
A BILL FOR AN ACT

RELATING TO HEALTH.

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



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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



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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 between the ages of thirty-five and
13 thirty-nine, a baseline mammogram;

14 ~~[(A)]~~ (B) For women forty years of age and older, an annual
15 mammogram; and

16 ~~[(B)]~~ (C) For a woman of any age with an above-average risk
17 for breast cancer as determined by the use of a
18 risk-factor modeling tool, a history of breast
19 cancer, or whose mother or sister has had a
20 history of breast cancer, ~~[a]~~ an annual mammogram



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1 ~~[upon the recommendation of the woman's~~
2 ~~physician].~~

3 The services provided in this paragraph are
4 subject to any coinsurance provisions that may be in
5 force in these policies, contracts, plans, or
6 agreements.

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

20 (5) Notwithstanding any provision to the contrary, each
21 policy, contract, plan, or agreement issued on or



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1 after January 1, 2022, except for policies that only
2 provide coverage for specified diseases or other
3 limited benefit coverage, but including policies
4 issued by companies subject to chapter 431, article
5 10A, part II and chapter 432, article 1 shall provide
6 as additional breast cancer screening coverage:

7 (A) For women age thirty or older, a formal risk
8 factor screening assessment informed by any
9 readily available risk factor modeling tool; and

10 (B) For any women regardless of age, any additional
11 supplemental imaging, such as breast magnetic
12 resonance imaging, digital breast tomosynthesis,
13 or ultrasound, as deemed medically necessary by
14 an applicable American College of Radiology
15 guideline. For purposes of this paragraph,
16 "digital breast tomosynthesis" means a radiologic
17 procedure that involves the acquisition of a
18 projection of images over the stationary breast
19 to produce cross-sectional digital three-
20 dimensional images of the breast; and



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1 child's birth, insurance coverage shall be
2 effective from the first day following the
3 insurer's receipt of legal notification of
4 the insured's ability to consent for
5 treatment of the infant for whom coverage is
6 sought; and

7 (B) When the insured is a member of a health
8 maintenance organization, coverage of an adopted
9 newborn is effective:

10 (i) From the date of birth of the adopted
11 newborn when the newborn is treated from
12 birth pursuant to a provider contract with
13 the health maintenance organization, and
14 written notice of enrollment in accord with
15 the health maintenance organization's usual
16 enrollment process is provided within thirty
17 days of the date the insured notifies the
18 health maintenance organization of the
19 insured's intent to adopt the infant for
20 whom coverage is sought; or



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1 (ii) From the first day following receipt by the
2 health maintenance organization of written
3 notice of the insured's ability to consent
4 for treatment of the infant for whom
5 coverage is sought and enrollment of the
6 adopted newborn in accord with the health
7 maintenance organization's usual enrollment
8 process if the newborn has been treated from
9 birth by a provider not contracting or
10 affiliated with the health maintenance
11 organization. "

12 SECTION 2. Section 432:1-605, Hawaii Revised Statutes, is
13 amended to read as follows:

14 "~~§432:1-605 [Mammogram] Breast cancer screening[-];~~
15 mammography. (a) Notwithstanding any provision to the
16 contrary, each policy, contract, plan, or agreement issued on or
17 after February 1, 1991, except for policies that only provide
18 coverage for specified diseases or other limited benefit
19 coverage, but including policies issued by companies subject to
20 chapter 431, article 10A, part II and chapter 432, article 1



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1 shall provide coverage for screening by low-dose mammography for
2 occult breast cancer as follows:

3 (1) For women between the ages of thirty-five and thirty-
4 nine, a baseline mammogram;

5 ~~[(1)]~~ (2) For women forty years of age and older, an annual
6 mammogram; and

7 ~~[(2)]~~ (3) For a woman of any age with an above-average risk
8 for breast cancer as determined by the use of a risk-
9 factor modeling tool, a history of breast cancer, or
10 whose mother or sister has had a history of breast
11 cancer, [a] an annual mammogram [upon the
12 recommendation of the woman's physician].

13 (b) Notwithstanding any provision to the contrary, each
14 policy, contract, plan, or agreement issued on or after January
15 1, 2022, except for policies that only provide coverage for
16 specified diseases or other limited benefit coverage, but
17 including policies issued by companies subject to chapter 431,
18 article 10A, part II and chapter 432, article 1 shall provide as
19 additional breast cancer screening coverage:



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1 (1) For women age thirty or older, a formal risk factor
2 screening assessment informed by any readily available
3 risk factor modeling tool; and

4 (2) For any women regardless of age, any additional
5 supplemental imaging, such as breast magnetic
6 resonance imaging, digital breast tomosynthesis, or
7 ultrasound, as deemed medically necessary by an
8 applicable American College of Radiology guideline.

9 [~~(b)~~] (c) The services provided in [~~subsection~~]
10 subsections (a) and (b) are subject to any coinsurance
11 provisions that may be in force in these policies, contracts,
12 plans, or agreements.

13 [~~(e)~~] (d) For purposes of this section[~~7~~]:

14 "[~~low-dose~~] Low-dose mammography" means the x-ray
15 examination of the breast using equipment dedicated specifically
16 for mammography, including but not limited to the x-ray tube,
17 filter, compression device, screens, films, and cassettes, with
18 an average radiation exposure delivery of less than one rad mid-
19 breast, with two views for each breast.

20 "Digital breast tomosynthesis" means a radiologic procedure
21 that involves the acquisition of a projection of images over the



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

3 [~~d~~] (e) An insurer may provide the services required by
4 this section through contracts with providers; provided that the
5 contract is determined to be a cost-effective means of
6 delivering the services without sacrifice of quality and meets
7 the approval of the director of health. "

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

10 SECTION 4. This Act shall take effect upon its approval.

11

INTRODUCED BY:


JAN 22 2021



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Report Title:

Breast Cancer; Screening; Annual Mammography; Risk Factor
Screening

Description:

Expands coverage of breast cancer screening and imaging to include risk factor screening, additional and supplemental imaging, and baseline mammograms for women between the ages of thirty-five and thirty-nine.

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