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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. 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, 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 forty years of age and older, an annual  
13 mammogram; and

14 (B) For a woman of any age with a history of breast  
15 cancer or whose mother or sister has had a  
16 history of breast cancer, a mammogram upon the  
17 recommendation of the woman's physician.

18 The services provided in this paragraph are  
19 subject to any coinsurance provisions that may be in  
20 force in these policies, contracts, plans, or  
21 agreements[-]; provided that the insured's dollar



1           limits, deductibles, and copayments for services shall  
2           be on terms at least as favorable to the insured as  
3           those applicable to other radiological examinations.

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

17          (5)   (A)   (i) Notwithstanding any provision to the  
18                   contrary, whenever a policy, contract, plan,  
19                   or agreement provides coverage for the  
20                   children of the insured, that coverage shall  
21                   also extend to the date of birth of any



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



1 treatment of the infant for whom coverage is  
2 sought; and

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

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

17 (ii) From the first day following receipt by the  
18 health maintenance organization of written  
19 notice of the insured's ability to consent  
20 for treatment of the infant for whom  
21 coverage is sought and enrollment of the



1                   adopted newborn in accord with the health  
 2                   maintenance organization's usual enrollment  
 3                   process if the newborn has been treated from  
 4                   birth by a provider not contracting or  
 5                   affiliated with the health maintenance  
 6                   organization."

7           SECTION 2. Section 432:1-605, Hawaii Revised Statutes, is  
 8 amended by amending subsection (b) to read as follows:

9           "(b) The services provided in subsection (a) are subject  
 10 to any coinsurance provisions that may be in force in these  
 11 policies, contracts, plans, or agreements~~[.]~~; provided that the  
 12 member's dollar limits, deductibles, and copayments for the  
 13 services shall be on terms at least as favorable to the member  
 14 as those applicable to other radiological examinations."

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

17           SECTION 4. This Act shall take effect on July 1, 2060.

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# H.B. NO. 1774 H.D. 2

**Report Title:**

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

**Description:**

Requires health insurers, mutual benefit societies, and health maintenance organizations to cover mandated services for mammography at least as favorably as coverage for other radiological examinations. Effective 7/1/2060. (HD2)

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