JAN 2 1 2022

A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

- 1 SECTION 1. The legislature finds that many transgender
- 2 persons have experienced discriminatory treatment from health
- 3 insurance providers when seeking coverage for gender-confirming
- 4 treatments. Insurance policies often cover therapies and
- 5 surgeries like feminizing or masculinizing hormone therapies,
- 6 voice therapies, chest augmentations or reductions, and genital
- 7 surgeries for other purposes but deny the same treatments for
- 8 purposes of gender affirmation.
- 9 The legislature finds that these arbitrary assessments of
- 10 medical necessity are not evidence-based and interfere with the
- 11 patient-physician relationship. They also place transgender
- 12 persons who are denied treatment at higher risk of suicide and
- depression.
- 14 The legislature recognizes that, while federal health care
- 15 guidelines previously prohibited health insurance and healthcare
- 16 providers from discriminating on the basis of gender identity,
- 17 these protections have been largely rolled back.

- 1 Accordingly, the purpose of this Act is to require health
- 2 insurance companies to provide applicants and policy holders
- 3 with clear information on the policy's coverage of gender
- 4 transition treatments and to prohibit insurance companies from
- 5 discriminating on the basis of gender identity.
- 6 SECTION 2. Section 431:10A-118.3, Hawaii Revised Statutes,
- 7 is amended to read as follows:
- 8 "\$431:10A-118.3 Nondiscrimination on the basis of actual
- 9 gender identity or perceived gender identity; coverage for
- 10 services. (a) No individual and group accident and health or
- 11 sickness policy, contract, plan, or agreement that provides
- 12 health care coverage, including any mutual benefit society or
- 13 health maintenance organization governed by chapter 432D, shall
- 14 discriminate with respect to participation and coverage under
- 15 the policy, contract, plan, or agreement against any person on
- 16 the basis of actual gender identity or perceived gender
- 17 identity.
- 18 (b) Discrimination under this section includes the
- 19 following:
- 20 (1) Denying, canceling, limiting, or refusing to issue or
- 21 renew an insurance policy, contract, plan, or



1		agreement on the basis of a transgender person's or
2		the person's family member's actual gender identity or
3		perceived gender identity;
4	(2)	Demanding or requiring a payment or premium that is
5		based on a transgender person's or the person's family
6		member's actual gender identity or perceived gender
7		identity;
8	(3)	Designating a transgender person's or the person's
9		family member's actual gender identity or perceived
10		gender identity as a preexisting condition to deny,
11		cancel, or limit coverage; and
12	(4)	Denying, canceling, or limiting coverage for services
13		on the basis of actual gender identity or perceived
14		gender identity including but not limited to the
15		following:
16		(A) Health care services related to gender
17		transition; provided that there is coverage under
18		the policy, contract, plan, or agreement for the
19		services when the services are not related to
20		gender transition; and

1	(B) Health care services that are ordinarily or
2	exclusively available to individuals of [one] any
3	sex.
4	(c) The medical necessity of any treatment for a
5	transgender person or any person on the basis of actual gender
6	identity or perceived gender identity shall be determined
7	pursuant to the insurance policy, contract, plan, or agreement
8	and shall be defined in [a manner that is consistent with other
9	covered services.] accordance with the most recent edition of
10	the Standards of Care for the Health of Transsexual,
11	Transgender, and Gender Nonconforming People, issued by the
12	World Professional Association for Transgender Health.
13	(d) All health care services related to gender transition
14	treatments shall be considered medically necessary and not
15	cosmetic; provided the policy also provides coverage for those
16	services when the services are offered for purposes other than
17	gender transition. These services may include, but are not
18	limited to:
19	(1) Hormone therapies;
20	(2) Hysterectomies;
21	(3) Mastectomies;

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         (4)
              Vocal training;
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         (5)
              Feminizing vaginoplasties;
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         (6)
              Masculinizing phalloplasties;
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         (7)
              Metaoidioplasties;
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         (8)
              Breast augmentations;
6
         (9)
              Masculinizing chest surgeries;
7
              Facial feminization surgeries;
        (10)
8
        (11)
              Reduction thyroid chondroplasties;
9
        (12)
              Voice surgeries and therapies;
10
        (13)
              Electrolysis or laser hair removal; and
11
        (14)
              Smoking cessation therapies.
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         (e) Each individual and group accident and health or
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    sickness policy, contract, plan, or agreement, including any
14
    mutual benefit society or health maintenance organization
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    governed by chapter 432D, shall provide applicants and insured
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    persons with clear information about the coverage of gender
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    transition services and the requirements for determining
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    medically necessary treatments related to these services,
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    including the process for appealing a claim denied on the basis
20
    of medical necessity.
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- 1 [\(\frac{(d)}{}\)] (f) Any coverage provided shall be subject to
- 2 copayment, deductible, and coinsurance provisions of an
- 3 individual and group accident and health or sickness policy,
- 4 contract, plan, or agreement that are no less favorable than the
- 5 copayment, deductible, and coinsurance provisions for
- 6 substantially all other medical services covered by the policy,
- 7 contract, plan, or agreement.
- 8 [(e)] (g) As used in this section unless the context
- 9 requires otherwise:
- 10 "Actual gender identity" means a person's internal sense of
- 11 being male, female, a gender different from the gender assigned
- 12 at birth, or a transgender person[, or neither male nor female].
- "Gender transition" means the process of a person changing
- 14 the person's outward appearance or sex characteristics to accord
- 15 with the person's actual gender identity.
- 16 "Perceived gender identity" means an observer's impression
- 17 of another person's actual gender identity or the observer's own
- 18 impression that the person is male, female, a gender different
- 19 from the gender assigned at birth, or a transgender person[, or
- 20 neither male nor female].

- "Transgender person" means a person who has [gender
 identity disorder or] gender dysphoria, has received health care
- 3 services related to gender transition, [adopts the appearance or
- 4 behavior of the opposite sex, or otherwise identifies as a
- 5 gender different from the gender assigned to that person at
- 6 birth."
- 7 SECTION 3. Section 432:1-607.3, Hawaii Revised Statutes,
- 8 is amended to read as follows:
- 9 "§432:1-607.3 Nondiscrimination on the basis of actual
- 10 gender identity or perceived gender identity; coverage for
- 11 services. (a) No individual and group hospital and medical
- 12 service policy, contract, plan, or agreement that provides
- 13 health care coverage, including any mutual benefit society or
- 14 health maintenance organization governed by chapter 432D, shall
- 15 discriminate with respect to participation and coverage under
- 16 the policy, contract, plan, or agreement against any person on
- 17 the basis of actual gender identity or perceived gender
- 18 identity.
- (b) Discrimination under this section includes the
- 20 following:

Ţ	(1)	Denying, canceling, limiting, or refusing to issue or
2		renew an insurance policy, contract, plan, or
3		agreement on the basis of a <u>transgender</u> person's or
4		the person's family member's actual gender identity or
5		perceived gender identity;
6	(2)	Demanding or requiring a payment or premium that is
7		based on a transgender person's or the person's family
8		member's actual gender identity or perceived gender
9		identity;
10	(3)	Designating a person's or the <u>transgender</u> person's
11		family member's actual gender identity or perceived
12		gender identity as a preexisting condition to deny,
13		cancel, or limit coverage; and
14	(4)	Denying, canceling, or limiting coverage for services
15		on the basis of actual gender identity or perceived
16		gender identity including but not limited to the
17		following:
18		(A) Health care services related to gender
19		transition; provided that there is coverage under
20		the policy, contract, plan, or agreement for the

1	services when the services are not related to
2	gender transition; and
3	(B) Health care services that are ordinarily or
4	exclusively available to individuals of [one] any
5	sex.
6	(c) The medical necessity of any treatment for a
7	transgender person or any person on the basis of actual gender
8	identity or perceived gender identity shall be determined
9	pursuant to the insurance policy, contract, plan, or agreement
10	and shall be defined in [a manner that is consistent with other
11	covered services.] accordance with the most recent edition of
12	the Standards of Care for the Health of Transsexual,
13	Transgender, and Gender Nonconforming People, issued by the
14	World Professional Association for Transgender Health.
15	(d) All health care services related to gender transition
16	treatments shall be considered medically necessary and not
17	cosmetic; provided the policy also provides coverage for those
18	services when the services are offered for purposes other than
19	gender transition. These services may include, but are not
20	<pre>limited to:</pre>
21	(1) Hormone therapies;

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              Mastectomies;
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              Masculinizing chest surgeries;
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              Reduction thyroid chondroplasties;
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- 1 including the process for appealing a claim denied on the basis
- 2 of medical necessity.
- 3 [\frac{(d)}{}] (f) Any coverage provided shall be subject to
- 4 copayment, deductible, and coinsurance provisions of an
- 5 individual and group hospital and medical service policy,
- 6 contract, plan, or agreement that are no less favorable than the
- 7 copayment, deductible, and coinsurance provisions for
- 8 substantially all other medical services covered by the policy,
- 9 contract, plan, or agreement.
- 10 $[\frac{(e)}{(e)}]$ (g) As used in this section unless the context
- 11 requires otherwise:
- "Actual gender identity" means a person's internal sense of
- 13 being male, female, a gender different from the gender assigned
- 14 at birth, or a transgender person[, or neither male nor female].
- 15 "Gender transition" means the process of a person changing
- 16 the person's outward appearance or sex characteristics to accord
- 17 with the person's actual gender identity.
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- 19 of another person's actual gender identity or the observer's own
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- 1 from the gender assigned at birth, or a transgender person[, or
- 2 neither male nor female].
- 3 "Transgender person" means a person who has [gender
- 4 identity disorder or] gender dysphoria, has received health care
- 5 services related to gender transition, [adopts the appearance or
- behavior of the opposite-sex, or otherwise identifies as a 6
- 7 gender different from the gender assigned to that person at
- 8 birth."
- 9 SECTION 4. This Act does not affect rights and duties that
- 10 matured, penalties that were incurred, and proceedings that were
- 11 begun before its effective date.
- 12 SECTION 5. Statutory material to be repealed is bracketed
- 13 and stricken. New statutory material is underscored.
- 14 SECTION 6. This Act shall take effect upon its approval.

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Report Title:

Insurance; Nondiscrimination; Transgender; Gender Transition Treatments

Description:

Prohibits health insurance companies from denying coverage on the basis of gender identity if the policy covers the treatment for purposes other than gender transition. Requires insurance companies to provide applicants and insured persons with clear information about the coverage of gender transition services, including the process for appealing a claim denied on the basis of medical necessity.

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