
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;

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



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



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



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

19 "(b) The services 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, 2050.



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 1/1/2050. (SD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

