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## A BILL FOR AN ACT

RELATING TO BREAST CANCER SCREENING.

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

1           SECTION 1. Section 431:10A-116, Hawaii Revised Statutes,  
2 is amended to read as follows:

3           "**§431:10A-116 Coverage for specific services.** Every  
4 person insured under a policy of accident and health or sickness  
5 insurance delivered or issued for delivery in this State shall  
6 be entitled to the reimbursements and coverages specified below:

7           (1) Notwithstanding any provision to the contrary,  
8           whenever a policy, contract, plan, or agreement  
9           provides for reimbursement for any visual or  
10           optometric service, which is within the lawful scope  
11           of practice of a duly licensed optometrist, the person  
12           entitled to benefits or the person performing the  
13           services shall be entitled to reimbursement whether  
14           the service is performed by a licensed physician or by  
15           a licensed optometrist. Visual or optometric services  
16           shall include eye or visual examination, or both, or a  
17           correction of any visual or muscular anomaly, and the



1           supplying of ophthalmic materials, lenses, contact  
2           lenses, spectacles, eyeglasses, and appurtenances  
3           thereto;

4           (2) Notwithstanding any provision to the contrary, for all  
5           policies, contracts, plans, or agreements issued on or  
6           after May 30, 1974, whenever provision is made for  
7           reimbursement or indemnity for any service related to  
8           surgical or emergency procedures, which is within the  
9           lawful scope of practice of any practitioner licensed  
10          to practice medicine in this State, reimbursement or  
11          indemnification under the policy, contract, plan, or  
12          agreement shall not be denied when the services are  
13          performed by a dentist acting within the lawful scope  
14          of the dentist's license;

15          (3) Notwithstanding any provision to the contrary,  
16          whenever the policy provides reimbursement or payment  
17          for any service, which is within the lawful scope of  
18          practice of a psychologist licensed in this State, the  
19          person entitled to benefits or performing the service  
20          shall be entitled to reimbursement or payment, whether



1 the service is performed by a licensed physician or  
2 licensed psychologist;

3 (4) Notwithstanding any provision to the contrary, each  
4 policy, contract, plan, or agreement issued on or  
5 after February 1, 1991, except for policies that only  
6 provide coverage for specified diseases or other  
7 limited benefit coverage, but including policies  
8 issued by companies subject to chapter 431, article  
9 10A, part II and chapter 432, article 1 shall provide  
10 coverage for screening by low-dose mammography for  
11 occult breast cancer as follows:

12 (A) For women forty years of age and older, an annual  
13 mammogram; and

14 (B) For a woman of any age with a history of breast  
15 cancer or whose mother or sister has had a  
16 history of breast cancer, a mammogram upon the  
17 recommendation of the woman's physician.

18 The services provided in this paragraph are  
19 subject to any coinsurance provisions that may be in  
20 force in these policies, contracts, plans, or  
21 agreements.



1           For the purpose of this paragraph, the term "low-  
2           dose mammography" means the x-ray examination of the  
3           breast using equipment dedicated specifically for  
4           mammography, including but not limited to the x-ray  
5           tube, filter, compression device, screens, films, and  
6           cassettes, with an average radiation exposure delivery  
7           of less than one rad mid-breast, with two views for  
8           each breast. An insurer may provide the services  
9           required by this paragraph through contracts with  
10          providers; provided that the contract is determined to  
11          be a cost-effective means of delivering the services  
12          without sacrifice of quality and meets the approval of  
13          the director of health;

14          (5) Notwithstanding any provision to the contrary, each  
15          policy, contract, plan, or agreement issued on or  
16          after January 1, 2021, except for policies that only  
17          provide coverage for specified diseases or other  
18          limited benefit coverage, but including policies  
19          issued by companies subject to chapter 431, article  
20          10A, part II and chapter 432, article 1 shall provide  
21          coverage for 3-D mammography imaging for breast cancer



1 patients every three months, or as recommended by the  
2 patient's physician. For the purposes of this  
3 section, "3-D mammography imaging" means breast  
4 tomosynthesis, a radiologic procedure that involves  
5 the acquisition of a projection of images over the  
6 stationary breast to produce cross-sectional digital  
7 three-dimensional images of the breast.

8 [-5+] (6) (A) (i) Notwithstanding any provision to the  
9 contrary, whenever a policy, contract, plan,  
10 or agreement provides coverage for the  
11 children of the insured, that coverage shall  
12 also extend to the date of birth of any  
13 newborn child to be adopted by the insured;  
14 provided that the insured gives written  
15 notice to the insurer of the insured's  
16 intent to adopt the child prior to the  
17 child's date of birth or within thirty days  
18 after the child's birth or within the time  
19 period required for enrollment of a natural  
20 born child under the policy, contract, plan,  
21 or agreement of the insured, whichever



1 period is longer; provided further that if  
2 the adoption proceedings are not successful,  
3 the insured shall reimburse the insurer for  
4 any expenses paid for the child; and

5 (ii) Where notification has not been received by  
6 the insurer prior to the child's birth or  
7 within the specified period following the  
8 child's birth, insurance coverage shall be  
9 effective from the first day following the  
10 insurer's receipt of legal notification of  
11 the insured's ability to consent for  
12 treatment of the infant for whom coverage is  
13 sought; and

14 (B) When the insured is a member of a health  
15 maintenance organization (HMO), coverage of an  
16 adopted newborn is effective:

17 (i) From the date of birth of the adopted  
18 newborn when the newborn is treated from  
19 birth pursuant to a provider contract with  
20 the health maintenance organization, and  
21 written notice of enrollment in accord with



1 the health maintenance organization's usual  
2 enrollment process is provided within thirty  
3 days of the date the insured notifies the  
4 health maintenance organization of the  
5 insured's intent to adopt the infant for  
6 whom coverage is sought; or

7 (ii) From the first day following receipt by the  
8 health maintenance organization of written  
9 notice of the insured's ability to consent  
10 for treatment of the infant for whom  
11 coverage is sought and enrollment of the  
12 adopted newborn in accord with the health  
13 maintenance organization's usual enrollment  
14 process if the newborn has been treated from  
15 birth by a provider not contracting or  
16 affiliated with the health maintenance  
17 organization; and

18 [~~6~~] (7) Notwithstanding any provision to the contrary,  
19 any policy, contract, plan, or agreement issued or  
20 renewed in this State shall provide reimbursement for  
21 services provided by advanced practice registered



1 nurses licensed pursuant to chapter 457. Services  
2 rendered by advanced practice registered nurses are  
3 subject to the same policy limitations generally  
4 applicable to health care providers within the policy,  
5 contract, plan, or agreement."

6 SECTION 2. Chapter 432, article 1, Hawaii Revised  
7 Statutes, is amended by adding a new section to be appropriately  
8 designated and to read as follows:

9 "§432:1 3-D imaging; breast cancer patients.

10 Notwithstanding any provision to the contrary, each policy,  
11 contract, plan, or agreement issued on or after January 1, 2021,  
12 except for policies that only provide coverage for specified  
13 diseases or other limited benefit coverage, but including  
14 policies issued by companies subject to chapter 431, article  
15 10A, part II and chapter 432, article 1 shall provide coverage  
16 for 3-D mammography imaging for breast cancer patients every  
17 three months, or as recommended by the patient's physician. For  
18 the purposes of this section, "3-D mammography imaging" means  
19 breast tomosynthesis, a radiologic procedure that involves the  
20 acquisition of a projection of images over the stationary breast



1 to produce cross-sectional digital three-dimensional images of  
2 the breast."

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

5 SECTION 4. This Act shall take effect on January 1, 2020.  
6

INTRODUCED BY:

*John M. [Signature]*  
*[Signature]*  
*Calvin K. [Signature]*  
*[Signature]*

JAN 18 2019



# H.B. NO. 689

**Report Title:**

Breast Cancer Screening; Health Care Coverage; Specific Mandated Benefits

**Description:**

Requires health insurance plans to cover 3D mammograms for cancer patients.

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