment, or coinsurance requirement... **OK**

### **Pennsylvania**

3505. Cost-sharing provisions

(a) Applicability.—Benefits for child immunization services shall be subject to copayment and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the policy are subject to those provisions. (b) Exemption.—Benefits for child immunization services shall be exempt from deductible or dollar limit provisions in a health insurance policy. This exemption must be explicitly provided for in the policy. **PA**

### **Rhode Island**

27-50-10. Basic, standard, and economy health benefit plans . . .

(3) Standard health care benefits include the following copayments: (i) A twenty percent (20%) copayment will be charged for all services except for inpatient hospitalization . . . (3) Economy health care benefits include the following copayments: (i) A twenty percent (20%) copayment shall be charged for any covered service contained in paragraphs (1) (iv)... **RI**

### **Texas**

Art. 21.53F Coverage for Certain Benefits for Children . . .

Application of Deductible, Copayment, or Coinsurance Requirement

Sec. 6. (a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization. **TX**

### **Virginia**

38.2-3411.1 Coverage for child health supervision services . . .

D. Benefits for coverage for child health supervision services shall be exempt from any copayment, coinsurance, deductible, or other dollar limit provision in the policy or plan. Such exemption shall be expressly stated on the policy, plan, rider, endorsement, or other attachment providing such coverage. **VA**

### **West Virginia**

5-16-9 Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts...

(i) . . . Any contract entered into to cover these services shall require that all costs associated with immunization, including the cost of the vaccine, if incurred by the health care provider, and all costs of vaccine administration, be exempt from any deductible, per visit charge and/or copayment provisions which may be in force in these policies or contracts... **W. VA**

33-16D-14 Child immunization services coverage . . .

These services shall be exempt from any deductible, per-visit charge/or copayment provisions which may be in force in these policies or contracts. **W. VA**

33-16A-15 Child immunization services coverage . . .

These services shall be exempt from any deductible, per-visit charge/or copayment provisions which may be in force in these policies or contracts... **W. VA**

33-16-12 Child immunization services coverage . . .

These services shall be exempt from any deductible, per-visit charge/or copayment provisions which may be in force in these policies or contracts... **W. VA**

33-15-17 Child immunization services coverage . . .

These services shall be exempt from any deductible, per-visit charge/or copayment provisions which may be in force in these policies or contracts... **W. VA**

33-25A-8c Third party payment for child immunization services . . .

These services shall be exempt from any deductible, per-visit charge/or copayment provisions which may be in force in these policies or contracts... **W. VA**

33-25-8c Third party payment for child immunization services . . .

These services shall be exempt from any deductible, per-visit charge and/or copayment provisions which may be in force in these policies, provisions, plans, agreements or contracts. This section does not require that other health care services provided at the time of immunization be exempt from any deductible and/or copayment provisions. **W. VA**

### **Wisconsin**

632.895 Mandatory Coverage . . .

(c) The coverage required under par. (b) may not be subject to any deductibles, copayments, or coinsurance under the policy or plan. This paragraph applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to appropriate and necessary immunizations provided by providers participating, as defined in s. 609.01 (3m), in the plan. (d) This subsection does not apply to any of the following: 1. A disability insurance policy that covers only certain specified diseases. 2. A disability insurance policy that covers only hospital and surgical charges. **WI**

## **APPENDIX 2 – List of Cited Statutes**

### **Arkansas**

ARK. CODE ANN. § 23-79-141; Children’s Preventive Health Care Act

### **California**

CAL. INS. Code §10121 (Deering 2003); Self-insured employee welfare benefits for birth and newborn children

CAL. INS. Code § 10123.5 (Deering 2002); Coverage in group policy for preventive care of young children

CAL. INS. Code § 10123.55 (Deering 2002); Coverage in group policy for preventative care of children of specified ages

### **Colorado**

COLO. REV. STAT. § 10-16-104 (2002); Mandatory coverage provisions

### **Connecticut**

CONN. GEN. STAT. § 38a-535 (2001); Mandatory coverage for preventive pediatric care

### **Delaware**

DEL. CODE ANN. tit. 18, § 3558 (2002); Child immunizations

### **District of Columbia**

D.C. CODE ANN. § 31-3802 (2002); Extent of coverage

### **Florida**

FLA. STAT. ANN. § 627.6406 (2002); Maternity care

FLA. STAT. ANN. § 627.6579 (2002); Coverage for child health supervision services

FLA. STAT. ANN. § 641.31 (2002); Health maintenance contracts

### **Georgia**

GA. CODE ANN. § 33-29-3.4 (2002); Insurance coverage for child wellness services

GA. CODE ANN. § 33-30-4.5 (2002); Coverage for child wellness services

### **Hawaii**

HAW. REV. STAT. §431.10A-206.5 (2002); Coverage for child health supervision services

### **Illinois**

ILL. ANN. STAT. ch. 73, para. 1308 (2002); 215 ILCS 105/8 Minimum benefits

### **Kansas**

KAN. STAT. ANN. § 40-2,102 (2001); Coverage for newly born and adopted children; coverage for immunizations; notification of birth and adoption; mandatory option to cover delivery expenses of birth mother of adopted child

### **Louisiana**

LA. REV. STAT. ANN. § 215.14 (2002); Immunizations; coverage

### **Maryland**

MD. CODE ANN., INS. § 15-817 (2002); Coverage for child wellness services

### **Massachusetts**

Mass. ANN. LAWS ch. 175, § 47C (Law. Co-op. 2002); Certain Accident and Sickness Policies to Cover Newborn Infants and Adopted Children, Including Congenital Defects, Birth Abnormalities, or Premature Birth

### **Michigan**

MICH. COMP. LAWS § 550.1438 (2002); Primary health care benefits furnished; additional benefits

**Minnesota**

MINN. STAT. § 62A.047 (2002); Children's health supervision services and prenatal care services

MINN. STAT. § 62Q.22 (2002); Health care services prepaid option

**Mississippi**

MISS. CODE ANN. § 83-9-34 (2002); Child immunizations; optional coverage; written acceptance or rejection; application of section

**Missouri**

MO. REV. STAT. § 376.801 (2001); Coverage for child health supervision services required - - definitions - - permitted limitations on benefits

MO. REV. STAT. § 376.1215 (2001); Immunizations, mandated coverage, exceptions, rulemaking

**Montana**

MONT. CODE ANN. § 33-22-303 (2002); Coverage for well-child care

MONT. CODE ANN. § 33-22-512 (2002); Coverage for well-child care

MONT. CODE ANN. § 33-22-1521 (2002); Association plan - - minimum benefits

MONT. CODE ANN. § 33-30-1014 (2002); Coverage for well-child care

MONT. CODE ANN. § 33-31-102 (2002); Definitions

**Nebraska**

NEB. REV. STAT. § 44-784 (2002); Coverage for childhood immunizations, requirements

**New Jersey**

N.J. STAT. ANN. § 17:48-6m (2002); Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations

**New Mexico**

N.M. STAT. ANN. § 59A-22-34.3 (2002); Childhood immunization coverage required

N.M. STAT. ANN. § 59A-23B-3 (2002); Policy or plan; definition; criteria

N.M. STAT. ANN. § 59A-46-38.2 (2002); Childhood immunization coverage required

**New York**

N.Y. INS. LAW § 3216 (Consol. 2002); Individual accident and health insurance policy provisions

N.Y. INS. LAW § 3221 (Consol. 2002); Group or blanket accident and health insurance policies; standard provisions

N.Y. INS. LAW § 4303 (Consol. 2002); Benefits

**North Carolina**

N.C. GEN. STAT. § 135-40.5 (2002); Benefits not subject to deductible or coinsurance

**North Dakota**

N.D. CENT. CODE § 26.1-36-09.4 (2002); Preventive health care - - Copayments

**Ohio**

OHIO REV. CODE ANN. § 3923.55 (Anderson 2002); Benefits for child health supervision services from birth to age nine

**Oklahoma**

OKLA. STAT. tit. 36, § 6060.4 (2003); Child immunization coverage

**Pennsylvania**

PA. STAT. ANN. tit. 40, § 772 (2002); Policy provisions

PA. STAT. ANN. tit. 40, § 3502 (2002); Definitions

PA. STAT. ANN. tit. 40, §3503 (2002); Child immunizations

PA. STAT. ANN. tit. 40, § 3505 (2002); Cost-sharing provisions

PA. STAT. ANN. tit. 40, § 3506 (2002); Exemption

PA. STAT. ANN. tit. 40, § 3508 (2002); Application of act

**Rhode Island**

R.I. GEN. LAWS § 27-38.1-2 (2002); Coverage required for pediatric preventive care

R.I. GEN. LAWS § 27-50-10 (2002); Basic, standard, and economy health benefit plans

**Texas**

TEX INS. CODE ANN. § 20A.09F (2002); Immunizations of Children

TEX. INS. CODE ANN. § 21.53F (2002); Coverage for Certain Benefits for Children

**Virginia**

VA. CODE ANN. § 38.2-3408 (2002); Policy providing for reimbursement for services that may be performed by certain practitioners other than physicians

VA. CODE ANN. § 38.2-3411.1 (2002); Coverage for child health supervision services

VA. CODE ANN. § 38.2-3419 (2002); Additional mandated coverage made optional to group policy or contract holder

VA. CODE ANN. § 38.2-4221 (2002); Services of certain practitioners other than physicians to be covered

**West Virginia**

W. VA Code § 5-16-9 (2002); Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts

W. VA. Code § 33-15-17 (2002); Child immunization services coverage

W. VA. Code § 33-16-12 (2002); Child immunization services coverage

W. VA. Code § 33-16A-15 (2002); Child immunization services coverage

W. VA. Code § 33-16D-14 (2002); Child immunization services coverage

W. VA. Code § 33-24-7d (2002); Required provisions in contracts which include child immunization services in the terms of the contract

W. VA. Code § 33-25-8c (2002); Third party payment for child immunization services

W. VA. Code § 33-25A-2 (2002); Definitions

W. VA. Code § 33-25-A-8c (2002); Third party payment for child immunization services

**Wisconsin**

Wis. STAT. § 609.88 (2002)

Wis. STAT. § 632.895 (2002)