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# A BILL FOR AN ACT

RELATING TO HEALTH CARE.

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

1           SECTION 1. The legislature finds that Hawaii has long been  
2 a leader in advancing reproductive rights and advocating for  
3 access to affordable and comprehensive sexual and reproductive  
4 health care without discrimination. However, gaps in coverage  
5 and care still exist, and Hawaii benefits and protections have  
6 been threatened for years by a hostile federal administration  
7 that has attempted to restrict and repeal the federal Patient  
8 Protection and Affordable Care Act of 2010 (Affordable Care Act)  
9 and limit access to sexual and reproductive health care. The  
10 Trump administration made it increasingly difficult for insurers  
11 to cover abortion care and assembled a United States Supreme  
12 Court that restricted abortion access and that may eliminate the  
13 Affordable Care Act in the near future.

14           The legislature further finds that a host of the Affordable  
15 Care Act provisions could soon be eliminated, including coverage  
16 of preventive care with no patient cost-sharing. These changes  
17 would force people in Hawaii to pay more health care costs out-



1 of-pocket, delay or forego care, and risk their health and  
2 economic security. The COVID-19 pandemic cost thousands of  
3 people their jobs and health insurance. Forcing Hawaii  
4 residents to pay more for preventive care would create a new  
5 public health crisis in the aftermath of a global pandemic.

6 The legislature further finds that access to sexual and  
7 reproductive health care is critical for the health and economic  
8 security of all people in Hawaii, particularly during a  
9 recession. Investing in no-cost preventive services will  
10 ultimately save the State money because providing preventive  
11 care avoids the need for more expensive treatment and management  
12 in the future. No-cost preventive services would also support  
13 families in financial difficulty by helping people remain  
14 healthy and plan their families in a way that is appropriate for  
15 them. Ensuring that Hawaii's people receive comprehensive,  
16 client-centered, and culturally-competent sexual and  
17 reproductive health care is prudent economic policy that will  
18 improve the overall health of the State's communities.

19 In order to guarantee essential health benefits, safeguard  
20 access to abortion, limit out-of-pocket costs, and improve  
21 overall access to care, the legislature finds that it is vital



1 to preserve certain aspects of the Affordable Care Act and  
2 ensure access to health care for residents of Hawaii.

3 Accordingly, the purpose of this Act is to ensure  
4 comprehensive coverage for sexual and reproductive health care  
5 services, including family planning and abortion, for all people  
6 in Hawaii.

7 SECTION 2. Chapter 431, Hawaii Revised Statutes, is  
8 amended by adding a new section to part I of article 10A be  
9 appropriately designated and to read as follows:

10 **"§431:10A- Preventive care; coverage; requirements.**

11 (a) Every individual or group policy of accident and health or  
12 sickness insurance issued or renewed in this State shall provide  
13 coverage for all of the following services, drugs, devices,  
14 products, and procedures for the policyholder or any dependent  
15 of the policyholder who is covered by the policy:

16 (1) Well-woman preventive care visit annually for women to  
17 obtain the recommended preventive services that are  
18 age and developmentally appropriate, including  
19 preconception care and services necessary for prenatal  
20 care. For the purposes of this section and where  
21 appropriate, a "well-woman preventive care visit"



1           shall include other preventive services as listed in  
2           this section; provided that if several visits are  
3           needed to obtain all necessary recommended preventive  
4           services, depending upon a woman's health status,  
5           health needs, and other risk factors, coverage shall  
6           apply to each of the necessary visits;

7           (2) Counseling for sexually transmitted infections,  
8           including human immunodeficiency virus and acquired  
9           immune deficiency syndrome;

10          (3) Screening for: chlamydia; gonorrhea; hepatitis B;  
11          hepatitis C; human immunodeficiency virus and acquired  
12          immune deficiency syndrome; human papillomavirus;  
13          syphilis; anemia; urinary tract infection; pregnancy;  
14          Rh incompatibility; gestational diabetes;  
15          osteoporosis; breast cancer; and cervical cancer;

16          (4) Screening to determine whether counseling and testing  
17          related to the BRCA1 or BRCA2 genetic mutation is  
18          indicated, and genetic counseling and testing related  
19          to the BRCA1 or BRCA2 genetic mutation, if indicated;

20          (5) Screening and appropriate counseling or interventions  
21          for:



- 1           (A) Substance use, including tobacco use and use of
- 2                   electronic smoking devices, and alcohol; and
- 3           (B) Domestic and interpersonal violence;
- 4       (6) Screening and appropriate counseling or interventions
- 5           for mental health conditions, including depression;
- 6       (7) Folic acid supplements;
- 7       (8) Abortion;
- 8       (9) Breastfeeding comprehensive support, counseling, and
- 9           supplies;
- 10       (10) Breast cancer chemoprevention counseling;
- 11       (11) Any contraceptive supplies, as specified in section
- 12           431:10A-116.6;
- 13       (12) Voluntary sterilization, as a single claim or combined
- 14           with the following other claims for covered services
- 15           provided on the same day:
- 16           (A) Patient education and counseling on contraception
- 17                   and sterilization; and
- 18           (B) Services related to sterilization or the
- 19                   administration and monitoring of contraceptive
- 20                   supplies, including:
- 21                   (i) Management of side effects;



- 1                   (ii) Counseling for continued adherence to a  
2                               prescribed regimen;
- 3                   (iii) Device insertion and removal; and
- 4                   (iv) Provision of alternative contraceptive  
5                               supplies deemed medically appropriate in the  
6                               judgment of the insured's health care  
7                               provider;
- 8       (13) Pre-exposure prophylaxis, post-exposure prophylaxis,  
9                   and human papillomavirus vaccination; and
- 10       (14) Any additional preventive services for women that must  
11                   be covered without cost sharing under title 42 United  
12                   States Code section 300gg-13, as identified by the  
13                   United States Preventive Services Task Force or the  
14                   Health Resources and Services Administration of the  
15                   United States Department of Health and Human Services,  
16                   as of January 1, 2019.
- 17       (b) An insurer shall not impose any cost-sharing  
18       requirements, including copayments, coinsurance, or deductibles,  
19       on a policyholder or an individual covered by the policy with  
20       respect to the coverage and benefits required by this section,  
21       except to the extent that coverage of particular services



1 without cost-sharing would disqualify a high-deductible health  
2 plan from eligibility for a health savings account pursuant to  
3 title 26 United States Code section 223. For a qualifying  
4 high-deductible health plan, the insurer shall establish the  
5 plan's cost-sharing for the coverage provided pursuant to this  
6 section at the minimum level necessary to preserve the insured's  
7 ability to claim tax-exempt contributions and withdrawals from  
8 the insured's health savings account under title 26 United  
9 States Code section 223.

10 (c) A health care provider shall be reimbursed for  
11 providing the services pursuant to this section without any  
12 deduction for copayments, coinsurance, or any other cost-sharing  
13 amounts.

14 (d) Except as otherwise authorized under this section, an  
15 insurer shall not impose any restrictions or delays on the  
16 coverage required under this section.

17 (e) This section shall not require a policy of accident  
18 and health or sickness insurance to cover:

19 (1) Experimental or investigational treatments;

20 (2) Clinical trials or demonstration projects;



1       (3) Treatments that do not conform to acceptable and  
2       customary standards of medical practice; or

3       (4) Treatments for which there is insufficient data to  
4       determine efficacy.

5       (f) If services, drugs, devices, products, or procedures  
6       required by this section are provided by an out-of-network  
7       provider, the insurer shall cover the services, drugs, devices,  
8       products, or procedures without imposing any cost-sharing  
9       requirement on the policyholder if:

10       (1) There is no in-network provider to furnish the  
11       service, drug, device, product, or procedure that  
12       meets the requirements for network adequacy under  
13       section 431:26-103; or

14       (2) An in-network provider is unable or unwilling to  
15       provide the service, drug, device, product, or  
16       procedure in a timely manner.

17       (g) Every insurer shall provide written notice to its  
18       policyholders regarding the coverage required by this section.

19       The notice shall be in writing and prominently positioned in any  
20       literature or correspondence sent to policyholders and shall be  
21       transmitted to policyholders beginning with calendar year 2024



1 when annual information is made available to policyholders or in  
2 any other mailing to policyholders, but in no case later than  
3 December 31, 2024.

4 (h) This section shall not apply to policies that provide  
5 coverage for specified diseases or other limited benefit health  
6 insurance coverage, as provided pursuant to section 431:10A-607.

7 (i) If the commissioner concludes that enforcement of this  
8 section may adversely affect the allocation of federal funds to  
9 the State, the commissioner may grant an exemption to the  
10 requirements, but only to the minimum extent necessary to ensure  
11 the continued receipt of federal funds.

12 (j) A bill or statement for services from any health care  
13 provider or insurer shall be sent directly to the person  
14 receiving the services.

15 (k) For purposes of this section, "contraceptive supplies"  
16 shall have the same meaning as in section 431:10A-116.6."

17 SECTION 3. Chapter 432, Hawaii Revised Statutes, is  
18 amended by adding a new section to article 1 to be appropriately  
19 designated and to read as follows:

20 "§432:1- Preventive care; coverage; requirements. (a)  
21 Every individual or group hospital or medical service plan



1 contract issued or renewed in this State shall provide coverage  
2 for all of the following services, drugs, devices, products, and  
3 procedures for the subscriber or member or any dependent of the  
4 subscriber or member who is covered by the plan contract:

5 (1) Well-woman preventive care visit annually for women to  
6 obtain the recommended preventive services that are  
7 age and developmentally appropriate, including  
8 preconception care and services necessary for prenatal  
9 care. For the purposes of this section and where  
10 appropriate, a "well-woman preventive care visit"  
11 shall include other preventive services as listed in  
12 this section; provided that if several visits are  
13 needed to obtain all necessary recommended preventive  
14 services, depending upon a woman's health status,  
15 health needs, and other risk factors, coverage shall  
16 apply to each of the necessary visits;

17 (2) Counseling for sexually transmitted infections,  
18 including human immunodeficiency virus and acquired  
19 immune deficiency syndrome;

20 (3) Screening for: chlamydia; gonorrhea; hepatitis B;  
21 hepatitis C; human immunodeficiency virus and acquired



- 1           immune deficiency syndrome; human papillomavirus;  
2           syphilis; anemia; urinary tract infection; pregnancy;  
3           Rh incompatibility; gestational diabetes;  
4           osteoporosis; breast cancer; and cervical cancer;  
5       (4) Screening to determine whether counseling and testing  
6           related to the BRCA1 or BRCA2 genetic mutation is  
7           indicated, and genetic counseling and testing related  
8           to the BRCA1 or BRCA2 genetic mutation, if indicated;  
9       (5) Screening and appropriate counseling or interventions  
10           for:  
11           (A) Substance use, including tobacco use and use of  
12               electronic smoking devices, and alcohol; and  
13           (B) Domestic and interpersonal violence;  
14       (6) Screening and appropriate counseling or interventions  
15           for mental health conditions, including depression;  
16       (7) Folic acid supplements;  
17       (8) Abortion;  
18       (9) Breastfeeding comprehensive support, counseling, and  
19           supplies;  
20       (10) Breast cancer chemoprevention counseling;



- 1        (11) Any contraceptive supplies, as specified in section
- 2                431:10A-116.6;
- 3        (12) Voluntary sterilization, as a single claim or combined
- 4                with the following other claims for covered services
- 5                provided on the same day:
- 6                (A) Patient education and counseling on contraception
- 7                        and sterilization; and
- 8                (B) Services related to sterilization or the
- 9                        administration and monitoring of contraceptive
- 10                      supplies, including:
- 11                      (i) Management of side effects;
- 12                      (ii) Counseling for continued adherence to a
- 13                              prescribed regimen;
- 14                      (iii) Device insertion and removal; and
- 15                      (iv) Provision of alternative contraceptive
- 16                              supplies deemed medically appropriate in the
- 17                              judgment of the subscriber's or member's
- 18                              health care provider;
- 19        (13) Pre-exposure prophylaxis, post-exposure prophylaxis,
- 20                and human papillomavirus vaccination; and



1        (14) Any additional preventive services for women that must  
2        be covered without cost sharing under title 42 United  
3        States Code section 300gg-13, as identified by the  
4        United States Preventive Services Task Force or the  
5        Health Resources and Services Administration of the  
6        United States Department of Health and Human Services,  
7        as of January 1, 2019.

8        (b) A mutual benefit society shall not impose any  
9        cost-sharing requirements, including copayments, coinsurance, or  
10       deductibles, on a subscriber or member or an individual covered  
11       by the plan contract with respect to the coverage and benefits  
12       required by this section, except to the extent that coverage of  
13       particular services without cost-sharing would disqualify a  
14       high-deductible health plan from eligibility for a health  
15       savings account pursuant to title 26 United States Code section  
16       223. For a qualifying high-deductible health plan, the mutual  
17       benefit society shall establish the plan's cost-sharing for the  
18       coverage provided pursuant to this section at the minimum level  
19       necessary to preserve the subscriber's or member's ability to  
20       claim tax-exempt contributions and withdrawals from the



1 subscriber's or member's health savings account under title 26  
2 United States Code section 223.

3 (c) A health care provider shall be reimbursed for  
4 providing the services pursuant to this section without any  
5 deduction for copayments, coinsurance, or any other cost-sharing  
6 amounts.

7 (d) Except as otherwise authorized under this section, a  
8 mutual benefit society shall not impose any restrictions or  
9 delays on the coverage required under this section.

10 (e) This section shall not require an individual or group  
11 hospital or medical service plan contract to cover:

12 (1) Experimental or investigational treatments;

13 (2) Clinical trials or demonstration projects;

14 (3) Treatments that do not conform to acceptable and  
15 customary standards of medical practice; or

16 (4) Treatments for which there is insufficient data to  
17 determine efficacy.

18 (f) If services, drugs, devices, products, or procedures  
19 required by this section are provided by an out-of-network  
20 provider, the mutual benefit society shall cover the services,



1 drugs, devices, products, or procedures without imposing any  
2 cost-sharing requirement on the subscriber or member if:

3 (1) There is no in-network provider to furnish the  
4 service, drug, device, product, or procedure that  
5 meets the requirements for network adequacy under  
6 section 431:26-103; or

7 (2) An in-network provider is unable or unwilling to  
8 provide the service, drug, device, product, or  
9 procedure in a timely manner.

10 (g) Every mutual benefit society shall provide written  
11 notice to its subscribers or members regarding the coverage  
12 required by this section. The notice shall be in writing and  
13 prominently positioned in any literature or correspondence sent  
14 to subscribers or members and shall be transmitted to  
15 subscribers or members beginning with calendar year 2024 when  
16 annual information is made available to subscribers or members  
17 or in any other mailing to subscribers or members, but in no  
18 case later than December 31, 2024.

19 (h) If the commissioner concludes that enforcement of this  
20 section may adversely affect the allocation of federal funds to  
21 the State, the commissioner may grant an exemption to the



1 requirements, but only to the minimum extent necessary to ensure  
2 the continued receipt of federal funds.

3 (i) A bill or statement for services from any health care  
4 provider or mutual benefit society shall be sent directly to the  
5 person receiving the services.

6 (j) For purposes of this section, "contraceptive supplies"  
7 shall have the same meaning as in section 431:10A-116.6."

8 SECTION 4. Section 431:10A-116.6, Hawaii Revised Statutes,  
9 is amended to read as follows:

10 **"§431:10A-116.6 Contraceptive services. (a)**

11 Notwithstanding any provision of law to the contrary, each  
12 employer group policy of accident and health or sickness  
13 [~~policy, contract, plan, or agreement issued~~] insurance or  
14 renewed in this State on or after January 1, [2000,] 2025, shall  
15 [~~cease to exclude~~] provide coverage for contraceptive services  
16 or contraceptive supplies for the [~~subscriber~~] insured or any  
17 dependent of the [~~subscriber~~] insured who is covered by the  
18 policy, subject to the exclusion under section 431:10A-116.7 and  
19 the exclusion under section 431:10A-607[-

20 ~~(b) Except as provided in subsection (c), all policies,~~  
21 ~~contracts, plans, or agreements under subsection (a) that~~



1 ~~provide contraceptive services or supplies or prescription drug~~  
2 ~~coverage shall not exclude any prescription contraceptive~~  
3 ~~supplies or impose any unusual copayment, charge, or waiting~~  
4 ~~requirement for such supplies.~~

5 ~~(c) Coverage for oral contraceptives shall include at~~  
6 ~~least one brand from the monophasic, multiphasic, and the~~  
7 ~~progestin-only categories. A member shall receive coverage for~~  
8 ~~any other oral contraceptive only if:~~

9 ~~(1) Use of brands covered has resulted in an adverse drug~~  
10 ~~reaction; or~~

11 ~~(2) The member has not used the brands covered and, based~~  
12 ~~on the member's past medical history, the prescribing~~  
13 ~~health care provider believes that use of the brands~~  
14 ~~covered would result in an adverse reaction.~~

15 ~~(d)]~~; provided that:

16 (1) If there is a therapeutic equivalent of a  
17 contraceptive supply approved by the United States  
18 Food and Drug Administration, an insurer may provide  
19 coverage for either the requested contraceptive supply  
20 or for one or more therapeutic equivalents of the  
21 requested contraceptive supply;



1       (2) If a contraceptive supply covered by the policy is  
2       deemed medically inadvisable by the insured's health  
3       care provider, the policy shall cover an alternative  
4       contraceptive supply prescribed by the health care  
5       provider;

6       (3) An insurer shall pay pharmacy claims for reimbursement  
7       of all contraceptive supplies available for  
8       over-the-counter sale that are approved by the United  
9       States Food and Drug Administration; and

10       (4) An insurer shall not infringe upon an insured's choice  
11       of contraceptive supplies and shall not require prior  
12       authorization, step therapy, or other utilization  
13       control techniques for medically-appropriate covered  
14       contraceptive supplies.

15       (b) An insurer shall not impose any cost-sharing  
16       requirements, including copayments, coinsurance, or deductibles,  
17       on an insured with respect to the coverage required under this  
18       section. A health care provider shall be reimbursed for  
19       providing the services pursuant to this section without any  
20       deduction for copayments, coinsurance, or any other cost-sharing  
21       amounts.



1        (c) Except as otherwise provided by this section, an  
2 insurer shall not impose any restrictions or delays on the  
3 coverage required by this section.

4        (d) Coverage required by this section shall not exclude  
5 coverage for contraceptive supplies prescribed by a health care  
6 provider, acting within the provider's scope of practice, for:

7        (1) Reasons other than contraceptive purposes, such as  
8 decreasing the risk of ovarian cancer or eliminating  
9 symptoms of menopause; or

10       (2) Contraception that is necessary to preserve the life  
11 or health of an insured.

12       (e) Coverage required by this section shall include  
13 reimbursement to a prescribing health care provider or  
14 dispensing entity for prescription contraceptive supplies  
15 intended to last for up to a twelve-month period for an insured.

16       ~~[-e-]~~ (f) Coverage required by this section shall include  
17 reimbursement to a prescribing and dispensing pharmacist who  
18 prescribes and dispenses contraceptive supplies pursuant to  
19 section 461-11.6.

20       (g) Nothing in this section shall be construed to extend  
21 the practices or privileges of any health care provider beyond



1 that provided in the laws governing the provider's practice and  
2 privileges.

3 (h) For purposes of this section:

4 "Contraceptive services" means physician-delivered,  
5 physician-supervised, physician assistant-delivered, advanced  
6 practice registered nurse-delivered, nurse-delivered, or  
7 pharmacist-delivered medical services intended to promote the  
8 effective use of contraceptive supplies or devices to prevent  
9 unwanted pregnancy.

10 "Contraceptive supplies" means all United States Food and  
11 Drug Administration-approved contraceptive drugs [øx], devices,  
12 or products used to prevent unwanted pregnancy[÷], regardless of  
13 whether they are to be used by the insured or the partner of the  
14 insured, and regardless of whether they are to be used for  
15 contraception or exclusively for the prevention of sexually  
16 transmitted infections.

17 [~~(f)~~ Nothing in this section shall be construed to extend  
18 the practice or privileges of any health care provider beyond  
19 that provided in the laws governing the provider's practice and  
20 privileges.] "



1 SECTION 5. Section 431:10A-116.7, Hawaii Revised Statutes,  
2 is amended by amending subsection (g) to read as follows:

3 "(g) For purposes of this section:

4 "Contraceptive services" means physician-delivered,  
5 physician-supervised, physician assistant-delivered, advanced  
6 practice registered nurse-delivered, nurse-delivered, or  
7 pharmacist-delivered medical services intended to promote the  
8 effective use of contraceptive supplies or devices to prevent  
9 unwanted pregnancy.

10 "Contraceptive supplies" means all United States Food and  
11 Drug Administration-approved contraceptive drugs ~~[or]~~, devices,  
12 or products used to prevent unwanted pregnancy~~[-]~~, regardless of  
13 whether they are to be used by the insured or the partner of the  
14 insured, and regardless of whether they are to be used for  
15 contraception or exclusively for the prevention of sexually  
16 transmitted infections."

17 SECTION 6. Section 432:1-604.5, Hawaii Revised Statutes,  
18 is amended to read as follows:

19 "**§432:1-604.5 Contraceptive services.** (a)

20 Notwithstanding any provision of law to the contrary, each  
21 employer group [~~health policy, contract, plan, or agreement~~]



1 hospital or medical service plan contract issued or renewed in  
2 this State on or after January 1, ~~[2000,]~~ 2025, shall ~~[cease to~~  
3 ~~exclude]~~ provide coverage for contraceptive services or  
4 contraceptive supplies, and contraceptive prescription drug  
5 coverage for the subscriber or member or any dependent of the  
6 subscriber or member who is covered by the policy, subject to  
7 the exclusion under section 431:10A-116.7[~~-~~

8 ~~(b) Except as provided in subsection (c), all policies,~~  
9 ~~contracts, plans, or agreements under subsection (a), that~~  
10 ~~provide contraceptive services or supplies or prescription drug~~  
11 ~~coverage shall not exclude any prescription contraceptive~~  
12 ~~supplies or impose any unusual copayment, charge, or waiting~~  
13 ~~requirement for such drug or device.~~

14 ~~(c) Coverage for contraceptives shall include at least one~~  
15 ~~brand from the monophasic, multiphasic, and the progestin-only~~  
16 ~~categories. A member shall receive coverage for any other oral~~  
17 ~~contraceptive only if:~~

18 ~~(1) Use of brands covered has resulted in an adverse drug~~  
19 ~~reaction; or~~

20 ~~(2) The member has not used the brands covered and, based~~  
21 ~~on the member's past medical history, the prescribing~~



1 ~~health care provider believes that use of the brands~~  
2 ~~covered would result in an adverse reaction.~~

3 ~~(d)]~~; provided that:

4 (1) If there is a therapeutic equivalent of a  
5 contraceptive supply approved by the United States  
6 Food and Drug Administration, a mutual benefit society  
7 may provide coverage for either the requested  
8 contraceptive supply or for one or more therapeutic  
9 equivalents of the requested contraceptive supply;

10 (2) If a contraceptive supply covered by the plan contract  
11 is deemed medically inadvisable by the subscriber's or  
12 member's health care provider, the plan contract shall  
13 cover an alternative contraceptive supply prescribed  
14 by the health care provider;

15 (3) A mutual benefit society shall pay pharmacy claims for  
16 reimbursement of all contraceptive supplies available  
17 for over-the-counter sale that are approved by the  
18 United States Food and Drug Administration; and

19 (4) A mutual benefit society shall not infringe upon a  
20 subscriber's or member's choice of contraceptive  
21 supplies and shall not require prior authorization,



1           step therapy, or other utilization control techniques  
2           for medically-appropriate covered contraceptive  
3           supplies.

4           (b) A mutual benefit society shall not impose any  
5           cost-sharing requirements, including copayments, coinsurance, or  
6           deductibles, on a subscriber or member with respect to the  
7           coverage required under this section. A health care provider  
8           shall be reimbursed for providing the services pursuant to this  
9           section without any deduction for copayments, coinsurance, or  
10           any other cost-sharing amounts.

11           (c) Except as otherwise provided by this section, a mutual  
12           benefit society shall not impose any restrictions or delays on  
13           the coverage required by this section.

14           (d) Coverage required by this section shall not exclude  
15           coverage for contraceptive supplies prescribed by a health care  
16           provider, acting within the provider's scope of practice, for:

17           (1) Reasons other than contraceptive purposes, such as  
18           decreasing the risk of ovarian cancer or eliminating  
19           symptoms of menopause; or

20           (2) Contraception that is necessary to preserve the life  
21           or health of a subscriber or member.



1        (e) Coverage required by this section shall include  
2 reimbursement to a prescribing health care provider or  
3 dispensing entity for prescription contraceptive supplies  
4 intended to last for up to a twelve-month period for a member.

5        [~~(e)~~] (f) Coverage required by this section shall include  
6 reimbursement to a prescribing and dispensing pharmacist who  
7 prescribes and dispenses contraceptive supplies pursuant to  
8 section 461-11.6.

9        (g) Nothing in this section shall be construed to extend  
10 the practice or privileges of any health care provider beyond  
11 that provided in the laws governing the provider's practice and  
12 privileges.

13        (h) For purposes of this section:

14        "Contraceptive services" means physician-delivered,  
15 physician-supervised, physician assistant-delivered, advanced  
16 practice registered nurse-delivered, nurse-delivered, or  
17 pharmacist-delivered medical services intended to promote the  
18 effective use of contraceptive supplies or devices to prevent  
19 unwanted pregnancy.



1 "Contraceptive supplies" means all Food and Drug  
2 Administration-approved contraceptive drugs [~~or~~], devices, or  
3 products used to prevent unwanted pregnancy[-

4 ~~(f) Nothing in this section shall be construed to extend~~  
5 ~~the practice or privileges of any health care provider beyond~~  
6 ~~that provided in the laws governing the provider's practice and~~  
7 ~~privileges.], regardless of whether they are to be used by the~~  
8 ~~subscriber or member or the partner of the subscriber or member,~~  
9 ~~and regardless of whether they are to be used for contraception~~  
10 ~~or exclusively for the prevention of sexually transmitted~~  
11 ~~infections."~~

12 SECTION 7. Section 432D-23, Hawaii Revised Statutes, is  
13 amended to read as follows:

14 **"§432D-23 Required provisions and benefits.**

15 Notwithstanding any provision of law to the contrary, each  
16 policy, contract, plan, or agreement issued in the State after  
17 January 1, 1995, by health maintenance organizations pursuant to  
18 this chapter, shall include benefits provided in sections  
19 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-  
20 116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,  
21 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132,



1 431:10A-133, 431:10A-134, 431:10A-140, and [~~431:10A-134,~~  
2 431:10A- , and chapter 431M."

3 SECTION 8. Notwithstanding any other law to the contrary,  
4 the preventive care and contraceptive coverage requirements  
5 required under sections 2, 3, 4, 5, 6, and 7 of this Act shall  
6 apply to all health benefits plans under chapter 87A, Hawaii  
7 Revised Statutes, issued, renewed, modified, altered, or amended  
8 on or after the effective date of this Act.

9 SECTION 9. No later than twenty days prior the convening  
10 of the regular session of 2026, the insurance division of the  
11 department of commerce and consumer affairs shall submit a  
12 report to the legislature on the degree of compliance by  
13 insurers, mutual benefit societies, and health maintenance  
14 organizations regarding the implementation of this Act, and of  
15 any actions taken by the insurance commissioner to enforce  
16 compliance with this Act.

17 SECTION 10. Statutory material to be repealed is bracketed  
18 and stricken. New statutory material is underscored.

19 SECTION 11. This Act shall take effect on January 1, 2025,  
20 and shall apply to all plans, policies, contracts, and  
21 agreements of health insurance issued or renewed by a health



1 insurer, mutual benefit society, or health maintenance  
2 organization on or after January 1, 2025.  
3

INTRODUCED BY:

*Lisa Marten*

JAN 19 2024



# H.B. NO. 1966

**Report Title:**

Health Care; Health Insurance; Reproductive Health Care Services; Hawaii Employer-Union Health Benefits Trust Fund

**Description:**

Requires health insurers, mutual benefit societies, and health maintenance organizations to provide health insurance coverage for various sexual and reproductive health care services. Applies this coverage to health benefits plans under the Hawaii Employer-Union Health Benefits Trust Fund. Effective 1/1/2025.

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

