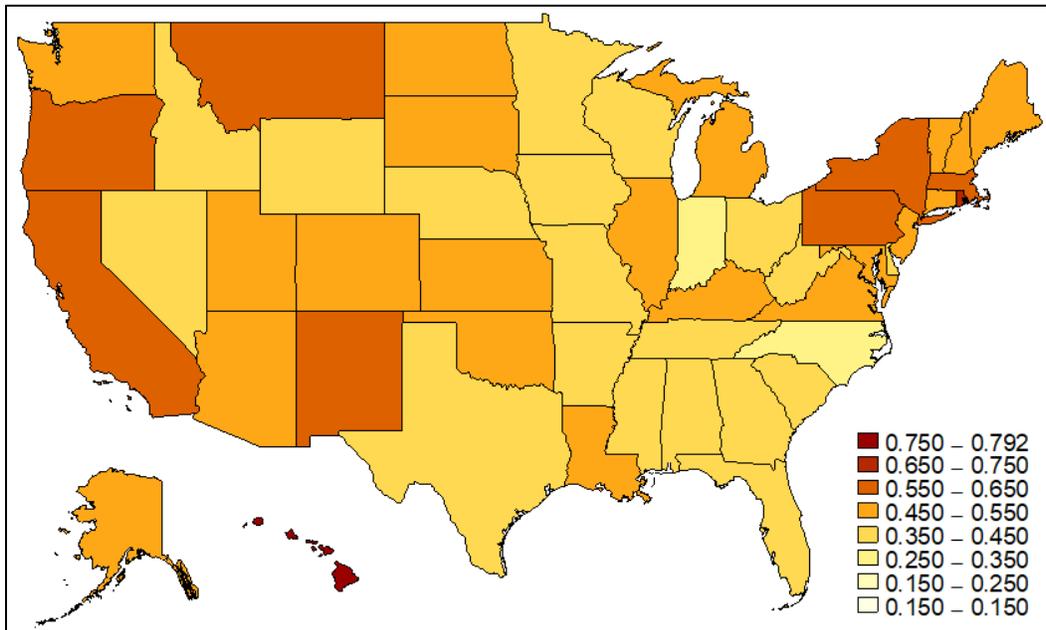


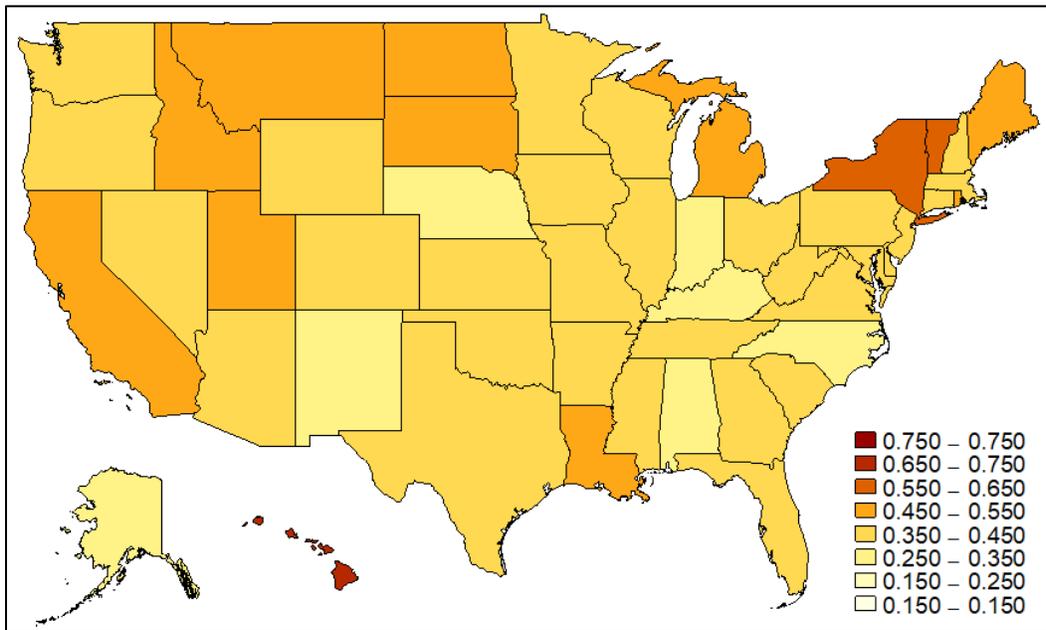
**ONLINE APPENDIX**

Online Appendix Figure 1: Proportion of Employees in Fully-Insured Plans, by State

Panel (a): as of 2003



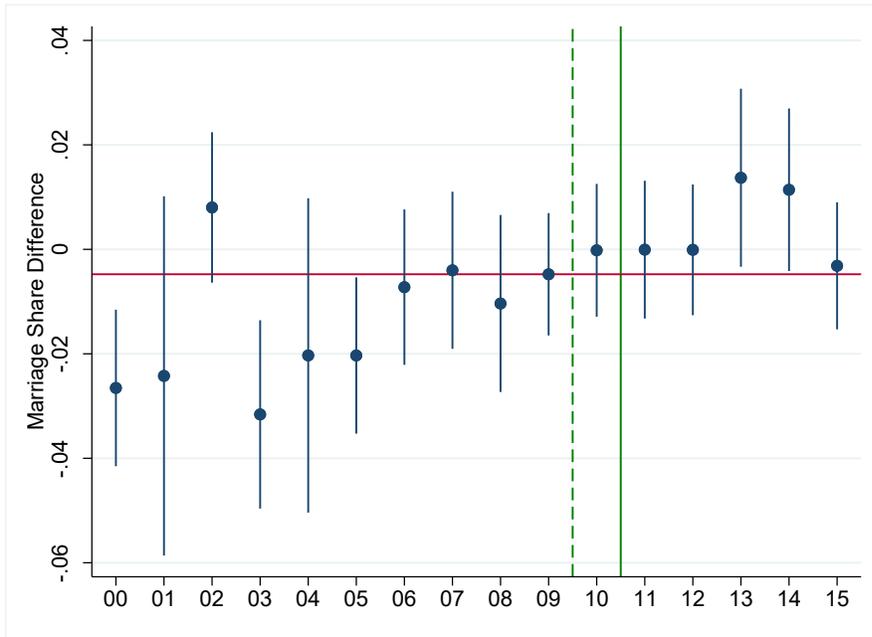
Panel (b): as of 2010



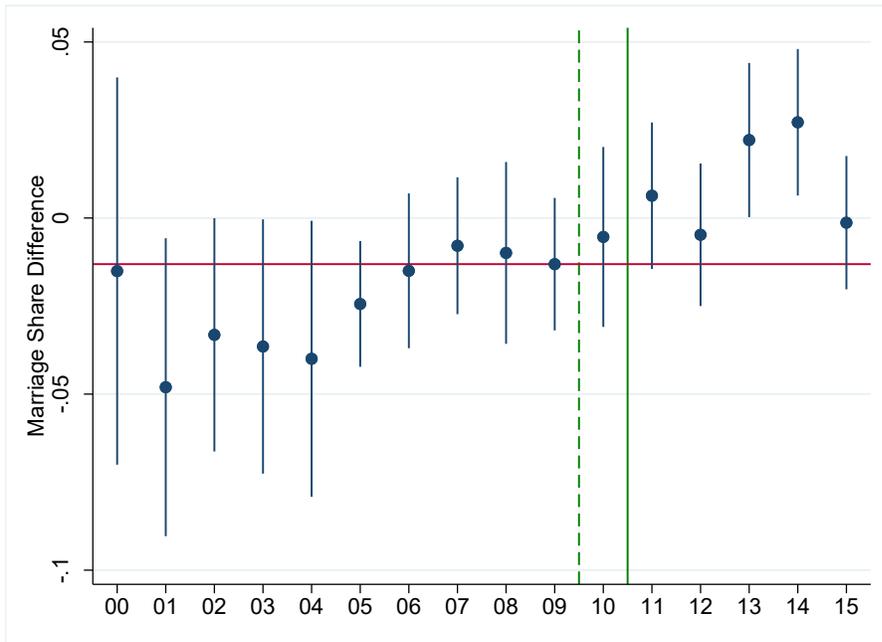
Note: Full sample mean = 0.447, standard deviation = 0.0880, median = 0.434, 10<sup>th</sup> percentile = 0.344, 90<sup>th</sup> percentile = 0.569.

**ONLINE APPENDIX**

Online Appendix Figure 2 (a): Ages 22-25

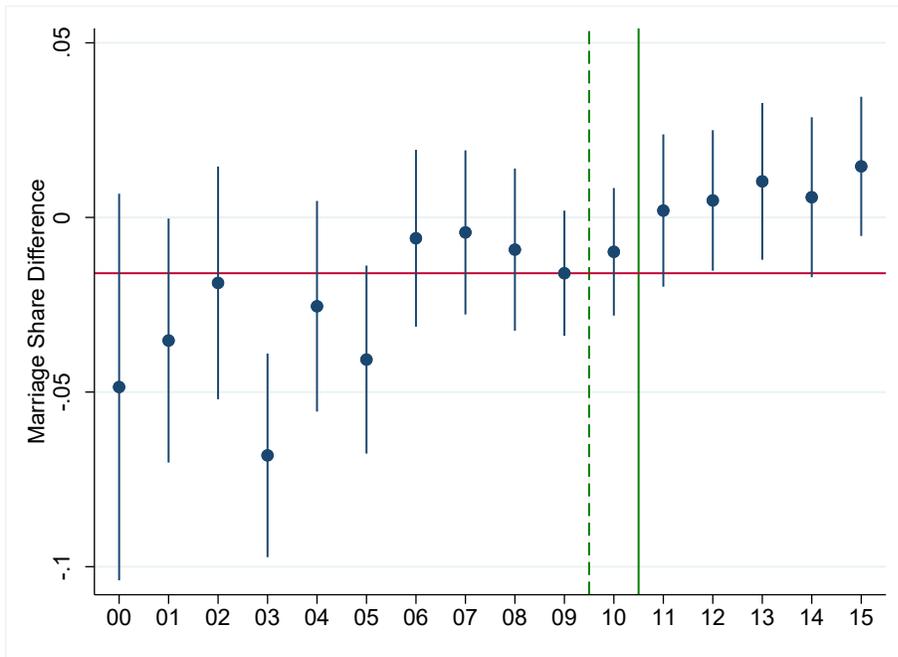


Online Appendix Figure 2 (b): Women Ages 19-25

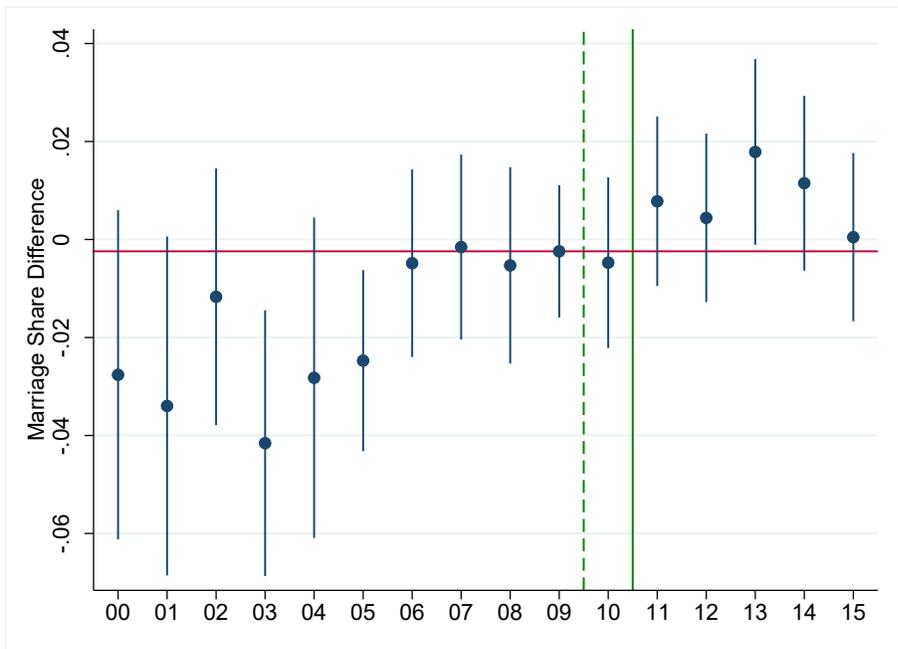


**ONLINE APPENDIX**

Online Appendix Figure 2 (c): Men Ages 19-25

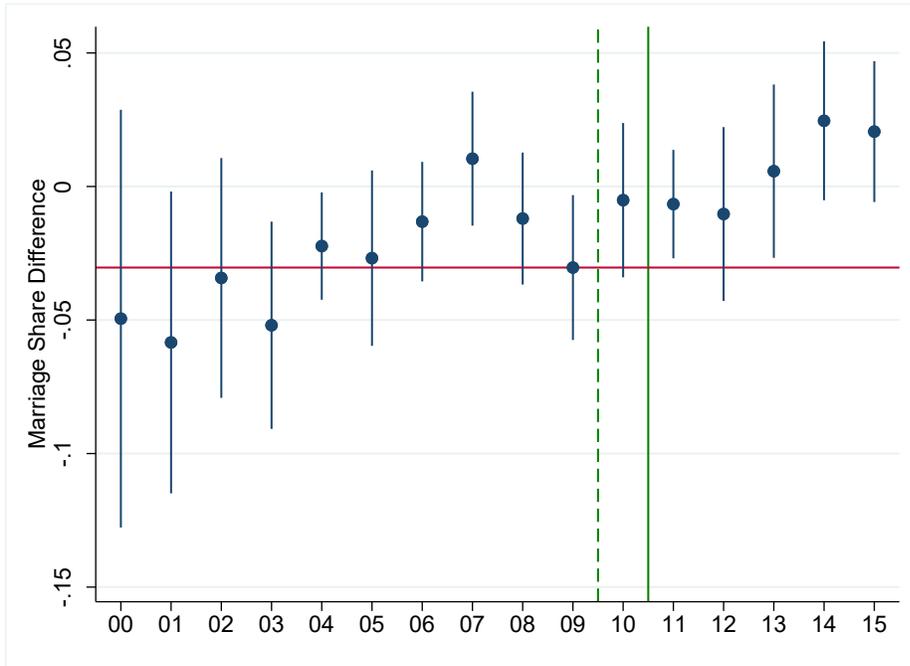


Online Appendix Figure 2 (d): Non-students 19-25



**ONLINE APPENDIX**

Online Appendix Figure 2 (e): Students 19-25



**ONLINE APPENDIX**

Online Appendix Table 1: Sensitivity Analyses

Dependent variable: married	(1)	(2)	(3)	(4)
<i>Excluding disabled individuals</i>				
[n = 2,994,479]:				
Eligible under state mandates × ACA	0.00692* (0.00364)	0.0107** (0.00438)	0.0289*** (0.00629)	0.0480*** (0.00591)
Eligible under state mandates	-0.00810** (0.00392)	-0.0104** (0.00441)	-0.0211** (0.00801)	-0.00968 (0.0108)
<i>Excluding individuals who live in group quarters</i> [n = 2,862,481]:				
Eligible under state mandates × ACA	0.00817** (0.00367)	0.0122*** (0.00446)	0.0304*** (0.00578)	0.0480*** (0.00580)
Eligible under state mandates	-0.00795** (0.00364)	-0.0104** (0.00419)	-0.0209*** (0.00749)	-0.0103 (0.0111)
<i>Excluding individuals who moved between states or from abroad</i> [n = 2,979,217]:				
Eligible under state × ACA	0.00938** (0.00384)	0.0135*** (0.00468)	0.0338*** (0.00648)	0.0532*** (0.00606)
Eligible under state mandates	-0.00899** (0.00381)	-0.0116*** (0.00434)	-0.0236*** (0.00796)	-0.0118 (0.0118)
<i>Excluding states that had not enacted state mandates as of 2010</i> [n = 2,107,109]:				
Eligible under state × ACA	0.0205*** (0.00657)	0.0233*** (0.00619)	0.0303*** (0.00577)	0.0482*** (0.00572)
Eligible under state mandates	-0.0101** (0.00445)	-0.0125** (0.00546)	-0.0221** (0.00964)	-0.0101 (0.0110)
<i>Excluding 2014 and 2015</i> [n = 2,656,094]:				
Eligible under state × ACA	0.00601* (0.00335)	0.0111** (0.00551)	0.0281*** (0.00662)	0.0451*** (0.00600)
Eligible under state mandates	-0.00551 (0.00376)	-0.00815* (0.00474)	-0.0145* (0.00772)	-0.00579 (0.0105)
Linear state trend	Yes	Yes	No	No
Quadratic state trend	No	Yes	No	No
State-year FE	No	No	Yes	Yes
Age-state FE	No	No	No	Yes

Note: Disabled individuals were identified by reports of cognitive, ambulatory, independent living, self-care, or vision or hearing difficulties. The states that have not enacted state mandates as of 2010 are AL, AK, AR, AZ, CA DC, HI, KS, MI, MS, NV, NC, OK, OR, SC, VT, VA, and WY. The notes to *Table 4* apply.

**ONLINE APPENDIX**

Online Appendix Table 2: Do Trends in Marriage Predict State Mandates?

Dependent variable: presence of state mandate in period $t$	Estimates
Married population share in period $t-1$	-0.211 (0.811)
Married population share in period $t-2$	0.492 (0.744)

Note: Standard errors (clustered at the state level) in parentheses. Neither estimate is statistically significant at conventional levels. State-by-year is the observation level for this analysis, which covers the period 2002 (to account for the lags) through 2010 (to isolate the state mandates from the ACA). N=459: one observation per state (and DC) and year. The outcome variable is a dummy equal to 1 if a state has a mandate in year  $t$ , and 0 otherwise. Controls are calculated by the authors using ACS data for 19- to 25-year-olds. Married population shares are measured for both periods  $t-1$  and  $t-2$ . Additional controls (all measured at time  $t$ ) include population shares for each age, ethnicity, gender, and race; as well as the state-by-year, age-19-to-25 unemployment rate; and the natural log of the state population. Lastly, we also include state and year fixed effects. While the controls are calculated using the ACS sampling weights, the regression was not weighted.

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Online Appendix Table 3: Share Married by Age in States with Mandates, Relative to Year of First Implementation

Age	19	20	21	22	23	24	25
Year							
-3	0.0354 (0.185)	0.0635 (0.244)	0.0980 (0.297)	0.139 (0.346)	0.191 (0.393)	0.256 (0.436)	0.311 (0.463)
-2	0.0444 (0.206)	0.0732 (0.260)	0.102 (0.302)	0.152 (0.359)	0.197 (0.398)	0.260 (0.439)	0.347 (0.476)
-1	0.0356 (0.185)	0.0674 (0.251)	0.104 (0.305)	0.149 (0.356)	0.211 (0.408)	0.268 (0.443)	0.316 (0.465)
0	0.0332 (0.179)	0.0680 (0.252)	0.0968 (0.296)	0.142 (0.349)	0.197 (0.397)	0.239 (0.427)	0.300 (0.458)
1	0.0340 (0.181)	0.0548 (0.228)	0.0901 (0.286)	0.134 (0.341)	0.183 (0.386)	0.248 (0.432)	0.298 (0.457)
2	0.0321 (0.176)	0.0467 (0.211)	0.0808 (0.273)	0.119 (0.324)	0.161 (0.368)	0.220 (0.415)	0.272 (0.445)
3	0.0309 (0.173)	0.0550 (0.228)	0.0831 (0.276)	0.115 (0.320)	0.166 (0.372)	0.216 (0.412)	0.266 (0.442)

Note: Standard deviations reported in parentheses. Year 0 is the year the mandate was first implemented in the state.

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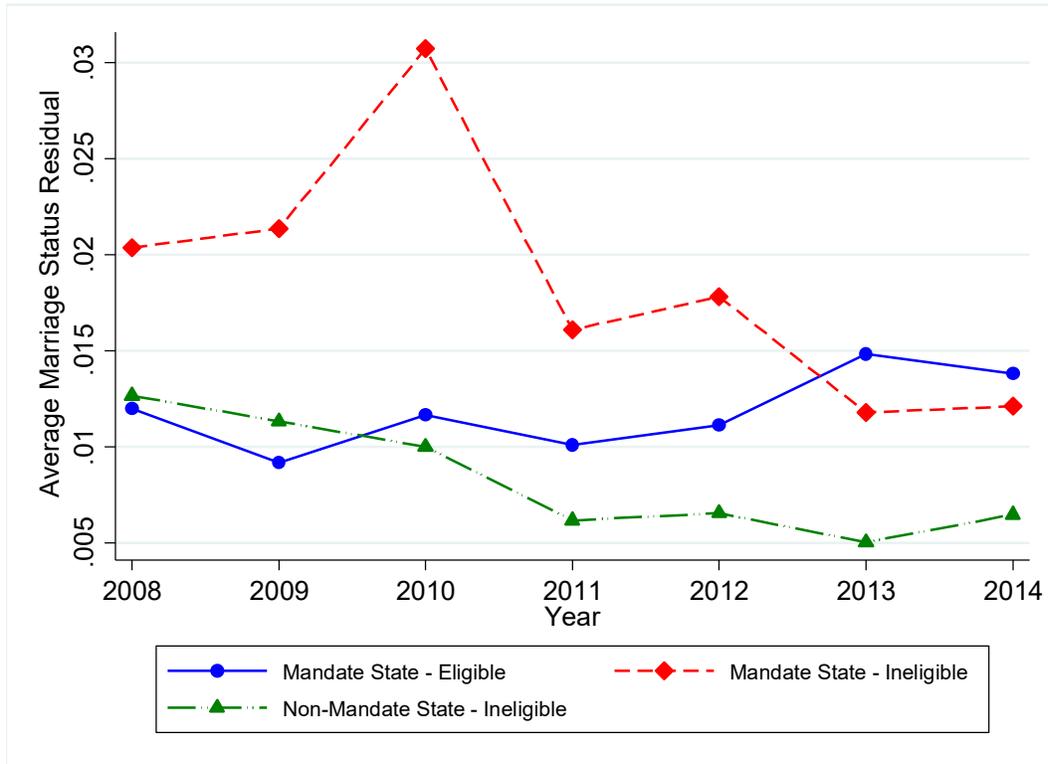
Online Appendix Table 4: Share Married, Before and After the ACA Enactment, by Age, Year, and State Eligibility Status

Age	19	20	21	22	23	24	25
Year	Eligible						
2008	0.0376 (0.190)	0.0618 (0.241)	0.102 (0.302)	0.150 (0.357)	0.198 (0.398)	0.247 (0.431)	0.280 (0.449)
2009	0.0336 (0.180)	0.0582 (0.234)	0.0980 (0.297)	0.138 (0.345)	0.187 (0.390)	0.250 (0.433)	0.251 (0.434)
2010	0.0266 (0.161)	0.0472 (0.212)	0.0822 (0.275)	0.119 (0.324)	0.164 (0.370)	0.214 (0.410)	0.235 (0.424)
2011	0.0250 (0.156)	0.0486 (0.215)	0.0728 (0.260)	0.110 (0.313)	0.149 (0.356)	0.194 (0.395)	0.233 (0.423)
2012	0.0264 (0.160)	0.0456 (0.209)	0.0669 (0.250)	0.107 (0.309)	0.145 (0.352)	0.191 (0.393)	0.207 (0.405)
2013	0.0237 (0.152)	0.0474 (0.213)	0.0670 (0.250)	0.0983 (0.298)	0.140 (0.347)	0.185 (0.388)	0.196 (0.397)
2014	0.0222 (0.147)	0.0401 (0.196)	0.0656 (0.248)	0.0949 (0.293)	0.134 (0.340)	0.175 (0.380)	0.196 (0.397)
Ineligible – Mandate State							
2008	0.0216 (0.146)	0.0447 (0.207)	0.0735 (0.261)	0.108 (0.310)	0.156 (0.363)	0.226 (0.418)	0.312 (0.463)
2009	0.0145 (0.119)	0.0359 (0.186)	0.0548 (0.228)	0.0884 (0.284)	0.148 (0.355)	0.211 (0.408)	0.294 (0.455)
2010	...	...	...	...	...	0.259 (0.438)	0.314 (0.464)
2011	...	...	...	...	...	0.237 (0.425)	0.289 (0.453)
2012	...	...	...	...	...	0.243 (0.429)	0.290 (0.454)
2013	...	...	...	...	...	0.228 (0.419)	0.269 (0.444)
2014	...	...	...	...	...	0.220 (0.414)	0.263 (0.440)
Ineligible – Non-Mandate State							
2008	0.0395 (0.195)	0.0658 (0.248)	0.105 (0.307)	0.148 (0.355)	0.200 (0.400)	0.260 (0.439)	0.305 (0.460)
2009	0.0375 (0.190)	0.0682 (0.252)	0.104 (0.305)	0.148 (0.355)	0.195 (0.396)	0.242 (0.428)	0.303 (0.460)
2010	0.0367 (0.188)	0.0568 (0.231)	0.0970 (0.296)	0.134 (0.340)	0.181 (0.385)	0.222 (0.416)	0.283 (0.450)
2011	0.0277 (0.164)	0.0552 (0.228)	0.0869 (0.282)	0.130 (0.337)	0.176 (0.381)	0.216 (0.411)	0.271 (0.445)
2012	0.0276 (0.164)	0.0514 (0.221)	0.0798 (0.271)	0.119 (0.324)	0.161 (0.367)	0.204 (0.403)	0.252 (0.434)
2013	0.0255 (0.158)	0.0472 (0.212)	0.0788 (0.269)	0.104 (0.305)	0.153 (0.360)	0.194 (0.396)	0.238 (0.426)
2014	0.0263 (0.160)	0.0469 (0.212)	0.0761 (0.265)	0.106 (0.308)	0.151 (0.358)	0.187 (0.390)	0.231 (0.421)

Note: Standard deviations reported in parentheses.

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Online Appendix Figure 3: Average Marital Status Residuals, by Eligibility Group



Note: Residuals are from a regression (using person weights) of marital status on state, year, & age fixed effects over our full sample for the years 2000 to 2015 for ages 19 to 25.

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Online Appendix Table 5: Estimated Effects of State Dependent Coverage Mandates on Health Insurance Coverage, by Gender

Age group	Trend control type	Plan type					
		All		Fully-insured plans		Self-insured plans	
		Women	Men	Women	Men	Women	Men
		(1)	(2)	(3)	(4)	(5)	(6)
<i>Panel A: ACS 2008-2010, all young adults 23 to 30; employer-provided coverage outcome</i>							
23 to 25	State-year FE	0.00862** (0.00380)	0.0156** (0.00698)	...	...	...	...
26 to 30		0.00704 (0.00764)	0.00410 (0.00639)	...	...	...	...
		[n=421,342]	[n=416,262]				
<i>Panel B: ACS 2008-2010, young adults living with parents; employer-provided coverage outcome; parent employer industry used to proxy for fully- or self-insured plan status</i>							
19 to 25	State-year FE	0.0201 (0.0159)	0.0364* (0.0177)	0.0545* (0.0293)	0.0377 (0.0241)	0.000562 (0.0365)	0.0296 (0.0334)
		[n=102,228]	[n=122,774]	[n=9,723]	[n=12,149]	[n=10,565]	[n=12,752]
<i>Panel C: CPS 2000-2010, young adults living with parents; dependent coverage outcome; parent employer firm size used to proxy for fully- or self-insured plan status</i>							
19 to 25	State FE only	0.0381** (0.0173)	0.0192 (0.0130)	0.0803*** (0.0294)	0.0456* (0.0236)	0.0347 (0.0252)	-0.000091 (0.0159)
	Linear state trends	0.0418** (0.0189)	0.0130 (0.0151)	0.0592* (0.0317)	0.0662** (0.0259)	0.0614** (0.0288)	-0.00662 (0.0212)
	Quadratic state trends	0.0324 (0.0202)	0.0104 (0.0195)	0.0657 (0.0416)	0.0887** (0.0353)	0.0182 (0.0304)	-0.0283 (0.0223)
	State-year FE	0.0113 (0.0229)	-0.0312 (0.0279)	0.0716 (0.0607)	0.0174 (0.0682)	-0.0405 (0.0666)	-0.0564* (0.0296)
		[n=25,273]	[n=28,568]	[n=7,340]	[n=8,381]	[n=11,857]	[n=13,250]

Note: Notes to Table 3 apply.

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Online Appendix Table 6: Estimated Effects of State Dependent Coverage Mandates on Health Insurance Coverage, by Student Status

Age group		Trend control type		Plan type					
				All		Fully-insured plans		Self-insured plans	
				Non-student	Student	Non-student	Student	Non-student	Student
		(1)	(2)	(3)	(4)	(5)	(6)		
<i>Panel A: ACS 2008-2010, all young adults 23 to 30; employer-provided coverage outcome</i>									
23 to 25	State-year FE	0.00930** (0.00431)	0.0164** (0.00793)	...	...	...	...		
26 to 30		0.00244 (0.00435)	0.0238 (0.0155)	...	...	...	...		
		[n=679,370]	[n=158,234]						
<i>Panel B: ACS 2008-2010, young adults living with parents; employer-provided coverage outcome; parent employer industry used to proxy for fully- or self-insured plan status</i>									
19 to 25	State-year FE	0.0399** (0.0159)	0.0283 (0.0183)	0.0597* (0.0312)	-0.0240 (0.0308)	0.0418 (0.0258)	-0.00781 (0.0338)		
		[n=108,008]	[n=116,994]	[n=11,300]	[n=10,572]	[n=12,168]	[n=11,149]		
<i>Panel C: CPS 2000-2010, young adults living with parents; dependent coverage outcome; parent employer firm size used to proxy for fully- or self-insured plan status</i>									
19 to 24	State FE only	0.0373* (0.0211)	0.0109 (0.0120)	0.0711* (0.0370)	0.0225 (0.0235)	0.0184 (0.0262)	0.0145 (0.0139)		
	Linear state trends	0.0326 (0.0214)	0.0133 (0.0165)	0.0618 (0.0427)	0.0282 (0.0358)	0.0191 (0.0311)	0.0227 (0.0160)		
	Quadratic state trends	0.00913 (0.0291)	0.0231 (0.0164)	0.0465 (0.0546)	0.0590* (0.0338)	-0.0107 (0.0306)	0.00432 (0.0202)		
	State-year FE	-0.108** (0.0433)	0.0171 (0.0136)	-0.223* (0.122)	-0.00258 (0.0291)	-0.0952** (0.0468)	-0.0122 (0.0340)		
		[n=21,626]	[n=28,701]	[n=6,402]	[n=8,328]	[n=9,997]	[n=13,441]		

Note: The CPS only collected student status for respondents through age 24 before 2013, so our CPS results omit age 25. Otherwise, the notes to Table 3 apply. Additionally, we note that results for students in Panels B and C should be interpreted with caution since college students typically live at or near their colleges, not with their parents. Thus, the samples in those panels, being limited to young adults living with their parents, may not be representative of the broader population of college students.

**ONLINE APPENDIX**

Online Appendix Table 7: Statistical Breakdown of Proxies Used to Identify Enrollees in Self-Insured Health Insurance Plans

*A. Share of Private Sector Enrollees in Self-Insured Plans by Firm Size for Selected Years*

Year	Firm Employee Count			
	< 10	10-24	25-99	1,000+
2000	14.0%	10.6%	15.4%	69.3%
2005	11.0%	10.6%	13.0%	79.3%
2010	12.6%	11.6%	17.3%	83.6%
2015	13.6%	10.1%	15.2%	85.7%

*B. Share of Sector Employees at Firms with under 100 or 1,000+ Workers for Selected Years*

Sector	Year: 2002		2009		2014	
	Firm Employee Count: 1-99	1000+	1-99	1000+	1-99	1000+
Transportation, Communication, and Public Utilities*	23.1%	63.7%	22.2%	63.2%	22.3%	62.5%
Finance, Insurance, and Real Estate*	29.5%	54.6%	29.7%	52.7%	29.1%	52.7%
Manufacturing*	22.7%	55.0%	23.8%	52.5%	23.6%	51.6%
Mining	30.6%	50.3%	28.4%	48.8%	25.6%	49.4%
Services	37.2%	40.3%	36.1%	41.7%	34.6%	43.5%
Retail Trade	38.7%	48.0%	36.5%	50.5%	35.6%	51.1%
Wholesale Trade	45.8%	34.5%	41.9%	36.5%	39.4%	38.4%
Construction**	70.1%	11.2%	66.6%	12.2%	66.3%	12.9%
Agriculture, Forestry, and Fishing**	78.8%	10.9%	78.8%	10.0%	77.2%	11.5%

Note: Panel A source: Agency for Healthcare Research and Quality (2000-2006, 2008-2015); Panel B source: Business Dynamics Statistics (2002, 2009, 2014). Industries in sectors marked with \* in Panel B are ones used to proxy for large firm size / self-insured health insurance plans; those marked with \*\* are used to proxy for small firm size / fully-insured health insurance plans.

## ONLINE APPENDIX

### Interpretation of Statute Language and Imputation of State Mandate Eligibility

Here we discuss how we chose to handle several issues related to interpretation of and coding of state statutes. The first of these is our handling of residency requirements. This type of eligibility restriction is less common than marriage or school enrollment requirements, but it is not unusual. When present, such requirements either require residency within a state or with a parent policy holder. Residency with a parent is a requirement that, in our view, would be extremely difficult for insurers to enforce, and so does not amount to a true restriction on eligibility. Therefore, we do not incorporate these into our analysis in any fashion. For state residency requirements, we implicitly treat them as being satisfied in all cases in our analysis since we treat individuals interviewed in a given state as being residents of that state. One situation in which this might not be true, however, is when a student attends a school in a state that is not his or her state of residency, and ends up being interviewed there by the ACS. Additionally, in some cases, laws have requirements that a child be a state resident *or* a full-time student. In this situation, a student who attends school out-of-state would potentially be eligible for coverage in his or her home state, but we would not impute that eligibility to him or her because we would not observe the student’s home state in the data. Thus, eligibility of out-of-state students may be mis-measured to some degree in our analysis, although we believe this issue to be small given that out-of-state students represent a small portion of the population.

The second issue is how we handled effective dates. Since we only observe the calendar year of the ACS interviews in our data, we had to use some rule to determine years in which mandates would be considered to go into effect, since they were implemented during various times of the year, not only at the beginning. To minimize misclassification, we assume mandates go into effect at the start of the years closest in time to the actual dates of implementation. So, for

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effective dates before July 1st, we code the law as being in effect for the whole year, while for effective dates on July 1st or after, we code the law as being in effect the following year. This rationale was also applied to the ACA mandate, which became effective in late 2010, and which we code as being effective beginning in 2011.

The third issue is the scope of the mandate data we collected. Our research focused on mandates that applied to the large group insurance market. State laws typically separate health insurance markets into individual and group segments (where employers or unions usually comprise the groups), and in some cases further divides the group market into small and large group or employer categories. For example, Texas’s mandate provides an example of a law that specifies it applies to the large group market. The law makes clear that it applies to “large employer” plans (defined as 51 employees or more) only, and not those in the small employer and individual markets. This is not unusual, but it is not found in all states’ laws. Some states specify mandates for plans in all insurance markets, some only for group markets, and some only for individual or small employer markets. For our research, if a state had a mandate that applied *only* to the individual or small group markets, then we did not code that state as having a mandate. Hence, our focus is exclusively on the large group market, a choice we make because they offer significant cost savings and tax advantages that make them much more likely to be the types of plans people will alter their behavior, and perhaps even their wedding plans, to obtain. Moreover, the large group market makes up the substantial majority of the health insurance coverage.

The fourth issue is that, despite that state mandates had various types of restrictions on eligibility, we only consider individuals’ states, interview years, and ages when imputing eligibility to individuals in our data. Since marriage is our outcome of interest, clearly we cannot

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use marital status as an eligibility restriction when imputing eligibility. Other requirements, though, – and most importantly that of being a student – are also inappropriate to use for eligibility imputation because they are jointly determined outcomes. For example, as state mandate might induce individuals into or out of student status, so using it to determine eligibility would introduce bias (which is a point also made by Depew (2015)). Therefore, we do not consider those requirements when dividing individuals into eligible and ineligible groups. The disadvantage of this approach is the measurement error, which would dilute our estimates. Nevertheless, we view this approach as conservative, and argue our estimates would therefore represent lower bounds to the true effects of the mandates. Additionally, in the case where a state specifies more than one limiting age, which typically occurs when there is one for students and one for non-students, the greater age is the one used for imputation. To do otherwise would be equivalent to using student status or other jointly determined characteristics in determining eligibility, an approach we avoid.

Turning to the fifth issue, when the ACA was implemented near the end of 2010, it effectively superseded the state mandates since it had no eligibility criteria except for age, which is set high enough that all the individuals in our primary sample are ACA mandate eligible. Nevertheless, state mandates continued to exist in state laws and some states continued to alter their laws after the implementation of the ACA (as *Table 2* and this online appendix detail). The existence of the state laws may have had some additional effect, perhaps due to easier enforcement in some cases, but in our view these effects *must* be much closer to zero than whatever they were before the ACA. In our analysis, therefore, we “freeze” the state mandates as they were in 2010 for all the following years. That is, the *ELIG* variable in our estimation varies in response to changes in state mandates up-to and through the year 2010. From 2011 and

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onward, though, *ELIG* no longer changes with state mandates, and only reflects the laws as they were in the year 2010. So individuals imputed as eligible in our analysis for the years 2011 and onward are imputed that way on the basis of the state mandates that existed in the year 2010. Our rationale for this approach is to avoid diluting our estimates by averaging in effects of post-ACA changes in state mandates that must have effects of zero, or close to it. Moreover, this approach maintains the populations being compared to estimate the ACA effect as they were when the ACA was passed. That is, the state eligible and ineligible groups do not change in state or age characteristics over time from 2011 onward.

Finally, a substantial share of states had coverage mandates for children suffering from disabilities (generally for as long as the disability continued).<sup>30</sup> For our analysis, we do not consider these mandates for two reasons. One is the prevalence of these mandates, which provides little actual variation in the laws. The second is that these would be relevant to a very small portion of the young adult population. Nevertheless, we include disabled individuals in our sample since these young adults could potentially respond to the general mandates. The disability mandates generally require young adults to show evidence of a disability, but they could avoid the trouble and gain access through a regular mandate, if available.<sup>31</sup>

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<sup>30</sup> The mandate for North Dakota provides one example of this sort of requirement.

<sup>31</sup> If we define disabled individuals as those who report having cognitive, ambulatory, independent living, self-care, vision, or hearing difficulties (the only disability questions that are consistently available in the ACS over the period we study), they represent about 6 percent of our weighted, main sample. Including or excluding these individuals from our analysis does not substantively change our findings (see *Online Appendix Table 1*).

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**State-by-State Discussion of Dependent Coverage Mandate Histories**

*Alabama (AL)*

AL does not mandate dependent coverage, except in the case of employees of small employers (confirmed by the state insurance department).

*Alaska (AK)*

AK does not mandate dependent coverage (confirmed by the state insurance department).<sup>32</sup>

*Arizona (AZ)*

AZ does not mandate dependent coverage (confirmed by the state insurance department).

*Arkansas (AR)*

AR does not mandate dependent coverage (confirmed by the state insurance department).

*California (CA)*

CA does not mandate dependent coverage (Hopkins 2015).

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<sup>32</sup> Under Alaska Stat. § 21.51.020, when making an application for individual or family coverage, a child over age 23 *could not* be added to a family plan. This age limit is schedule to change to age 25 (See HB 372 <http://www.akleg.gov/basis/Bill/Text/29?Hsid=HB0372Z>, viewed 7/8/16).

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*Colorado (CO)*

CO enacted dependent coverage mandate, C.R.S. 10-16-104.3 in 2005 (enacted June 9, 2005; effective January 1, 2006). It covered an unmarried child who is under 25 years of age as long as the child has the same legal residence as the parent or is financially dependent upon parent. This section was amended in 2013 (HB 13-1266, ch 217, p. 925 § 4, enacted May 13, 2013, and, per § 70, effective for health plans January 1, 2014) to expand the age to under 26 and explicitly prohibit denying or limiting coverage based on residency, financial dependence, marital/civil union, student, or employment status, or any combination of these.

*Colorado Revised Statutes, 10-16-104.3, as effective 1/1/2006: Dependent health coverage for persons under twenty-five years of age. (1) All individual and group sickness and accident insurance policies providing coverage within the state by an entity subject to the provisions of part 2 of this article and all group health service contracts issued by an entity subject to the provisions of part 3 or 4 of this article that offer dependent coverage shall offer to the parent, for an additional premium if applicable, by rider or supplemental policy provision, the same dependent coverage for an unmarried child who is under twenty-five years of age, and is not a dependent as defined by section 10-16-102 if such child: (a) Has the same legal residence as the parent; or (b) Is financially dependent upon the parent.*

*Colorado Revised Statutes, 10-16-104.3, as effective 1/1/2014: Health coverage for persons under twenty-six years of age - coverage for students who take medical leave of absence. (1)(a) A carrier that offers a health benefit plan in the state and that makes dependent coverage for children available under the health benefit plan shall make the coverage available for a child who is under twenty-six years of age. The carrier shall not*

**ONLINE APPENDIX**

*deny or restrict coverage for a child who is under twenty-six years of age based on a factor such as: (I) Residency with the policyholder or any other person; (II) The presence or absence of financial dependence on the policyholder or any other person; (III) Marital or civil union status; (IV) Student status; (V) Employment status; or (VI) A combination of any of the factors listed in paragraphs (a) to (d) of this subsection (I).*

*Connecticut (CT)*

CT mandated dependent coverage in 1976 via P.A. 75-616, effective April 1, 1976. The relevant section is Sec. 38a-554, which was formerly called Sec. 38-374 until 1997. CT required that group comprehensive and health insurance policies extend coverage to unmarried and dependent children until they attain age 19 or dependent unmarried children until they attain age 23 if they were full-time students.

This mandate was broadened in 2007 when the restrictions that children be students and dependent on their parents were dropped and the limiting age was raised. Effective July 1, 2007 (P.A. 07-185, 2007 Ct. SB 1484, enacted July 10, 2007), the mandated expansion applied to unmarried children under age 26 who resided in CT. The residence requirement was removed as effective January 1, 2009 (P.A. 08-147, 2008 Ct. HB 5158, § 9, enacted June 12, 2008) – though we do not code this as a law change since we do not code state residency requirements.

In 2011, CT enacted Sec. 38a-512b, which superseded Sec. 38a-554, and expanded the dependent coverage mandate to children under age 26 who do not have their own insurance through employment beginning July 1, 2011 (P.A. 11-58, 2011 Ct. HB 6308, § 38, enacted July 1, 2011).

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Sec. 38a-554 was eventually repealed in 2015, but Sec. 38a-512b is still effective.<sup>33</sup>

*Sec. 38a-554. (Formerly Sec. 38-374), as effective April 1, 1976 via P.A. No. 75-616:*

*Additional requirements and eligibility under group comprehensive health care plans.*

*Coverage for stepchildren. Continuation of benefits under group plans. Insurance*

*Commissioner’s authority to coordinate benefits:*

*A group comprehensive health care plan shall contain the minimum standard benefits prescribed in section 3 of this act, including the choice of the low option, middle option*

*or high option deductible, and shall also conform in substance to the requirements of this*

*section. (a) The plan shall be one under which the individuals eligible to be covered*

*include: (1) Each eligible employee; (2) the spouse of each eligible employee; and (3)*

*dependent unmarried children, who are under the age of nineteen or are full-time*

*students under the age of twenty-three at an accredited institution of higher learning.*

*Sec. 38a-554. (Formerly Sec. 38-374), enacted July 10, 2007, as effective July 1, 2007*

*via P.A. 07-185 (2007 Ct. SB 1484), § 17: A group comprehensive health care plan shall*

*contain the minimum standard benefits prescribed in section 38a-553 and shall also*

*conform in substance to the requirements of this section. (a) The plan shall be one under*

*which the individuals eligible to be covered include: (1) Each eligible employee; (2) the*

*spouse of each eligible employee, who shall be considered a dependent for the purposes*

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<sup>33</sup> We received significant clarity on Connecticut laws through an email discussion with Janet L. Kaminski Leduc, Sr. Legislative Attorney for the Office of Legislative Research at the Connecticut General Assembly. Another helpful resource regarding P.A. 07-185 was the Office of Legislative Research’s Summary of 2007 Public Acts ([https://www.cga.ct.gov/olr/Documents/year/PASUMBK/2007PASUMBK-20070801\\_Summary%20of%202007%20Public%20Acts.pdf](https://www.cga.ct.gov/olr/Documents/year/PASUMBK/2007PASUMBK-20070801_Summary%20of%202007%20Public%20Acts.pdf)).

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*of this section; and (3) unmarried children residing in the state, who are under twenty-six years of age.*

*Sec. 38a-554. (Formerly Sec. 38-374), enacted June 12, 2008, as effective January 1, 2009 via P.A. 08-147, § 9, 2008 Ct. HB 5158: (a) The plan shall be one under which the individuals eligible to be covered include: (1) Each eligible employee; (2) the spouse of each eligible employee, who shall be considered a dependent for the purposes of this section; and (3) unmarried children who are under twenty-six years of age.*

*Sec. 38a-554 was repealed as effective July 10, 2015 via P.A. 15-247, § 38, 2015 Ct. SB 1023, enacted July 10, 2015.*

*Sec. 38a-512b, effective from passage, enacted July 1, 2011 via P.A. 11-58, § 38, 2011 Ct. HB 6308: Termination of coverage of children in group policies. Coverage for stepchildren.*

*Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state shall provide that coverage of a child shall terminate no earlier than the policy anniversary date on or after whichever of the following occurs first, the date on which the child: Becomes covered under a group health plan through the dependent's own employment; or attains the age of twenty-six. Each such policy shall cover a stepchild on the same basis as a biological child.*

*Delaware (DE)*

Scott Barkowski & Joanne Song McLaughlin, "In sickness and in health..." Journal of Human Resources.

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DE mandated dependent coverage in 2006, but the act took effect on May 30, 2007. The new requirements (18 Del. C. § 3354 – 75 Del. Laws, c. 419, 2005 Del. HB 446, enacted July 10, 2006) were added to require insurance providers to cover policyholder's dependent children until age 24. Dependents could not be married or have dependents of their own, and they must be residents of DE or must have been full-time students. Also, they could not have health insurance through another source. Section 3 of 75 Del. Laws, c. 419, provided: "This act becomes effective 90 days after the State provides benefits fully consistent with its provisions for participants in the State's employee benefit plan." Provision of benefits under this program commenced on Mar. 1, 2007; therefore, the act took effect May 30, 2007 (LexisNexis Revisor's Note).

In 2011, 78 Del. Laws 159 c. 159, 2011 Del. HB 160 (enacted and effective July 29, 2011) replaced age 24 with 26, and removed the requirement that the dependent have no dependents of his or her own. It also specifies the following: "The provisions of this act shall be of no force or effect if 'The Patient Protection and Affordable Care Act', Public Law 111-148, is declared unconstitutional by the Supreme Court of the United States of America."

In 2013, 79 Del. Laws, c. 99, 2013 Del. HB 162 (enacted and effective July 15, 2013) removed all conditions other than age. Hence, after this law passed, only age mattered for being eligible to keep dependent coverage.

*18 Del. C. § 3354, as effective May 30, 2007: (a) Definitions. As used in this section: ...*  
*(3) 'Dependent' means a covered person's child by blood or by law who: (A) is less than 24 years of age; (B) is unmarried; (C) has no dependents of his or her own; (D) is a resident of Delaware or is enrolled as a full-time student at an accredited public or private institution of higher education; and (E) is not actually provided coverage as a named subscriber, insured, enrollee, or covered person under any other group or*

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*individual health benefits plan, group health plan, or church plan, or entitled to benefits under 42 U.S.C. Section 1395 et. seq. (b) If a carrier's contract with a subscriber provides coverage for a covered person's dependent under which coverage of the dependent terminates at a specific age before the dependent's 24th birthday, the contract must nevertheless provide coverage to the dependent after that specific age until the dependent's 24th birthday.*

*18 Del. C. § 3354, as effective July 29, 2011: (a) Definitions. As used in this section: ... (3) 'Dependent' means a covered person's child by blood or by law who: (A) is less than 26 years of age; (B) is unmarried; (C) is a resident of Delaware or is enrolled as a full-time student at an accredited public or private institution of higher education; and (D) is not actually provided coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, group health plan, or church plan, or entitled to benefits under 42 U.S.C. Section 1395 et. seq. (b) If a carrier's contract with a subscriber provides coverage for a covered person's dependent under which coverage of the dependent terminates at a specific age before the dependent's 26th birthday, the contract must nevertheless provide coverage to the dependent after that specific age until the dependent's 26th birthday.*

*18 Del. C. § 3354, as effective July 29, 2011: (a) Definitions. As used in this section: ... (3) 'Dependent' means a covered person's child by blood or by law who is less than 26 years of age. (b) If a carrier's contract with a subscriber provides coverage for a covered person's dependent under which coverage of the dependent terminates at a specific age before the dependent's 26th birthday, the contract must nevertheless provide coverage to the dependent after that specific age until the dependent's 26th birthday.*

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*District of Columbia (DC)*

DC mandated coverage in 2010 of dependent children if requested by the policyholder (D.C. Code § 31-2996.01 through § 31-2996.03; enacted by D.C. Law 18-252, approved on August 3, 2010, effective October 26, 2010). Dependent children included those under 26 years of age who did not have dependents of their own, were enrolled as full-time students, and did not have other coverage.

*D.C. Code § 31-2996.01: Definitions. ... For the purposes of this chapter, the term: (1) “Dependent child” means an insured’s child by blood or by law who: (A) Is under 26 years of age; (B) Has no dependent of his own; (C) Is enrolled as a full-time student at an accredited public or private institution of higher education; and (D) Is not provided coverage, or eligible to receive coverage, as a named subscriber, insured, enrollee, or covered person under any other group health plan or individual health plan, or entitled to benefits under Title XVIII of the Social Security Act, approved July 30, 1965 (Pub. L. No. 89-871; 42 U.S.C. § 1395 et seq.), at the time dependent coverage pursuant to this chapter begins. ...*

*D.C. Code § 31-2996.02: Dependent child coverage. ... (b) The health insurance coverage shall provide: (1) The same health insurance coverage benefits to a dependent child that are available to any other covered dependent; and (2) Health insurance coverage benefits to a dependent child at the same rate or premium applicable to any other covered dependent. ...*

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*Florida (FL)*

FL mandated coverage of children in 1992 (Fla. Stat. § 627.6562, enacted on March 24, 1992, effective October 1, 1992, via 1992 Fla. SB 2390) for those under 25 (precisely, until the end of the calendar year in which the child reaches the age of 25) if the child is dependent on the policyholder and either lives with the policyholder or is a full- or part-time student. In coding this law into a variable for use in our analysis, we did not consider FL to have a true student requirement, since this requirement was only necessary when the children did not live with their parents, and we judged that claims made by parents that their children lived with them would be so costly for insurers to verify that essentially any child meeting the age requirement would be able to secure coverage.

FL expanded this mandate in 2008 (by amending Fla. Stat. § 627.6562, applicable to policies issued or renewed on or after October 1, 2008, via 2008 Fla. SB 2534, enacted and effective May 21, 2008). Policyholders had the right to insure children under age of 30 (precisely, until the end of the calendar years in which they turned 30) if they were unmarried and without dependents of their own, and did not have other coverage. The restriction for children who reaches the age of 25 remains the same.

*Florida Statutes § 627.6562, as effective October 1, 1992: Dependent coverage. -- (1) If an insurer offers coverage that insures dependent children of the policyholder or certificateholder, the policy must insure a dependent child of the policyholder or certificateholder at least until the end of the calendar year in which the child reaches the age of 25, if the child meets all of the following: (a) The child is dependent upon the policyholder or certificateholder for support. (b) The child is living in the household of the policyholder or certificateholder, or the child is a full-time or part-time student. (2)*

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*Nothing in this section affects or preempts an insurer’s right to medically underwrite or charge the appropriate premium.*

*Florida Statutes § 627.6562, parts (1) and (2), as effective May 21, 2008 (and applicable to policies issued or renewed on or after October 1, 2008): (1) If an insurer offers coverage under a group, blanket, or franchise health insurance policy that insures dependent children of the policyholder or certificateholder, the policy must insure a dependent child of the policyholder or certificate holder at least until the end of the calendar year in which the child reaches the age of 25, if the child meets all of the following: (a) The child is dependent upon the policyholder or certificateholder for support. (b) The child is living in the household of the policyholder or certificateholder, or the child is a full-time or part-time student. (2) A policy that is subject to the requirements of subsection (1) must also offer the policyholder or certificateholder the option to insure a child of the policyholder or certificateholder at least until the end of the calendar year in which the child reaches the age of 30, if the child: (a) Is unmarried and does not have a dependent of his or her own; (b) Is a resident of this state or a full-time or part-time student; and (c) Is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.*

*Georgia (GA)*

Scott Barkowski & Joanne Song McLaughlin, “In sickness and in health...” Journal of Human Resources.

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GA mandated dependent coverage in 1983 by amending Georgia Code § 33-30-4, paragraph (4) via Ga. L. 1983, p. 3, § 24. It required insurers to continue coverage to children to age 25 (i.e., less than 25) who remained dependent on employees and enrolled as full-time students for at least five months (which we code the same as any student requirement that does not specify a minimum time period). As the last sentence of the paragraph notes, this mandate does not apply for plans in which an employer offers dependent coverage and pays the full cost itself. In coding this law for our analysis, we ignore this requirement because few employers pay for the full cost of employee health coverage. Using the 2001, 2004, and 2008 SIPP, we found that usually less than a fifth of GA employees had jobs where the employer paid the full cost of the employee’s coverage, and by the end of the 2008 panel, this portion was approximately ten percent or less. Moreover, the law goes beyond requiring the employer pay for the employee’s coverage; it requires the employer pay for the *dependent child’s coverage* 100 percent, something which we believe would almost never occur.<sup>34</sup>

In 2005, 2005 Ga. HB 291 (enacted May 2, 2005, effective July 1, 2005) extended the mandate to include age 25, subject to the same requirements otherwise as before.

*O.C.G.A. § 33-30-4 (4), as effective 1983: A provision that, with respect to termination of benefits for, or coverage of, any person who is a dependent child of an insured, the child shall continue to be insured to age 25 so long as the coverage of the member continues in effect, the child remains a dependent of the insured parent or guardian, and the child, in each calendar year since reaching any age specified for termination of benefits as a dependent, has been enrolled for five calendar months or more as a full-time*

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<sup>34</sup> We are not aware of a survey that we could use to confirm this.

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*student at a postsecondary institution of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to illness or injury. This paragraph shall not apply to group policies under which an employer provides coverage for dependents of its employees and pays the entire cost of the coverage without any charge to the employee or dependents.*

*O.C.G.A. § 33-30-4 (4), as effective July 1, 2005: A provision that, with respect to termination of benefits for, or coverage of, any person who is a dependent child of an insured, the child shall continue to be insured up to and including age 25 so long as the coverage of the member continues in effect, the child remains a dependent of the insured parent or guardian, and the child, in each calendar year since reaching any age specified for termination of benefits as a dependent, has been enrolled for five calendar months or more as a full-time student at a postsecondary institution of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to illness or injury. This paragraph shall not apply to group policies under which an employer provides coverage for dependents of its employees and pays the entire cost of the coverage without any charge to the employee or dependents.*

*Hawaii (HI)*

Hawaii does not mandate dependent coverage.

*Idaho (ID)*

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ID first mandated extended dependent coverage for policies offered to small employers (fewer than 50 employees) only in 1993. In 2008, ID superseded the small employer mandate by expanding it to all group and blanket policies – including small employers – by amending Idaho Code § 41-2210 via 2008 Ida. SB 1394, effective July 1, 2008. To be eligible, dependents had to be unmarried children under the age of 21, or unmarried children who were full-time students under the age of 25 and who were financially dependent upon their parents. In 2009, the coverage mandate was broadened by 2009 Ida. HB 108, effective July 1, 2009, to unmarried children under the age of 25 who received a majority of their financial support from their policy holding parents.

An unusual feature of Idaho law is of relevance here, as health insurance is grouped with other forms of insurance under the name “disability insurance”, per Idaho Code § 41-503. Hence, the laws we reference herein are found under sections of Idaho Code relevant to such “disability insurance”.

*Idaho Code § 41-2210 subsection (3), as effective July 1, 2008: Any group disability insurance contract or blanket disability insurance contract delivered or issued for delivery in this state shall provide that an unmarried child under the age of twenty-one (21) years or an unmarried child who is a full-time student under the age of twenty-five (25) years and who is financially dependent upon the parent shall be permitted to remain on the parent’s or parents’ contract. Further, any unmarried child of any age who is medically certified as disabled and financially dependent upon the parent is permitted to remain on the parent’s or parents’ contract.*

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*Idaho Code § 41-2210 subsection (3), as effective July 1, 2009: Any new or renewing group disability insurance contract or blanket disability insurance contract delivered or issued for delivery in this state shall provide that an unmarried child under the age of twenty-five (25) years and who receives more than one-half (1/2) of his financial support from the parent shall be permitted to remain on the parent's or parents' contract.*

*Further, any unmarried child of any age who is medically certified as disabled and financially dependent upon the parent is permitted to remain on the parent's or parents' contract.*

*Illinois (IL)*

A version of extended coverage for dependents has been available in IL since 2004 due to a continuation coverage law that allowed children to elect to continue coverage on their parents' policies for up to two years after exceeding their policies' limiting ages, as long as they did not have coverage under other employer-provided health plans. We interpret this as a mandate for dependent coverage for children under age 21 since our assumed ordinary limiting age is 19. Additionally, this law provides the children the option to convert their policy to an individual policy after this two year period, but we do *not* interpret this as a mandate, since as an individual policy, the coverage would not have the cost saving associated with employer-provided plans, and would therefore not result in any incentive to alter behavior. This continuation law is governed by 215 ILCS 5/367.2-5, added to state law by 2003 ILL. HB 3661. The law was effective on January 1, 2004, but its aspects that were relevant to insurance coverage applied to policies that were new or renewed after July 1, 2004.

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In 2009, IL added 215 ILCS 5/356z.12 to state law via 2007 ILL. HB 5285 (effective June 1, 2009), a more direct mandate on extended dependent coverage, which prohibited termination of coverage for unmarried dependents under age 26. This law was in addition to the continuation law, which was (and is) still in effect, so we interpret these laws as creating two possibilities: dependents under age 21 could retain their coverage regardless of marital status (as long as they did not have other employer-provided coverage), while unmarried dependents could retain it as long as they were under age 28 (since 215 ILCS 5/356z.12 would allow them to stay covered while under 26, and 215 ILCS 5/367.2-5 would allow them to continue this coverage for two more years) with the last two years having the requirement that they could not have other employer-provided coverage. Note that in coding this second possibility into our spreadsheet, we opted not to include the requirement about not having another source of employer-provided coverage in order to keep our coding and modeling simpler.

*215 ILCS 5/367.2-5, subsection (a), as effective January 1, 2004 (but as applying to policies after July 1, 2004): No policy of group accident or health insurance, nor any certificate thereunder shall be amended, renewed, delivered, or issued for delivery in this state after July 1, 2004, unless the policy provides for a continuation of the existing insurance benefits for an employee's dependent child who is insured under the provisions of that group policy or certificate in the event of the death of the employee and the child is not eligible for coverage as a dependent under the provisions of section 367.2 or the dependent child has attained the limiting age under the policy.*

*And from the same section as above, subsection (e): Continuation coverage provided under this act shall terminate upon the earliest to happen of the following: (1) the failure*

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*to pay premiums when due, including any grace period allowed by the policy; (2) when coverage would terminate under the terms of the existing policy if the dependent child was still an eligible dependent of the employee; (3) the date on which the dependent child first becomes, after the date of election, an insured employee under any other group health plan; or (4) the expiration of 2 years from the date continuation coverage began. Upon the termination of continuation coverage, the dependent child shall be entitled to convert the coverage to an individual policy.*

*215 ILCS 5/356z.12, subsection (a), as effective June 1, 2009: A group or individual policy of accident and health insurance or managed care plan that provides coverage for dependents and that is amended, delivered, issued, or renewed after the effective date of this amendatory act of the 95th general assembly shall not terminate coverage or deny the election of coverage for an unmarried dependent by reason of the dependent’s age before the dependent’s 26th birthday.*

*Indiana (IN)*

IN mandated expanded dependent coverage in 2007 (Indiana Code § 27-8-5-28, enacted by 2007 Ind. HEA 1678, effective July 1, 2007) where any child under age 24 was eligible (with no other limiting conditions). The age limit was raised to include those under 26 in 2011, and no other conditions were added. This change was implemented by amendment of the same section of state law (Indiana Code § 27-8-5-28, amended via 2011 Ind. SEA 461), and which was retroactively effective on September 23, 2010 to coincide with the passage of the ACA.

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*Indiana Code 27-8-5-28, as effective July 1, 2007: A policy of accident and sickness insurance may not be issued, delivered, amended, or renewed unless the policy provides for coverage of a child of the policyholder or certificate holder, upon request of the policyholder or certificate holder, until the date that the child becomes twenty-four (24) years of age.*

*Indiana Code 27-8-5-28, effective September 23, 2010: A policy of accident and sickness insurance may not be issued, delivered, amended, or renewed unless the policy provides for coverage of a child of the policyholder or certificate holder, upon request of the policyholder or certificate holder, until the date that the child becomes twenty-six (26) years of age.*

*Iowa (IA)*

IA mandated expanded dependent coverage in 2008 via Iowa Code § 509.3, which was enacted by 2007 Ia. HF 2539 (enacted and effective May 13, 2008). Eligible dependents included children who were unmarried and under age 25, and unmarried children who were full-time students without age restriction. In 2009, the mandate in this section was strengthened via 2009 Ia. SF 389 by allowing reenrollment (not just continuation), but this change did not affect the relevant restrictions regarding age, marital status, or school enrollment.

Before the 2008 enactment of the mandate for the broader insurance market, a 1986 law created state provided policies for individuals unable to obtain health insurance elsewhere. These policies have limiting ages of 25 for unmarried, student dependents. This law has a narrow focus

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and did not apply to the general market. See 86 Acts, ch. 1156, § 7 and the history of Iowa Code § 514E.7.

*Iowa Code § 509.3, section 8, as effective May 13, 2008: A provision that the insurer will permit continuation of existing coverage for an unmarried child of an insured or enrollee who so elects, at least through the policy anniversary date on or after the date the child marries, ceases to be a resident of this state, or attains the age of twenty-five years old, whichever occurs first, or so long as the unmarried child maintains full-time status as a student in an accredited institution of postsecondary education.*

*Iowa Code § 509.3, section 8, as effective July 1, 2009: A provision that the insurer will permit continuation of existing coverage or reenrollment in previously existing coverage for an individual who meets the requirements of section 513b.2, subsection 14, paragraph “a”, “b”, “c”, “d”, or “e”, and who is an unmarried child of an insured or enrollee who so elects, at least through the policy anniversary date on or after the date the child marries, ceases to be a resident of this state, or attains the age of twenty-five years old, whichever occurs first, or so long as the unmarried child maintains full-time status as a student in an accredited institution of postsecondary education.*

*Note: This section is specified under 1(h) under the current version of statute Iowa Code § 509.3. There is no change in language.*

*Kansas (KS)*

Scott Barkowski & Joanne Song McLaughlin, “In sickness and in health...” Journal of Human Resources.

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KS does not mandate expanded dependent coverage (confirmed by the state insurance department).

#### *Kentucky (KY)*

In 2008, KY mandated expanded dependent coverage by adding Chapter 304.17A, section 256 to the Kentucky Revised Statutes (KRS) via 2008 Ky. HB 440 (enacted April 24, 2008, effective July 15, 2008). The law required insurers to offer groups two options on how to treat dependents, and we take the option that is more restrictive as the mandate here, since as a rule, employers (i.e., master policy holder) always have the option to exceed the mandates of their states if one is available, and the less restrictive option simply requires at least one less restrictive option. Hence, we interpret the mandate here as being for unmarried children who are full-time students who are financially dependent on their parents and who are under age 25.

*KRS § 304.17A-256, subsection (1), as effective July 15, 2008: All group health benefit plans which provide dependent benefits shall offer the master policyholder the following two (2) options to purchase coverage for an unmarried dependent child: (a) Coverage until age nineteen (19) and coverage to unmarried children from nineteen (19) to twenty-five (25) years of age who are full-time students enrolled in and attending an accredited educational institution and who are primarily dependent on the policyholder for maintenance and support; and (b) Coverage until age twenty-five (25).*

#### *Louisiana (LA)*

Scott Barkowski & Joanne Song McLaughlin, “In sickness and in health...” Journal of Human Resources.

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LA first mandated expanded dependent coverage in 1974 by adding § 22:215.4 to the Louisiana Revised Statutes (R.S.) via Acts 1974, No. 505 (HB 1629), effective July 12, 1974. The law provided that unmarried students under age 24 who were financially dependent on their parents could remain as dependents on their parents’ policies. This law was not amended until 1997, when Acts 1997, No. 1175 (SB 1512), effective August 15, 1997, expanded the law so that children experiencing mental health problems could maintain coverage without being students. Since this aspect of the law is not relevant to the vast majority of the population, we do not adjust our coding of the laws in any way in response to this law change, but include it here for completeness since it also modified the structure of the statute. Additionally, the law underwent very minor wording changes via Acts 2003, No. 129 (HB 1466), which do not affect our coding (two instances of the word “franchise” were changed to “association”).

In 2009, the state changed the numbering system for the R.S., and so R.S. 22:215.4 became R.S. 22:1003 via Acts 2008, No. 415 (SB 335). The substance of the statute, however, was unchanged.

On August 15, 2010, the statute was again amended via Acts 2010, No. 912 (HB 244) to mimic ACA requirements, so that any children could remain on their parents’ policies until age 26. The law also followed the ACA in that, for plans that pre-existed the law, the mandate did not apply until 2014 for children who also had an offer for employer-provided health insurance. Since we expect that this provision would apply for the substantial portion of group plans that existed after 2010 and before 2014, we code this law as requiring no other insurance coverage from 2010 through 2013. From 2014 and after, we code the law as having no requirement on other insurance coverage.

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The statute was further amended at the start of 2011 (Acts 2010, No. 919; HB 464), but only one word changed (“said” to “such”), having no impact on the extent of the mandate. Additionally, a later amendment in 2011 (Acts 2011, No. 360; HB 462) and one in 2014 (Acts 2014, No. 811; HB 63) governed the extension of the mandate to other benefits, such as dental and vision insurance, and did not impact the mandate for group health insurance. Since our focus is on group health insurance, these changes do not affect our coding of the laws, and we do not list the statute changes here.

*R.S. § 22:215.4, as effective July 12, 1974: Coverage of unmarried students. Students who are unmarried children who have not yet attained the age of twenty-four and who are enrolled as full-time students at an accredited college or university, or at a vocational, technical, vocational-technical or trade school or institute, or secondary school, and who are dependent upon the primary insured under any group health and accident or franchise health and accident insurance policy issued in this state for their support, shall be considered as dependents under the provisions of said policy. The provisions of this section shall apply to all policies issued more than 90 days following July 31, 1974. Any insurer who, on July 31, 1974, has health and accident insurance policies in force shall have until July 31, 1975 to convert such existing policies to conform to the provisions of this section.*

*R.S. § 22:215.4, as effective August 15, 1997: Coverage of unmarried students A.(1) Except as provided in Paragraph (2) of this Subsection, students who are unmarried children who have not yet attained the age of twenty-four and who are enrolled as full-time students at an accredited college or university, or at a vocational, technical,*

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*vocational-technical or trade school or institute, or secondary school, and who are dependent upon the primary insured under any group health and accident or franchise health and accident insurance policy or health maintenance organization subscriber agreement issued in this state for their support, shall be considered as dependents under the provisions of said policy. (2) Every unmarried child under the age of twenty-four who is enrolled as a full-time student at an accredited college or university, or a vocational, technical, vocational-technical, or trade school or institute, or secondary school and who is dependent for their support on the primary insured under any group health and accident or franchise health and accident insurance policy issued in this state shall continue to be considered a dependent under the provisions of such policy if the unmarried child develops a mental or nervous condition, problem, or disorder which renders the unmarried child, in the opinion of a qualified psychiatrist, subject, if deemed necessary by the insurer or health maintenance organization, to a second opinion, unable to attend school as a full-time student and from holding self-sustaining employment until the student reaches the age of twenty-four. B. The provisions of this Section shall apply to all policies issued or renewed or issued for delivery in this state after September 1, 1997. Any insurer who, on September 1, 1997, has health and accident insurance policies or health maintenance organization subscriber agreements in force in this state shall have until September 1, 1998 to convert such existing policies to conform to the provisions of this Section.*

*R.S. § 22:1003, as effective August 15, 2010: Coverage of children for group and individual health and accident insurance; exception. A. Children, including a grandchild*

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*in the legal custody of and residing with a grandparent, until the age of twenty-six shall be considered as dependents of the primary insured or enrollee under the provisions of any family group health and accident insurance policy, group health and accident insurance policy, or similar coverage issued by a health maintenance organization in this state. B. For group plans in existence before March 23, 2010, only, the provisions of this Section shall apply only if the child is not eligible to enroll in an eligible employer-sponsored health plan. The provisions of this subsection shall not apply for plan years beginning after January 1, 2014. C. The provisions of this Section shall apply to all policies issued or renewed or issued for delivery in this state after September 23, 2010.*

*Maine (ME)*

ME first established a dependent coverage mandate in 2007 by enacting 24-A Maine Revised Statutes (MRSA) § 2833-B, enacted May 14, 2007 and effective September 19, 2007, via 2007 ME Ch. 115 (HP 640).<sup>35</sup> This statute required coverage for children under age 25 who were unmarried, without their own dependents, and who did not have other coverage. The requirement that the child not have other insurance was dropped effective June 29, 2008, when the statute was amended by 2007 ME Ch. 514 (HP 1450, enacted March 25, 2008).<sup>36</sup>

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<sup>35</sup> Maine’s constitution states that, except for special cases, legislation goes into effect 90 days after the end of the legislative session in which it was passed. Since the session in which 2007 Me. HP 640 was passed ended on June 21, 2007, this implies the effective date given. See Me. Const. Art. IV, Pt. 3, § 16 about the effective date and the history of 123<sup>rd</sup> 1<sup>st</sup> regular session period for the session end date.

<sup>36</sup> 2007 Me. HP 1450 was part of second regular session and this session ended on March 31, 2008. We code the effective date as June 29, 2008 because it is 90 days after the end of the session.

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*MRSA § 2833-B, as effective September 19, 2007: Mandatory offer to extend coverage for dependent children up to 25 years of age. 1. Dependent child; definition. As used in this section, “dependent child” means the child of a person covered under a group health insurance policy when that child: A. Is unmarried; B. Has no dependent of the child’s own; C. Is a resident of this state or is enrolled as a full-time student at an accredited public or private institution of higher education; and D. Is not provided coverage under any other individual or group health insurance policy or health maintenance organization contract or under a federal or state government program. 2. Offer to extend coverage. Notwithstanding section 2822, a group health insurance policy that provides coverage for a dependent child must offer to extend coverage, at the option of the policyholder, until the dependent child is 25 years of age. An insurer may require, as a condition of eligibility for continued coverage in accordance with this section, that a covered person seeking continued coverage for a dependent child provide written documentation on an annual basis that the dependent child meets or continues to meet the requirements in subsection 1.*

*MRSA § 2833-B, as effective June 29, 2008: Mandatory offer to extend coverage for dependent children up to 25 years of age. 1. Dependent child; definition. As used in this section, “dependent child” means the child of a person covered under a group health insurance policy when that child: A. Is unmarried; B. Has no dependent of the child’s own; and C. Is a resident of this state or is enrolled as a full-time student at an accredited public or private institution of higher education. 2. Offer to extend coverage. Notwithstanding section 2822, a group health insurance policy that offers coverage for a*

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*dependent child must offer such coverage, at the option of the policyholder, until the dependent child is 25 years of age. An insurer may require, as a condition of eligibility for coverage in accordance with this section, that a person seeking coverage for a dependent child provide written documentation on an annual basis that the dependent child meets the requirements in subsection 1.*

*Maryland (MD)*

MD mandated expanded dependent coverage in 2008 by enacting MD Insurance Code Ann. § 15-418 via 2007 Md. Chap. 639 (HB 1057). This new law was effective June 1, 2007, but its dependent coverage provisions did not apply to policies until January 1, 2008. Coverage was mandated for children who were unmarried, under the age of 25 years, and financially dependent on their parents. The same statute was amended in 2014 by 2013 Md. Chap. 368 (HB 361), enacted May 2, 2013 and effective January 1, 2014, where the only substantive change was the removal of the requirement that children be financially dependent on their parents.

*MD Insurance Code Ann. § 15-418, as effective January 1, 2008: [...] (a) (3): “Child dependent” means an individual who: (i) is: 1. The natural child, stepchild, adopted child, or grandchild of the insured; 2. a child placed with the insured for legal adoption; or 3. a child who is entitled to dependent coverage under section 15-403.1 of this subtitle; (ii) is a dependent of the insured as that term is used in 26 u.s.c. sections 104, 105, and 106, and any regulations adopted under those sections; (iii) is unmarried; and (iv) is under the age of 25 years. (b) (1) this section applies to: (i) each policy of individual or group health insurance that is issued in the state; (ii) each contract that is issued in the state by a nonprofit health service plan; and (iii) each contract that is issued*

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*in the state by a health maintenance organization. [...] (c) Each policy or contract subject to this section that provides coverage for dependents shall: (1) include coverage for a child dependent; (2) provide the same health insurance benefits to a child dependent that are available to any other covered dependent; and (3) provide health insurance benefits to a child dependent at the same rate or premium applicable to any other covered dependent. [...]*

*MD Insurance Code Ann. § 15-418, as effective January 1, 2014: [...] (a) (3): “Child dependent” means an individual who: (i) is: 1. the grandchild of the insured; or 2. a child who is entitled to dependent coverage under Section 15-403.1 of this subtitle; (ii) is unmarried; and (iii) is under the age of 25 years. (b) (1) This section applies to: (i) each policy of individual or group health insurance that is issued in the State; (ii) each contract that is issued in the State by a nonprofit health service plan; and (iii) each contract that is issued in the State by a health maintenance organization. [...] (c) Each policy or contract subject to this section that provides coverage for dependents shall: (1) include coverage for a child dependent; (2) provide the same health insurance benefits to a child dependent that are available to any other covered dependent; and (3) provide health insurance benefits to a child dependent at the same rate or premium applicable to any other covered dependent. [...]*

*Massachusetts (MA)*

Expanded coverage of dependents is mandated by the Annotated Laws of Massachusetts General Laws, chapter 175, section 108 (ALM GL ch. 175 §108). Access above age 19 was first required

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as of January 1, 2007. Three acts were passed that amended the pre-existing law on dependent coverage and were effective that day, but the one that carried the final version that superseded the others was 2006 Mass. Ch. 450 (2005 SB 2783). The amended law expanded coverage availability to children up to age 26, subject to maintaining status as a dependent per the Internal Revenue Code (IRC). The statute was not specific regarding which section of the IRC was relevant, so we base our interpretation on 26 U.S.C. § 152. This section limits dependents to be unmarried students under the age of 24. That said, in interpreting the state law for implementation into our analysis, we code the law as not placing any restrictions on children except for the age limit of 26. Our rationale for this stems from the feature of the law that requires children to be able to stay on parental coverage for 2 years (or until age 26) after loss of dependent status under the IRC. We reason that this lengthy continuation period provides a substantial reduction in the disincentive effect on marriage, since even if someone did lose dependent status by getting married, he or she would have a long grace period to find alternative coverage. We, therefore, believe that coding the law as placing no restrictions other than age is the best approximation of the actual law.

A year after the original expansion, the statute was again amended by 2007 Mass. Ch. 205 (SB 2426), effective January 1, 2008, which clarified which section of the IRC was relevant to dependent status. Though the amendment specified 26 U.S.C. § 106, there is no mention of dependent status in that section of the IRC. That said, we believe that by specifying 26 U.S.C. § 106, the statute confirms our interpretation that the definition found in 26 U.S.C. § 152 is the relevant one. The reason for this belief is the first statement in § 152, which says, “For purposes of *this subtitle*, the term ‘dependent’ means...” (emphasis ours). Here the section declares that the definition of dependent found in § 152 applies to the entire subtitle of the IRC – which

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includes 26 U.S.C. § 106. Hence, the definition of dependent that applies in the section of the IRC referenced by the MA statute is the one found in 26 U.S.C. § 152.

The above discussion notwithstanding, we do not change our coding of the law in response to this amendment since the 2 years of continuation feature of the law was not changed.

The last relevant amendment to the law on expanded coverage came from 2013 Mass. Ch. 35 (HB 3452), which was effective January 1, 2014. This amendment brought the state law into closer agreement with the ACA by removing the restrictions related to the IRC definition of dependency and the 2 year continuation feature, and simply made coverage available to all children up to age 26. Thus, this amendment, like the previous, has no effect on our coding of the law for our analysis.

*ALM GL ch. 175 §108:2(a), as effective March 5, 1965: It purports to insure only one person, except that a policy may insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, any two or more eligible members of that family, including husband, wife, dependent children or any children under a specified age which shall not exceed nineteen years and any other person dependent upon the policyholder; provided, that where a policy provides for termination of a dependent child's coverage at a specified age, and where such a child is mentally or physically incapable of earning his own living on the termination date, the policy shall continue to insure such child while the policy is in force and so long as such incapacity continues, if due proof of such incapacity is received by the insurer within thirty-one days of such termination date. The term "dependent children" as used in this provision shall include children of adopting parents during pendency of adoption procedures under the provisions of chapter two hundred and ten; and.*

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*ALM GL ch. 175 §108:2(a), as effective January 1, 2007: It purports to insure only 1 person, except that a policy must insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, 2 or more eligible members of that family, including the policyholder, spouse, dependent children and other dependent persons, children during pendency of adoption procedures under chapter 210, children under 26 years of age or for 2 years following loss of dependent status under the Internal Revenue Code, whichever occurs first, and children who are mentally or physically incapable of earning their own living, if due proof of such incapacity is received by the insurer within 31 days of the date upon which the coverage would otherwise be terminated; and.*

*ALM GL ch. 175 §108:2(a), as effective January 1, 2008: It purports to insure only 1 person, except that a policy must insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, 2 or more eligible members of that family, including the policyholder, spouse, dependent children and other dependent persons, children during pendency of adoption procedures under chapter 210, children under 26 years of age or for 2 years after the end of the calendar year in which such persons last qualified as dependents under 26 U.S.C. 106, whichever occurs first, and children who are mentally or physically incapable of earning their own living, if due proof of such incapacity is received by the insurer within 31 days of the date upon which the coverage would otherwise be terminated; and.*

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*ALM GL ch. 175 §108:2(a), as effective January 1, 2014: It purports to insure only 1 person, except that a policy, excluding contracts which provide stand-alone dental services, shall insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be considered the policyholder, 2 or more eligible members of that family, including the policyholder, spouse, dependent children and other dependent persons, children during pendency of adoption procedures under chapter 210, children under 26 years of age and children who are mentally or physically incapable of earning their own living, if due proof of the incapacity is received by the insurer within 31 days of the date upon which the coverage would otherwise be terminated; and.*

*Michigan (MI)*

MI does not mandate expanded dependent coverage (confirmed by the state insurance department).

*Minnesota (MN)*

Expanded coverage for dependents in MN was first mandated by the Minnesota Statutes (M.S.) § 62A.302 in 1993 via 1991 Minn. H.F. No. 2800 (1992 Minn. Chapter Law 549).<sup>37</sup> Enacted April 23, 1992 and effective July 1, 1993, this law expanded coverage to dependents who were unmarried, full-time students under 25 and financially dependent on the parent with the

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<sup>37</sup> This statute that governed the relevant definition of dependent (M.S. § 62L.02, subdivision 11) was amended before it went into effect on July 1, 1993. The amending law was 1993 Minn. S.F. No. 419 (1993 Minn. Chapter Law 247), and the language we provide here incorporates its amendments.

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insurance coverage. Effective May 11, 1994, financial dependence could no longer be used to exclude a dependent (per the amendment to M.S. § 62L.02, subdivision 11 made by 1994 Minn. S.F. No. 2192 / 1994 Minn. Chapter Law 625). On January 1, 2008, status as a student could no longer be required, either (as reflected by the amendment to M.S. § 62L.02, subdivision 11 made by 2007 Minn. H.F. No. 1078 / 2007 Minn. Chapter Law 147). Finally, effective May 25, 2013, per amendment to M.S. § 62A.302 (by 2013 Minn. H.F. No. 779 / 2013 Minn. Chapter Law 84), dependent status could not be restricted for children under 26 years of age.

#### M.S. § 62A.302

*... as effective July 1, 1993:*<sup>38</sup>

*Subdivision 1. (Scope of coverage.) This section applies to all health plans as defined in section 62A.011.*

*Subd. 2. (Required coverage.) Every health plan included in subdivision 1 that provides dependent coverage must define “dependent” no more restrictively than the definition provided in section 62L.02.*

*... as effective August 1, 2001:*<sup>39</sup>

*Subdivision 1. (Scope of coverage.) This section applies to: (1) a health plan as defined in section 62a.011; (2) coverage described in section 62a.011, subdivision 3, clauses (4), (6), (7), (8), (9), and (10); and (3) a policy, contract, or certificate issued by a community integrated service network licensed under chapter 62n.*

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<sup>38</sup> Enacted by 1991 Minn. H.F. No. 2800 (1992 Minn. Chapter Law 549).

<sup>39</sup> Amended per 2001 Minn. S.F. No. 1054 (2001 Minn. Chapter Law 215). No effective date for the relevant section of this bill is given in the bill, so per M.S. § 645.02, the effective date is August 1, 2001.

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*Subd. 2. (Required coverage.) Every health plan included in subdivision 1 that provides dependent coverage must define “dependent” no more restrictively than the definition provided in section 62L.02.*

*... as effective May 25, 2013:<sup>40</sup>*

*Subdivision 1. (Scope of coverage.) This section applies to: (1) a health plan as defined in section 62A.011; and (2) a policy, contract, or certificate issued by a community integrated service network licensed under chapter 62N.*

*Subd. 2. (Required coverage.) Every health plan included in subdivision 1 that provides dependent coverage must define "dependent" no more restrictively than the definition provided in section 62L.02, subdivision 11.*

*Subd. 3. (No additional restrictions permitted.) Any health plan included in subdivision 1 that provides dependent coverage of children shall make that coverage available to children until the child attains 26 years of age. A health carrier must not place restrictions on this coverage and must comply with the following requirements: (1) with respect to a child who has not attained 26 years of age, a health carrier shall not define dependent for purposes of eligibility for dependent coverage of children other than the terms of a relationship between a child and the enrollee or spouse of the enrollee; (2) a health carrier must not deny or restrict coverage for a child who has not attained 26 years of age based on (i) the presence or absence of the child's financial dependency upon the participant, primary subscriber, or any other person; (ii) residency with the participant and in the individual market the primary subscriber, or with any other person; (iii) marital status; (iv) student status; (v) employment; or (vi) any combination*

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<sup>40</sup> Amended per 2013 Minn. H.F. No. 779 (2013 Minn. Chapter Law 84).

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*of those factors; and (3) a health carrier must not deny or restrict coverage of a child based on eligibility for other coverage, except as provided in subdivision 5.*

*Subd. 4. (Grandchildren.) Nothing in this section requires a health carrier to make coverage available for a grandchild, unless the grandparent becomes the legal guardian or adoptive parent of that grandchild or unless the grandchild meets the requirements of section 62A.042. For grandchildren included under a grandparent's policy pursuant to section 62A.042, coverage for the grandchild may terminate if the grandchild does not continue to reside with the covered grandparent continuously from birth, if the grandchild does not remain financially dependent upon the covered grandparent, or when the grandchild reaches age 25, except as provided in section 62A.14 or if coverage is continued under section 62A.20.*

*Subd. 5. (Terms of coverage of dependents.) The terms of coverage in a health plan offered by a health carrier providing dependent coverage of children cannot vary based on age except for children who are 26 years of age or older.*

*Subd. 6. (Opportunity to enroll.) A health carrier must comply with all provisions of the Affordable Care Act in regards to providing an opportunity to enroll in coverage to any child whose coverage ended, or was not eligible for coverage under a group health plan or individual health plan because, under the terms of the coverage, the availability of dependent coverage of a child ended before age 26.*

*Subd. 7. (Grandfathered plan coverage.) (a) For plan years beginning before January 1, 2014, a group health plan that is a grandfathered plan and makes available dependent coverage of children may exclude an adult child who has not attained 26 years of age from coverage only if the adult child is eligible to enroll in an eligible*

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*employer-sponsored health benefit plan, as defined in section 5000A(f)(2) of the Internal Revenue Code, other than the group health plan of a parent. (b) For plan years beginning on or after January 1, 2014, a group health plan that is a grandfathered plan must comply with all requirements of this section.*

*Subd. 8. (Compliance.) This section does not require compliance with any provision of the Affordable Care Act before the effective date provided for that provision in the Affordable Care Act.*

*Subd. 9. (Enforcement.) The commissioner shall enforce this section.*

**M.S. § 62L.02, subdivision 11**

*... as effective July 1, 1993:<sup>41</sup> “Dependent” means an eligible employee’s spouse, unmarried child who is under the age of 19 years, unmarried child under the age of 25 years who is a full-time student as defined in section 62a.301 and financially dependent upon the eligible employee, or dependent child of any age who is handicapped and who meets the eligibility criteria in section 62a.14, subdivision 2. For the purpose of this definition, a child may include a child for whom the employee or the employee’s spouse has been appointed legal guardian.*

*... as effective May 11, 1994:<sup>42</sup> “Dependent” means an eligible employee’s spouse, unmarried child who is under the age of 19 years, unmarried child under the age of 25 years who is a full-time student as defined in section 62A.301, dependent child of any age who is handicapped and who meets the eligibility criteria in section 62A.14, subdivision 2, or any other person whom state or federal law requires to be treated as a*

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<sup>41</sup> Enacted by 1991 Minn. H.F. No. 2800 (1992 Minn. Chapter Law 549).

<sup>42</sup> Amended per 1994 Minn. S.F. No. 2192 (1994 Minn. Chapter Law 625).

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*dependent for purposes of health plans. For the purpose of this definition, a child may include a child for whom the employee or the employee's spouse has been appointed legal guardian.*

*... as effective January 1, 2008:<sup>43</sup> “Dependent” means an eligible employee's spouse, unmarried child who is under the age of 25 years, dependent child of any age who is disabled and who meets the eligibility criteria in section 62A.14, subdivision 2, or any other person whom state or federal law requires to be treated as a dependent for purposes of health plans. For the purpose of this definition, a child includes a child for whom the employee or the employee's spouse has been appointed legal guardian and an adoptive child as provided in section 62A.27.*

*... as effective May 25, 2013:<sup>44</sup> “Dependent” means an eligible employee's spouse, dependent child to the limiting age as defined in section 62Q.01, subdivision 9, dependent child of any age who is disabled and who meets the eligibility criteria in section 62A.14, subdivision 2, or any other person whom state or federal law requires to be treated as a dependent for purposes of health plans. For the purpose of this definition, a dependent child to the limiting age as defined in section 62Q.01, subdivision 9, includes a child for whom the employee or the employee's spouse has been appointed legal guardian and an adoptive child as provided in section 62A.27. A*

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<sup>43</sup> Amended per 2007 Minn. H.F. No. 1078 (2007 Minn. Chapter Law 147). Since 1994, M.S. § 62L.02, subdivision 11 had also been affected by two other amendments resulting in changes that did not affect the coverage mandate for adult dependents. 1995 Minn. S.F. No. 845 (1995 Minn. Chapter Law 234) made a very minor wording change, while 1997 Minn. S.F. No. 1715 (1997 Minn. Chapter Law 175) added language clarifying that adopted children were included as dependents.

<sup>44</sup> Amended per 2013 Minn. H.F. No. 779 (2013 Minn. Chapter Law 84).

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*child also means a grandchild as provided in section 62A.042 with continued eligibility of grandchildren as provided in section 62A.302, subdivision 4.*

[NOTE: There is no subdivision 9 in M.S. § 62Q.01, and it has never existed.

According to the Minnesota Office of the Revisor of Statutes, the reference to subdivision 9 in the section quoted above is incorrect and should be to subdivision 2a. After we brought this issue to their attention, the Minnesota State Legislature changed the law so that instead of referencing subdivision 9 it references subdivision 2a (2017 Minn. Chapter Law 99 § 1, which went into effect June 1<sup>st</sup>, 2017). We have provided the text of subdivision 2a below. The implications of this reference to the (at the time) non-existent subdivision on the law are unclear, but in our view, the new language added to M.S. § 62A.302 at the same time as this amendment makes the requirements for expanded dependent coverage clear, and the definition provided in subdivision 2a irrelevant for our purposes.]

*M.S. § 62Q.01, subdivision 2a, as effective May 25, 1993.<sup>45</sup> (Dependent child to the limiting age.) "Dependent child to the limiting age" or "dependent children to the limiting age" means those individuals who are eligible and covered as a dependent child under the terms of a health plan who have not yet attained 26 years of age. A health plan company must not deny or restrict eligibility for a dependent child to the limiting age based on financial dependency, residency, marital status, or student status. For coverage under plans offered by the Minnesota Comprehensive Health Association, dependent to the limiting age means dependent as defined in section 62A.302, subdivision 3.*

*Notwithstanding the provisions in this subdivision, a health plan may include: (1)*

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<sup>45</sup> Amended per 2013 Minn. H.F. No. 779 (2013 Minn. Chapter Law 84).

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*eligibility requirements regarding the absence of other health plan coverage as permitted by the Affordable Care Act for grandfathered plan coverage; or (2) an age greater than 26 in its policy, contract, or certificate of coverage.*

#### *Mississippi (MS)*

MS does not have a standard mandate for expanded dependent coverage, and the limiting age for dependents is restricted to be no higher than 19 (Miss. Code Ann. § 83-9-3, subsection 1c).

#### *Missouri (MO)*

MO mandated dependent coverage by enacting, § 376.426 R.S.Mo. on June 1, 2007, effective January 1, 2008, via 2007 Mo. HB 818.<sup>46</sup> The relevant paragraph of the statute has not changed since enactment. This statute requires that every group health insurance policy should have a provision that establishes eligibility for continued coverage for dependent child who is unmarried, no more than twenty-five years of age, a resident of MO, and does not have his or her own health benefit plan. Guidance provided by the MO Department of Insurance (Bulletin 07-06: HB 818 (2007) dependent age revisions) provides an interpretation of the language of the statute, “...and no more than twenty-five years of age”, as “at 12:01 a.m. on the 25<sup>th</sup> birthday of the eligible dependent, that person no longer meets the definition of a dependent.” Therefore, we exclude individuals age 25 and above from the coverage mandate.

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<sup>46</sup> §354.536 R.S.Mo. for HMO and § 376.776 R.S.Mo. for individual policy.

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*§ 376.426 R.S.Mo., as effective January 1, 2008: No policy of group health insurance shall be delivered in this state unless it contains in substance the following provisions [...]: (17) A provision stating that if a policy provides that coverage of a dependent child terminates upon attainment of the limiting age for dependent children specified in the policy, such policy, so long as it remains in force, until the dependent child attains the limiting age, shall remain in force at the option of the certificate holder. Eligibility for continued coverage shall be established where the dependent child is: (a) Unmarried and no more than that twenty-five years of age; and (b) A resident of this state; and (c) Not provided coverage as a named subscriber, insured, enrollee, or covered person under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89-97, 42 U.S.C. Section 1395, et seq.*

*Montana (MT)*

MT enacted dependent coverage 33-22-152, MCA on April 28, 2007, effective January 1, 2008 via 2007 Mt. SB 419 and defines the definition of dependents in 33-22-140, MCA to include unmarried children under age 25 who do not have their own insurance.

*33-22-152, MCA, as effective January 1, 2008: A health insurance issuer that issues or renews an individual or a group health insurance policy, certificate, or membership contract under which an individual's or employee's dependents are eligible for coverage may not terminate coverage on the basis of the age of an unmarried dependent, as defined in 33-22-140(5)(b), prior to the dependent reaching 25 years of age. Except as*

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*otherwise provided by law, the continuation of the coverage of the dependent, as defined in 33-22-140(5)(b), is at the option of the covered employee.*

*33-22-140(5), MCA, as effective January 1, 2008: “Dependent” means: [...] (b) an unmarried child under 25 years of age: (i) who is not an employee eligible for coverage under a group health plan offered by the child’s employer for which the child’s premium contribution amount is no greater than the premium amount for coverage as a dependent under a parent’s individual or group health plan; (ii) who is not a named subscriber, insured, enrollee, or covered individual under any other individual health insurance coverage, group health plan, government plan, church plan, or group health insurance; (iii) who is not entitled to benefits under 42 U.S.C. 1395, et seq.; and (iv) for whom the insured parent has requested coverage; [...].*

*Nebraska (NE)*

NE does not have a standard mandate for expanded dependent coverage, but it does have a coverage continuation law. Originally enacted by 2009 Neb. LB 551 (2009 Neb. Laws 551) and effective January 1, 2010, the bill added R.R.S. Neb. § 44-7,103 which gave the option for unmarried children under 30 without other sources of health insurance to continue their coverage through their parents’ insurance by electing continuation and paying the cost of the plan not covered by an employer (employers were not required to pay anything, but were not prohibited from doing so). This law has not been amended since its enactment.

*R.R.S. Neb. § 44-7,103, as effective January 1, 2010: Continuing coverage for children to age thirty; requirements.*

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*(1) For purposes of this section, health benefit plan means any expense-incurred individual or group sickness and accident insurance policy, health maintenance organization contract, subscriber contract, or self-funded employee benefit plan...*

*(2) Notwithstanding section 44-3,131, any health benefit plan that provides coverage for children shall provide for continuing coverage for such children as follows:*

*(a) If coverage under the health benefit plan would otherwise terminate because a covered child ceases to be a dependent, ceases to be a full-time student, or attains an age which exceeds the specified age at which coverage ceases pursuant to the plan, the health benefit plan shall provide the option to the insured to continue coverage for such child through the end of the month in which the child (i) marries, (ii) ceases to be a resident of the state, unless the child is under nineteen years of age or is enrolled on a full-time basis in any college, university, or trade school, (iii) receives coverage under another health benefit plan or a self-funded employee benefit plan that is not included in the definition of a health benefit plan under subsection (1) of this section but provides similar coverage, or (iv) attains thirty years of age; and*

*(b) The health benefit plan may require: (i) A written election from the insured; and (ii) An additional premium for the child. Such premium shall not vary based upon the health status of the child and shall not exceed the amount the health benefit plan would receive for an identical individual for a single adult insured. No employer shall be required to contribute to any additional premium under this subdivision.*

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NV does not mandate dependent coverage.

*New Hampshire (NH)*

The relevant sections for accident and health insurance is RSA 415:5. NH enacted dependent coverage on July 17, 2007, effective September 15, 2007 via 2007 NH HB 790 (2007 NH Ch. 352). When it was enacted, dependent is defined as a child who is (a) Is less than 26 years of age; (b) Is unmarried; (c) Is a resident of New Hampshire or is enrolled as a student at a public or private institution of higher education; and (d) Is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group or individual health benefits plan.

Dependent was redefined on July 16, 2009 effective September 14, 2009 via 2009 NH HB 330 (2009 NH Ch. 235) as one who is unmarried and one of the following: (a) Under age 19, (b) Under age 25 if the child is full-time enrolled student at an educational institution, (c) Under 26, a resident of NH, and is not provided coverage as a named insured.

Dependent was redefined again on July 1, 2010, effective September 23, 2010 via, 2009 NH SB 455 (2010 NH Ch. 243) as a child under age 26 without any restrictions. This statute has not been amended since this change.

*RSA 415:5 I (3), before September 15, 2007: No policy of accident and sickness insurance shall be delivered or issued for delivery to any person in this state unless: [...]; (3)(a) It purports to insure only one person, except that a policy may insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, any 2 or more eligible members of that family,*

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*including husband, wife, dependent children or any children under a specified age which shall not exceed 18 years and any other person dependent upon the policyholder; and*

*Portions of RSA 415:5 I (3), as effective September 15, 2007: (a) It purports to insure only one person, except that a policy may insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, any 2 or more eligible members of that family, including husband, wife, dependent children or any dependent under age 26. In this section "dependent" means a subscriber's child by blood by law, who (1) is less than 26 years of age; (2) is unmarried; (3) is a resident of New Hampshire or is enrolled as a student at a public or private institution of higher education; and (4) is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. 1395 et seq.... (d) Coverage for a dependent provided pursuant to this subparagraph shall be provided until the earlier of the following: (1) the dependent is disqualified for dependent status as set forth in subparagraph I(3)(a); ...*

*RSA 415:5 I (3)(a), as effective September 14, 2009: It purports to insure only one person, except that a policy may at the election of the carrier, insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, any 2 or more eligible members of that family, including husband, wife, dependent children or any other person dependent on the policyholder. In the event a carrier elects to provide coverage for dependent children, the term "dependent child" shall include a subscriber's child by blood or by law, who is*

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*unmarried and one of the following: (1) Under age 19. (2) under age 25 if the child is a full-time enrolled student at an educational institution. (3) Under age 26, a resident of New Hampshire, and is not provided coverage as a named subscriber, insured enrollee, or covered person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. Section 1395 et seq.*

*RSA 415:5 I (3)(a), as effective September 23, 2010: It purports to insure only one person, except that a policy may, at the election of the carrier, insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, any 2 or more eligible members of that family, including husband, wife, dependent children, or any other person dependent on the policyholder. In the event a carrier elects to provide coverage for dependent children, the term “dependent child” shall include a subscriber’s child by blood or by law, who is under age 26.*

*New Jersey (NJ)*

NJ does not have a standard expansion of dependent coverage, but has a coverage continuation law, which was enacted by 2004 N.J. A.N. 3759 (2005 N.J. Ch. 375) and became effective May 12, 2006. The statute created by this bill is N.J. Stat. § 17B:27-30.5, and it originally specified that unmarried children under age 30 without other sources of health insurance and no dependents of their own, resident of the state *or* a full-time student could continue their coverage through their parents’ insurance by electing continuation and paying the cost of the plan not

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covered by an employer (employers were not required to pay anything, but were not prohibited from doing so). This law was amended by 2008 N.J. S.N. 1557 (2008 N.J. Ch. 38), with the amended version becoming effective January 4, 2009. This increased the age through which coverage could be continued to those under age 31. Other key features were unchanged, and the law has not been changed since.

*Portions of N.J. Stat. § 17B:27-30.5, as effective May 12, 2006: Coverage for certain dependents until age 30 by group health insurance policy.*

*a. As used in this section, “dependent” means an insured’s child by blood or by law who: (1) is less than 30 years of age; (2) is unmarried; (3) has no dependent of his own; (4) is a resident of this State or is enrolled as a full-time student at an accredited public or private institution of higher education; and (5) is not actually provided coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Pub.L.89-97 (42 U.S.C. s. 1395 et seq.).*

*b. (1) A group health insurance policy that provides coverage for an insured’s dependent under which coverage of the dependent terminates at a specific age before the dependent’s 30th birthday, ... shall, upon application of the dependent as set forth in subsection c. of this section, provide coverage to the dependent after that specific age, until the dependent’s 30th birthday. (2) Nothing herein shall be construed to require: ... (b) that an employer pay all or part of the cost of coverage for a dependent as provided pursuant to this section.*

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*c. (1) A dependent covered by an insured’s policy, which coverage under the policy terminates at a specific age before the dependent’s 30th birthday, may make a written election for coverage as a dependent pursuant to this section, until the dependent’s 30th birthday....*

*d. (1) Coverage for a dependent who makes a written election for coverage pursuant to subsection c. of this section shall consist of coverage which is identical to the coverage provided to that dependent prior to the termination of coverage at the specific age provided in the policy....*

*e. (1) The insured’s policy may require payment of a premium by the insured or dependent.... The premium shall not exceed 102% of the applicable portion of the premium previously paid for that dependent’s coverage under the policy prior to the termination of coverage at the specific age provided in the policy....*

*f. Coverage for a dependent provided pursuant to this section shall be provided until the earlier of the following: (1) the dependent is disqualified for dependent status as set forth in subsection a. of this section....*

*The language of the law after amendment was substantially the same on its key features, except for the increased age limit, so the text of the amended version of the law that became effective January 4, 2009 is omitted here.*

*New Mexico (NM)*

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NM first mandated expanded dependent coverage in N.M. Stat. Ann. § 59A-22-30.1, which was enacted by 2005 HB 335 (Laws 2005, ch. 41, § 1), and became effective July 1, 2005. This law expanded coverage for unmarried dependents under the age of 25. An earlier law, enacted in 2003 by N.M. Stat. Ann. § 13-7-8 (via 2003 N.M. SB 457), has essentially the same language, but only applied to health insurance for employees of the government (it was part of the Health Care Purchasing Act).

*59A-22-30.1, as effective July 1, 2005: Maximum age of dependent. An individual or group health policy or certificate of insurance delivered, issued for delivery or renewed in New Mexico that provides coverage for an insured's dependent shall not terminate coverage of an unmarried dependent by reason of the dependent's age before the dependent's twenty-fifth birthday, regardless of whether the dependent is enrolled in an educational institution.*

#### *New York (NY)*

NY has mandated expanded coverage for dependents, as well as a coverage continuation law directed at dependents. The continuation of coverage law came first. Originally enacted on July 28, 2009 by 2009 N.Y. A.N. 9038 (2009 N.Y. LAWS 240) and effective September 1, 2009, this bill added subsection (r) to NY CLS Ins § 3221 and subsection (l) to NY CLS Ins § 4305,<sup>47</sup> and it gave the option for unmarried children under age 30 without other sources of health insurance to continue on their parents' insurance by electing continuation and paying the cost of the plan not

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<sup>47</sup> Section 4305 pertains specifically to non-profit insurance companies. The new language added in these two sections was identical.

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covered by an employer (employers were not required to pay anything, but were not prohibited from doing so).<sup>48</sup> These subsections of the law were amended again in 2011 (2011 N.Y. S.N. 5800), but this did not result in changes to the key features of the continuation law.<sup>49</sup>

The state’s mandated coverage law for group policies was enacted on July 20, 2011 by 2011 N.Y. S.N. 5800 (2011 N.Y. LAWS 219), which amended NY CLS Ins § 4235(f)(1)(A). The new language mandated group policies that cover dependents to cover those under age 26 regardless of marital or student status. Note, also, that the law allowed grand-fathered policies to exclude those dependents with access to another source of insurance (through 2013), but it did not mandate that those children be excluded. Hence, in our interpretation, this law does not require no other health insurance coverage. This coverage mandate has been unchanged since this expansion was passed.

Before the 2009 mandate, NY CLS Ins § 3216 and 4304 allowed plans sold on the individual market to include dependents above age 19 if they were unmarried students under 23 years old. These allowances go back at least as far as 1984, when the state’s insurance code was reorganized (see 1984 N.Y. LAWS 367). These cases did not represent mandates as they did not

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<sup>48</sup> The law is referred to as the “Age 29” law, and guidance posted by the NY Department of Financial Services makes clear that the law is to be interpreted as allowing those age 29 or younger to be eligible for this coverage. See [http://www.dfs.ny.gov/consumer/faqs/faqs\\_S6030\\_Age29\\_young.htm](http://www.dfs.ny.gov/consumer/faqs/faqs_S6030_Age29_young.htm) (viewed 5/22/2017).

<sup>49</sup> 2009 N.Y. A.N. 9038 also added NY CLS Ins § 4235(f)(1)(B), which required insurers to “make available” an option for employers to provide coverage for their employees’ unmarried children under age 30. So this section of the law does not provide an option for a young adult to elect to continue coverage, it only expands the options employers have in offering benefits to their employees. NY CLS Ins § 4305(c)(1)(B) was the the non-profit insurance company analogue of this “make available” requirement added by the same bill. This requirement in both sections remains essentially unchanged in NY law.

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require such individuals to be covered. More importantly for our purposes, these cases did not apply to group policies.

*Portions of NY CLS Ins § 3221(r), as effective September 1, 2009: (r) (1) As used in this subsection, “dependent child” means an unmarried child through age twenty-nine of an employee or member insured under a group policy, regardless of financial dependence, who is not insured by or eligible for coverage under any employee health benefit plan as an employee or member, whether insured or self-insured, and who lives, works or resides in New York state or the service area of the insurer and who is not covered under title XVIII of the United States Social Security Act (Medicare).*

*(2) In addition to the conversion privilege afforded by subsection (e) of this section and the continuation privilege afforded by subsection (m) of this section, every group policy delivered or issued for delivery in this state that provides hospital, surgical or medical coverage for other than specific diseases or accidents only, and which provides dependent coverage that terminates at a specified age, shall, upon application of the employee, member or dependent child, as set forth in subparagraphs (B) or (C) of this paragraph, provide coverage to the dependent child after that specified age and through age twenty-nine without evidence of insurability, subject to all of the terms and conditions of the group policy and the following:*

*(A) An employer shall not be required to pay all or part of the cost of coverage for a dependent child provided pursuant to this subsection;...*

*(F) Coverage for a dependent child pursuant to this subsection shall consist of coverage that is identical to the coverage provided to the employee or member parent. If coverage is modified under the policy for any group of similarly situated*

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*employees or members, then the coverage shall also be modified in the same manner for any dependent child;*

*(G) Coverage shall terminate on the first to occur of the following:*

*(i) the date the dependent child no longer meets the requirements of paragraph one of this subsection;...*

*Text of NY CLS Ins §4305 is omitted since it was identical to the above.*

*NY CLS Ins §4235(f)(1) as effective July 20, 2011: (A) Any policy of group accident, group health or group accident and health insurance may include provisions for the payment by the insurer of benefits ... for the employee or other member of the insured group, his the employee's or member's spouse, his the employee's or member's child or children, or other persons chiefly dependent upon him the employee or member for support and maintenance; provided that: (i) a policy of hospital, medical, surgical, or prescription drug expense insurance that provides coverage for children shall provide such coverage to a married or unmarried child until attainment of age twenty-six, without regard to financial dependence, residency with the employee or member, student status, or employment, except a policy that is a grandfathered health plan may, for plan years beginning before January first, two thousand fourteen, exclude coverage of an adult child under age twenty-six who is eligible to enroll in an employer-sponsored health plan other than a group health plan of a parent. For purposes of this item, “grandfathered health plan” means coverage provided by an insurer in which an individual was enrolled on March twenty-third, two thousand ten for as long as the coverage maintains*

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*grandfathered status in accordance with section 1251(e) of the Affordable Care Act, 42 U.S.C. Section 18011(e); and...*

*North Carolina (NC)*

NC does not mandate dependent coverage (confirmed by the state insurance department), and N.C. Gen. Stat § 58-51-5 specifies an age restriction for dependent coverage of 19.

*North Dakota (ND)*

ND first mandated expanded dependent coverage by enacting the new statute N.D. Cent. Code, § 26.1-36-22 in 1985 via S.L. 1985, ch. 316, § 13, to include children up to age 19 if they live with their parents and are financially dependent, and children under age 23 if they are full-time students. The dependent coverage was expanded via 1995 N.D. HB 1050 (1995 N.D. Ch. 246), enacted April 3, 1995 and effective July 1, 1995, to include children under age 22 who lived with and were dependent on their parents, and those under 26 if they were full-time students. The subsection was amended in 2011 with minor wording changes that do not impact the extent of the mandate.

*N.D. Cent. Code § 26.1-36-22, as of 1985: Group health insurance for dependents. A group health insurance policy may be extended to insure the employees or members with respect to their family members or dependents, or any class or classes thereof, subject to the following: [...] 3. A policy that provides coverage for a dependent child of an employee or other member of the covered group must provide such coverage up to a limiting age of nineteen years of age, if the dependent child physically resides with the*

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*employee or other member and is chiefly dependent upon the employee or member for support and maintenance. 4. A policy that provides that coverage for a dependent child of an employee or other member of the covered group terminates upon attainment of the limiting age for dependent children specified in the policy does not operate to terminate the coverage of a dependent child while the child is a full-time student and has not attained the age of twenty-three years of age; or while the child is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent upon the employee or member for support and maintenance, provided proof of incapacity and dependency is furnished to the insurer by the employee or member within thirty-one days of the child's attainment of limiting age and subsequently as may be required by the insurer but not more frequently than annually after the two-year period following the child's attainment of the limiting age.*

*N.D. Cent. Code § 26.1-36-22, as effective July 1, 1995: An individual or group health insurance policy may be extended to insure the individuals, employees, or members with respect to their family members or dependents, including dependents of dependents, or any class or classes thereof, subject to the following: [...] 3. A policy that provides coverage for a dependent child of an employee or other member of the covered group must provide such coverage up to a limiting age of twenty-two years of age, if the dependent child physically resides with the employee or other member and is chiefly dependent upon the employee or member for support and maintenance. 4. A policy that provides that coverage for a dependent child of an employee or other member of the covered group terminates upon attainment of the limiting age for dependent children specified in the policy does not operate to terminate the coverage of a dependent child:*

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*while the child is a full-time student and has not attained the age of twenty-six years; or while the child is and continues to be both incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent upon the employee or member for support and maintenance, provided proof of incapacity and dependency is furnished to the insurer by the employee or member within thirty-one days of the child's attainment of limiting age and subsequently as may be required by the insurer but not more frequently than annually after the two-year period following the child's attainment of the limiting age.*

*N.D. Cent. Code § 26.1-36-22, as effective August 1, 2011: 4. A policy that provides that coverage for a dependent child of an employee or other member of the covered group terminates upon attainment of the limiting age for dependent children specified in the policy does not operate to terminate the coverage of a dependent child while the child is a full-time student and has not attained the age of twenty-six years or while the child is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent upon the employee or member for support and maintenance, provided proof of incapacity and dependency is furnished to the insurer by the employee or member within thirty-one days of the child's attainment of limiting age and subsequently as may be required by the insurer but not more frequently than annually after the two-year period following the child's attainment of the limiting age.*

*Ohio (OH)*

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In our view, OH is a continuation coverage state, rather than a standard mandate state. The law enacting the continuation law was passed on September 17, 2009, and became effective January 1, 2010 via 2009 Ohio HB 1. This bill amended an existing statute, ORC Ann. 3923.24, which was originally enacted in 1971 via 1971 Ohio SB 136 (effective December 20, 1971), but it was applicable only to children who had mental or physical disabilities.

2009 Ohio HB 1 (part 1 of 3), effective January 1, 2010 was passed to amend ORC Ann. 3923.24 to expand coverage to unmarried children under 28 years of age who are residents *or* full-time students and do not have other health insurance. In 2013, the statute was amended with very minor, clarifying changes that did not impact the extent of the mandate. Since the language is nearly identical to before, we do not include the text of the law reflecting this change. In 2015, the age limit of 28 was changed to 26 via 2013 Ohio HB 201, enacted December 19, 2014 and effective March 23, 2015. Again, since all that was changed was the age limit, we do not list the text of the law below, as it is nearly the same as the law after the 2010 amendment. In October of 2016, there was again a very minor wording change that did not affect the extent of the mandate, and we again omit the updated text.

We base our decision to identify OH as a continuation coverage state on three things. First, the title of the section enacting the coverage is “Continuation of coverage for dependent children”. Second, the law requires that the insured choose to extend coverage, rather than it happening automatically. Third, the law specifically discusses that employers are not required to pay the premium for the coverage.

*ORC Ann. 3923.24, as effective December 20, 1971: Every certificate furnished by an insurer in connection with, or pursuant to any provision of, any group sickness and accident insurance policy delivered, issued for delivery, renewed, or used in this state on*

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*or after January 1, 1972, and, and every policy of sickness and accident insurance delivered, issued for delivery, renewed or used in this state on or after January 1, 1972, which provides that coverage of an unmarried dependent child will terminate upon attainment of the limiting age for dependent children specified in the contract shall also provide in substance that attainment of such limiting age shall not operate to terminate the coverage of such child if the child is and continues to be both: (a) incapable of self-sustaining employment by reason of mental retardation or physical handicap; (b) primarily dependent upon the policyholder or certificate holder for support and maintenance. [...]*

*ORC Ann. 3923.24, as effective January 1, 2010: Continuation of coverage for dependent children. (A) Notwithstanding section 3901.71 of the Revised Code, every certificate furnished by an insurer in connection with, or pursuant to any provision of, any group sickness and accident insurance policy delivered, issued for delivery, renewed, or used in this state...which provides that coverage of an unmarried dependent child of a parent or legal guardian will terminate upon attainment of the limiting age for dependent children specified in the contract shall also provide in substance both of the following: (1) Once an unmarried child has attained the limiting age for dependent children, as provided in the policy, upon the request of the insured, the insurer shall offer to cover the unmarried child until the child attains twenty-eight years of age if all of the following are true: (a) The child is the natural child, stepchild, or adopted child of the insured. (b) The child is a resident of this state or a full-time student at an accredited public or private institution of higher education. (c) The child is not employed by an employer that offers any health*

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*benefit plan under which the child is eligible for coverage. (d) The child is not eligible for coverage under the medicaid program ... or the medicare program ....*

*(2)(D) Nothing in this section shall do any of the following: ... (2) Require an employer to pay for any part of the premium for an unmarried dependent child that has attained the limiting age for dependents, as provided in the policy; (3) Require an employer to offer health insurance coverage to the dependents of any employee.*

*Oklahoma (OK)*

OK does not mandate dependent coverage, except in the case of employees of small employers with no more than 50 employees.

*Oregon (OR)*

OR mandated expanded dependent coverage in 2011 by amending ORS § 743A.090 via 2011 Ore. SB 89 (2011 Ore. Laws 500), enacted and effective June 23, 2011.<sup>50</sup> It expanded coverage to children under 26 years of age without other restrictions. This statute was amended again in 2014 (by 2013 Ore. HB 2240), but the changes did not affect the language defining the mandate. Hence, we omit the amended text.

*§743A.090, before June 23, 2011: (1) All individual and group health insurance policies providing hospital, medical or surgical expense benefits that include coverage for a family member of the insured shall also provide that the health insurance benefits*

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<sup>50</sup> Oregon Legislative Assembly Summary of Legislation 2011, published by Legislative Administration Committee Services, confirms our reading of the law in stating that SB 89 created a dependent coverage mandate.

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*applicable for children in the family shall be payable with respect to: (a) A newly born child of the insured from the moment of birth; and (b) An adopted child effective upon placement for adoption. [...] (5) As used in this section: (a) 'Child' means, in connection with any adoption, or placement for adoption of the child, an individual who has not attained 18 years of age as of the date of the adoption or placement for adoption. [...]*

*§743A.090, as effective June 23, 2011: (1) All individual and group health benefit plans, as defined in ORS 743.730, that include coverage for a family member of the insured shall also provide that the health insurance benefits applicable for children in the family shall be payable with respect to: (a) A child of the insured from the moment of birth; and (b) An adopted child effective upon placement for adoption. [...] (5) This section does not prohibit an insurer from denying or limiting coverage based on a preexisting condition of a child who is 19 years of age or older. (6) As used in this section: (a) 'Child' means an individual who is under 26 years of age. [...]*

*Pennsylvania (PA)*

PA mandated expanded dependent coverage in 2009 by enacting 40 P.S. § 752.1 via 2009 Pa. SB 189 (2009 Pa. Laws 4, passed June 10, 2009, effective September 8, 2009). It requires insurers to provide coverage to unmarried children up through and including the age of 29 if they have no dependents, are a resident or a full-time student, and have no other health insurance.

*40 P.S. § 752.1: (a) An insurer that issues, delivers, executes or renews group health care insurance in this Commonwealth under which coverage of a child would otherwise terminate at a specified age shall, at the option of the policyholder, provide coverage to a*

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*child of an insured employe beyond that specified age, up through and including the age of 29, at the insured employe’s expense, and provided that the child meet all of the following requirements: (1) Is not married. (2) Has no dependents. (3) Is a resident of this Commonwealth or is enrolled as a full-time student at an institution of higher education. (4) Is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group or individual health insurance policy or enrolled in or entitled to benefits under any government health care benefits program, including benefits under Title XVIII of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395 et seq.). (b) Insurers may determine increases in premiums related to continuation of coverage for the adult dependent past the limiting age of nineteen.*

*Rhode Island (RI)*

RI mandated expanded dependent coverage beginning in 2001 by enacting R.I. Gen. Laws § 27-18-59<sup>51</sup> via 1999 R.I. HB 7909 (2000 R.I. Pub. Ch. 214, enacted and effective July 13, 2000).

Paragraph (a) of this new law required that a child who was aging out of eligibility could maintain coverage indefinitely if he or she was enrolled in college. This statute was amended in 2002 by 2001 R.I. HB 7725 (2002 R.I. Pub. Ch. 292), but the changes were minor and did not change the extent of the mandate, and so we omit the text of the law at this point.

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<sup>51</sup> The act that created this section originally named the section 27-18-57, but it was changed to 27-18-59 by the director of law revision of the joint committee on legislative services (see the notes on the 2001 version of R.I. Gen. Laws § 27-18-59 in LexisNexis).

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The law was amended on July 7, 2006, effective January 1, 2007, via 2005 R.I. HB 7145 (2006 R.I. Pub. Ch. 469), under which the mandate applied to unmarried children under age 19 or financially dependent, unmarried students under the age of 25.<sup>52</sup>

RI further expanded the dependent coverage to children under age 26 without any restrictions via 2011 R.I. HB 7909 (2012 R.I. Pub. Ch. 256), enacted and effective June 18, 2012.<sup>53</sup>

*R.I. Gen. Laws § 27-18-59(a), as effective July 13, 2000: Termination of children’s benefits – (a) Every individual or group health insurance contract, plan, or policy delivered, issued for delivery, or renewed in this state on or after January 1, 2001, which provides medical coverage that includes coverage for physician services in a physician’s office, and every policy which provides major medical or similar comprehensive type coverage, except for supplemental policies which only provide coverage for specified diseases and other supplemental policies, shall include a provision that policyholders shall receive no less than thirty (30) days notice from the accident and sickness insurer that a child covered as a dependent by the policy holder is about to lose his or her coverage as a result of reaching the maximum age for a dependent child, and that the child will only continue to be covered upon documentation being provided of current college enrollment or that the child may purchase a conversion policy if he or she is not a college student. Nothing in this section prohibits an accident and sickness insurer from requiring a policyholder to annually provide proof of a child’s current college enrollment in order to maintain the child’s coverage. Provided further, nothing in this section*

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<sup>52</sup> The statute was also amended identically by 2005 R.I. SB 2211 (2006 R.I. Pub. Ch. 377) with the same effective date.

<sup>53</sup> 2011 R.I. SB 2887 (2012 R.I. Pub. Ch. 262) effected identical changes to the statute with the same effective date.

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*requires coverage inconsistent with the membership criteria in effect under the policyholder's health benefits coverage.*

*R.I. Gen. Laws § 27-18-59(a), as effective January 1, 2007: Termination of children's benefits – (a) Every individual health insurance contract, plan, or policy delivered, issued for delivery, or renewed in this state and every group health insurance contract, plan or policy delivered, issued for delivery or renewed in this state which provides medical coverage for dependent children that includes coverage for physician services in a physician's office, and every policy which provides major medical or similar comprehensive type coverage, except for supplemental policies which only provide coverage for specified diseases and other supplemental policies, shall provide coverage of an unmarried child under the age of nineteen (19) years, an unmarried child who is a student under the age of twenty-five (25) years and who is financially dependent upon the parent and an unmarried child of any age who is financially dependent upon the parent and medically determined to have a physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months. Such contract, plan or policy shall also include a provision that policyholders shall receive no less than thirty (30) days notice from the accident and sickness insurer that a child covered as a dependent by the policy holder is about to lose his or her coverage as a result of reaching the maximum age for a dependent child, and that the child will only continue to be covered upon documentation being provided of current full or part-time enrollment in a post-secondary educational institution or that the child may purchase a conversion policy if he or she is not an eligible student. Nothing in this section prohibits an accident and sickness insurer from*

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*requiring a policyholder to annually provide proof of a child's current a full or part-time enrollment in a post-secondary educational institution in order to maintain the child's coverage. Provided, nothing in this section requires coverage inconsistent with the membership criteria in effect under the policyholder's health benefits coverage.*

*R.I. Gen. Laws § 27-18-59, as effective June 18, 2012: Eligibility of children's benefits -*

*(a) (1) Every health benefit plan delivered, issued for delivery, or renewed in this state and every group health insurance contract, plan, or policy delivered, issued for delivery or renewed in this state which provides health benefits coverage for dependents, except for supplemental policies which only provide coverage for specified diseases and other supplemental policies, shall make coverage available for children until attainment of twenty-six (26) years of age, and an unmarried child of any age who is financially dependent upon the parent and medically determined to have a physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months. (2) With respect to a child who has not attained twenty-six (26) years of age, a health insurance carrier shall not define "dependent" for purposes of eligibility for dependent coverage of children other than the terms of a relationship between a child and the plan participant, or subscriber. (3) A health insurance carrier shall not deny or restrict coverage for a child who has not attained twenty-six (26) years of age based on the presence or absence of the child's financial dependency upon the participant, primary subscriber or any other person, residency with the participant and in the individual market the primary subscriber, or with any other person, marital status, student status, employment or any combination of those factors. A health carrier shall not deny or restrict coverage of a*

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*child based on eligibility for other coverage, except as provided in subparagraph (b)(1) of this section. (4) Nothing in this section shall be construed to require a health insurance carrier to make coverage available for the child of a child receiving dependent coverage, unless the grandparent becomes the legal guardian or adoptive parent of that grandchild. (5) The terms of coverage in a health benefit plan offered by a health insurance carrier providing dependent coverage of children cannot vary based on age except for children who are twenty-six (26) years of age or older.*

*South Carolina (SC)*

SC does not mandate dependent coverage except in the small-employer and individual policy markets.

*South Dakota (SD)*

SD first mandated expanded dependent coverage by enacting S.D. Codified Laws § 58-18-31.1 on February 3, 2004 via 2005 S.D. HB 1045 (2005 S.D. CH 265), which became effective July 1, 2004 (per S.D. Codified Laws § 2-14-16, which sets a July 1 after passage default effective date for laws passed without specified effective dates during the regular session). It required coverage for children under age 24 if they were full-time students.

In 2007, SD amended the law via 2007 S.D. SB 108 (2007 S.D. CH 288), enacted March 5, 2007 and effective July 1, 2007. This unique amendment left the expanded mandate in place, but added on top of it continuation coverage that allowed dependents to stay on their parents' health

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insurance as long as they were students, did not have other health insurance, and were under the age of 30. Importantly, this expansion did not apply to students who had turned 24 before July 1, 2007 (i.e. those born before July 1, 1983), and the requirement for no other health insurance did not apply if a student was under 24. Note, also, that our determination that this is a form of continuation coverage, not a standard expansion, for three reasons: (1) the law calls it continuation coverage, (2) the insured must elect the continuation coverage, and (3) the law specifically states that employers are not responsible for the cost of this coverage.

In 2011, the law was again amended, with the mandate requiring that coverage could not be terminated for any dependents under age 26 (2011 S.D. SB 43, 2011 S.D. CH 216, enacted March 15, 2011, effective July 1, 2011). The continuation feature of the law remained in place without change, except that it only applied to those dependents age 26 through 29 (inclusive). The statute has not been amended since 2011.

*S.D. Codified Laws § 58-18-31.1, as effective July 1, 2004: No insurer or health carrier issuing a health benefit plan that provides dependent coverage for any qualifying child, as defined by rules promulgated pursuant to Section 58-18-79, may terminate coverage due to attainment of a limiting age below age nineteen, or, if a full-time student in an accredited institution of higher learning as of the close of the calendar year, below age twenty-four. However, the provisions of this section do not apply to any qualifying relative, as defined by rules promulgated pursuant to Section 58-18-79, whose gross income is less than the exemption amount as prescribed by the director by rules promulgated pursuant to chapter 1-26.*

*S.D. Codified Laws § 58-18-31.1, as effective July 1, 2007: No insurer or health carrier issuing a health benefit plan that provides dependent coverage for any qualifying child,*

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*as defined by rules promulgated pursuant to Section 58-18-79, may terminate coverage due to attainment of a limiting age below age nineteen, or, if a full-time student in an accredited institution of higher learning as of the close of the calendar year, below age twenty-four. If the dependent remains a full-time student upon attaining the age of twenty-four but not exceeding the age of twenty-nine, the insurer shall provide for the continuation of coverage for that dependent at the insured's option. Nothing in this Act requires the employer to contribute any portion of the premium for dependents that are full-time students and have attained the age of twenty-four. However, the provisions of this section do not apply to any qualifying relative, as defined by rules promulgated pursuant to Section 58-18-79, whose gross income is less than the exemption amount as prescribed by the director by rules promulgated pursuant to chapter 1-26. Continuation of coverage for full-time students attaining the age of twenty-four is not required if the dependent has other creditable coverage in force nor required for any full-time students who attained the age of twenty-four prior to July 1, 2007.*

*S.D. Codified Laws § 58-18-31.1, as effective July 1, 2011: No insurer or health carrier issuing health insurance coverage, other than excepted benefits, that provides dependent coverage for any qualifying child, as defined by rules promulgated pursuant to Section 58-18-79, may terminate coverage due to attainment of a limiting age below age twenty-six. If the dependent remains a full-time student upon attaining the age of twenty-six but not exceeding the age of twenty-nine, the insurer shall provide for the continuation of coverage for that dependent at the insured's option. Nothing in this section requires the employer to contribute any portion of the premium for dependents that are full-time students and have attained the age of twenty-six. However, the provisions of this section*

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*do not apply to any qualifying relative, as defined by rules promulgated pursuant to Section 58-18-79, whose gross income is less than the exemption amount as prescribed by the director by rules promulgated pursuant to chapter 1-26. Continuation of coverage for full-time students attaining the age of twenty-four is not required if the dependent has other creditable coverage in force nor required for any full-time students who attained the age of twenty-four prior to July 1, 2007.*

*Tennessee (TN)*

TN first mandated expanded dependent coverage in 1986 by amending Tenn. Code Ann. § 56-7-1005 via 1986 Tenn SB 1857 (Acts 1986, ch. 773), enacted and effective April 15, 1986, with the relevant paragraph becoming operational on August 13, 1986. It required plans to cover unmarried, financially dependent children who were under age 24.

The statute was reorganized in 1994 per the instructions of 1991 Tenn. SB 1809, so that it was found in Tenn. Code Ann. § 56-7-2302 thereafter. The mandate has only undergone minor changes (besides the reorganization) since enactment that have not affected the extent of its coverage.

*Tenn. Code Ann. § 56-7-1005(a)(2), as effective April 15, 1986: A group hospital or medical expense insurance policy or contract, as provided under chapters 26, 28 or 29 of this title, delivered or issued for delivery in this state, or which is amended or renewed by agreement or otherwise, on or after August 13, 1986, and which provides that coverage of a dependent child shall terminate upon attainment of the limiting age for dependent children specified in the policy, shall also provide that such limiting age be not earlier*

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*than twenty-four (24) years for those dependent children who are unmarried and are dependent on the insured for support and maintenance. The provisions of this subdivision shall not be construed to require coverage for a dependent child under such policy of insurance if such dependent child would be otherwise ineligible for such coverage either by the terms of such policy of insurance or other provisions of this title, except those relating to the limiting age for such dependent child stated in this subdivision.*

*Tenn. Code Ann. § 56-7-2302(a)(2), as effective in 2017: A group hospital or medical expense insurance policy or contract, as provided under chapter 26, 28 or 29 of this title, delivered or issued for delivery in this state, or that is amended or renewed by agreement or otherwise, on or after August 13, 1986, and that provides that coverage of a dependent child shall terminate upon attainment of the limiting age for dependent children specified in the policy, shall also provide that the limiting age not be earlier than twenty-four (24) years for those dependent children who are unmarried and dependent on the insured for support and maintenance. This subdivision (a)(2) shall not be construed to require coverage for a dependent child under the policy of insurance if the dependent child would be otherwise ineligible for the coverage either by the terms of the policy of insurance or other provisions of this title, except those relating to the limiting age for the dependent child stated in this subdivision (a)(2).*

*Texas (TX)*

TX first mandated expanded dependent coverage in 2002 via 2001 Tex. HB 1440 (2001 Tex. Ch 1027), enacted June 15, 2001, effective September 1, 2001, but first applicable to health

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insurance plans January 1, 2002 (as dictated by sections 11 and 12 of the bill), which added paragraph (e) to Tex. Ins. Code art. 26.84. This law required limiting ages for unmarried children to be 25.

Effective in 2005, Texas codes were reorganized, and the mandate was placed in Tex. Ins. Code § 1501.609, though the extent of the mandate was unchanged. This was effected by 2003 Tex. HB 2922 (2003 Tex. Ch 1274), enacted June 21, 2003 and effective April 1, 2005. The statute has been unchanged since this reorganization.

Tex. Ins. Code § 1503.003 discusses coverage of students over the age of 25, but this is not a mandate – it only clarifies the definition of full-time enrollment.

In the part of Texas law where this mandate is found, large employer health benefit plans are group plans offered to employers with an average of 51 employees during a year. This definition could be found in Tex. Ins. Code art. 26.02 before 2005 and Tex. Ins. Code § 1501.002 since then.

*Tex. Ins. Code art. 26.84, as of January 1, 2002: (e) If children are eligible for coverage under the terms of a large employer health benefit plan, any limiting age applicable to an unmarried child of an enrollee is 25 years of age.*

*Tex. Ins. Code § 1501.609, as effective April 1, 2005: Coverage for Unmarried Children. (a) This section applies only if children are eligible for coverage under a large employer health benefit plan. (b) Any limiting age applicable under a large employer health benefit plan to an unmarried child of an enrollee is 25 years of age.*

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*Utah (UT)*

UT first mandated expanded dependent coverage by enacting Utah Code Ann. § 31A-22-610.5 via 1993 Ut. HB 130 (1993 Ut. Ch. 255), enacted March 19, 1993 and effective July 1, 1993, to require coverage of unmarried dependents under age 22.

The mandate was expanded the following year by 1994 Ut. SB 158 (1994 Ut. Ch. 314), enacted March 22, 1994 and effective July 1, 1994. This amendment required coverage for dependents under age 26, and did not condition that coverage on marital, student, or dependent status.

The mandate was amended the following year by two bills that were both effective May 1, 1995: 1995 Ut. HB 63 (1995 Ut. Ch. 102), enacted March 10, 1995, and 1995 Ut. HB 282 (1995 Ut. Ch. 137), enacted March 14, 1995. The combined impact of these bills was to reinstate the contingency on being unmarried. Hence, upon the effective date of these amendments, UT required coverage for unmarried dependents under age 26. The extent of the mandate has been unchanged since 1995, even though other parts of the section in the law have had unrelated amendments since then.

*Utah Code Ann. § 31A-22-610.5, as effective July 1, 1993: Dependent coverage. Any individual or group insurance policy, health maintenance organization, or preferred provider organization that provides coverage for any dependents shall offer coverage for all unmarried dependents up to age 22 and otherwise eligible. This section does not prohibit the employer from requiring the employee to pay all or part of the cost of coverage for unmarried dependents 19 to 22 years of age.*

*Utah Code Ann. § 31A-22-610.5, as effective July 1, 1994: Any individual or group health insurance policy or health maintenance organization contract that provides*

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*coverage for a policyholder's or certificate holder's dependent shall not terminate coverage of the dependent by reason of the dependent's age before the dependent's 26th birthday. The cost of coverage for unmarried dependents 19 to 26 years of age shall be included in the premium on the same basis as other dependent coverage. This section does not prohibit the employer from requiring the employee to pay all or part of the cost of coverage for unmarried dependents.*

*Utah Code Ann. § 31A-22-610.5(2), as effective May 1, 1995: (2)(a) Any individual or group health insurance policy or health maintenance organization contract that provides coverage for a policyholder's or certificate holder's dependent shall not terminate coverage of an unmarried dependent by reason of the dependent's age before the dependent's 26th birthday and shall, upon application, provide coverage for all unmarried dependents up to age 26. (b) The cost of coverage for unmarried dependents 19 to 26 years of age shall be included in the premium on the same basis as other dependent coverage. (c) This section does not prohibit the employer from requiring the employee to pay all or part of the cost of coverage for unmarried dependents.*

*Vermont (VT)*

VT does not mandate extended dependent coverage.

*Virginia (VA)*

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VA first mandated expanded coverage of dependents in 2011 by enacting Va. Code Ann. § 38.2-3439 via 2010 Va. HB 1958 (2011 Va. Ch. 882), enacted April 29, 2011 and effective July 1, 2011.<sup>54</sup> This law required coverage for dependents under age 26 without any restrictions.

Originally, this law was scheduled for repeal on July 1, 2014, but this was repealed by 2012 Va. HB 1900 (2013 Va. Ch. 751), enacted April 3, 2013 and effective January 1, 2014, which also added the additional requirement that coverage could not be denied based on the availability of other health insurance. The mandate, therefore, did not lapse at any point and is still in effect, and has been unchanged since.

Previous legislation had been passed in VA to allow insurers to provide dependent coverage above age 19 (Va. Code Ann. § 38.2-3525, which was enacted in 1986 and amended in 2007), but it did not mandate such coverage.

*Va. Code Ann. § 38.2-3439(A), as effective July 1, 2011: Notwithstanding any provision of § 38.2-3500 or 38.2-3525, or any other section of this title to the contrary, a health carrier that makes available dependent coverage for a child shall make that coverage available for a child until such child attains the age of 26. 1. A health carrier shall not define "dependent" for purposes of eligibility for dependent coverage for a child other than in terms of a relationship between a child and the covered person. 2. A health carrier shall not deny or restrict coverage for a child who has not attained the age of 26 based on the presence or absence of the child's financial dependency on the covered person, residency with the covered person, marital status, student status, employment, or any combination of those factors. 3. Nothing in this section shall be construed to require*

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<sup>54</sup> The effective date was not specified in the bill, and so is due to the statutory effective date provided in Va. Code Ann. § 1-214.

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*a health carrier to make coverage available for the child of a child receiving dependent coverage, unless the grandparent becomes the legal guardian or adoptive parent of that grandchild. 4. The terms of coverage in a health benefit plan offered by a health carrier providing dependent coverage may not vary based on age except for children who are 26 years of age or older.*

*Va. Code Ann. § 38.2-3439(A), as effective January 1, 2014: Notwithstanding any provision of § 38.2-3500 or 38.2-3525, or any other section of this title to the contrary, a health carrier that makes available dependent coverage for a child shall make that coverage available for a child until such child attains the age of 26. 1. A health carrier shall not define "dependent" for purposes of eligibility for dependent coverage for a child other than in terms of a relationship between a child and the covered person. 2. A health carrier shall not deny or restrict coverage for a child who has not attained the age of 26 based on the presence or absence of the child's financial dependency on the covered person, residency with the covered person, marital status, student status, employment, or any combination of those factors. 3. Nothing in this section shall be construed to require a health carrier to make coverage available for the child of a child receiving dependent coverage, unless the grandparent becomes the legal guardian or adoptive parent of that grandchild. 4. The terms of coverage in a health benefit plan offered by a health carrier providing dependent coverage may not vary based on age except for children who are 26 years of age or older. 5. A health carrier shall not deny or restrict coverage of a child based on eligibility for other coverage.*

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*Washington (WA)*

WA first mandated expanded dependent coverage when it enacted Rev. Code Wash. (ARCW) § 48.21.157 via 2007 Wa. SB 5930 (2007 Wa. Ch. 259) on May 2, 2007. This new statute, which became effective January 1, 2009 required coverage for unmarried dependents under the age of 25. The mandate was amended in 2011 to cover those under age 26 and remove the marital status restriction via 2011 Wa. SB 5122 (2011 Wa. Ch. 314), enacted May 11, 2011 and effective July 22, 2011.

An important point to note in interpreting WA statutes is that, in WA law, health insurance falls under the category of “disability insurance” (see ARCW § 48.11.030 and ARCW § 48.17.170).

*ARCW § 48.21.157, as effective January 1, 2009: Any group disability insurance contract or blanket disability insurance contract that provides coverage for a participating member’s dependent must offer each participating member the option of covering any unmarried dependent under the age of twenty-five.*

*ARCW § 48.21.157, as effective July 22, 2011: Any group disability insurance contract or blanket disability insurance contract that provides coverage for a participating member’s dependent must offer each participating member the option of covering any dependent under the age of twenty-six.*

*West Virginia (WV)*

WV is a very difficult case since there is no clear statement in their law stating an expanded mandate as there are in other states’ laws. Our interpretation of the law, however, is aided by a

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summary of legislation produced by the WV Insurance Commissioner.<sup>55</sup> In June 2007, the commissioner’s office issued West Virginia Informational Letter No. 158,<sup>56</sup> where the commissioner wrote the following summary of 2007 W.V. HB 2940 (2007 W.V. Ch. 134, enacted April 4, 2007 and effective July 1, 2007):

*Current law requires most group health plans to cover an insured’s children/step-children to age 18 or to age 23 if the child is a full-time student. The bill [2007 W.V. HB 2940], which applies to both private plans as well as PEIA group policies, raises the “age of dependency” to 25 for any “unmarried child or stepchild” of the insured, regardless of student status, using the tax code’s definition of “qualifying child/relative” to determine dependent status.*

Here we added the bill name in brackets for clarification. Since HB 2940 amended the definition of “dependent” in WV law, as given in W. Va. Code § 33-16-1a(4)(d), we use this definition as indicating the extent of the WV mandate. Additionally, this summary also tells us the commissioner’s understanding of the extent of the mandate both before and after HB 2940, which is consistent with our interpretation of the definitions given in W. Va. Code § 33-16-1a(4)(d) before and after the bill was passed.

W. Va. Code § 33-16-1a(4)(d) was created by 1997 W.V. HB 2667 (1997 W.V. Ch. 109), passed and effective April 12, 1997. It required coverage of unmarried students under age 23. After HB 2940’s 2007 amendment, though, the requirement became unmarried children under age 25 who met the definition of qualifying child/relative for tax purposes. In our interpretation, this amounts

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<sup>55</sup> We were also provided additional assistance through an email discussion with Victor A. Mullins, Associate Counsel in the WV Offices of the Insurance Commissioner.

<sup>56</sup> This can be found at [http://www.wvinsurance.gov/Portals/0/pdf/pol\\_leg/info\\_letters/info\\_158.pdf](http://www.wvinsurance.gov/Portals/0/pdf/pol_leg/info_letters/info_158.pdf) as of June 2017.

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to requiring children be financially dependent on their parents. This definition has been unaltered since this change.

Because we have not been able to find a clear statement of a mandate besides the letter from the insurance commissioner, we do not trace the history of the mandate back farther than the enactment of W. Va. Code § 33-16-1a. However, we note that when that section was created by HB 2667, the same bill also repealed W. Va. Code § 33-16C-2, which had contained a definition for dependent that was essentially identical to that initially contained in the new section that replaced it, W. Va. Code § 33-16-1a. This is suggestive that a version of the mandate may have existed even before 1997.

*W. Va. Code § 33-16-1a, as effective April 12, 1997: (4) (d) "Dependent" means an eligible employee's spouse or any unmarried child or stepchild under the age of eighteen or unmarried, dependent child or stepchild under age twenty-three if a full-time student at an accredited school.*

*W. Va. Code § 33-16-1a, as effective July 1, 2007: (4) (d) "Dependent" means an eligible employee's spouse or any unmarried child or stepchild under the age of twenty-five if that child or stepchild meets the definition of a "qualifying child" or a "qualifying relative" in section 152 of the Internal Revenue Code.*

#### *Wisconsin (WI)*

WI first mandated expanded dependent coverage by passing 2009 Wis. AB 75 (2009 Wis. Laws 28) on June 29, 2009, effective January 1, 2010. This bill enacted Wis. Stat. § 632.885, which, at that time, required carriers to offer dependent coverage to unmarried children over age 17 but

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less than 27 who did not have their own insurance with a lower premium contribution.<sup>57</sup> In coding this unique version of a mandate, we ignore the requirement on the differential in premium contributions, under the reasoning that it would be very easy for dependents to hide premium contribution amounts from their parents’ insurers. An additional feature of the law during this timeframe was the requirement to allow students who had been called to active military duty to stay on their parents’ insurance indefinitely after their return while they were still in school. We also ignore this feature in our coding since it stands to be a very small number of individuals to which this aspect of the law applied.

In 2011, the law’s age and eligibility requirements were changed by 2011 Wis. AB 40 (2011 Wis. Laws 32), enacted June 26, 2011 and effective January 1, 2012, to require coverage of any children under age 26. The requirement on active duty military who are also students still applied under this amended law, which we still ignore for the same reasons as above. Note, also, that here the age through which coverage was available fell in this case. The statute has been unchanged since this amendment.

Lastly, note that Wisconsin law calls health insurance “disability insurance”. See Wis. Stat. § 632.895(1)(a).

*Wis. Stat. § 632.885, as effective January 1, 2010: Coverage of dependents. (1)*

*Definitions. In this section: (a) “Disability insurance policy” has the meaning given in s.*

*632.895 (1) (a). [...] (2) Requirement to offer dependent coverage. (a) Subject to ss.*

*632.88 and 632.895 (5), every insurer that issues a disability insurance policy, and every*

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<sup>57</sup> The Wisconsin law specifically states that it applied to self-insured health plans, which it defined in § 632.745 (24) as plans operated by public entities, like cities and school districts. This definition resolves the seeming conflict with the fact that states do not have regulatory authority over self-insured plans run by private employers.

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*self-insured health plan, shall offer and, if so requested by an applicant or an insured, provide coverage for an adult child of the applicant or insured as a dependent of the applicant or insured if the child satisfies all of the following criteria: 1. The child is over 17 but less than 27 years of age. 2. The child is not married. 3. The child is not eligible for coverage under a group health benefit plan, as defined in s. 632.745 (9), that is offered by the child's employer and for which the amount of the child's premium contribution is no greater than the premium amount for his or her coverage as a dependent under this section. (b) Notwithstanding par. (a) 1., the coverage requirement under this section applies to an adult child who satisfies all of the following criteria: 1. The child is a full-time student, regardless of age. 2. The child satisfies the criteria under par. (a) 2. and 3. 3. The child was called to federal active duty in the national guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher education. 4. The child was under the age of 27 years when called to federal active duty under subd. 3. (3) Premium determination. An insurer or self-insured health plan shall determine the premium for coverage of a dependent who is over 18 years of age on the same basis as the premium is determined for coverage of a dependent who is 18 years of age or younger. (4) Documentation of criteria satisfaction. An insurer or self-insured health plan may require that an applicant or insured seeking coverage of a dependent child provide written documentation, initially and annually thereafter, that the dependent child satisfies the criteria for coverage under this section.*

*Wis. Stat. § 632.885, as effective January 1, 2012: Coverage of dependents. [...] (2) Requirement to offer dependent coverage. (a) Subject to ss. 632.88 and 632.895 (5), and except as provided in pars. (b) and (c), every insurer that offers health insurance*

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*coverage that provides dependent coverage of children, and every self-insured health plan that provides dependent coverage of children, shall provide coverage for any child of an applicant or insured as a dependent of the applicant or insured if the child is under the age of 26. (b) Except as provided in par. (c), the coverage requirement under this section applies to an adult child who satisfies all of the following criteria: 1. The child is a full-time student, regardless of age. 3. The child was called to federal active duty in the national guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher education. 4. The child was under the age of 27 years when called to federal active duty under subd. 3. (c) For any policy year or plan year beginning before January 1, 2014, health insurance coverage or a self-insured health plan described in par. (a) that is a grandfathered health plan is required to provide dependent coverage for an adult child described in par. (a) or (b) only if the child is not eligible for coverage under an eligible employer-sponsored plan other than the health insurance coverage or self-insured health plan.*

*Wyoming*

WY does not mandate dependent coverage (confirmed by the state insurance department).