
A BILL FOR AN ACT

RELATING TO BREAST CANCER SCREENING.

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

1 SECTION 1. The legislature is committed to ensuring that
2 all women have ready access to breast cancer screening,
3 regardless of age and ethnicity, provided the screenings are
4 requested by state licensed and authorized medical
5 practitioners.

6 The legislature has serious reservations about the
7 implementation of United States preventive services task force
8 (USPSTF) guidelines with respect to breast cancer screening. In
9 2009 and 2016, the USPSTF released recommendations that were a
10 significant departure from screening guidelines issued by
11 leading clinical organizations such as the American College of
12 Radiology, the National Comprehensive Cancer Network, and the
13 American Medical Association. If the USPSTF guidelines were
14 implemented, insurance plans would no longer be required to
15 cover annual mammography without cost sharing for millions of
16 women ages forty to forty-nine.



1 The legislature recognizes that the federal government has
2 delayed implementation of USPSTF guidelines via legislation,
3 most recently with the Consolidated Appropriations Act, 2021,
4 which is scheduled to expire January 1, 2023.

5 The legislature finds that there is ample data showing that
6 annual mammographic screenings significantly reduces breast
7 cancer deaths and morbidity and that effective screening
8 programs are in the best interest of the State and its people.
9 The legislature further recognizes that certain ethnic groups
10 suffer a disproportionately higher rate of breast cancer
11 diagnoses before age fifty. The legislature is concerned that
12 minority women would also be disproportionately and adversely
13 impacted by USPSTF guidelines limiting their access to life-
14 saving screenings.

15 The purpose of this Act is to improve breast cancer
16 detection rates in the State by:

- 17 (1) Increasing the categories of women required to be
18 covered for mammogram screenings;
- 19 (2) Requiring the existing health insurance mandate for
20 coverage of low-dose mammography to include advancing



- 1 technology in digital mammography and breast
2 tomosynthesis;
- 3 (3) Defining "digital breast tomosynthesis"; and
- 4 (4) Requiring health care providers to be reimbursed at
5 rates accurately reflecting the resource costs
6 specific to each service, including any increased
7 resource cost after January 1, 2021.

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

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

- 14 (1) Notwithstanding any provision to the contrary,
15 whenever a policy, contract, plan, or agreement
16 provides for reimbursement for any visual or
17 optometric service [~~which~~] that is within the lawful
18 scope of practice of a duly licensed optometrist, the
19 person entitled to benefits or the person performing
20 the services shall be entitled to reimbursement
21 whether the service is performed by a licensed



1 physician or by a licensed optometrist. Visual or
2 optometric services shall include eye or visual
3 examination, or both, or a correction of any visual or
4 muscular anomaly, and the supplying of ophthalmic
5 materials, lenses, contact lenses, spectacles,
6 eyeglasses, and appurtenances thereto;

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

19 (3) Notwithstanding any provision to the contrary,
20 whenever the policy provides reimbursement or payment
21 for any service [~~which~~] that is within the lawful



1 scope of practice of a psychologist licensed in this
2 State, the person entitled to benefits or performing
3 the service shall be entitled to reimbursement or
4 payment, whether the service is performed by a
5 licensed physician or licensed psychologist;

6 (4) Notwithstanding any provision to the contrary, each
7 policy, contract, plan, or agreement issued on or
8 after February 1, 1991, except for policies that only
9 provide coverage for specified diseases or other
10 limited benefit coverage, but including policies
11 issued by companies subject to chapter 431, article
12 10A, part II and chapter 432, article 1, and health
13 maintenance organizations under chapter 432D, shall
14 provide coverage for screening by low-dose mammography
15 for occult breast cancer as follows:

16 (A) For women age thirty-five to thirty-nine,
17 inclusive, a baseline mammogram;

18 (B) For women forty years of age and older, an annual
19 mammogram; [and]

20 (C) For women age thirty to fifty, deemed by a
21 licensed physician or clinician to have an above-



1 average risk for breast cancer, an annual
 2 mammogram; provided that a formal risk factor
 3 screening assessment is first made and informed
 4 by any readily available risk factor modeling
 5 tool;

6 [-(B)-] (D) For [a woman] women of any age with a
 7 history of breast cancer or whose mother or
 8 sister has had a history of breast cancer, a
 9 mammogram upon the recommendation of the woman's
 10 physician[-]; and

11 (E) For women of any age, any additional or
 12 supplemental imaging, such as breast magnetic
 13 resonance imaging or ultrasound, deemed medically
 14 necessary by an applicable American College of
 15 Radiology guideline.

16 The services provided in this paragraph are
 17 subject to any coinsurance provisions that may be in
 18 force in these policies, contracts, plans, or
 19 agreements[-], and shall be at least as favorable and
 20 subject to the same dollar limits, deductibles, and
 21 co-payments as other radiological examinations;



1 provided, however, that on and after January 1, 2021,
2 providers of health care services specified under this
3 section shall be reimbursed at rates accurately
4 reflecting the resource costs specific to each
5 modality, including any increased resource cost.

6 For the purpose of this paragraph, the term "low-
7 dose mammography" means the x-ray examination of the
8 breast using equipment dedicated specifically for
9 mammography, including but not limited to the x-ray
10 tube, filter, compression device, screens, films, and
11 cassettes, with an average radiation exposure delivery
12 of less than one rad mid-breast, with two views for
13 each breast [-], and includes both digital mammography
14 and digital breast tomosynthesis, and interpreting and
15 rendering a report by a radiologist or other physician
16 based on the screening. For the purposes of this
17 paragraph, the term "digital breast tomosynthesis"
18 means a radiologic procedure that allows a volumetric
19 reconstruction of the whole breast from a finite
20 number of low-dose two-dimensional projections
21 obtained by different x-ray tube angles, creating a



1 series of images forming a three dimensional
2 representation of the breast. An insurer may provide
3 the services required by this paragraph through
4 contracts with providers; provided that the contract
5 is determined to be a cost-effective means of
6 delivering the services without sacrifice of quality
7 and meets the approval of the director of health; and

- 8 (5) (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, coverage of an adopted
 16 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."

18 SECTION 3. Section 432:1-605, Hawaii Revised Statutes, is
19 amended by amending subsection (c) to read as follows:

20 "(c) For purposes of this section[, "~~low-dose~~
21 ~~mammography~~"] :



1 "Digital breast tomosynthesis" means a radiologic procedure
2 that allows a volumetric reconstruction of the whole breast from
3 a finite number of low-dose two-dimensional projections obtained
4 by different x-ray tube angles, creating a series of images
5 forming a three dimensional representation of the breast.

6 "Low-dose mammography" means the x-ray examination of the
7 breast using equipment dedicated specifically for mammography,
8 including but not limited to the x-ray tube, filter, compression
9 device, screens, films, and cassettes, with an average radiation
10 exposure delivery of less than one rad mid-breast, with two
11 views for each breast [-], and includes both digital mammography
12 and digital breast tomosynthesis, and interpreting and rendering
13 a report by a radiologist or other physician based on the
14 screening."

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

17 SECTION 5. This Act shall take effect on July 1, 2050.



Report Title:

Insurance; Breast Cancer Detection; Covered Service; Digital Mammography; Breast Tomosynthesis

Description:

Increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines "digital breast tomosynthesis". Requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021. Effective 7/1/2050. (SD2)

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