A BILL FOR AN ACT

RELATING TO INSURANCE.

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

- 1 SECTION 1. The legislature finds that many health
- 2 insurance policies and programs exclude transgender people from
- 3 accessing care. Transgender people routinely experience serious
- 4 and life-threatening discrimination, and the practice of denying
- 5 health insurance coverage to a person based on gender identity
- 6 or gender expression is against public policy.
- 7 The purpose of this Act is to prohibit the denial,
- 8 exclusion, or limitation of health care services or treatment to
- 9 a person on the basis of a person's actual gender identity or
- 10 perceived gender identity.
- 11 SECTION 2. Chapter 431, Hawaii Revised Statutes, is
- 12 amended by adding a new section to article 10A to be
- 13 appropriately designated and to read as follows:
- 14 "§431:10A- Non-discrimination on the basis of actual
- 15 gender identity or perceived gender identity; coverage for
- 16 services; definitions. (a) No individual and group accident
- 17 and health or sickness policy, contract, plan, or agreement that



1	provides	health care coverage shall discriminate with respect to
2	participa	tion and coverage under the policy, contract, plan, or
3	agreement	against any person on the basis of actual gender
4	identity	or perceived gender identity.
5	(b)	Discrimination under this section includes the
6	following	<u>:</u>
7	(1)	Denying, canceling, limiting, or refusing to issue or
8		renew an insurance policy, contract, plan, or
9		agreement on the basis of a person's or the person's
10		family member's actual gender identity or perceived
11		gender identity;
12	(2)	Demanding or requiring a payment or premium that is
13		based on a person's or the person's family member's
14		actual gender identity or perceived gender identity;
15	(3)	Designating a person's or the person's family member's
16		actual gender identity or perceived gender identity as
17		a preexisting condition to deny, cancel, or limit
18		coverage; and
19	(4)	Denying, canceling, or limiting coverage for services
20		on the basis of actual gender identity or perceived

1	gender identity including but not limited to the
2	following:
3	(A) Health care services related to gender
4	transition; provided that there is coverage under
5	the policy, contract, plan, or agreement for the
6	services when the services are not related to
7	gender transition; and
8	(B) Health care services that are ordinarily or
9	exclusively available to individuals of one sex.
10	(c) The medical necessity of any treatment shall be
11	determined pursuant to the insurance policy, contract, plan, or
12	agreement and shall be defined in a manner that is consistent
13	with other covered services.
14	(d) Any coverage provided shall be subject to copayment,
15	deductible, and coinsurance provisions of an individual and
16	group accident and health or sickness policy, contract, plan, or
17	agreement that are no less favorable than the copayment,
18	deductible, and coinsurance provisions for substantially all
19	other medical services covered by the policy, contract, plan, or
20	agreement.

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         (e) As used in this section unless the context requires
2
    otherwise:
3
         "Actual gender identity" means a person's internal sense of
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    being male, female, a gender different from the gender assigned
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    at birth, a transgender person, or neither male nor female.
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         "Gender transition" means the process of a person changing
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    the person's outward appearance or sex characteristics to accord
8
    with the person's actual gender identity.
9
         "Perceived gender identity" means an observer's impression
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    of another person's actual gender identity or the observer's own
11
    impression that the person is male, female, a gender different
12
    from the gender designed at birth, a transgender person, or
13
    neither male nor female.
14
         "Transgender person" means a person who has gender identity
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    disorder or gender dysphoria, has received health care services
16
    related to gender transition, adopts the appearance or behavior
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    of the opposite sex, or otherwise identifies as a gender
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    different from the gender assigned to that person at birth."
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         SECTION 3. Chapter 432, Hawaii Revised Statutes, is
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    amended by adding a new section to article 1 to be appropriately
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    designated and to read as follows:
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1	" <u>§43</u>	2:1- Non-discrimination on the basis of actual
2	gender id	entity or perceived gender identity; coverage for
3	services;	definitions. (a) No individual and group hospital
4	and medic	al service policy, contract, plan, or agreement that
5	provides	health care coverage shall discriminate with respect to
6	participa	tion and coverage under the policy, contract, plan, or
7	agreement	against any person on the basis of actual gender
8	identity	or perceived gender identity.
9	(b)	Discrimination under this section includes the
10	following	<u>:</u>
11	(1)	Denying, canceling, limiting, or refusing to issue or
12	•	renew an insurance policy, contract, plan, or
13		agreement on the basis of a person's or the person's
14		family member's actual gender identity or perceived
15		gender identity;
16	(2)	Demanding or requiring a payment or premium that is
17		based on a person's or the person's family member's
18		actual gender identity or perceived gender identity;
19	(3)	Designating a person's or the person's family member's
20		actual gender identity or perceived gender identity as

1		a preexisting condition to deny, cancel, or limit
2		coverage; and
3	(4)	Denying, canceling, or limiting coverage for services
4		on the basis of actual gender identity or perceived
5		gender identity including but not limited to the
6		following:
7		(A) Health care services related to gender
8		transition; provided that there is coverage under
9	·	the policy, contract, plan, or agreement for the
10		services when the services are not related to
11		gender transition; and
12		(B) Health care services that are ordinarily or
13		exclusively available to individuals of one sex.
14	(c)	The medical necessity of any treatment shall be
15	determine	d pursuant to the insurance policy, contract, plan, or
16	agreement	and shall be defined in a manner that is consistent
17	with other	r covered services.
18	<u>(d)</u>	Any coverage provided shall be subject to copayment,
19	deductible	e, and coinsurance provisions of an individual and
20	group hos	pital and medical service policy, contract, plan, or
21	agreement	that are no less favorable than the copayment,

- 1 deductible, and coinsurance provisions for substantially all
- 2 other medical services covered by the policy, contract, plan, or
- 3 agreement.
- 4 (e) As used in this section unless the context requires
- 5 otherwise:
- 6 "Actual gender identity" means a person's internal sense of
- 7 being male, female, a gender different from the gender assigned
- 8 at birth, a transgender person, or neither male nor female.
- 9 "Gender transition" means the process of a person changing
- 10 the person's outward appearance or sex characteristics to accord
- 11 with the person's actual gender identity.
- 12 "Perceived gender identity" means an observer's impression
- 13 of another person's actual gender identity or the observer's
- 14 own impression that the person is male, female, a gender
- 15 different from the gender designed at birth, a transgender
- 16 person, or neither male nor female.
- 17 "Transgender person" means a person who has gender identity
- 18 disorder or gender dysphoria, received health care services
- 19 related to gender transition, adopts the appearance or behavior
- 20 of the opposite sex, or otherwise identifies as a gender
- 21 different from the gender assigned to that person at birth."

H.B. NO. 2084 H.D. 2

1	SECTION 4. Chapter 432D, Hawaii Revised Statutes, is	
2	amended by adding a new section to be appropriately designated	
3	and to read as follows:	
4	"§432D- Non-discrimination on the basis of actual gende	
5	identity or perceived gender identity; coverage for services;	
6	definitions. (a) No health maintenance organization policy,	
7	contract, plan, or agreement shall discriminate with respect to	
8	participation and coverage under the policy, contract, plan, or	
9	agreement against any person on the basis of actual gender	
10	identity or perceived gender identity.	
11	(b) Discrimination under this section includes the	
12	following:	
13	(1) Denying, canceling, limiting, or refusing to issue or	
14	renew an insurance policy, contract, plan, or	
15	agreement on the basis of a person's or the person's	
16	family member's actual gender identity or perceived	
17	gender identity;	
18	(2) Demanding or requiring a payment or premium that is	
19	based on a person's or the person's family member's	
20	actual gender identity or perceived gender identity;	

1	<u>(3)</u>	Designating a person's or the person's family member's
2		actual gender identity or perceived gender identity as
3		a preexisting condition to deny, cancel, or limit
4		coverage; and
5	(4)	Denying, canceling, or limiting coverage for services
6		on the basis of actual gender identity or perceived
7		gender identity including but not limited to the
8		following:
9		(A) Health care services related to gender
10		transition; provided that there is coverage under
11		the policy, contract, plan, or agreement for the
12		services when the services are not related to
13		gender transition; and
14		(B) Health care services that are ordinarily or
15	•	exclusively available to individuals of one sex.
16	<u>(c)</u>	The medical necessity of any treatment shall be
17	determine	pursuant to the insurance policy, contract, plan, or
18	agreement	and shall be defined in a manner that is consistent
19	with othe	covered services.
20	<u>(d)</u>	Any coverage provided shall be subject to copayment,
21	deductibl	, and coinsurance provisions of a health maintenance

H.B. NO. H.D.

- 1 organization policy, contract, plan, or agreement that are no
- 2 less favorable than the copayment, deductible, and coinsurance
- 3 provisions for substantially all other medical services covered
- 4 by the policy, contract, plan, or agreement.
- 5 (e) As used in this section unless the context requires
- 6 otherwise:
- 7 "Actual gender identity" means a person's internal sense of
- 8 being male, female, a gender different from the gender assigned
- 9 at birth, a transgender person, or neither male nor female.
- 10 "Gender transition" means the process of a person changing
- 11 the person's outward appearance or sex characteristics to accord
- 12 with the person's actual gender identity.
- "Perceived gender identity" means an observer's impression
- 14 of another person's actual gender identity or the observer's own
- 15 impression that the person is male, female, a gender different
- 16 from the gender designed at birth, a transgender person, or
- 17 <u>neither</u> male nor female.
- 18 "Transgender person" means a person who has gender identity
- 19 disorder or gender dysphoria, received health care services
- 20 related to gender transition, adopts the appearance or behavior

- 1 of the opposite sex, or otherwise identifies as a gender
- 2 different from the gender assigned to that person at birth."
- 3 SECTION 5. New statutory material is underscored.
- 4 SECTION 6. This Act shall take effect upon its approval;
- 5 provided that sections 2, 3, and 4 shall apply to all policies,
- 6 contracts, plans, or agreements issued or renewed in the State
- 7 after January 1, 2017.

H.B. NO. 4084

Report Title:

Health Insurance Coverage; Discrimination; Gender Identity

Description:

Prohibits health insurers, mutual benefit societies, and health maintenance organizations from discriminating with respect to participation and coverage under a policy, contract, plan, or agreement against any person on the basis of actual gender identity or perceived gender identity. (HB2084 HD2)

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