
A BILL FOR AN ACT

RELATING TO HEALTH.

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 women 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 women 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 risk factor screening, and additional and supplemental
imaging. Requires the auditor to conduct an impact assessment
report and make a report to the legislature. Effective
7/1/2060. (HD2)

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not legislation or evidence of legislative intent.*

