## A BILL FOR AN ACT

RELATING TO COVERAGE FOR MAMMOGRAPHY.

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

- 1 SECTION 1. The legislature finds that it is prudent to
- 2 ensure a base level of coverage for existing mammography benefit
- 3 mandates by requiring that those benefits be subject to coverage
- 4 that is at least as favorable to consumers as coverage for other
- 5 radiological exams.
- 6 The purpose of this Act is to require that benefits
- 7 mandated under individual or group accident and health or
- 8 sickness insurance policies and individual or group hospital or
- 9 medical service plan contracts be subject to terms of coverage
- 10 that are at least as favorable to policyholders or members as
- 11 terms of coverage for other radiological exams.
- 12 SECTION 2. Section 431:10A-116, Hawaii Revised Statutes,
- 13 is amended to read as follows:
- 14 "§431:10A-116 Coverage for specific services. Every
- 15 person insured under a policy of accident and health or sickness
- 16 insurance delivered or issued for delivery in this State shall
- 17 be entitled to the reimbursements and coverages specified below:

1	(1)	Notwithstanding any provision to the contrary,
2		whenever a policy, contract, plan, or agreement
3		provides for reimbursement for any visual or
4		optometric service, which is within the lawful scope
5		of practice of a duly licensed optometrist, the person
6		entitled to benefits or the person performing the
7		services shall be entitled to reimbursement whether
8		the service is performed by a licensed physician or by
9		a licensed optometrist. Visual or optometric services
10		shall include eye or visual examination, or both, or a
11		correction of any visual or muscular anomaly, and the
12		supplying of ophthalmic materials, lenses, contact
13		lenses, spectacles, eyeglasses, and appurtenances
14		thereto;

(2) Notwithstanding any provision to the contrary, for all policies, contracts, plans, or agreements issued on or after May 30, 1974, whenever provision is made for reimbursement or indemnity for any service related to surgical or emergency procedures, which is within the lawful scope of practice of any practitioner licensed to practice medicine in this State, reimbursement or

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1	indemnification under the policy, contract, plan, or
2	agreement shall not be denied when the services are
3	performed by a dentist acting within the lawful scope
4	of the dentist's license;

- (3) Notwithstanding any provision to the contrary,
  whenever the policy provides reimbursement or payment
  for any service, which is within the lawful scope of
  practice of a psychologist licensed in this State, the
  person entitled to benefits or performing the service
  shall be entitled to reimbursement or payment, whether
  the service is performed by a licensed physician or
  licensed psychologist;
- 13 (4)Notwithstanding any provision to the contrary, each 14 policy, contract, plan, or agreement issued on or 15 after February 1, 1991, except for policies that only 16 provide coverage for specified diseases or other 17 limited benefit coverage, but including policies 18 issued by companies subject to chapter 431, article 19 10A, part II and chapter 432, article 1 shall provide 20 coverage for screening by low-dose mammography for 21 occult breast cancer as follows:

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1	(A) For women forty years of age and older, an annual		
2	mammogram; and		
3	(B) For a woman of any age with a history of breast		
4	cancer or whose mother or sister has had a		
5	history of breast cancer, a mammogram upon the		
6	recommendation of the woman's physician.		
7	The services provided in this paragraph are		
8	subject to any coinsurance provisions that may be in		
9	force in these policies, contracts, plans, or		
10	agreements [-]; provided that the insured's dollar		
11	limits, deductibles, and co-payments for the services		
12	shall be on terms at least as favorable to the insured		
13	as those applicable to other radiological		
14	examinations.		
15	For the purpose of this paragraph, the term "low-		
16	dose mammography" means the x-ray examination of the		
17	breast using equipment dedicated specifically for		
18	mammography, including but not limited to the x-ray		
19	tube, filter, compression device, screens, films, and		
20	cassettes, with an average radiation exposure delivery		

of less than one rad mid-breast, with two views for

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1		each breast. An insurer may provide the services
2		required by this paragraph through contracts with
3		providers; provided that the contract is determined to
4		be a cost-effective means of delivering the services
5		without sacrifice of quality and meets the approval of
6		the director of health; and
7	(5)	(A) (i) Notwithstanding any provision to the
8		contrary, whenever a policy, contract, plan,
9		or agreement provides coverage for the
10		children of the insured, that coverage shall
11		also extend to the date of birth of any
12		newborn child to be adopted by the insured;
13		provided that the insured gives written
14		notice to the insurer of the insured's
15		intent to adopt the child prior to the
16		child's date of birth or within thirty days
17		after the child's birth or within the time
18		period required for enrollment of a natural
19		born child under the policy, contract, plan,
20		or agreement of the insured, whichever
21		period is longer; provided further that if

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1	the adoption proceedings are not successful,
2	the insured shall reimburse the insurer for
3	any expenses paid for the child; and
4	(ii) Where notification has not been received by
5	the insurer prior to the child's birth or
6	within the specified period following the
7	child's birth, insurance coverage shall be
8	effective from the first day following the
9	insurer's receipt of legal notification of
10	the insured's ability to consent for
11	treatment of the infant for whom coverage is
12	sought; and
13	(B) When the insured is a member of a health
14	maintenance organization, coverage of an adopted
15	newborn is effective:
16	(i) From the date of birth of the adopted
17	newborn when the newborn is treated from
18	birth pursuant to a provider contract with
19	the health maintenance organization, and
20	written notice of enrollment in accord with
21	the health maintenance organization's usual

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1		enrollment process is provided within thirty
2		days of the date the insured notifies the
3		health maintenance organization of the
4		insured's intent to adopt the infant for
5		whom coverage is sought; or
6	(ii)	From the first day following receipt by the
7		health maintenance organization of written
8		notice of the insured's ability to consent
9		for treatment of the infant for whom
10		coverage is sought and enrollment of the
11		adopted newborn in accord with the health
12		maintenance organization's usual enrollment
13		process if the newborn has been treated from
14		birth by a provider not contracting or
15		affiliated with the health maintenance
16		organization."
17	SECTION 3. Se	ction 432:1-605, Hawaii Revised Statutes, is
18	amended by amending	subsection (b) to read as follows:
19	"(b) The serv	ices provided in subsection (a) are subject
20	to any coinsurance	provisions that may be in force in these
21	policies, contracts	, plans, or agreements[-]; provided that the

- 1 member's dollar limits, deductibles, and co-payments for the
- 2 services shall be on terms at least as favorable to the member
- 3 as those applicable to other radiological examinations."
- 4 SECTION 4. Statutory material to be repealed is bracketed
- 5 and stricken. New statutory material is underscored.
- 6 SECTION 5. This Act shall take effect on January 1, 2023.

#### Report Title:

Women's Caucus; Health Insurance; Coverage; Mammography; Radiological Examinations

#### Description:

Requires insurers and mutual benefit societies to cover mandated services for mammography at least as favorably as coverage for other radiological examinations. Effective 1/1/2023. (SD2)

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