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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,  
9 article 10A, part II and chapter 432, article 1 shall  
10 provide coverage for screening by low-dose mammography  
11 for 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 an above-average risk  
15 for breast cancer as determined by the use of a  
16 risk-factor modeling tool, a history of breast  
17 cancer, or whose mother or sister has had a  
18 history of breast cancer, [a] an annual mammogram  
19 [~~upon the recommendation of the woman's~~  
20 ~~physician~~].



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

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

18          (5) Notwithstanding any provision to the contrary, each  
19          policy, contract, plan, or agreement issued on or  
20          after January 1, 2022, except for policies that only  
21          provide coverage for specified diseases or other



1 limited benefit coverage, but including policies  
2 issued by companies subject to chapter 431,  
3 article 10A, part II and chapter 432, article 1 shall  
4 provide as additional breast cancer screening  
5 coverage:

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

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

20 [~~5~~] (6) (A) (i) Notwithstanding any provision to the  
21 contrary, whenever a policy, contract, plan,



1 or agreement provides coverage for the  
2 children of the insured, that coverage shall  
3 also extend to the date of birth of any  
4 newborn child to be adopted by the insured;  
5 provided that the insured gives written  
6 notice to the insurer of the insured's  
7 intent to adopt the child prior to the  
8 child's date of birth or within thirty days  
9 after the child's birth or within the time  
10 period required for enrollment of a natural  
11 born child under the policy, contract, plan,  
12 or agreement of the insured, whichever  
13 period is longer; provided further that if  
14 the adoption proceedings are not successful,  
15 the insured shall reimburse the insurer for  
16 any expenses paid for the child; and  
17 (ii) Where notification has not been received by  
18 the insurer prior to the child's birth or  
19 within the specified period following the  
20 child's birth, insurance coverage shall be  
21 effective from the first day following the



1 insurer's receipt of legal notification of  
2 the insured's ability to consent for  
3 treatment of the infant for whom coverage is  
4 sought; and

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

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

19 (ii) From the first day following receipt by the  
20 health maintenance organization of written  
21 notice of the insured's ability to consent



1 for treatment of the infant for whom  
 2 coverage is sought and enrollment of the  
 3 adopted newborn in accord with the health  
 4 maintenance organization's usual enrollment  
 5 process if the newborn has been treated from  
 6 birth by a provider not contracting or  
 7 affiliated with the health maintenance  
 8 organization."

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

11 "§432:1-605 [~~Mammogram~~] Breast cancer screening[-];  
 12 mammography. (a) Notwithstanding any provision to the  
 13 contrary, each policy, contract, plan, or agreement issued on or  
 14 after February 1, 1991, except for policies that only provide  
 15 coverage for specified diseases or other limited benefit  
 16 coverage, but including policies issued by companies subject to  
 17 chapter 431, article 10A, part II and chapter 432, article 1  
 18 shall provide coverage for screening by low-dose mammography for  
 19 occult breast cancer as follows:

20 (1) For women forty years of age and older, an annual  
 21 mammogram; and



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

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

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

17          (2) For any woman, regardless of age, any additional  
18          supplemental imaging, such as breast magnetic  
19          resonance imaging, digital breast tomosynthesis, or  
20          ultrasound, as deemed medically necessary by an  
21          applicable American College of Radiology guideline.



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

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

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

12           "Digital breast tomosynthesis" means a radiologic procedure  
13 that involves the acquisition of a projection of images over the  
14 stationary breast to produce cross-sectional digital  
15 three-dimensional images of the breast.

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



1 SECTION 3. (a) The auditor shall conduct an impact  
2 assessment report pursuant to sections 23-51 and 23-52, Hawaii  
3 Revised Statutes, to assess the social and financial impacts of  
4 the proposed mandated coverage specified in sections 1 and 2 of  
5 this Act.

6 (b) The auditor shall submit a report of its findings and  
7 recommendations, including any proposed legislation, to the  
8 legislature no later than twenty days prior to the convening of  
9 the regular session of 2022.

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

12 SECTION 5. This Act shall take effect on July 1, 2060.



**Report Title:**

Breast Cancer; Screening; Annual Mammography; Risk Factor  
Screening; Impact Assessment Report; Auditor

**Description:**

Expands coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age with an above average risk for breast cancer, risk factor screening for women ages thirty or older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline. Requires the auditor to conduct an impact assessment report and make a report to the legislature. Effective 7/1/2060. (HD1)

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

