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# 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 require that benefits mandated  
7 under individual or group accident and health or sickness  
8 insurance policies and individual or group hospital or medical  
9 service plan contracts be subject to terms of coverage that are  
10 at least as favorable to policyholders or members as terms of  
11 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;

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



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;

5 (3) Notwithstanding any provision to the contrary,  
6 whenever the policy provides reimbursement or payment  
7 for any service, which is within the lawful scope of  
8 practice of a psychologist licensed in this State, the  
9 person entitled to benefits or performing the service  
10 shall be entitled to reimbursement or payment, whether  
11 the service is performed by a licensed physician or  
12 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:



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 policyholder's dollar  
11 limits, deductibles, and co-payments shall be on terms  
12 at least as favorable to the policyholder as those  
13 applicable to other radiological examinations.

14 For the purpose of this paragraph, the term "low-  
15 dose mammography" means the x-ray examination of the  
16 breast using equipment dedicated specifically for  
17 mammography, including but not limited to the x-ray  
18 tube, filter, compression device, screens, films, and  
19 cassettes, with an average radiation exposure delivery  
20 of less than one rad mid-breast, with two views for  
21 each breast. An insurer may provide the services



1 required by this paragraph through contracts with  
2 providers; provided that the contract is determined to  
3 be a cost-effective means of delivering the services  
4 without sacrifice of quality and meets the approval of  
5 the director of health; and

6 (5) (A) (i) Notwithstanding any provision to the  
7 contrary, whenever a policy, contract, plan,  
8 or agreement provides coverage for the  
9 children of the insured, that coverage shall  
10 also extend to the date of birth of any  
11 newborn child to be adopted by the insured;  
12 provided that the insured gives written  
13 notice to the insurer of the insured's  
14 intent to adopt the child prior to the  
15 child's date of birth or within thirty days  
16 after the child's birth or within the time  
17 period required for enrollment of a natural  
18 born child under the policy, contract, plan,  
19 or agreement of the insured, whichever  
20 period is longer; provided further that if  
21 the adoption proceedings are not successful,



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



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

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

18 "(b) The services provided in subsection (a) are subject  
19 to any coinsurance provisions that may be in force in these  
20 policies, contracts, plans, or agreements[-]; provided that the  
21 member's dollar limits, deductibles, and co-payments shall be on



1 terms at least as favorable to the member as those applicable to  
2 other radiological examinations."

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

5 SECTION 5. This Act shall take effect on January 1, 2023.

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INTRODUCED BY: *Jim Hunt*

JAN 21 2022





# H.B. NO. 1774

**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 January 1, 2023.

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