

APPENDICES

Appendix A: Recommendation Development

This Employer Manual is the product of the Value Based Insurance Design Initiative, a joint initiative led by the State Innovation Model (SIM) Program Management Office (PMO) and the Office of the State Comptroller (OSC). The PMO and OSC engaged consultants Freedman HealthCare, LLC, in partnership with Dr. Bruce Landon, and Drs. Mark Fendrick and Michael Chernew of VBID Health, LLC, V-BID's founders and leading experts, to develop a recommended set of core V-BID benefits for integration into employer-sponsored health plans.

The template recommendations, guiding principles and best practices in this Manual were developed through a comprehensive stakeholder engagement process, which consisted of the following activities:

V-BID CONSORTIUM

The initiative was advised by a Value Based Insurance Design Consortium, which served as a workgroup to provide input on recommendations for the V-BID templates and guiding principles, and to provide feedback on all initiative materials, including this Manual. The group met seven times between February and June 2016, including four webinar meetings and three in-person meetings. Consortium members include the following representatives, who were appointed by the Connecticut SIM Steering Committee:

- 1 representative from the Department of Insurance
- 1 representative from the Health Insurance Exchange, Access Health CT
- 5 provider representatives
- 5 health plan representatives
- 5 employer representatives
- 5 consumer advocates
- 3 employer association representatives

EXECUTIVE COMMITTEE

Each stakeholder group (providers, health plans, employers and consumers) appointed one member from the Consortium to be on the V-BID Consortium Executive Committee, which met in advance of the Consortium meetings to vet meeting agendas and materials and provide feedback to the project team. The Executive Committee met three times between February and June.

DESIGN WORKGROUPS

In addition to full Consortium meetings, members volunteered to join two design session work groups:

Template Design Workgroup: This workgroup met twice to discuss the recommendations and formats for the V-BID templates and to discuss the guiding principles.

Learning Collaborative Workgroup: This workgroup met twice to discuss the structure of the Learning Collaborative, recruitment strategies, and the kickoff meeting.

STAKEHOLDER INTERVIEWS

Freedman HealthCare and the Connecticut project team conducted individual interviews with six of Connecticut's major health plans to learn about the benefits they are currently offering in both the self-insured and fully-insured markets, and what insurance benefits employers are demanding. In addition, the V-BID Initiative interviewed the three employer associations and three national employers (two of

which are based in Connecticut) currently implementing V-BID about their plans, successes and challenges, and lessons learned. Results of this outreach were summarized in a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis of employer uptake of V-BID in Connecticut.

EMPLOYER SURVEY AND FOCUS GROUP

The V-BID initiative also developed and distributed a qualitative survey for employers in Connecticut to learn more about what V-BID and other innovative strategies employers in the state are currently implementing, how they communicate benefits to employees, and what insurance designs they would be interested in implementing in the future. To discuss the results of the survey, the V-BID initiative engaged several innovative employers throughout the state in an employer focus group. The employers generously shared success stories and best practices from their own experiences implementing V-BID and other innovative benefits.

Appendix B: V-BID Template Worksheet

V-BID RECOMMENDED CORE BENEFITS FOR FULLY-INSURED EMPLOYERS

To qualify as a V-BID Basic plan, employers must implement all three Components.

Core Component 1: Change Incentives for Specific Services for All Applicable Members

V-BID Basic	Recommended Core Benefits	Incentive	Amount
<p>Component 1 Change Incentives for Specific Services for All Applicable Members</p>	<ul style="list-style-type: none"> ✓ Blood pressure screening for applicable members depending on age group and gender ✓ Cholesterol screening for applicable members depending on age group and gender ✓ Obesity screening for applicable members depending on age group and gender ✓ Depression screening for adolescents over 12 years and adults ✓ Alcohol screening and counseling for all adults ✓ Breast cancer screening for women depending on age group ✓ Cervical cancer screening for women depending on age group ✓ Colorectal cancer screening for applicable members depending on age group and gender 	<p>I will provide employees that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>

Core Component 2: Change Cost Sharing for Specific Drugs for All Applicable Members

V-BID Basic		Recommended Core Benefits	Incentive	Amount
Component 2 Change Cost Sharing for Specific Drugs for All Applicable Members	Choose at least two:	<input type="checkbox"/> Beta-blockers	I will provide employees that use any of these drugs with a: <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Reduced Copayment <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	\$ _____
		<input type="checkbox"/> ACE inhibitors and ARBs		
		<input type="checkbox"/> Insulins and oral hypoglycemic		
		<input type="checkbox"/> Long-acting inhaler		
		<input type="checkbox"/> Inhaled corticosteroids		
		<input type="checkbox"/> Statins		
		<input type="checkbox"/> Anti-hypertensives		
		<input type="checkbox"/> Anti-depressants		
		<input type="checkbox"/> Smoking cessation drugs		

Core Component 3: Change Incentives for Visits to High Value Providers

V-BID Basic		Recommended Core Benefits	Incentive	Amount
Component 3: Change Incentives for Visits to High Value Providers	Choose at least one:	<input type="checkbox"/> Network of providers who have been identified as high value based on performance on cost and quality metrics	I will provide employees that visit any of these providers with a: <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Reduced Copayment <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	\$ _____
		<input type="checkbox"/> Provider who is part of an ACO identified as high value based on performance on cost and quality metrics		
		<input type="checkbox"/> Primary care physician or Patient Centered Medical Home that has been identified as high value based on performance on cost and quality metrics		

V-BID OPTIONAL BENEFITS for Fully-Insured Employers

V-BID Basic	Incentive	Amount
<input type="checkbox"/> Treatment decision support/counseling for members with conditions that have multiple treatment options with differing risks and benefits Condition(s): _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Surgical decision support or second opinion before surgery for members undergoing elective surgeries that have other treatment alternatives Condition(s): _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Chronic Disease Management program for members with chronic diseases Condition(s): _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Pain Management for members with chronic pain	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance	\$ _____

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	<input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	
<input type="checkbox"/> Healthy pregnancy program	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Smoking Cessation for all members, as applicable	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Complex Case Management, for members with complex conditions. Condition(s): _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____

Appendix C: Overcoming Implementation Barriers

	Barrier	Strategies to Overcome Barriers
ECONOMIC	V-BID implementation will initially result in increased costs for employers and health plans due to increased utilization and reduced cost sharing.	<ul style="list-style-type: none"> ▪ Many employers have found implementing V-BID results in higher utilization of lower cost services, such as primary care, and lower utilization of higher cost services, such as ED visits and inpatient stays.⁶ ▪ Although healthcare cost savings may not be realized in the first year of implementation, other outcomes such as decreased absenteeism and presenteeism may result in greater productivity and potentially profit.⁷
PRACTICE	V-BID requires defining and standardizing what is meant by “high-value”, yet there is a lack evidence of the clinical and cost effectiveness of many services and providers.	<ul style="list-style-type: none"> ▪ The template in this manual recommends services for which there is an evidence base from academic, clinical and research bodies that these services improve health.⁸ ▪ Evaluation of several V-BID programs that target chronic diseases such as diabetes and cardiovascular disease have demonstrated that reduced cost sharing for medications related to these conditions results in increased medication adherence, decreased costs, and improved health.⁹ ▪ The concept of high value provider is being constructed by the SIM Steering Committee, including proposing specific criteria for measuring providers. Refer to the link on page 38 for the complete criteria.
PRACTICE	Determining eligible patient demographics to target for reduced cost sharing for high-value services requires data collection and expert review of data.	<ul style="list-style-type: none"> ▪ Most health plans, especially those that administer wellness programs and chronic disease management programs, have the analytic tools available to analyze claims data.¹⁰ ▪ Incentivizing biometric screenings and health risk assessments can help employers collect additional data on their populations. ▪ The template recommends several services targeted only by age and gender, which does not require claims analysis and is less administratively complex.
PRACTICE	Absence of risk factors in claims data.	<ul style="list-style-type: none"> ▪ This data may be collected through biometric screenings and health risk assessments. ▪ Although EHR data is typically not used in health plan systems, technology to integrate EHR and claims data is being explored and should be encouraged. ▪ Health plans may integrate V-BID with Disease Management programs, which typically make EHR and health assessment data available.
PRACTICE	Physicians may not feel incentivized to persuade/dissuade patients to use/refuse certain services.	<ul style="list-style-type: none"> ▪ Involve physicians in the conversation to identify patient groups that would benefit most from differential cost-sharing of certain services.¹¹ ▪ The template aligns provider and consumer incentives by incentivizing services that correspond to quality measures in many value-based payment arrangements.

		<ul style="list-style-type: none"> Implementing a V-BID plan alongside the Connecticut Choosing Wisely campaign can help educate providers on how to have conversations with patients about what services are of high value and which are potentially unnecessary or harmful.
LEGAL	If patients refuse or fail to meet outcomes that qualify them for incentives, this is discriminatory.	<ul style="list-style-type: none"> Health plans are required to offer alternative ways for members to earn incentives if the incentives are based on meeting certain health outcomes or targets.
ADMINISTRATIVE	Identifying eligible members requires algorithms to measure compliance by patients and providers. Patients and/or providers may misreport information to qualify for V-BID.	<ul style="list-style-type: none"> Before implementing V-BID plans, employers and health plans should determine which methods they will use to measure member compliance.¹² Some employers implementing V-BID recommend using automated reporting as much as possible, and not relying on self-attestation. For many VBID elements, health insurance carriers can use existing information from claims data to identify eligible members. Many carriers are also exploring methods to automate the collection of information from EHRs.
CULTURAL	Getting employee buy-in and changing employee culture is challenging and takes too much time.	<ul style="list-style-type: none"> Engaging key stakeholders early, including senior leadership, union, and other employee leaders will increase buy-in. Integrating V-BID into a larger employee culture focused on healthcare and wellness can help increase buy-in. Repeated messaging about the plan through various communication channels is recommended by many employers.
	Motivating employees to change behavior is difficult	<ul style="list-style-type: none"> For large employers, bringing services to the employees (via on-site screening clinics, etc.) can increase participation. Implementing V-BID with other patient engagement strategies, such as wellness programs and other health initiatives, may increase participation.
	Explaining the program benefits to employees may be complex.	<ul style="list-style-type: none"> Employers should develop a comprehensive communication plan to communicate the V-BID benefits to employees before implementation. Describing eligibility requirements and incentive structures to employees will require outreach by HR. Many Connecticut employers have had great success with new member communication technologies to help communicate health plan benefits. Frequent communication through multiple channels will help explain the program.

Appendix D: V-BID Tool Kit and Resources

SAMPLE MARKETING AND COMMUNICATIONS MATERIALS

The following sample materials are based on examples of current marketing materials used by health insurers offering V-BID plans, strategies suggested in interviews, surveys by employers currently implementing V-BID, and best practices described in the literature on V-BID implementation.

Health Enhancement Program Sample Poster



HEALTH ENHANCEMENT PROGRAM (HEP) Requirements

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year			
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	1 screening between age 35-39**	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Every 3 years	Every 3 years	Every 3 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years or Annual FIT/FOBT to age 75

Health Enhancement Program Sample Postcard

STAY HEALTHY SAVE MONEY
TIME TO SCHEDULE YOUR 2016 APPOINTMENTS



More info: www.CTHEP.com
 Or call Care Management Solutions at: **877.687.1448**
 (Mon-Thurs 8AM to 6PM, Fri 8AM to 5PM)

2016 HEP Requirements

MORE INFO: www.CTHEP.com | 877.687.1448

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year			
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	1 screening between age 35-39**	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Every 3 years	Every 3 years	Every 3 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years or Annual FIT/FOBT to age 75

*Dental cleanings are required for family members who are participating in one of the state dental plans
 **Or as recommended by your physician

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant. As is currently the case under your state health plan, any medical decisions will continue to be made by you and your physician.

Sample Script for Engaging [Company Leadership](#):

Please note: this script uses an example of a V-BID plan that a company could implement. The script would need to be adapted to the specifics of the company and the proposed V-BID Plan benefits.

“In the next [X] months, the Company will be implementing some changes to our health benefits plan. These changes have three primary goals:

- 1- To improve health outcomes by encouraging the use of high-value services—which have been distinguished as such by validated cost and quality measures—applicable to all employees, including preventive services and certain prescription drugs
- 2- To increase medication adherence by reducing financial barriers to effective prescription drugs that target chronic conditions affecting some employees.
- 3- To encourage employees to visit high-value providers who deliver superior care based on cost and quality metrics

In order to achieve these outcomes, we will be offering a Value-Based Insurance Design (V-BID) plan. V-BID plans seek to improve health outcomes while controlling for rising healthcare costs by providing financial incentives to employees for high-value services and providers. These services and providers are distinguished as “high-value” by validated cost and quality measures which address cost of care—including price and utilization—clinical quality, and patient experience.

All of our employees will be eligible for an HRA contribution for certain high-value services and for visits to identified high-value providers. By contributing to an employee’s HRA, this V-BID program aims to relieve some of the financial burdens that are common barriers to adhering to medication regimens. The following incentives will be provided to employees for the following high value services:

- 1- All employees will receive an HRA contribution of \$250 if they participate in the following clinical services:
 - Biometric and Mental Health Screenings
 - Cancer Screenings (as appropriate for each employee’s age and gender)
- 2- All employees will have reduced costs for the following high-value drugs if they are prescribed these medications:
 - Beta-blockers
 - ACE inhibitors and ARBs
 - Statins
 - Anti-hypertensives
- 3- All employees will have reduced copayments for visits to ACO X, which has been identified as a high value provider network based on cost and quality metrics.

In order to maximize the impact of these changes, effective communication with employees is essential. The Company will depend on its leadership to understand and promote these benefits. As such, we would like to offer the Company leadership an opportunity to ask questions and voice any concerns about the proposed changes.”

Sample Materials for [Engaging Employees](#)

Frequent and effective communication is essential to gaining employee buy-in and increasing participation in a V-BID plan. Communication materials should aim to educate employees on what Value

Based Insurance Design is, the benefits of participation, and how employees can earn incentives. In addition to the infographics noted on page 37, below is sample language that can be adapted by employers to communicate with employees.

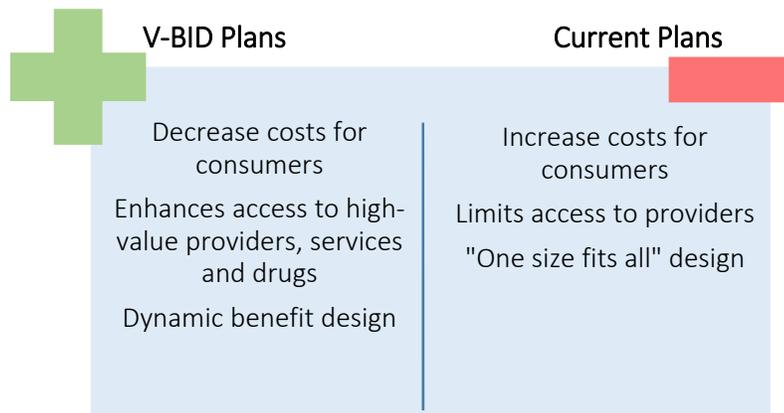
Please note: these scripts use an example of a V-BID plan that a company could implement. The scripts would need to be adapted to the specifics of the company and the proposed V-BID Plan benefits.

Sample Script 1: What is Value-Based Insurance Design?

Be sure that your employees understand how V-BID works and why your company will be moving to a V-BID plan. Start talking to your employees early in the process, and make sure they know the timeline for implementation.

“In [X months], [the Company] will be implementing some changes to our health benefits plan. Our new plan will be a Value-Based Insurance Design benefits plan.

Value-based Insurance Design (V-BID) plans offer incentive programs designed to reward patients who visit high-value providers and use high-value services and drugs. You may be wondering: “if these services are “high-value” will I pay more?” The answer is no. V-BID plans actually make it easier for you to complete these visits and receive these drugs and services by reducing their costs, and consequently alleviating the financial barriers to accessing these medically beneficial services.”



Adapted from: http://vbidcenter.org/wp-content/uploads/2016/02/Clinical_Nuance_Infographic.pdf

Sample Script 2: Why Should I Participate in the V-BID Plan?

Be sure to highlight that a V-BID program is not only good for your employees’ wallet, but it will improve their health as well. When employees are healthy, this will not only impact their performance at work but will help them to lead fuller lives outside of work.

“Have you ever felt that the cost of an office visit, drug or medical service has stood in the way of managing or improving your health? Prioritizing your health is made easy with value-based insurance design (V-BID) programs. V-BID programs minimize the cost for these visits, services and drugs that you are responsible for covering, making it easier for you to receive the right services at the right time from the right providers. By joining a V-BID plan you are joining a healthier workforce; you are becoming one of several employees throughout the country who have been able to maintain and achieve better health

outcomes. By improving your health, you are improving your productivity at work, and you are spending your valuable personal time doing things you *want to* be doing!”

Sample Script 3: How Do I Earn Incentives?

Use clear and concise language when describing your incentives. Be sure to include how the incentive is earned (participation in a program, visiting certain providers, adhering to prescription drug plan, etc.), how they will receive this incentive (through copay reduction, premium reduction, bonus payment, etc.), and how much money they can expect to earn or save through participation.

“Earn money by completing the following visits or choosing the following drugs and/or services:

- Earn \$250 contribution to your HRA account by using these services:
 - Biometric and Mental Health Screenings
 - Cancer Screenings
- Have lower copayments for any of the following prescription drugs:
 - Beta-blockers
 - ACE inhibitors and ARBs
 - Statins
 - Anti-hypertensives
- Reduce the cost of your office visits by making appointments with [ACO X].
 - Question: Why should I choose a provider from [ACO X]?
 - Answer: These providers have distinguished as “high-value” because of the cost and quality of the services they provide.
 - For a list of providers who participate in our V-BID plan, visit [carrier’s benefits website].

To learn more about the V-BID incentive plan, visit our [carrier’s benefits website].

EDUCATIONAL INFOGRAPHICS

[Clinical Nuance Infographic](#)¹³

[V-BID Infographic](#)¹⁴

[Reward the Good Soldier](#)¹⁵

[V-BID Center High Deductible Health Plan Infographic](#)¹⁶

ONLINE V-BID RESOURCES

[Consumer Centric V-BID Plan Design](#)

[Consumer Criteria for Value-Based Insurance Designs](#)¹⁷

*Connecticut's Advanced Medical Home Standards^v

[VBID Center](#)¹⁸

[Value-Based Insurance Design Pro's and Con's](#)¹⁹

[Value-Based Insurance Design Overview](#)²⁰

[V-BID Center Fact Sheet on Connecticut's Health Enhancement Program](#)²¹

[V-BID Center Fact Sheet on Increasing Flexibility to Expand IRS Safe Harbor Coverage in HSA-High Deductible Health plans](#)²²

[Agency for Healthcare Research and Quality](#)²³

[CMS Medicare Advantage Program](#)²⁴

[Choosing Wisely](#)²⁵

[Connecticut State Innovation Model Program Management Office: V-BID Initiative](#)²⁶

[U.S. Preventative Services Task Force](#)²⁷

[American Board of Internal Medicine Foundation](#)²⁸

[Health Enhancement Program](#)²⁹

V-BID DESIGN AND IMPLEMENTATION RESOURCES

[SIM Quality Council Proposed Measure Sets](#)

["Overcoming Barriers to Shared Decision Making"](#) webinar by the Agency for Healthcare Research and Quality (AHRQ).³⁰

[Evidence-Based Practice and Health Technology Assessment](#)³¹

[Standardization of Patient Reporting and Outcome Measures](#)³²

[Differences Between Wellness Rewards Programs and V-BID](#)³³

["Finding Quality Doctors: How Americans Evaluate Provider Quality in the United States" a report by NORC at the University of Chicago](#)³⁴

[Guide to Selecting Doctors, Hospitals and Other Providers](#)³⁵

[Guide to Clinical Preventative Services](#)³⁶

[Reducing Administrative Costs](#)³⁷

^v *A final version of Connecticut's Advanced Medical Home Standards is in development and will be made available at the [Connecticut SIM Program Management website](#).

[“Innovative Payment for Advanced Primary Care Delivery”](#) a report for the Maine Health Management Coalition prepared by Discern Health³⁸

[Strategies for Reducing Health Care and Administrative Costs](#)³⁹

RELEVANT STATE AND FEDERAL REGULATIONS

[Affordable Care Act Mandates](#)⁴⁰

[Nondiscrimination in Health Programs and Activities Proposed Rule](#)⁴¹

[Mental Health Parity and Addiction Equity Act of 2008](#)⁴²

[Americans with Disabilities Act of 1990](#)⁴³

[Genetic Information Nondiscrimination Act of 2008](#)⁴⁴