

POLICY 10:

Health Care Benefits

Why Health Care Benefits Policy Matters. The productivity of a state's work force is heavily dependent on the physical and mental health of workers and their families. A key factor determining whether families receive needed health care is health insurance,⁵⁶ not only in terms of insurance coverage, but in terms of the benefits included under that coverage. Examples of key medical services that are often excluded from insurance coverage include mental health, family planning, substance abuse treatment and dental services. State policy can improve the availability of important benefits such as these in both public and private health insurance plans.

Key State Policy Measures. States can support the health and productivity of families by filling in the gaps left by conventional health coverage – in both private and public insurance plans. Three key options for improving benefit coverage are highlighted below:

10.1 Mental health and substance abuse treatment. To promote access to mental health and substance abuse treatment, states can enact policies that require private insurance providers to cover these services at a level comparable to coverage for physical ailments. Some states require *comprehensive* coverage for these services; some require *broad* coverage, but exclude some treatments; some require mental health and substance abuse treatment *for selected groups only*; and some require coverage for *some mental health services*, but not at parity with services required for physical ailments.

Changes in 2007:

- **New York and Ohio** now require private insurers to provide mental health coverage at parity with physical health *coverage for select groups*, whereas previously these states required coverage for some mental health services only.
- **North Carolina** now requires private insurers to provide mental health coverage at parity with physical health coverage *for a broad range of treatments*, whereas previously this state required coverage for select groups only.
- **Oregon** now requires private insurers to provide mental health coverage at parity with physical health coverage *for a comprehensive range of treatments*, whereas previously this state required coverage for a broad, but not comprehensive, range of treatments.

10.2 Dental services for adults. Whereas Medicaid requires dental services for children, states have discretion to provide benefits for adults. Benefit levels vary across states, ranging from comprehensive services to services provided only on an emergency basis.

No data update available

10.3 Family planning and prescription contraception services. In both private and public insurance plans, states can promote access to family planning and contraception services. Under the Medicaid program, states can receive a federal waiver to use federal funds to provide family planning services for individuals who otherwise do not qualify for Medicaid coverage. For private health insurance plans, states can set policy that requires insurers to provide benefit coverage for family planning services.

Changes in 2007:

- **Pennsylvania and Texas** obtained federal waivers to provide family planning services for individuals who otherwise could not access these services through Medicaid.

Health Care Benefits Policy Measures

Measure 10.1: Mental Health and Substance Abuse Treatment

What level of benefit coverage does the state require of private health insurance providers in the area of mental health and substance abuse treatment? *Table reflects policy as of 2007.*

Comprehensive coverage of all mental health and substance abuse disorders	Conn., Md., Minn., Ore., Vt.
Broad coverage of all such disorders with some limitations and exemptions	Ind., Ky., Maine, N.C., N.M., R.I., Wash.
Coverage for <i>select groups only</i> , e.g., the severely mentally ill	Ariz., Ark., Calif., Colo., Del., Hawaii, Ill., Iowa, La., Mass., Mo., Mont., Neb., Nev., N.H., N.J., N.Y., Ohio, Okla., S.C., S.D., Tenn., Texas, Utah, Va., W.Va.
Coverage for <i>some mental health disorders only</i> , but not at parity with coverage of physical health needs	Ala., Alaska, D.C., Fla., Ga., Kan., Mich., Miss., N.D., Pa., Wis.
None	Idaho, Wyo.

Measure 10.2: Dental Services for Adults

Does the state provide dental benefits to adults in the Medicaid program? *Table reflects policy as of 2004.*

Comprehensive dental services, including preventive services	N.C., N.D., Ohio, Ore., S.D., Texas
Most services, with limits only on the frequency of preventive services	Mo., Neb., N.J.
Limitations on preventive, restorative and/or further treatment	Calif., Conn., Idaho, Ill., Ind., Iowa, Ky., La., Minn., Mont., N.M., N.Y., Pa., R.I., Utah, Vt., Wash., Wis.
Emergency dental services only	Alaska, Ariz., Ga., Hawaii, Kan., Maine, Md., Mass., Mich., Miss., Nev., N.H., Okla., S.C., Tenn., Va., W.Va., Wyo.
No adult dental services	Ala., Ark., Colo., Del., D.C., Fla.

Measure 10.3: Family Planning and Prescription Contraception Services

Does the state (a) require coverage for family planning services from private health insurance providers and (b) provide coverage through a Medicaid waiver to individuals who otherwise do not qualify for Medicaid coverage? *Table reflects policy as of 2007.*

Both Medicaid and private insurers	Ariz., Ark., Calif., Del., Ill., Iowa, Md., Mich., Minn., Mo., N.M., N.Y., N.C., Okla., R.I., Wash., Wis.
Private insurers, but not Medicaid	Colo., Conn., Ga., Hawaii, Ky., Maine, Mass., Mont., Nev., N.H., N.J., N.D., Ohio*, Vt., W.Va., Wyo.
Medicaid, but not private insurers	Ala., Fla., La., Miss., Ore., Pa., S.C., Texas, Va.
Neither Medicaid nor private insurers	Alaska, D.C., Idaho, Ind., Kan., Neb., S.D., Tenn., Utah

*Ohio limits its mandate to "medically necessary" family planning services.

Selected State Health Care Benefits Policies

STATE	10.1				10.2				10.3						
	COVERAGE REQUIREMENTS FOR PRIVATE INSURERS IN THE AREA OF MENTAL HEALTH AND SUBSTANCE ABUSE				DENTAL BENEFITS FOR ADULTS UNDER MEDICAID*				FAMILY PLANNING COVERAGE: Required of Private Insurers				FAMILY PLANNING COVERAGE: Provided to Expanded Population Under Medicaid Waiver		
Alabama	Some Mental Health Only	-	-	Yes											
Alaska	Some Mental Health Only	Emergency Only	-	-											
Arizona	Select Groups Only	Emergency Only	Yes	Yes											
Arkansas	Select Groups Only	-	Yes	Yes											
California	Select Groups Only	Limited Treatments	Yes	Yes [b]											
Colorado	Select Groups Only	-	Small Insurers Only	-											
Connecticut	Comprehensive	Limited Treatments	Yes	-											
Delaware	Select Groups Only	-	Yes	Yes											
District of Columbia	Some Mental Health Only	-	-	-											
Florida	Some Mental Health Only	-	-	Yes											
Georgia	Some Mental Health Only	Emergency Only	Yes	-											
Hawaii	Select Groups Only	Emergency Only	Yes	-											
Idaho	-	Limited Treatments	-	-											
Illinois	Select Groups Only	Limited Treatments	Yes	Yes											
Indiana	Broad	Limited Treatments	-	-											
Iowa	Select Groups Only	Limited Treatments	Yes	Yes											
Kansas	Some Mental Health Only	Emergency Only	-	-											
Kentucky	Broad	Limited Treatments	Small Insurers Only	-											
Louisiana	Select Groups Only	Limited Treatments	-	Yes											
Maine	Broad	Emergency Only	Yes	-											
Maryland	Comprehensive	Emergency Only	Yes	Yes											
Massachusetts	Select Groups Only	Emergency Only	Yes	-											
Michigan	Some Mental Health Only	Emergency Only	Yes	Yes											
Minnesota	Comprehensive	Limited Treatments	HMOs Only	Yes											
Mississippi	Some Mental Health Only	Emergency Only	-	Yes											
Missouri	Select Groups Only	Limited Prevention	Yes	Yes											
Montana	Select Groups Only	Limited Treatments	Yes	-											
Nebraska	Select Groups Only	Limited Prevention	-	-											
Nevada	Select Groups Only	Emergency Only	Yes	-											
New Hampshire	Select Groups Only	Emergency Only	Yes	-											
New Jersey	Select Groups Only	Limited Prevention	Yes	-											
New Mexico	Broad	Limited Treatments	Yes	Yes											
New York	↑ Select Groups Only	Limited Treatments	Yes	Yes											
North Carolina	↑ Broad	Comprehensive	Yes	Yes											
North Dakota	Some Mental Health Only	Comprehensive	HMOs Only	-											
Ohio	↑ Select Groups Only	Comprehensive [b]	HMOs Only [a]	-											
Oklahoma	Select Groups Only	Emergency Only	HMOs Only	Yes											
Oregon	↑ Comprehensive	Comprehensive	-	Yes											
Pennsylvania	Some Mental Health Only	Limited Treatments	-	↑ Yes [c]											
Rhode Island	Broad	Limited Treatments	Yes	Yes											
South Carolina	Select Groups Only	Emergency Only	-	Yes [b]											
South Dakota	Select Groups Only	Comprehensive	-	-											
Tennessee	Select Groups Only	Emergency Only	-	-											
Texas	Select Groups Only	Comprehensive	-	↑ Yes											
Utah	Select Groups Only	Limited Treatments	-	-											
Vermont	Comprehensive	Limited Treatments	Yes	-											
Virginia	Select Groups Only	Emergency Only	-	Yes											
Washington	Broad	Limited Treatments	Yes	Yes											
West Virginia	Select Groups Only	Emergency Only	Yes	-											
Wisconsin	Some Mental Health Only	Limited Treatments	Yes	Yes [b]											
Wyoming	-	Emergency Only	HMOs Only	-											
Year Data Collected	2007	2004	2007												

* No data update is available for this policy measure. The data in this column is reprinted from the 2006 Policy Matters report.

Data Source:

- 10.1** Mental Health America. “What Have States Done to Ensure Mental Health Parity?” Updated November 2007.
- 10.3** Alan Guttmacher Institute. “Insurance Coverage of Contraceptives.” *State Policies in Brief*. Updated December 1, 2007 at <http://www.guttmacher.org/statecenter/spibs>.
Alan Guttmacher Institute. “State Medicaid Family Planning Eligibility Expansions.” *State Policies in Brief*. Updated December 1, 2007 at <http://www.guttmacher.org/statecenter/spibs>

Data Table Notes:

- a. Ohio limits this mandate to medically necessary family planning services.
- b. These states’ Medicaid waivers were set to expire in late 2007.
- c. Pennsylvania's Medicaid waiver was set to be implemented on February 1, 2008.