

	Existing Health Insurance Mandates					
	Diabetes 514C.18		Autism 514C.31		Biologically-Based Mental Illness ¹ 514C.22	
Cost Impact (PMPM)	Range ²	Avg.	Range ³	Avg.	Range	Avg.
		\$0.13 - \$2.20	\$1.03	\$0.50 - \$1.30	\$0.83	\$1.59 - \$7.90
Pop. Subject to Mandate	Individual (95,732) Small Group (150,607) Large Group (310,458) Self-Insured Pub Empl (215,000) State of Iowa Plan (50,000) <i>TOTAL: 821,797</i>		Large Group (310,458) Self-Insured Pub Empl (215,000) <i>TOTAL: 525,458</i>		Individual (95,732) Small Group (150,607) Large Group (310,458) Self-Insured Pub Empl (215,000) State of Iowa Plan (50,000) <i>TOTAL: 821,797</i>	
Total Cost Impact ⁴	Est. \$846,451 / month Est. \$10,157,411 / annually		Est. \$436,130 / month Est. \$5,233,562 / annually		Est. \$3,492,637 / month Est. \$41,911,647 / annually	
Utilization	6.20/1,000		2.37/1,000		9.05/1,000	
Metallic Tiered Plans	No carrier indicated an impact to the metallic plans as a result of these mandates. Note that Diabetes (citation) and biologically-based mental illness (citation) were implemented prior to the implementation of the ACA and the introduction of metallic tiered health insurance plans.					

Additional Notes:

Re: Public Health Improvements.

- Data related to public health improvements was not readily available to insurance carriers.

Re: Metallic-Tiered Plans

- The 3 existing mandates were covered by carriers prior to the passage of the Affordable Care Act, and the introduction of metallic-tiered health plans. As such, current metal tiers and pricing already reflect those benefits.
- Each metal level has a range of AV scores, which drives the metal level. For example, the Gold tier is .75-.82. and if a current plan has an AV score of .811 and adding a new mandate drives the AV score up to .812, the AV changes but the metal stays Gold. Some mandates would have small impacts to AVs and change the AV score, but not the metal. Whereas other mandates (i.e. infertility coverage) could impact both the AV and metal tier.

¹ 4 carriers provided responses; the carrier that did not provide a response indicated this has been a covered services for so long it was difficult to isolate the impact

² 4 carriers provided responses; the carrier that did not provide a response indicated this has been a covered services for so long it was difficult to isolate the impact

³ 5 carriers provided responses

⁴ Average Cost Impact * Population Subject to Mandate

	Proposed Health Insurance Mandates					
	PANS / PANDA		Infertility Diagnosis / Treatment		Medically Necessary Food	
Cost Impact (PMPM)	Range ⁵	Avg.	Range ⁶	Avg.	Range ⁷	Avg.
		\$0.16 - \$0.50	\$0.35	\$2.10 - \$13.50	\$5.07	\$0.08 - \$0.50
Pop. Subject to Mandate ⁸	Individual (95,732) Small Group (150,607) Large Group (310,458) Self-Insured Pub Empl ⁹ (215,000 ¹⁰) State of Iowa Plan (50,000) TOTAL: 821,797		Individual (95,732) Small Group (150,607) Large Group (310,458) Self-Insured Pub Empl (215,000) State of Iowa Plan (50,000) TOTAL: 821,797		Individual (95,732) Small Group (150,607) Large Group (310,458) Self-Insured Pub Empl (215,000) State of Iowa Plan (50,000) TOTAL: 821,797	
Total Cost Impact ¹¹	Est. \$287,629 / month Est. \$3,451,547 / annually		Est. \$4,166,511 / month Est. \$49,998,130 / annually		Est. \$271,193 / month Est. \$3,254,316 / annually	
Utilization	Low		1.52/1,000		Low	
Metallic Tiered Plans	For those carriers who provided this information, rather than further limiting existing coverage, each carrier indicated the mandate would result in a per member per month ("PMPM") increase, consistent with the projected PMPM cost impact.					

Additional Notes:

Re: Cost Impact

- One member used out-of-state experience to inform their projections for the proposed health insurance mandates.
 - PANS / PANDA – low utilization
 - Infertility diagnosis / treatment – \$2.84
 - Medically necessary food – low utilization

In general, this carrier only adjusts premium pricing up front for larger benefit mandates, such as infertility. They do not specifically adjust premium for the lower utilization benefits such as PANS/PANDAS, acknowledging that the cost and utilization will eventually get folded into trends and pricing as experience accumulates.

Re: Metallic-Tiered Plans

- Each metal level has a range of AV scores, which drives the metal level. For example, the Gold tier is .75-.82. and if a current plan has an AV score of .811 and adding a new mandate drives the AV score up to .812, the AV changes but the metal stays Gold. Some mandates would have small impacts to AVs and change the AV score, but not the metal. Whereas other mandates (i.e. infertility coverage) could impact both the AV and metal tier.

⁵ 3 carriers provided responses; the remaining 2 carriers indicated the cost was negligible due to anticipated low utilization

⁶ 5 carriers provided responses

⁷ 3 carriers provided response; the remaining 2 carriers indicated the cost was negligible due to anticipated low utilization

⁸ Note that Medicaid plans is **not** included in this projections; Medicaid currently covers 750,018 lives.

⁹ Self-Insured public employer plans subject to state regulation (i.e., cities, counties, and schools)

¹⁰ Estimate based on industry data

¹¹ Average Cost Impact * Population Subject to Mandate (projected)