THE SENATE
THIRTIETH LEGISLATURE, 2019
STATE OF HAWAII

# S.B. NO. 1043

JAN 18 2019

# A BILL FOR AN ACT

RELATING TO HEALTH CARE.

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

1 SECTION 1. The legislature finds that Hawaii has long been
2 a leader in advancing reproductive rights, advocating the
3 importance of access to reproductive health care without
4 discrimination, and implementing forward thinking reproductive
5 health care policy. However, gaps in coverage and care still
6 exist, and Hawaii benefits and protections are constantly under
7 attack by a hostile federal administration bent on repealing or
8 undercutting the federal Patient Protection and Affordable Care
9 Act and, in particular, access to sexual and reproductive health
10 care benefits and protections.
11 The legislature finds that access to reproductive health
12 care is critical for the health and economic security of all of
13 Hawaii's people. Research shows that for every one dollar in
14 public spending on reproductive health and family planning
15 services, states save seven dollars in medicaid costs for
16 pregnancy, labor and delivery, and children's health care.
17 Ensuring that Hawaii's people receive comprehensive sexual and

1 reproductive health care makes good economic sense and improves
2 the overall health of our communities and our State.
3 The legislature concludes that in order to safeguard access
4 to abortion, to solidify the essential health benefits that have
5 changed thousands of lives, and to improve overall access to
6 care, it is vital to preserve certain important aspects of the
7 Patient Protection and Affordable Care Act and expand access to
8 care for residents of Hawaii.
9 Accordingly, the purpose of this Act is to ensure
10 comprehensive coverage for the full spectrum of sexual and
11 reproductive health care services, including family planning,
12 abortion, and postpartum care, for all of Hawaii's people.
13 PART I
14 SECTION 2. Chapter 431, Hawaii Revised Statutes, is
15 amended by adding two new sections to part I of article 10A to
16 be appropriately designated and to read as follows:
17 "**§431:10A-A Preventive care; coverage; requirements.** (a)
18 Every individual policy of accident and health or sickness
19 insurance issued or renewed in this State shall provide coverage
20 for all of the following services, drugs, devices, products, and

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

1 Rh incompatibility; gestational diabetes;
2 osteoporosis; breast cancer; and cervical cancer;
3 (4) Screening to determine whether counseling and testing
4 related to the BRCA1 or BRCA2 genetic mutation is
5 indicated and genetic counseling and testing related
6 to the BRCA1 or BRCA2 genetic mutation, if indicated;
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) Abortion;
13 (8) Breastfeeding comprehensive support, counseling, and
14 supplies;
15 (9) Breast cancer chemoprevention counseling;
16 (10) Any contraceptive supplies, as specified in section
17 431:10A-116.6;
18 (11) Voluntary sterilization, as a single claim or combined
19 with the following other claims for covered services
20 provided on the same day:

1 (A) Patient education and counseling on contraception
2 and sterilization; and
3 (B) Services related to sterilization or the
4 administration and monitoring of contraceptive
5 supplies, including:
6 (i) Management of side effects;
7 (ii) Counseling for continued adherence to a
8 prescribed regimen;
9 (iii) Device insertion and removal; and
10 (iv) Provision of alternative contraceptive
11 supplies deemed medically appropriate in the
12 judgment of the insured's health care
13 provider;
14 (12) Pre-exposure prophylaxis, post-exposure prophylaxis,
15 and human papillomavirus vaccination; and
16 (13) Any additional preventive services for women that must
17 be covered without cost sharing under 42 United States
18 Code section 300gg-13, as identified by the federal
19 Preventive Services Task Force or the Health Resources
20 and Services Administration of the federal Department
21 of Health and Human Services, as of January 1, 2017.

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

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

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

1 (e) This section shall not require a policy of accident
2 and health or sickness insurance 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 (f) If services, drugs, devices, products, or procedures
10 required by this section are provided by an out-of-network
11 provider, the insurer shall cover the services, drugs, devices,
12 products, or procedures without imposing any cost-sharing
13 requirement on the policyholder if:
14 (1) There is no in-network provider to furnish the
15 service, drug, device, product, or procedure that
16 meets the requirements for network adequacy under
17 section 431:26-103; or
18 (2) An in-network provider is unable or unwilling to
19 provide the service, drug, device, product, or
20 procedure in a timely manner.

1 (g) Every insurer shall provide written notice to its
2 policyholders regarding the coverage required by this section.
3 The notice shall be in writing and prominently positioned in any
4 literature or correspondence sent to policyholders and shall be
5 transmitted to policyholders beginning with calendar year 2020
6 when annual information is made available to policyholders or in
7 any other mailing to policyholders, but in no case later than
8 December 31, 2020.
9 (h) This section shall not apply to policies that provide
10 coverage for specified diseases or other limited benefit health
11 insurance coverage, as provided pursuant to section 431:10A-
12 102.5.
13 (i) If the commissioner concludes that enforcement of this
14 section may adversely affect the allocation of federal funds to
15 the State, the commissioner may grant an exemption to the
16 requirements, but only to the minimum extent necessary to ensure
17 the continued receipt of federal funds.
18 (j) For purposes of this section, "contraceptive supplies"
19 shall have the same meaning as in section 431:10A-116.6.
20 **§431:10A-B Nondiscrimination; reproductive health care;**
21 **coverage.** (a) An individual, on the basis of actual or

1 perceived race, color, national origin, sex, gender identity,
2 sexual orientation, age, or disability, shall not be excluded
3 from participation in, be denied the benefits of, or otherwise
4 be subjected to discrimination in the coverage of, or payment
5 for, the services, drugs, devices, products, and procedures
6 covered by section 431:10A-A or 431:10A-116.6.
7 (b) Violation of this section shall be considered a
8 violation pursuant to chapter 481.
9 (c) Nothing in this section shall be construed to limit
10 any cause of action based upon any unfair or discriminatory
11 practices for which a remedy is available under state or federal
12 law."
13 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
14 amended by adding two new sections to part II of article 10A to
15 be appropriately designated and to read as follows:
16 "**§431:10A-C Preventive care; coverage; requirements.** (a)
17 Every group policy of accident and health or sickness insurance
18 issued or renewed in this State shall provide coverage for all
19 of the following services, drugs, devices, products, and
20 procedures for any subscriber or any dependent of the subscriber
21 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. A well-woman visit, where appropriate, shall
6 include other preventive services as listed in this
7 section; provided that if several visits are needed to
8 obtain all necessary recommended preventive services,
9 depending upon a woman's health status, health needs,
10 and other risk factors, coverage shall apply to each
11 of the necessary visits;
12 (2) Counseling for sexually transmitted infections,
13 including human immunodeficiency virus and acquired
14 immune deficiency syndrome;
15 (3) Screening for: chlamydia; gonorrhea; hepatitis B;
16 hepatitis C; human immunodeficiency virus and acquired
17 immune deficiency syndrome; human papillomavirus;
18 syphilis; anemia; urinary tract infection; pregnancy;
19 Rh incompatibility; gestational diabetes;
20 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) Tobacco use; and
8 (B) Domestic and interpersonal violence;
9 (6) Folic acid supplements;
10 (7) Abortion;
11 (8) Breastfeeding comprehensive support, counseling, and
12 supplies;
13 (9) Breast cancer chemoprevention counseling;
14 (10) Any contraceptive supplies, as specified in section
15 431:10A-116.6;
16 (11) Voluntary sterilization, as a single claim or combined
17 with the following other claims for covered services
18 provided on the same day:
19 (A) Patient education and counseling on contraception
20 and sterilization; and

1 (B) Services related to sterilization or the
2 administration and monitoring of contraceptive
3 supplies, including:
4 (i) Management of side effects;
5 (ii) Counseling for continued adherence to a
6 prescribed regimen;
7 (iii) Device insertion and removal; and
8 (iv) Provision of alternative contraceptive
9 supplies deemed medically appropriate in the
10 judgment of the subscriber's or dependent's
11 health care provider;
12 (12) Pre-exposure prophylaxis, post-exposure prophylaxis,
13 and human papillomavirus vaccination; and
14 (13) Any additional preventive services for women that must
15 be covered without cost sharing under 42 United States
16 Code section 300gg-13, as identified by the federal
17 Preventive Services Task Force or the Health Resources
18 and Services Administration of the federal Department
19 of Health and Human Services, as of January 1, 2017.
20 (b) An insurer shall not impose any cost-sharing
21 requirements, including copayments, coinsurance, or deductibles,

1 on a subscriber or an individual covered by the policy with
2 respect to the coverage and benefits required by this section,
3 except to the extent that coverage of particular services
4 without cost-sharing would disqualify a high-deductible health
5 plan from eligibility for a health savings account pursuant to
6 26 United States Code section 223. For a qualifying high-
7 deductible health plan, the insurer shall establish the plan's
8 cost-sharing for the coverage provided pursuant to this section
9 at the minimum level necessary to preserve the subscriber's
10 ability to claim tax-exempt contributions and withdrawals from
11 the subscriber's health savings account under 26 United States
12 Code section 223.
13 (c) A health care provider shall be reimbursed for
14 providing the services pursuant to this section without any
15 deduction for coinsurance, copayments, or any other cost-sharing
16 amounts.
17 (d) Except as otherwise authorized under this section, an
18 insurer shall not impose any restrictions or delays on the
19 coverage required under this section.
20 (e) This section shall not require a policy of accident
21 and health or sickness insurance to cover:

1 (1) Experimental or investigational treatments;
2 (2) Clinical trials or demonstration projects;
3 (3) Treatments that do not conform to acceptable and
4 customary standards of medical practice; or
5 (4) Treatments for which there is insufficient data to
6 determine efficacy.
7 (f) If services, drugs, devices, products, or procedures
8 required by this section are provided by an out-of-network
9 provider, the insurer shall cover the services, drugs, devices,
10 products, or procedures without imposing any cost-sharing
11 requirement on the subscriber if:
12 (1) There is no in-network provider to furnish the
13 service, drug, device, product, or procedure that
14 meets the requirements for network adequacy under
15 section 431:26-103; or
16 (2) An in-network provider is unable or unwilling to
17 provide the service, drug, device, product, or
18 procedure in a timely manner.
19 (g) Every insurer shall provide written notice to its
20 subscribers regarding the coverage required by this section.
21 The notice shall be in writing and prominently positioned in any

1 literature or correspondence sent to subscribers and shall be
2 transmitted to subscribers beginning with calendar year 2020
3 when annual information is made available to subscribers or in
4 any other mailing to subscribers, but in no case later than
5 December 31, 2020.
6 (h) This section shall not apply to policies that provide
7 coverage for specified diseases or other limited benefit health
8 insurance coverage, as provided pursuant to section 431:10A-
9 102.5.
10 (i) If the commissioner concludes that enforcement of this
11 section may adversely affect the allocation of federal funds to
12 the State, the commissioner may grant an exemption to the
13 requirements, but only to the minimum extent necessary to ensure
14 the continued receipt of federal funds.
15 (j) For purposes of this section, "contraceptive supplies"
16 shall have the same meaning as in section 431:10A-116.6.
17 **§431:10A-D Nondiscrimination; reproductive health care;**
18 **coverage.** (a) An individual, on the basis of actual or
19 perceived race, color, national origin, sex, gender identity,
20 sexual orientation, age, or disability, shall not be excluded
21 from participation in, be denied the benefits of, or otherwise

1 be subjected to discrimination in the coverage of, or payment
2 for, the services, drugs, devices, products, and procedures
3 covered by section 431:10A-C or 431:10A-116.6.
4 (b) Violation of this section shall be considered a
5 violation pursuant to chapter 481.
6 (c) Nothing in this section shall be construed to limit
7 any cause of action based upon any unfair or discriminatory
8 practices for which a remedy is available under state or federal
9 law."
10 SECTION 4. Chapter 432, Hawaii Revised Statutes, is
11 amended by adding two new sections to article 1 to be
12 appropriately designated and to read as follows:
13 "**§432:1-A Preventive care; coverage; requirements.** (a)
14 Every individual or group hospital or medical service plan
15 contract issued or renewed in this State shall provide coverage
16 for all of the following services, drugs, devices, products, and
17 procedures for the subscriber or member or any dependent of the
18 subscriber or member who is covered by the plan contract:
19 (1) Well-woman care, as prescribed by the commissioner by
20 rule consistent with guidelines published by the
21 federal Health Resources and Services Administration;

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) Tobacco use; and
17 (B) Domestic and interpersonal violence;
18 (6) Folic acid supplements;
19 (7) Abortion;
20 (8) Breastfeeding comprehensive support, counseling, and
21 supplies;

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

1 (13) Any additional preventive services for women that must
2 be covered without cost sharing under 42 United States
3 Code section 300gg-13, as identified by the federal
4 Preventive Services Task Force or the Health Resources
5 and Services Administration of the federal Department
6 of Health and Human Services, as of January 1, 2017.
7 (b) A mutual benefit society shall not impose any cost-
8 sharing requirements, including copayments, coinsurance, or
9 deductibles, on a subscriber or member or an individual covered
10 by the plan contract with respect to the coverage and benefits
11 required by this section, except to the extent that coverage of
12 particular services without cost-sharing would disqualify a
13 high-deductible health plan from eligibility for a health
14 savings account pursuant to 26 United States Code section 223.
15 For a qualifying high-deductible health plan, the mutual benefit
16 society shall establish the plan's cost-sharing for the coverage
17 provided pursuant to this section at the minimum level necessary
18 to preserve the subscriber's or member's ability to claim tax-
19 exempt contributions and withdrawals from the subscriber's or
20 member's health savings account under 26 United States Code
21 section 223.

1 (c) A health care provider shall be reimbursed for
2 providing the services pursuant to this section without any
3 deduction for coinsurance, copayments, or any other cost-sharing
4 amounts.
5 (d) Except as otherwise authorized under this section, a
6 mutual benefit society shall not impose any restrictions or
7 delays on the coverage required under this section.
8 (e) This section shall not require an individual or group
9 hospital or medical service plan contract to cover:
10 (1) Experimental or investigational treatments;
11 (2) Clinical trials or demonstration projects;
12 (3) Treatments that do not conform to acceptable and
13 customary standards of medical practice; or
14 (4) Treatments for which there is insufficient data to
15 determine efficacy.
16 (f) If services, drugs, devices, products, or procedures
17 required by this section are provided by an out-of-network
18 provider, the mutual benefit society shall cover the services,
19 drugs, devices, products, or procedures without imposing any
20 cost-sharing requirement on the subscriber or member if:

1 (1) There is no in-network provider to furnish the
2 service, drug, device, product, or procedure that
3 meets the requirements for network adequacy under
4 section 431:26-103; or
5 (2) An in-network provider is unable or unwilling to
6 provide the service, drug, device, product, or
7 procedure in a timely manner.
8 (g) Every mutual benefit society shall provide written
9 notice to its subscribers or members regarding the coverage
10 required by this section. The notice shall be in writing and
11 prominently positioned in any literature or correspondence sent
12 to subscribers or members and shall be transmitted to
13 subscribers or members beginning with calendar year 2020 when
14 annual information is made available to subscribers or members
15 or in any other mailing to subscribers or members, but in no
16 case later than December 31, 2020.
17 (h) This section shall not apply to plan contracts that
18 provide coverage for specified diseases or other limited benefit
19 health insurance coverage, as provided pursuant to section
20 431:10A-102.5.

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

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

**§432:1-B Nondiscrimination; reproductive health care; coverage.** (a) An individual, on the basis of actual or perceived race, color, national origin, sex, gender identity, sexual orientation, age, or disability, shall not be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in the coverage of, or payment for, the services, drugs, devices, products, or procedures covered by section 432:1-A or 432:1-604.5.

(b) Violation of this section shall be considered a violation pursuant to chapter 481.

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

1 SECTION 5. 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-A Nondiscrimination; reproductive health care;**
5 **coverage.** (a) An individual, on the basis of actual or
6 perceived race, color, national origin, sex, gender identity,
7 sexual orientation, age, or disability, shall not be excluded
8 from participation in, be denied the benefits of, or otherwise
9 be subjected to discrimination in the coverage of, or payment
10 for, the services, drugs, devices, products, and procedures
11 covered by section 431:10A-A or 431:10A-116.6.
12 (b) Violation of this section shall be considered a
13 violation pursuant to chapter 481.
14 (c) Nothing in this section shall be construed to limit
15 any cause of action based upon any unfair or discriminatory
16 practices for which a remedy is available under state or federal
17 law."
18 SECTION 6. Section 431:10A-116.6, Hawaii Revised Statutes,
19 is amended to read as follows:
20 "**§431:10A-116.6 Contraceptive services.** (a)
21 Notwithstanding any provision of law to the contrary, each

employer group policy of accident and health or sickness [~~policy, contract, plan, or agreement~~] insurance issued or renewed in this State on or after January 1, 2000, shall [~~cease to exclude~~] provide coverage for contraceptive services or contraceptive supplies for the [~~subscriber~~] insured or any dependent of the [~~subscriber~~] insured who is covered by the policy, subject to the exclusion under section 431:10A-116.7 and the exclusion under section 431:10A-102.5[~~.~~]; provided that:

(1) If there is a therapeutic equivalent of a contraceptive supply approved by the federal Food and Drug Administration, an insurer may provide coverage for either the requested contraceptive supply or for one or more therapeutic equivalents of the requested contraceptive supply;

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

(3) An insurer shall pay pharmacy claims for reimbursement of all contraceptive supplies available for over-

the-counter sale that are approved by the federal Food and Drug Administration; and

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

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

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

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

~~(2) The member has not used the brands covered and, based on the member's past medical history, the prescribing~~

1 ~~health care provider believes that use of the brands~~
2 ~~covered would result in an adverse reaction.~~
3 ~~(d)~~] (b) An insurer shall not impose any cost-sharing
4 requirements, including copayments, coinsurance, or deductibles,
5 on an insured with respect to the coverage required under this
6 section. A health care provider shall be reimbursed for
7 providing the services pursuant to this section without any
8 deduction for coinsurance, copayments, or any other cost-sharing
9 amounts.
10 (c) Except as otherwise provided by this section, an
11 insurer shall not impose any restrictions or delays on the
12 coverage required by this section.
13 (d) Coverage required by this section shall not exclude
14 coverage for contraceptive supplies prescribed by a health care
15 provider, acting within the provider's scope of practice, for:
16 (1) Reasons other than contraceptive purposes, such as
17 decreasing the risk of ovarian cancer or eliminating
18 symptoms of menopause; or
19 (2) Contraception that is necessary to preserve the life
20 or health of an insured.

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

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

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

[~~(f)~~] (h) For purposes of this section:

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

"Contraceptive supplies" means all United States Food and Drug Administration-approved contraceptive drugs [~~or~~], devices,

1 or products used to prevent unwanted pregnancy[~~.~~], regardless of
2 whether they are to be used by the insured or the partner of the
3 insured, and regardless of whether they are to be used for
4 contraception or exclusively for the prevention of sexually
5 transmitted infections.

6 [~~(g) Nothing in this section shall be construed to extend~~
7 ~~the practice or privileges of any health care provider beyond~~
8 ~~that provided in the laws governing the provider's practice and~~
9 ~~privileges.~~]"

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

12 "(g) For purposes of this section:

13 "Contraceptive services" means physician-delivered,
14 physician-supervised, physician assistant-delivered, advanced
15 practice registered nurse-delivered, nurse-delivered, or
16 pharmacist-delivered medical services intended to promote the
17 effective use of contraceptive supplies or devices to prevent
18 unwanted pregnancy.

19 "Contraceptive supplies" means all United States Food and
20 Drug Administration-approved contraceptive drugs [~~or~~], devices,
21 or products used to prevent unwanted pregnancy[~~.~~], regardless of

whether they are to be used by the insured or the partner of the insured, and regardless of whether they are to be used for contraception or exclusively for the prevention of sexually transmitted infections."

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

"**§432:1-604.5 Contraceptive services.** (a) Notwithstanding any provision of law to the contrary, each employer group [~~health policy, contract, plan, or agreement~~] hospital or medical service plan contract issued or renewed in this State on or after January 1, 2000, shall [~~cease to exclude~~] provide coverage for contraceptive services or contraceptive supplies, and contraceptive prescription drug coverage for the subscriber or member or any dependent of the subscriber or member who is covered by the policy, subject to the exclusion under section 431:10A-116.7[~~.~~]; provided that:

(1) If there is a therapeutic equivalent of a contraceptive supply approved by the federal Food and Drug Administration, a mutual benefit society may provide coverage for either the requested

1 contraceptive supply or for one or more therapeutic
2 equivalents of the requested contraceptive supply;
3 (2) If a contraceptive supply covered by the plan contract
4 is deemed medically inadvisable by the subscriber's or
5 member's health care provider, the plan contract shall
6 cover an alternative contraceptive supply prescribed
7 by the health care provider;
8 (3) A mutual benefit society shall pay pharmacy claims for
9 reimbursement of all contraceptive supplies available
10 for over-the-counter sale that are approved by the
11 federal Food and Drug Administration; and
12 (4) A mutual benefit society shall not infringe upon a
13 subscriber's or member's choice of contraceptive
14 supplies and shall not require prior authorization,
15 step therapy, or other utilization control techniques
16 for medically-appropriate covered contraceptive
17 supplies.
18 [~~(b) Except as provided in subsection (c), all policies,~~
19 ~~contracts, plans, or agreements under subsection (a), that~~
20 ~~provide contraceptive services or supplies, or prescription drug~~
21 ~~coverage, shall not exclude any prescription contraceptive~~

~~supplies or impose any unusual copayment, charge, or waiting requirement for such drug or device.~~

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

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

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

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

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

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

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

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

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

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

20 (g) Nothing in this section shall be construed to extend
21 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 [(f)] (h) For purposes of this section:
4 "Contraceptive services" means physician-delivered,
5 physician-supervised, physician assistant-delivered, advanced
6 practice registered nurse-delivered, nurse-delivered, or
7 pharmacist-delivered medical services intended to promote the
8 effective use of contraceptive supplies or devices to prevent
9 unwanted pregnancy.
10 "Contraceptive supplies" means all Food and Drug
11 Administration-approved contraceptive drugs or devices used to
12 prevent unwanted pregnancy[.], regardless of whether they are to
13 be used by the subscriber or member or the partner of the
14 subscriber or member, and regardless of whether they are to be
15 used for contraception or exclusively for the prevention of
16 sexually transmitted infections.
17 [(g) Nothing in this section shall be construed to extend
18 the practice or privileges of any health care provider beyond
19 that provided in the laws governing the provider's practice and
20 privileges.]"

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

"**§432D-23 Required provisions and benefits.** Notwithstanding any provision of law to the contrary, each policy, contract, plan, or agreement issued in the State after January 1, 1995, by health maintenance organizations pursuant to this chapter, shall include benefits provided in sections 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132, 431:10A-133, <u>431:10A-134,</u> 431:10A-140, and [~~431:10A-134,~~] <u>431:10A-A,</u> and chapter 431M."

SECTION 10. The insurance division of the department of commerce and consumer affairs shall submit a report to the legislature on the degree of compliance by insurers, mutual benefit societies, and health maintenance organizations regarding the implementation of this part, and of any actions taken by the insurance commissioner to enforce compliance with this part no later than twenty days prior to the convening of the regular session of 2020.

PART II

SECTION 11. Chapter 346, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§346-A Nondiscrimination; reproductive health care; coverage.** (a) An individual, on the basis of actual or perceived race, color, national origin, sex, gender identity, sexual orientation, age, or disability, shall not be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in the coverage of, or payment for, the services, drugs, devices, products, or procedures covered by section 432:1-A or 432:1-604.5 or in the receipt of medical assistance as that term is defined under section 346-1.

(b) Violation of this section shall be considered a violation pursuant to chapter 481.

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

1 PART III

2 SECTION 12. In codifying the new sections added by
3 sections 2, 3, 4, 5, and 11 of this Act, the revisor of statutes
4 shall substitute appropriate section numbers for the letters
5 used in designating the new sections in this Act.

6 SECTION 13. Statutory material to be repealed is bracketed
7 and stricken. New statutory material is underscored.

8 SECTION 14. This Act shall take effect on July 1, 2020,
9 and shall apply to all plans, policies, contracts, and
10 agreements of health insurance issued or renewed by a health
11 insurer, mutual benefit society, or health maintenance
12 organization on or after January 1, 2020.
13

INTRODUCED BY: ______________________

# S.B. NO. 1043

**Report Title:**
Health Insurance; Required Benefits; Covered Benefits; Reproductive Health Care

**Description:**
Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for a comprehensive category of reproductive health services, drugs, devices, products, and procedures. Prohibits discrimination in the provision of 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.*