
A BILL FOR AN ACT

RELATING TO HEALTH INSURANCE.

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

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

4 "§431:10A-A Coverage for reproductive health. (a) All
5 individual accident and health or sickness insurance policies
6 that provide coverage for reproductive health shall include the
7 following services, drugs, devices, products, and procedures:

8 (1) Well-woman care, including screenings, assessments and
9 counseling;

10 (2) Pregnancy-related services, including pregnancy tests,
11 preconception care, abortion, and prenatal care;

12 (3) Counseling for sexually transmitted infections,
13 including but not limited to human immunodeficiency
14 virus and acquired immune deficiency syndrome;

15 (4) Screening for:

16 (A) Hepatitis B;

17 (B) Hepatitis C;



- 1 (C) Anemia;
- 2 (D) Urinary tract infection;
- 3 (E) Rh incompatibility;
- 4 (F) Gestational diabetes;
- 5 (G) Osteoporosis; and
- 6 (H) Cervical cancer;
- 7 (5) Screening and appropriate counseling or interventions
- 8 for:
- 9 (A) Tobacco use; and
- 10 (B) Domestic and interpersonal violence;
- 11 (6) Folic acid supplements;
- 12 (7) Breastfeeding comprehensive support, counseling, and
- 13 supplies;
- 14 (8) Genetic screening and counseling related to the BRCA1
- 15 or BRCA2 genetic mutations, including BRCA testing;
- 16 (9) Breast cancer chemoprevention counseling;
- 17 (10) Voluntary sterilization;
- 18 (11) Patient education and counseling on contraception; and
- 19 (12) Services related to the administration and monitoring
- 20 of drugs, devices, products and services required
- 21 under this section, including but not limited to:



- 1 (A) Management of side effects;
- 2 (B) Counseling for continued adherence to a
- 3 prescribed regimen;
- 4 (C) Device insertion and removal;
- 5 (D) Provision of alternative contraceptive drugs,
- 6 devices or products deemed medically appropriate
- 7 in the judgment of the insured's provider; and
- 8 (E) Diagnosis and treatment services provided
- 9 pursuant to, or as a follow-up to, a service
- 10 required under this section.

11 (b) The coverage for reproductive health required under
12 this section shall be in addition to any other benefits related
13 to reproductive health required by this part, including coverage
14 for the following:

- 15 (1) Mammogram screening under section 431:10-116(4);
- 16 (2) In vitro fertilization procedures under section
- 17 431:10A-116.5;
- 18 (3) Contraceptive services under section 431:10A-116.6;
- 19 and
- 20 (4) Annual screenings for sexually transmitted infections,
- 21 including screenings for human immunodeficiency virus



1 and acquired immunodeficiency syndrome under section
2 431:10A-134.

3 (c) No policy subject to this section may impose upon an
4 insured any deductible, coinsurance, copayment, or any other
5 cost-sharing requirement.

6 (d) A health care provider shall be reimbursed for
7 providing the services described in this section without any
8 deduction for coinsurance, copayments, or any other cost-sharing
9 amounts.

10 (e) Except as authorized under this section, no policy
11 subject to this section may impose any restrictions or delays
12 upon the coverage required by this section.

13 (f) A policy subject to this section shall cover the
14 services, drugs, devices, products, and procedures required by
15 this section regardless of whether the services, drugs, devices,
16 products, and procedures are provided in the course of, or as a
17 follow-up to, other covered services and shall reimburse the
18 cost of the service, drug, device, product, or procedure
19 separately from a global or bundled payment for, or a diagnostic
20 related group code associated with, the other covered services.



1 (g) This section does not require a policy subject to this
2 section to cover:

3 (1) Experimental or investigational treatments;

4 (2) Clinical trials or demonstration projects;

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

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

9 (h) If services, drugs, devices, products, or procedures
10 required by this section are provided by an out-of-network
11 provider, a policy subject to this section shall cover the
12 services, drugs, devices, products, or procedures without
13 imposing any cost-sharing requirement upon the insured if:

14 (1) There is no in-network provider to furnish the
15 service, drug, device, product, or procedure that is
16 geographically accessible or accessible in a
17 reasonable amount of time; or

18 (2) An in-network provider is unable or unwilling to
19 provide the service in a timely manner.

20 (i) The requirements of this section shall apply to all
21 policies issued or renewed in this State after June 30, 2018."



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

4 "§431:10A- Coverage for reproductive health. All group
5 or blanket disability policies providing coverage for
6 reproductive health shall provide coverage in compliance with
7 section 431:10A-A."

8 SECTION 3. Chapter 432, article 1, Hawaii Revised
9 Statutes, is amended by adding a new section to part VI to be
10 appropriately designated and to read as follows:

11 "§432:1- Coverage for reproductive health. (a) All
12 individual and group hospital and medical service corporation
13 contracts that provide coverage for reproductive health shall
14 include the following services, drugs, devices, products, and
15 procedures:

- 16 (1) Well-woman care, including screenings, assessments and
17 counseling;
18 (2) Pregnancy-related services, including pregnancy tests,
19 preconception care, abortion, and prenatal care;



- 1 (3) Counseling for sexually transmitted infections,
2 including but not limited to human immunodeficiency
3 virus and acquired immune deficiency syndrome;
- 4 (4) Screening for:
- 5 (A) Hepatitis B;
6 (B) Hepatitis C;
7 (C) Anemia;
8 (D) Urinary tract infection;
9 (E) Rh incompatibility;
10 (F) Gestational diabetes;
11 (G) Osteoporosis; and
12 (H) Cervical cancer;
- 13 (5) Screening and appropriate counseling or interventions
14 for:
- 15 (A) Tobacco use; and
16 (B) Domestic and interpersonal violence;
- 17 (6) Folic acid supplements;
18 (7) Breastfeeding comprehensive support, counseling, and
19 supplies;
- 20 (8) Genetic screening and counseling related to the BRCA1
21 or BRCA2 genetic mutations, including BRCA testing;



- 1 (9) Breast cancer chemoprevention counseling;
- 2 (10) Voluntary sterilization;
- 3 (11) Patient education and counseling on contraception; and
- 4 (12) Services related to the administration and monitoring
5 of drugs, devices, products and services required
6 under this section, including but not limited to:
 - 7 (A) Management of side effects;
 - 8 (B) Counseling for continued adherence to a
9 prescribed regimen;
 - 10 (C) Device insertion and removal;
 - 11 (D) Provision of alternative contraceptive drugs,
12 devices or products deemed medically appropriate
13 in the judgment of the insured's provider; and
 - 14 (E) Diagnosis and treatment services provided
15 pursuant to, or as a follow-up to, a service
16 required under this section.
- 17 (b) The coverage for reproductive health required under
18 this section shall be in addition to any other benefits related
19 to reproductive health required by this part, including coverage
20 for the following:
 - 21 (1) Mammogram screening under section 432:1-605;



1 (2) In vitro fertilization procedures under section 432:1-
2 604;

3 (3) Contraceptive services under section 432:1-604.5; and

4 (4) Annual screenings for sexually transmitted infections,
5 including screenings for human immunodeficiency virus
6 and acquired immunodeficiency syndrome under section
7 432:1-618.

8 (c) No contract subject to this section may impose upon a
9 member any deductible, coinsurance, copayment, or any other
10 cost-sharing requirement.

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

15 (e) Except as authorized under this section, no contract
16 subject to this section may impose any restrictions or delays
17 upon the coverage required by this section.

18 (f) A contract subject to this section shall cover the
19 services, drugs, devices, products, and procedures required by
20 this section regardless of whether the services, drugs, devices,
21 products, and procedures are provided in the course of, or as a



1 follow-up to, other covered services and shall reimburse the
2 cost of the service, drug, device, product, or procedure
3 separately from a global or bundled payment for, or a diagnostic
4 related group code associated with, the other covered services.

5 (g) This section does not require a contract subject to
6 this section to cover:

7 (1) Experimental or investigational treatments;

8 (2) Clinical trials or demonstration projects;

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

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

13 (h) If services, drugs, devices, products, or procedures
14 required by this section are provided by an out-of-network
15 provider, a contract subject to this section shall cover the
16 services, drugs, devices, products, or procedures without
17 imposing any cost-sharing requirement upon the member or
18 beneficiary if:

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



1 geographically accessible or accessible in a
2 reasonable amount of time; or
3 (2) An in-network provider is unable or unwilling to
4 provide the service in a timely manner.
5 (i) The requirements of this section shall apply to all
6 contracts issued or renewed in this State after June 30, 2018."

7 SECTION 4. Section 432D-23, Hawaii Revised Statutes, is
8 amended to read as follows:

9 "**§432D-23 Required provisions and benefits.**

10 Notwithstanding any provision of law to the contrary, each
11 policy, contract, plan, or agreement issued in the State after
12 January 1, 1995, by health maintenance organizations pursuant to
13 this chapter, shall include benefits provided in sections
14 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-
15 116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,
16 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132,
17 431:10A-133, 431:10A-140, 431:10A-A, and 431:10A-134, and
18 chapter 431M."

19 SECTION 5. In codifying the new section added by section 1
20 of this Act, the revisor of statutes shall substitute the



1 appropriate section number for the letter used in designating
2 the new section in this Act.

3 SECTION 6. Statutory material to be repealed is bracketed
4 and stricken. New statutory material is underscored.

5 SECTION 7. This Act shall take effect upon its approval.

6

INTRODUCED BY:









JAN 25 2017



H.B. NO. 1573

Report Title:

Insurance; Reproductive Health

Description:

Requires health insurers to provide coverage for reproductive health.

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

