

JAN 20 2023

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# A BILL FOR AN ACT

RELATING TO HEALTH CARE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1 PART I

2 SECTION 1. The legislature finds that Hawaii has long been  
3 a leader in advancing reproductive rights and advocating for  
4 access to affordable and comprehensive sexual and reproductive  
5 health care without discrimination. However, gaps in coverage  
6 and care still exist, and Hawaii benefits and protections have  
7 been threatened for years by a hostile federal administration  
8 that has attempted to restrict and repeal the federal Patient  
9 Protection and Affordable Care Act and limit access to sexual  
10 and reproductive health care. The Trump administration made it  
11 increasingly difficult for insurers to cover abortion care and  
12 assembled a Supreme Court that restricted abortion access and  
13 that may eliminate the Patient Protection and Affordable Care  
14 Act in the near future.

15 The legislature further finds that a host of the Protection  
16 and Affordable Care Act provisions could soon be eliminated,  
17 including coverage of preventive care with no patient



1 cost-sharing. These changes would force people in Hawaii to pay  
2 more health care costs out-of-pocket, delay or forego care, and  
3 risk their health and economic security. The COVID-19 pandemic  
4 has cost thousands of people their jobs and health insurance.  
5 Forcing Hawaii residents to pay more for preventive care would  
6 create a new public health crisis in the wake of a global  
7 pandemic.

8 The legislature further finds that access to sexual and  
9 reproductive health care is critical for the health and economic  
10 security of all people in Hawaii, particularly during a  
11 recession. Investing in no-cost preventive services will  
12 ultimately save Hawaii money because providing preventive care  
13 avoids the need for more expensive treatment and management in  
14 the future. No-cost preventive services would also support  
15 families in financial difficulty by helping people remain  
16 healthy and plan their families in a way that is appropriate for  
17 them. Ensuring that Hawaii's people receive comprehensive,  
18 client-centered, and culturally-competent sexual and  
19 reproductive health care is prudent economic policy that will  
20 improve the overall health of our State's communities.



1 In order to guarantee essential health benefits, safeguard  
 2 access to abortion, limit out-of-pocket costs, and improve  
 3 overall access to care, the legislature finds that it is vital  
 4 to preserve certain aspects of the Patient Protection and  
 5 Affordable Care Act and ensure access to health care for  
 6 residents of Hawaii.

7 Accordingly, the purpose of this Act is to ensure  
 8 comprehensive coverage for sexual and reproductive health care  
 9 services, including family planning and abortion, for all people  
 10 in Hawaii.

PART II

12 SECTION 2. Chapter 431, Hawaii Revised Statutes, is  
 13 amended by adding two new sections to part I of article 10A to  
 14 be appropriately designated and to read as follows:

15 "§431:10A-A Preventive care; coverage; requirements. (a)  
 16 Every individual policy of accident and health or sickness  
 17 insurance issued or renewed in this State shall provide coverage  
 18 for all of the following services, drugs, devices, products, and  
 19 procedures for the policyholder or any dependent of the  
 20 policyholder who is covered by the policy:



- 1       (1) Well-woman preventive care visit annually for women to  
2       obtain the recommended preventive services that are  
3       age and developmentally appropriate, including  
4       preconception care and services necessary for prenatal  
5       care. For the purposes of this section and where  
6       appropriate, a "well-woman visit" shall include other  
7       preventive services as listed in this section;  
8       provided that if several visits are needed to obtain  
9       all necessary recommended preventive services,  
10       depending upon a woman's health status, health needs,  
11       and other risk factors, coverage shall apply to each  
12       of the necessary visits;
- 13       (2) Counseling for sexually transmitted infections,  
14       including human immunodeficiency virus and acquired  
15       immune deficiency syndrome;
- 16       (3) Screening for: chlamydia; gonorrhea; hepatitis B;  
17       hepatitis C; human immunodeficiency virus and acquired  
18       immune deficiency syndrome; human papillomavirus;  
19       syphilis; anemia; urinary tract infection; pregnancy;  
20       Rh incompatibility; gestational diabetes;  
21       osteoporosis; breast cancer; and cervical cancer;



- 1        (4) Screening to determine whether counseling and testing
- 2        related to the BRCA1 or BRCA2 genetic mutation is
- 3        indicated and genetic counseling and testing related
- 4        to the BRCA1 or BRCA2 genetic mutation, if indicated;
- 5        (5) Screening and appropriate counseling or interventions
- 6        for:
- 7        (A) Substance abuse, including tobacco and electronic
- 8        smoking devices, and alcohol; and
- 9        (B) Domestic and interpersonal violence;
- 10       (6) Screening and appropriate counseling or interventions
- 11       for mental health screening and counseling, including
- 12       depression;
- 13       (7) Folic acid supplements;
- 14       (8) Abortion;
- 15       (9) Breastfeeding comprehensive support, counseling, and
- 16       supplies;
- 17       (10) Breast cancer chemoprevention counseling;
- 18       (11) Any contraceptive supplies, as specified in section
- 19       431:10A-116.6;



- 1        (12) Voluntary sterilization, as a single claim or combined
- 2        with the following other claims for covered services
- 3        provided on the same day:
- 4        (A) Patient education and counseling on contraception
- 5        and sterilization; and
- 6        (B) Services related to sterilization or the
- 7        administration and monitoring of contraceptive
- 8        supplies, including:
- 9        (i) Management of side effects;
- 10       (ii) Counseling for continued adherence to a
- 11       prescribed regimen;
- 12       (iii) Device insertion and removal; and
- 13       (iv) Provision of alternative contraceptive
- 14       supplies deemed medically appropriate in the
- 15       judgment of the insured's health care
- 16       provider;
- 17       (13) Pre-exposure prophylaxis, post-exposure prophylaxis,
- 18       and human papillomavirus vaccination; and
- 19       (14) Any additional preventive services for women that must
- 20       be covered without cost sharing under title 42 United
- 21       States Code section 300gg-13, as identified by the



1           United States Preventive Services Task Force or the  
2           Health Resources and Services Administration of the  
3           United States Department of Health and Human Services,  
4           as of January 1, 2019.

5           (b) An insurer shall not impose any cost-sharing  
6           requirements, including copayments, coinsurance, or deductibles,  
7           on a policyholder or an individual covered by the policy with  
8           respect to the coverage and benefits required by this section,  
9           except to the extent that coverage of particular services  
10           without cost-sharing would disqualify a high-deductible health  
11           plan from eligibility for a health savings account pursuant to  
12           title 26 United States Code section 223. For a qualifying  
13           high-deductible health plan, the insurer shall establish the  
14           plan's cost-sharing for the coverage provided pursuant to this  
15           section at the minimum level necessary to preserve the insured's  
16           ability to claim tax-exempt contributions and withdrawals from  
17           the insured's health savings account under title 26 United  
18           States Code section 223.

19           (c) A health care provider shall be reimbursed for  
20           providing the services pursuant to this section without any



1 deduction for coinsurance, copayments, or any other cost-sharing  
2 amounts.

3 (d) Except as otherwise authorized under this section, an  
4 insurer shall not impose any restrictions or delays on the  
5 coverage required under this section.

6 (e) This section shall not require a policy of accident  
7 and health or sickness insurance to cover:

8 (1) Experimental or investigational treatments;

9 (2) Clinical trials or demonstration projects;

10 (3) Treatments that do not conform to acceptable and  
11 customary standards of medical practice; or

12 (4) Treatments for which there is insufficient data to  
13 determine efficacy.

14 (f) If services, drugs, devices, products, or procedures  
15 required by this section are provided by an out-of-network  
16 provider, the insurer shall cover the services, drugs, devices,  
17 products, or procedures without imposing any cost-sharing  
18 requirement on the policyholder if:

19 (1) There is no in-network provider to furnish the  
20 service, drug, device, product, or procedure that



1 meets the requirements for network adequacy under  
2 section 431:26-103; or

3 (2) An in-network provider is unable or unwilling to  
4 provide the service, drug, device, product, or  
5 procedure in a timely manner.

6 (g) Every insurer shall provide written notice to its  
7 policyholders regarding the coverage required by this section.

8 The notice shall be in writing and prominently positioned in any  
9 literature or correspondence sent to policyholders and shall be  
10 transmitted to policyholders beginning with calendar year 2024  
11 when annual information is made available to policyholders or in  
12 any other mailing to policyholders, but in no case later than  
13 December 31, 2024.

14 (h) This section shall not apply to policies that provide  
15 coverage for specified diseases or other limited benefit health  
16 insurance coverage, as provided pursuant to section 431:10A-607.

17 (i) If the commissioner concludes that enforcement of this  
18 section may adversely affect the allocation of federal funds to  
19 the State, the commissioner may grant an exemption to the  
20 requirements, but only to the minimum extent necessary to ensure  
21 the continued receipt of federal funds.



1        (j) A bill or statement for services from any health care  
2 provider or insurer shall be sent directly to the person  
3 receiving the services.

4        (k) For purposes of this section, "contraceptive supplies"  
5 shall have the same meaning as in section 431:10A-116.6.

6        **§431:10A-B Nondiscrimination; reproductive health care;**  
7 **coverage.** (a) An individual, on the basis of actual or  
8 perceived race, color, national origin, sex, gender identity,  
9 sexual orientation, age, or disability, shall not be excluded  
10 from participation in, be denied the benefits of, or otherwise  
11 be subjected to discrimination in the coverage of, or payment  
12 for, the services, drugs, devices, products, and procedures  
13 covered by section 431:10A-A or 431:10A-116.6.

14        (b) Violation of this section shall be considered a  
15 violation pursuant to chapter 489.

16        (c) Nothing in this section shall be construed to limit  
17 any cause of action based upon any unfair or discriminatory  
18 practices for which a remedy is available under state or federal  
19 law."



1 SECTION 3. Chapter 431, Hawaii Revised Statutes, is  
2 amended by adding two new sections to part II of article 10A to  
3 be appropriately designated and to read as follows:

4 **"§431:10A-C Preventive care; coverage; requirements. (a)**  
5 Every group policy of accident and health or sickness insurance  
6 issued or renewed in this State shall provide coverage for all  
7 of the following services, drugs, devices, products, and  
8 procedures for the policyholder or any dependent of the insured  
9 who is covered by the policy:

10 (1) Well-woman preventive care visit annually for women to  
11 obtain the recommended preventive services that are  
12 age and developmentally appropriate, including  
13 preconception care and services necessary for prenatal  
14 care. For the purposes of this section and where  
15 appropriate, a "well-woman visit" shall include other  
16 preventive services as listed in this section;  
17 provided that if several visits are needed to obtain  
18 all necessary recommended preventive services,  
19 depending upon a woman's health status, health needs,  
20 and other risk factors, coverage shall apply to each  
21 of the necessary visits;



- 1        (2) Counseling for sexually transmitted infections,  
2                    including human immunodeficiency virus and acquired  
3                    immune deficiency syndrome;
- 4        (3) Screening for: chlamydia; gonorrhea; hepatitis B;  
5                    hepatitis C; human immunodeficiency virus and acquired  
6                    immune deficiency syndrome; human papillomavirus;  
7                    syphilis; anemia; urinary tract infection; pregnancy;  
8                    Rh incompatibility; gestational diabetes;  
9                    osteoporosis; breast cancer; and cervical cancer;
- 10       (4) Screening to determine whether counseling and testing  
11                    related to the BRCA1 or BRCA2 genetic mutation is  
12                    indicated and genetic counseling and testing related  
13                    to the BRCA1 or BRCA2 genetic mutation, if indicated;
- 14       (5) Screening and appropriate counseling or interventions  
15                    for:
  - 16                    (A) Substance abuse, including tobacco and electronic  
17                    smoking devices, and alcohol; and
  - 18                    (B) Domestic and interpersonal violence;
- 19       (6) Screening and appropriate counseling or interventions  
20                    for mental health screening and counseling, including  
21                    depression;



- 1        (7) Folic acid supplements;
- 2        (8) Abortion;
- 3        (9) Breastfeeding comprehensive support, counseling, and  
4            supplies;
- 5        (10) Breast cancer chemoprevention counseling;
- 6        (11) Any contraceptive supplies, as specified in section  
7            431:10A-116.6;
- 8        (12) Voluntary sterilization, as a single claim or combined  
9            with the following other claims for covered services  
10           provided on the same day:
  - 11            (A) Patient education and counseling on contraception  
12                    and sterilization; and
  - 13            (B) Services related to sterilization or the  
14                    administration and monitoring of contraceptive  
15                    supplies, including:
    - 16                    (i) Management of side effects;
    - 17                    (ii) Counseling for continued adherence to a  
18                            prescribed regimen;
    - 19                    (iii) Device insertion and removal; and
    - 20                    (iv) Provision of alternative contraceptive  
21                            supplies deemed medically appropriate in the



1                    judgment of the insured's dependent's health  
2                    care provider;

3        (13) Pre-exposure prophylaxis, post-exposure prophylaxis,  
4                    and human papillomavirus vaccination; and

5        (14) Any additional preventive services for women that must  
6                    be covered without cost sharing under title 42 United  
7                    States Code section 300gg-13, as identified by the  
8                    United States Preventive Services Task Force or the  
9                    Health Resources and Services Administration of the  
10                   United States Department of Health and Human Services,  
11                   as of January 1, 2019.

12        (b) An insurer shall not impose any cost-sharing  
13 requirements, including copayments, coinsurance, or deductibles,  
14 on a policyholder or an individual covered by the policy with  
15 respect to the coverage and benefits required by this section,  
16 except to the extent that coverage of particular services  
17 without cost-sharing would disqualify a high-deductible health  
18 plan from eligibility for a health savings account pursuant to  
19 title 26 United States Code section 223. For a qualifying  
20 high-deductible health plan, the insurer shall establish the  
21 plan's cost-sharing for the coverage provided pursuant to this



1 section at the minimum level necessary to preserve the insured's  
2 ability to claim tax-exempt contributions and withdrawals from  
3 the insured's health savings account under title 26 United  
4 States Code section 223.

5 (c) A health care provider shall be reimbursed for  
6 providing the services pursuant to this section without any  
7 deduction for coinsurance, copayments, or any other cost-sharing  
8 amounts.

9 (d) Except as otherwise authorized under this section, an  
10 insurer shall not impose any restrictions or delays on the  
11 coverage required under this section.

12 (e) This section shall not require a policy of accident  
13 and health or sickness insurance to cover:

14 (1) Experimental or investigational treatments;

15 (2) Clinical trials or demonstration projects;

16 (3) Treatments that do not conform to acceptable and  
17 customary standards of medical practice; or

18 (4) Treatments for which there is insufficient data to  
19 determine efficacy.

20 (f) If services, drugs, devices, products, or procedures  
21 required by this section are provided by an out-of-network



1 provider, the insurer shall cover the services, drugs, devices,  
2 products, or procedures without imposing any cost-sharing  
3 requirement on the insured if:

4 (1) There is no in-network provider to furnish the  
5 service, drug, device, product, or procedure that  
6 meets the requirements for network adequacy under  
7 section 431:26-103; or

8 (2) An in-network provider is unable or unwilling to  
9 provide the service, drug, device, product, or  
10 procedure in a timely manner.

11 (g) Every insurer shall provide written notice to its  
12 subscribers regarding the coverage required by this section.  
13 The notice shall be in writing and prominently positioned in any  
14 literature or correspondence sent to insured members and shall  
15 be transmitted to insured members beginning with calendar year  
16 2024 when annual information is made available to subscribers or  
17 in any other mailing to subscribers, but in no case later than  
18 December 31, 2024.

19 (h) This section shall not apply to policies that provide  
20 coverage for specified diseases or other limited benefit health  
21 insurance coverage, as provided pursuant to section 431:10A-607.



1        (i) If the commissioner concludes that enforcement of this  
2 section may adversely affect the allocation of federal funds to  
3 the State, the commissioner may grant an exemption to the  
4 requirements, but only to the minimum extent necessary to ensure  
5 the continued receipt of federal funds.

6        (j) A bill or statement for services from any health care  
7 provider or insurer shall be sent directly to the person  
8 receiving the services.

9        (k) For purposes of this section, "contraceptive supplies"  
10 shall have the same meaning as in section 431:10A-116.6.

11        **§431:10A-D Nondiscrimination; reproductive health care;**  
12 **coverage.** (a) An individual, on the basis of actual or  
13 perceived race, color, national origin, sex, gender identity,  
14 sexual orientation, age, or disability, shall not be excluded  
15 from participation in, be denied the benefits of, or otherwise  
16 be subjected to discrimination in the coverage of, or payment  
17 for, the services, drugs, devices, products, and procedures  
18 covered by section 431:10A-C or 431:10A-116.6.

19        (b) Violation of this section shall be considered a  
20 violation pursuant to chapter 489.



1        (c) Nothing in this section shall be construed to limit  
2 any cause of action based upon any unfair or discriminatory  
3 practices for which a remedy is available under state or federal  
4 law."

5        SECTION 4. Chapter 432, Hawaii Revised Statutes, is  
6 amended by adding two new sections to article 1 to be  
7 appropriately designated and to read as follows:

8        **"§432:1-A Preventive care; coverage; requirements.** (a)  
9 Every individual or group hospital or medical service plan  
10 contract issued or renewed in this State shall provide coverage  
11 for all of the following services, drugs, devices, products, and  
12 procedures for the subscriber or member or any dependent of the  
13 subscriber or member who is covered by the plan contract:

14        (1) Well-woman preventive care visit annually for women to  
15 obtain the recommended preventive services that are  
16 age and developmentally appropriate, including  
17 preconception care and services necessary for prenatal  
18 care. For the purposes of this section and where  
19 appropriate, a "well-woman visit" shall include other  
20 preventive services as listed in this section;  
21 provided that if several visits are needed to obtain



- 1           all necessary recommended preventive services,  
2           depending upon a woman's health status, health needs,  
3           and other risk factors, coverage shall apply to each  
4           of the necessary visits;
- 5           (2) Counseling for sexually transmitted infections,  
6           including human immunodeficiency virus and acquired  
7           immune deficiency syndrome;
- 8           (3) Screening for: chlamydia; gonorrhea; hepatitis B;  
9           hepatitis C; human immunodeficiency virus and acquired  
10           immune deficiency syndrome; human papillomavirus;  
11           syphilis; anemia; urinary tract infection; pregnancy;  
12           Rh incompatibility; gestational diabetes;  
13           osteoporosis; breast cancer; and cervical cancer;
- 14           (4) Screening to determine whether counseling and testing  
15           related to the BRCA1 or BRCA2 genetic mutation is  
16           indicated and genetic counseling and testing related  
17           to the BRCA1 or BRCA2 genetic mutation, if indicated;
- 18           (5) Screening and appropriate counseling or interventions  
19           for:
- 20           (A) Substance abuse, including tobacco and electronic  
21           smoking devices, and alcohol; and



- 1            (B) Domestic and interpersonal violence;
- 2            (6) Screening and appropriate counseling or interventions
- 3            for mental health screening and counseling, including
- 4            depression;
- 5            (7) Folic acid supplements;
- 6            (8) Abortion;
- 7            (9) Breastfeeding comprehensive support, counseling, and
- 8            supplies;
- 9            (10) Breast cancer chemoprevention counseling;
- 10           (11) Any contraceptive supplies, as specified in section
- 11           431:10A-116.6;
- 12           (12) Voluntary sterilization, as a single claim or combined
- 13           with the following other claims for covered services
- 14           provided on the same day:
- 15           (A) Patient education and counseling on contraception
- 16           and sterilization; and
- 17           (B) Services related to sterilization or the
- 18           administration and monitoring of contraceptive
- 19           supplies, including:
- 20           (i) Management of side effects;



- 1                   (ii) Counseling for continued adherence to a  
2                   prescribed regimen;
- 3                   (iii) Device insertion and removal; and
- 4                   (iv) Provision of alternative contraceptive  
5                   supplies deemed medically appropriate in the  
6                   judgment of the subscriber's or member's  
7                   health care provider;
- 8           (13) Pre-exposure prophylaxis, post-exposure prophylaxis,  
9           and human papillomavirus vaccination; and
- 10           (14) Any additional preventive services for women that must  
11           be covered without cost sharing under title 42 United  
12           States Code section 300gg-13, as identified by the  
13           United States Preventive Services Task Force or the  
14           Health Resources and Services Administration of the  
15           United States Department of Health and Human Services,  
16           as of January 1, 2019.
- 17           (b) A mutual benefit society shall not impose any  
18           cost-sharing requirements, including copayments, coinsurance, or  
19           deductibles, on a subscriber or member or an individual covered  
20           by the plan contract with respect to the coverage and benefits  
21           required by this section, except to the extent that coverage of



1 particular services without cost-sharing would disqualify a  
2 high-deductible health plan from eligibility for a health  
3 savings account pursuant to title 26 United States Code section  
4 223. For a qualifying high-deductible health plan, the mutual  
5 benefit society shall establish the plan's cost-sharing for the  
6 coverage provided pursuant to this section at the minimum level  
7 necessary to preserve the subscriber's or member's ability to  
8 claim tax-exempt contributions and withdrawals from the  
9 subscriber's or member's health savings account under title 26  
10 United States Code section 223.

11 (c) A health care provider shall be reimbursed for  
12 providing the services pursuant to this section without any  
13 deduction for coinsurance, copayments, or any other cost-sharing  
14 amounts.

15 (d) Except as otherwise authorized under this section, a  
16 mutual benefit society shall not impose any restrictions or  
17 delays on the coverage required under this section.

18 (e) This section shall not require an individual or group  
19 hospital or medical service plan contract to cover:

20 (1) Experimental or investigational treatments;

21 (2) Clinical trials or demonstration projects;



1       (3) Treatments that do not conform to acceptable and  
2       customary standards of medical practice; or

3       (4) Treatments for which there is insufficient data to  
4       determine efficacy.

5       (f) If services, drugs, devices, products, or procedures  
6       required by this section are provided by an out-of-network  
7       provider, the mutual benefit society shall cover the services,  
8       drugs, devices, products, or procedures without imposing any  
9       cost-sharing requirement on the subscriber or member if:

10       (1) There is no in-network provider to furnish the  
11       service, drug, device, product, or procedure that  
12       meets the requirements for network adequacy under  
13       section 431:26-103; or

14       (2) An in-network provider is unable or unwilling to  
15       provide the service, drug, device, product, or  
16       procedure in a timely manner.

17       (g) Every mutual benefit society shall provide written  
18       notice to its subscribers or members regarding the coverage  
19       required by this section. The notice shall be in writing and  
20       prominently positioned in any literature or correspondence sent  
21       to subscribers or members and shall be transmitted to



1 subscribers or members beginning with calendar year 2024 when  
2 annual information is made available to subscribers or members  
3 or in any other mailing to subscribers or members, but in no  
4 case later than December 31, 2024.

5 (h) This section shall not apply to plan contracts that  
6 provide coverage for specified diseases or other limited benefit  
7 health insurance coverage, as provided pursuant to section  
8 431:10A-607.

9 (i) If the commissioner concludes that enforcement of this  
10 section may adversely affect the allocation of federal funds to  
11 the State, the commissioner may grant an exemption to the  
12 requirements, but only to the minimum extent necessary to ensure  
13 the continued receipt of federal funds.

14 (j) A bill or statement for services from any health care  
15 provider or mutual benefit society shall be sent directly to the  
16 person receiving the services.

17 (k) For purposes of this section, "contraceptive supplies"  
18 shall have the same meaning as in section 431:10A-116.6.

19 **§432:1-B Nondiscrimination; reproductive health care;**  
20 **coverage.** (a) An individual, on the basis of actual or  
21 perceived race, color, national origin, sex, gender identity,



1 sexual orientation, age, or disability, shall not be excluded  
2 from participation in, be denied the benefits of, or otherwise  
3 be subjected to discrimination in the coverage of, or payment  
4 for, the services, drugs, devices, products, and procedures  
5 covered by section 432:1-A or 432:1-604.5.

6 (b) Violation of this section shall be considered a  
7 violation pursuant to chapter 489.

8 (c) Nothing in this section shall be construed to limit  
9 any cause of action based upon any unfair or discriminatory  
10 practices for which a remedy is available under state or federal  
11 law."

12 SECTION 5. Chapter 432D, Hawaii Revised Statutes, is  
13 amended by adding a new section to be appropriately designated  
14 and to read as follows:

15 **"§432D-A Nondiscrimination; reproductive health care;**

16 **coverage.** (a) An individual, on the basis of actual or  
17 perceived race, color, national origin, sex, gender identity,  
18 sexual orientation, age, or disability, shall not be excluded  
19 from participation in, be denied the benefits of, or otherwise  
20 be subjected to discrimination in the coverage of, or payment



1 for, the services, drugs, devices, products, and procedures  
2 covered by section 431:10-A or 431:10A-116.6.

3 (b) Violation of this section shall be considered a  
4 violation pursuant to chapter 489.

5 (c) Nothing in this section shall be construed to limit  
6 any cause of action based upon any unfair or discriminatory  
7 practices for which a remedy is available under state or federal  
8 law."

9 SECTION 6. Section 431:10A-116.6, Hawaii Revised Statutes,  
10 is amended to read as follows:

11 "**§431:10A-116.6 Contraceptive services.** (a)

12 Notwithstanding any provision of law to the contrary, each  
13 employer group policy of accident and health or sickness  
14 [~~policy, contract, plan, or agreement~~] insurance issued or  
15 renewed in this State on or after January 1, [~~2000,~~] 2024, shall  
16 [~~cease to exclude~~] provide coverage for contraceptive services  
17 or contraceptive supplies for the [~~subscriber~~] insured or any  
18 dependent of the [~~subscriber~~] insured who is covered by the  
19 policy, subject to the exclusion under section 431:10A-116.7 and  
20 the exclusion under section 431:10A-607[-



1       ~~(b) Except as provided in subsection (c), all policies,~~  
 2 ~~contracts, plans, or agreements under subsection (a) that~~  
 3 ~~provide contraceptive services or supplies or prescription drug~~  
 4 ~~coverage shall not exclude any prescription contraceptive~~  
 5 ~~supplies or impose any unusual copayment, charge, or waiting~~  
 6 ~~requirement for such supplies.~~

7       ~~(c) Coverage for oral contraceptives shall include at~~  
 8 ~~least one brand from the monophasic, multiphasic, and the~~  
 9 ~~progestin-only categories. A member shall receive coverage for~~  
 10 ~~any other oral contraceptive only if:~~

11       ~~(1) Use of brands covered has resulted in an adverse drug~~  
 12 ~~reaction; or~~

13       ~~(2) The member has not used the brands covered and, based~~  
 14 ~~on the member's past medical history, the prescribing~~  
 15 ~~health care provider believes that use of the brands~~  
 16 ~~covered would result in an adverse reaction.~~

17       ~~(d)]~~; provided that:

18       (1) If there is a therapeutic equivalent of a  
 19 contraceptive supply approved by the United States  
 20 Food and Drug Administration, an insurer may provide  
 21 coverage for either the requested contraceptive supply



1           or for one or more therapeutic equivalents of the  
2           requested contraceptive supply;

3           (2) If a contraceptive supply covered by the policy is  
4           deemed medically inadvisable by the insured's health  
5           care provider, the policy shall cover an alternative  
6           contraceptive supply prescribed by the health care  
7           provider;

8           (3) An insurer shall pay pharmacy claims for reimbursement  
9           of all contraceptive supplies available for  
10           over-the-counter sale that are approved by the United  
11           States Food and Drug Administration; and

12           (4) An insurer may not infringe upon an insured's choice  
13           of contraceptive supplies and may not require prior  
14           authorization, step therapy, or other utilization  
15           control techniques for medically-appropriate covered  
16           contraceptive supplies.

17           (b) An insurer shall not impose any cost-sharing  
18           requirements, including copayments, coinsurance, or deductibles,  
19           on an insured with respect to the coverage required under this  
20           section. A health care provider shall be reimbursed for  
21           providing the services pursuant to this section without any



1 deduction for coinsurance, copayments, or any other cost-sharing  
2 amounts.

3 (c) Except as otherwise provided by this section, an  
4 insurer shall not impose any restrictions or delays on the  
5 coverage required by this section.

6 (d) Coverage required by this section shall not exclude  
7 coverage for contraceptive supplies prescribed by a health care  
8 provider, acting within the provider's scope of practice, for:

9 (1) Reasons other than contraceptive purposes, such as  
10 decreasing the risk of ovarian cancer or eliminating  
11 symptoms of menopause; or

12 (2) Contraception that is necessary to preserve the life  
13 or health of an insured.

14 (e) Coverage required by this section shall include  
15 reimbursement to a prescribing health care provider or  
16 dispensing entity for prescription contraceptive supplies  
17 intended to last for up to a twelve-month period for an insured.

18 ~~[-(e)]~~ (f) Coverage required by this section shall include  
19 reimbursement to a prescribing and dispensing pharmacist who  
20 prescribes and dispenses contraceptive supplies pursuant to  
21 section 461-11.6.



1        (g) Nothing in this section shall be construed to extend  
2 the practices or privileges of any health care provider beyond  
3 that provided in the laws governing the provider's practice and  
4 privileges.

5        (h) For purposes of this section:

6        "Contraceptive services" means physician-delivered,  
7 physician-supervised, physician assistant-delivered, advanced  
8 practice registered nurse-delivered, nurse-delivered, or  
9 pharmacist-delivered medical services intended to promote the  
10 effective use of contraceptive supplies or devices to prevent  
11 unwanted pregnancy.

12        "Contraceptive supplies" means all United States Food and  
13 Drug Administration-approved contraceptive drugs ~~[ø]~~, devices,  
14 or products used to prevent unwanted pregnancy[-], regardless of  
15 whether they are to be used by the insured or the partner of the  
16 insured, and regardless of whether they are to be used for  
17 contraception or exclusively for the prevention of sexually  
18 transmitted infections.

19        ~~[(f) Nothing in this section shall be construed to extend~~  
20 ~~the practice or privileges of any health care provider beyond~~



1 ~~that provided in the laws governing the provider's practice and~~  
2 ~~privileges.]"~~

3 SECTION 7. Section 431:10A-116.7, Hawaii Revised Statutes,  
4 is amended by amending subsection (g) to read as follows:

5 "(g) For purposes of this section:

6 "Contraceptive services" means physician-delivered,  
7 physician-supervised, physician assistant-delivered, advanced  
8 practice registered nurse-delivered, nurse-delivered, or  
9 pharmacist-delivered medical services intended to promote the  
10 effective use of contraceptive supplies or devices to prevent  
11 unwanted pregnancy.

12 "Contraceptive supplies" means all United States Food and  
13 Drug Administration-approved contraceptive drugs ~~[or]~~, devices,  
14 or products used to prevent unwanted pregnancy[-], regardless of  
15 whether they are to be used by the insured or the partner of the  
16 insured, and regardless of whether they are to be used for  
17 contraception or exclusively for the prevention of sexually  
18 transmitted infections."

19 SECTION 8. Section 432:1-604.5, Hawaii Revised Statutes,  
20 is amended to read as follows:



1           "~~§432:1-604.5~~ **Contraceptive services.** (a)

2 Notwithstanding any provision of law to the contrary, each  
3 employer group [~~health policy, contract, plan, or agreement~~]  
4 hospital or medical service plan contract issued or renewed in  
5 this State on or after January 1, [~~2000,~~] 2024, shall [~~cease to~~  
6 ~~exclude~~] provide coverage for contraceptive services or  
7 contraceptive supplies, and contraceptive prescription drug  
8 coverage for the subscriber or member, or any dependent of the  
9 subscriber or member who is covered by the policy, subject to  
10 the exclusion under section 431:10A-116.7[~~-~~

11           ~~(b) Except as provided in subsection (c), all policies,~~  
12 ~~contracts, plans, or agreements under subsection (a), that~~  
13 ~~provide contraceptive services or supplies or prescription drug~~  
14 ~~coverage shall not exclude any prescription contraceptive~~  
15 ~~supplies or impose any unusual copayment, charge, or waiting~~  
16 ~~requirement for such drug or device.~~

17           ~~(c) Coverage for contraceptives shall include at least one~~  
18 ~~brand from the monophasic, multiphasic, and the progestin-only~~  
19 ~~categories. A member shall receive coverage for any other oral~~  
20 ~~contraceptive only if:~~



1       ~~(1) Use of brands covered has resulted in an adverse drug~~  
2           ~~reaction; or~~

3       ~~(2) The member has not used the brands covered and, based~~  
4           ~~on the member's past medical history, the prescribing~~  
5           ~~health care provider believes that use of the brands~~  
6           ~~covered would result in an adverse reaction.~~

7       ~~(d)]~~; provided that:

8       (1) If there is a therapeutic equivalent of a  
9           contraceptive supply approved by the United States  
10          Food and Drug Administration, a mutual benefit society  
11          may provide coverage for either the requested  
12          contraceptive supply or for one or more therapeutic  
13          equivalents of the requested contraceptive supply;

14       (2) If a contraceptive supply covered by the plan contract  
15          is deemed medically inadvisable by the subscriber's or  
16          member's health care provider, the plan contract shall  
17          cover an alternative contraceptive supply prescribed  
18          by the health care provider;

19       (3) A mutual benefit society shall pay pharmacy claims for  
20          reimbursement of all contraceptive supplies available



1           for over-the-counter sale that are approved by the  
2           United States Food and Drug Administration; and

3           (4) A mutual benefit society shall not infringe upon a  
4           subscriber's or member's choice of contraceptive  
5           supplies and shall not require prior authorization,  
6           step therapy, or other utilization control techniques  
7           for medically-appropriate covered contraceptive  
8           supplies.

9           (b) A mutual benefit society shall not impose any  
10          cost-sharing requirements, including copayments, coinsurance, or  
11          deductibles, on a subscriber or member with respect to the  
12          coverage required under this section. A health care provider  
13          shall be reimbursed for providing the services pursuant to this  
14          section without any deduction for coinsurance, copayments, or  
15          any other cost-sharing amounts.

16          (c) Except as otherwise provided by this section, a mutual  
17          benefit society shall not impose any restrictions or delays on  
18          the coverage required by this section.

19          (d) Coverage required by this section shall not exclude  
20          coverage for contraceptive supplies prescribed by a health care  
21          provider, acting within the provider's scope of practice, for:



1        (1) Reasons other than contraceptive purposes, such as  
2        decreasing the risk of ovarian cancer or eliminating  
3        symptoms of menopause; or

4        (2) Contraception that is necessary to preserve the life  
5        or health of a subscriber or member.

6        (e) Coverage required by this section shall include  
7 reimbursement to a prescribing health care provider or  
8 dispensing entity for prescription contraceptive supplies  
9 intended to last for up to a twelve-month period for a member.

10        [~~e~~] (f) Coverage required by this section shall include  
11 reimbursement to a prescribing and dispensing pharmacist who  
12 prescribes and dispenses contraceptive supplies pursuant to  
13 section 461-11.6.

14        (g) Nothing in this section shall be construed to extend  
15 the practice or privileges of any health care provider beyond  
16 that provided in the laws governing the provider's practice and  
17 privileges.

18        (h) For purposes of this section:

19        "Contraceptive services" means physician-delivered,  
20 physician-supervised, physician assistant-delivered, advanced  
21 practice registered nurse-delivered, nurse-delivered, or



1 pharmacist-delivered medical services intended to promote the  
2 effective use of contraceptive supplies or devices to prevent  
3 unwanted pregnancy.

4 "Contraceptive supplies" means all Food and Drug  
5 Administration-approved contraceptive drugs or devices used to  
6 prevent unwanted pregnancy[-

7 ~~(f) Nothing in this section shall be construed to extend~~  
8 ~~the practice or privileges of any health care provider beyond~~  
9 ~~that provided in the laws governing the provider's practice and~~  
10 ~~privileges.], regardless of whether they are to be used by the  
11 subscriber or member or the partner of the subscriber or member,  
12 and regardless of whether they are to be used for contraception  
13 or exclusively for the prevention of sexually transmitted  
14 infections."~~

15 SECTION 9. Section 432D-23, Hawaii Revised Statutes, is  
16 amended to read as follows:

17 "**§432D-23 Required provisions and benefits.**

18 Notwithstanding any provision of law to the contrary, each  
19 policy, contract, plan, or agreement issued in the State after  
20 January 1, 1995, by health maintenance organizations pursuant to  
21 this chapter, shall include benefits provided in sections



1 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116,  
 2 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119,  
 3 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126,  
 4 431:10A-132, 431:10A-133, 431:10A-134, 431:10A-140, and  
 5 [~~431:10A-134~~] 431:10A-A, and chapter 431M."

PART III

7 SECTION 10. Chapter 346, Hawaii Revised Statutes, is  
 8 amended by adding a new section to be appropriately designated  
 9 and to read as follows:

10 **"§346-A Nondiscrimination; reproductive health care;**  
 11 **coverage.** (a) An individual, on the basis of actual or  
 12 perceived race, color, national origin, sex, gender identity,  
 13 sexual orientation, age, or disability, shall not be excluded  
 14 from participation in, be denied the benefits of, or otherwise  
 15 be subjected to discrimination in the coverage of, or payment  
 16 for, the services, drugs, devices, products, or procedures  
 17 covered by section 432:1-A or 432:1-604.5 or in the receipt of  
 18 medical assistance as that term is defined under section 346-1.  
 19 (b) Violation of this section shall be considered a  
 20 violation pursuant to chapter 489.





1 agreements of health insurance issued or renewed by a health  
2 insurer, mutual benefit society, or health maintenance  
3 organization on or after January 1, 2024.  
4

INTRODUCED BY:

A handwritten signature in black ink, written over a horizontal line. The signature is stylized and appears to be the name of the person who introduced the bill.

# S.B. NO. 893

**Report Title:**

Health Care; Insurance

**Description:**

Requires health insurance coverage for various sexual and reproductive health care services.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

