A BILL FOR AN ACT

RELATING TO HEALTH INSURANCE.

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

- 1 SECTION 1. The legislature finds that the Patient
- 2 Protection and Affordable Care Act of 2010 ("Affordable Care
- 3 Act"), P.L. 111-148, has resulted in an estimated twenty million
- 4 Americans gaining health insurance coverage. The provisions
- 5 under the Affordable Care Act that afforded coverage to the
- 6 uninsured include changes in private insurance that require
- 7 health insurance plans to cover people with preexisting health
- 8 conditions and prohibit discrimination based on gender.
- 9 The legislature further finds that the future of the
- 10 Affordable Care Act faces uncertainty. The current Presidential
- 11 administration campaigned on a promise to repeal the Affordable
- 12 Care Act, and certain members of Congress have supported that
- 13 approach, which could have widespread and devastating
- 14 ramifications. The Urban Institute has estimated that repealing
- 15 the Affordable Care Act without an adequate replacement plan
- 16 that ensures affordable coverage would take health insurance

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- 1 coverage away from 29,800,000 people nationwide by 2019, more
- 2 than doubling the total number of uninsured to 58,700,000.
- 3 The legislature concludes that, due to the uncertainty over
- 4 the future of the Affordable Care Act, it is vital to preserve
- 5 certain important aspects of the Act for residents of Hawaii.
- 6 Accordingly, the purpose of this Act is to ensure that the
- 7 following benefits made available under the Affordable Care Act,
- 8 which may not otherwise be available under the State's Prepaid
- 9 Health Care Act, remain available under Hawaii law:
- 10 (1) Prohibiting health insurance entities from imposing a
- 11 preexisting condition exclusion; and
- 12 (2) Prohibiting health insurance entities from using an
- individual's gender to determine premiums or
- 14 contributions.
- 15 SECTION 2. Chapter 431, Hawaii Revised Statutes, is
- 16 amended by adding two new sections to part I of article 10A to
- 17 be appropriately designated and to read as follows:
- 18 §431:10A- Prohibition of preexisting condition
- 19 exclusions. (a) No individual accident and health or sickness
- 20 insurance policy issued or renewed in this State shall impose
- 21 any preexisting condition exclusion.

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1	(b) For purposes of this section, a "preexisting condition
2	exclusion" means a limitation or exclusion of benefits,
3	including a denial of coverage, based on the fact that the
4	condition was present before the effective date of coverage (or
5	if coverage is denied, the date of the denial) under an
6	individual accident and health or sickness insurance policy,
7	whether or not any medical advice, diagnosis, care, or treatment
8	was recommended or received before that day, and includes any
9	condition.
10	The term "preexisting condition exclusion" includes any
11	limitation or exclusion of benefits, including a denial of
12	coverage, applicable to an individual as a result of information
13	relating to an individual's health status before the
14	individual's effective date of coverage (or if coverage is
15	denied, the date of the denial) under an individual accident and
16	health or sickness insurance policy, such as a condition
17	identified as a result of a pre-enrollment questionnaire or
18	physical examination given to the individual or a review of
19	medical records relating to the pre-enrollment period.
20	§431:10A- Prohibited discrimination in premiums or
21	contributions No individual accident and health or sickness

- 1 insurance policy and no health insurer offering individual
- 2 accident and health or sickness insurance coverage issued or
- 3 renewed in this State shall require an individual, as a
- 4 condition of enrollment or continued enrollment under the
- 5 policy, to pay a premium or contribution based on the
- 6 individual's gender that is greater than the premium or
- 7 contribution for a similarly situated individual of the opposite
- 8 gender who is covered under the same policy or a substantially
- 9 similar policy offered by the same insurer."
- 10 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
- 11 amended by adding two new sections to part II of article 10A to
- 12 be appropriately designated and to read as follows:
- 13 §431:10A- Prohibition of preexisting condition
- 14 exclusions. (a) No group accident and health or sickness
- 15 insurance policy issued or renewed in this State shall impose
- 16 any preexisting condition exclusion.
- 17 (b) For purposes of this section, a "preexisting condition"
- 18 exclusion" means a limitation or exclusion of benefits,
- 19 including a denial of coverage, based on the fact that the
- 20 condition was present before the effective date of coverage (or
- 21 if coverage is denied, the date of the denial) under a group

1 accident and health or sickness insurance policy, whether or not 2 any medical advice, diagnosis, care, or treatment was 3 recommended or received before that day and includes any 4 condition. The term "preexisting condition exclusion" includes any 5 6 limitation or exclusion of benefits, including a denial of 7 coverage, applicable to an individual as a result of information 8 relating to an individual's health status before the 9 individual's effective date of coverage (or if coverage is **10** denied, the date of the denial) under a group accident and 11 health or sickness insurance policy, such as a condition **12** identified as a result of a pre-enrollment questionnaire or 13 physical examination given to the individual, or review of 14 medical records relating to the pre-enrollment period. 15 §431:10A- Prohibited discrimination in premiums or 16 contributions. No group accident and health or sickness 17 insurance policy and no health insurer offering group accident 18 and health or sickness insurance coverage issued or renewed in 19 this State shall require an individual, as a condition of

enrollment or continued enrollment under the policy, to pay a

premium or contribution based on the individual's gender that is

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- 1 greater than the premium or contribution for a similarly
- 2 situated individual of the opposite gender who is covered under
- 3 the same policy or a substantially similar policy offered by the
- 4 same insurer."
- 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- Prohibition of preexisting condition exclusions.
- 9 (a) No individual or group hospital or medical service plan
- 10 contract issued or renewed in this State shall impose any
- 11 preexisting condition exclusion.
- 12 (b) For purposes of this section, a "preexisting condition
- 13 exclusion" means a limitation or exclusion of benefits,
- 14 including a denial of coverage, based on the fact that the
- 15 condition was present before the effective date of coverage (or
- 16 if coverage is denied, the date of the denial) under a group or
- 17 individual hospital and medical service plan contract, whether
- 18 or not any medical advice, diagnosis, care, or treatment was
- 19 recommended or received before that day and includes any
- 20 condition.

1	The term "preexisting condition exclusion" includes any
2	limitation or exclusion of benefits, including a denial of
3	coverage, applicable to an individual as a result of information
4	relating to an individual's health status before the
5	individual's effective date of coverage (or if coverage is
6	denied, the date of the denial) under a group or individual
7	hospital and medical service plan contract, such as a condition
8	identified as a result of a pre-enrollment questionnaire or
9	physical examination given to the individual, or review of
10	medical records relating to the pre-enrollment period.
11	§432:1- Prohibited discrimination in premiums or
11 12	§432:1- Prohibited discrimination in premiums or contributions. No individual or group hospital or medical
12	contributions. No individual or group hospital or medical
12 13	contributions. No individual or group hospital or medical service plan contract and no mutual benefit society offering
12 13 14	contributions. No individual or group hospital or medical service plan contract and no mutual benefit society offering group or individual hospital and medical service plan contracts
12 13 14 15	contributions. No individual or group hospital or medical service plan contract and no mutual benefit society offering group or individual hospital and medical service plan contracts issued or renewed in this State shall require an individual, as
12 13 14 15 16	contributions. No individual or group hospital or medical service plan contract and no mutual benefit society offering group or individual hospital and medical service plan contracts issued or renewed in this State shall require an individual, as a condition of enrollment or continued enrollment under the plan
12 13 14 15 16 17	contributions. No individual or group hospital or medical service plan contract and no mutual benefit society offering group or individual hospital and medical service plan contracts issued or renewed in this State shall require an individual, as a condition of enrollment or continued enrollment under the plan contract, to pay a premium or contribution based on the

- 1 substantially similar plan contract offered by the same mutual
- 2 benefit society."
- 3 SECTION 5. Chapter 432D, Hawaii Revised Statutes, is
- 4 amended by adding two new sections to be appropriately
- 5 designated and to read as follows:
- 6 §432D- Prohibition of preexisting condition exclusions.
- 7 (a) No individual or group health maintenance organization
- 8 policy, contract, plan, or agreement issued or renewed in this
- 9 State shall impose any preexisting condition exclusion.
- 10 (b) For purposes of this section, a "preexisting condition
- 11 exclusion means a limitation or exclusion of benefits,
- 12 including a denial of coverage, based on the fact that the
- 13 condition was present before the effective date of coverage (or
- 14 if coverage is denied, the date of the denial) under a group or
- 15 individual health maintenance organization policy, contract,
- 16 plan, or agreement, whether or not any medical advice,
- 17 diagnosis, care, or treatment was recommended or received before
- 18 that day and includes any condition.
- 19 The term "preexisting condition exclusion" includes any
- 20 limitation or exclusion of benefits, including a denial of
- 21 coverage, applicable to an individual as a result of information

1 relating to an individual's health status before the 2 individual's effective date of coverage (or if coverage is 3 denied, the date of the denial) under a group or individual 4 health maintenance organization policy, contract, plan, or 5 agreement, such as a condition identified as a result of a pre-6 enrollment questionnaire or physical examination given to the 7 individual, or review of medical records relating to the pre-8 enrollment period. 9 §432D- Prohibited discrimination in premiums or 10 contributions. No individual or group contract and no health 11 maintenance organization offering group or individual policies, 12 contracts, plans, or agreements issued or renewed in this State shall require an individual, as a condition of enrollment or **13** 14 continued enrollment under a policy, contract, plan, or 15 agreement, to pay a premium or contribution based on the **16** individual's gender that is greater than the premium or 17 contribution for a similarly situated individual of the opposite 18 gender who is covered under the same policy, contract, plan, or . 19 agreement or a substantially similar policy, contract, plan, or 20 agreement offered by the same health maintenance organization." 21 SECTION 6. New statutory material is underscored.

1 SECTION 7. This Act shall take effect on July 1, 3000.

Report Title:

Health Insurance; Extended Coverage; Preexisting Conditions; Nondiscrimination

Description:

Ensures certain benefits under the federal Affordable Care Act are preserved under Hawaii law, by prohibiting health insurance entities from imposing a preexisting condition exclusion and prohibiting health insurance entities from using an individual's gender to determine premiums or contributions. (HB2126 HD1)

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