
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 services
13 shall be on terms at least as favorable to the member as those
14 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.



S.B. NO. 2635
S.D. 2
H.D. 1

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. (HD1)

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