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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 benefits and protections in the State  
6 have been threatened for years by a hostile federal  
7 administration that has attempted to restrict and repeal the  
8 federal Patient Protection and Affordable Care Act of 2010  
9 (Affordable Care Act) and limit access to sexual and  
10 reproductive health care. The Trump administration made it  
11 increasingly difficult for insurers to cover abortion care and  
12 assembled a United States Supreme Court that restricted abortion  
13 access and that may eliminate the Affordable Care Act in the  
14 near future.

15           The legislature further finds that a host of the Affordable  
16 Care Act provisions could soon be eliminated, including coverage  
17 of preventive care with no patient cost-sharing. These changes



1 would force people in Hawaii to pay more health care costs out-  
2 of-pocket, delay or forego care, and risk their health and  
3 economic security. The coronavirus disease 2019 pandemic cost  
4 thousands of people their jobs and health insurance. Forcing  
5 Hawaii residents to pay more for preventive care would create a  
6 new public health crisis in the aftermath of a global pandemic.

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

20 In order to guarantee essential health benefits, safeguard  
21 access to abortion, limit out-of-pocket costs, and improve



1 overall access to care, the legislature finds that it is vital  
2 to preserve certain aspects of the Affordable Care Act and  
3 ensure access to health care for residents of Hawaii.

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

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

11 "§431:10A- Preventive care; coverage; requirements. (a)

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

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



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

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

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

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



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



- 1           (B) Services related to sterilization or the
- 2           administration and monitoring of contraceptive
- 3           supplies, including:
- 4           (i) Management of side effects;
- 5           (ii) Counseling for continued adherence to a
- 6           prescribed regimen;
- 7           (iii) Device insertion and removal; and
- 8           (iv) Provision of alternative contraceptive
- 9           supplies deemed medically appropriate in the
- 10           judgment of the insured's health care
- 11           provider;
- 12        (13) Pre-exposure prophylaxis, post-exposure prophylaxis,
- 13        and human papillomavirus vaccination; and
- 14        (14) Any additional preventive services for women that must
- 15        be covered without cost sharing under title 42 United
- 16        States Code section 300gg-13, as identified by the
- 17        United States Preventive Services Task Force or the
- 18        Health Resources and Services Administration of the
- 19        United States Department of Health and Human Services,
- 20        as of January 1, 2019.



1       (b) An insurer shall not impose any cost-sharing  
2 requirements, including copayments, coinsurance, or deductibles,  
3 on a policyholder or an individual covered by the policy with  
4 respect to the coverage and benefits required by this section,  
5 except to the extent that coverage of particular services  
6 without cost-sharing would disqualify a high-deductible health  
7 plan from eligibility for a health savings account pursuant to  
8 title 26 United States Code section 223. For a qualifying  
9 high-deductible health plan, the insurer shall establish the  
10 plan's cost-sharing for the coverage provided pursuant to this  
11 section at the minimum level necessary to preserve the insured's  
12 ability to claim tax-exempt contributions and withdrawals from  
13 the insured's health savings account under title 26 United  
14 States Code section 223.

15       (c) A health care provider shall be reimbursed for  
16 providing the services pursuant to this section without any  
17 deduction for copayments, coinsurance, or any other cost-sharing  
18 amounts.

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



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

3       (1) Experimental or investigational treatments;

4       (2) Clinical trials or demonstration projects;

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

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

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

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

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



1       (g) Every insurer shall provide written notice to its  
2 policyholders regarding the coverage required by this section.  
3 The notice shall be in writing and prominently positioned in any  
4 literature or correspondence sent to policyholders and shall be  
5 transmitted to policyholders beginning with calendar year 2024  
6 when annual information is made available to policyholders or in  
7 any other mailing to policyholders, but in no case later than  
8 December 31, 2024.

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

12       (i) If the commissioner concludes that enforcement of this  
13 section may adversely affect the allocation of federal funds to  
14 the State, the commissioner may grant an exemption to the  
15 requirements, but only to the minimum extent necessary to ensure  
16 the continued receipt of federal funds.

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



1        (k) For purposes of this section, "contraceptive supplies"  
2 shall have the same meaning as defined in section 431:10A-  
3 116.6."

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

7        "§432:1- Preventive care; coverage; requirements. (a)  
8 Every individual or group hospital or medical service plan  
9 contract issued or renewed in this State shall provide coverage  
10 for all of the following services, drugs, devices, products, and  
11 procedures for the subscriber or member or any dependent of the  
12 subscriber or member who is covered by the plan contract:

13        (1) Well-woman preventive care visit annually for women to  
14 obtain the recommended preventive services that are  
15 age and developmentally appropriate, including  
16 preconception care and services necessary for prenatal  
17 care. For the purposes of this section and where  
18 appropriate, a "well-woman preventive care visit"  
19 shall include other preventive services as listed in  
20 this section; provided that if several visits are  
21 needed to obtain all necessary recommended preventive



- 1           services, depending upon a woman's health status,
- 2           health needs, and other risk factors, coverage shall
- 3           apply to each of the necessary visits;
- 4           (2) Counseling for sexually transmitted infections,
- 5           including human immunodeficiency virus and acquired
- 6           immune deficiency syndrome;
- 7           (3) Screening for: chlamydia; gonorrhea; hepatitis B;
- 8           hepatitis C; human immunodeficiency virus and acquired
- 9           immune deficiency syndrome; human papillomavirus;
- 10           syphilis; anemia; urinary tract infection; pregnancy;
- 11           Rh incompatibility; gestational diabetes;
- 12           osteoporosis; breast cancer; and cervical cancer;
- 13           (4) Screening to determine whether counseling and testing
- 14           related to the BRCA1 or BRCA2 genetic mutation is
- 15           indicated, and genetic counseling and testing related
- 16           to the BRCA1 or BRCA2 genetic mutation, if indicated;
- 17           (5) Screening and appropriate counseling or interventions
- 18           for:
- 19           (A) Substance use, including tobacco use and use of
- 20           electronic smoking devices, and alcohol; and
- 21           (B) Domestic and interpersonal violence;



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



1                    (iv) Provision of alternative contraceptive  
2                    supplies deemed medically appropriate in the  
3                    judgment of the subscriber's or member's  
4                    health care provider;

5            (13) Pre-exposure prophylaxis, post-exposure prophylaxis,  
6            and human papillomavirus vaccination; and

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

14           (b) A mutual benefit society shall not impose any  
15           cost-sharing requirements, including copayments, coinsurance, or  
16           deductibles, on a subscriber or member or an individual covered  
17           by the plan contract with respect to the coverage and benefits  
18           required by this section, except to the extent that coverage of  
19           particular services without cost-sharing would disqualify a  
20           high-deductible health plan from eligibility for a health  
21           savings account pursuant to title 26 United States Code



1 section 223. For a qualifying high-deductible health plan, the  
2 mutual benefit society shall establish the plan's cost-sharing  
3 for the coverage provided pursuant to this section at the  
4 minimum level necessary to preserve the subscriber's or member's  
5 ability to claim tax-exempt contributions and withdrawals from  
6 the subscriber's or member's health savings account under title  
7 26 United States Code section 223.

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

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

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

- 17 (1) Experimental or investigational treatments;  
18 (2) Clinical trials or demonstration projects;  
19 (3) Treatments that do not conform to acceptable and  
20 customary standards of medical practice; or



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

3       (f) If services, drugs, devices, products, or procedures  
4 required by this section are provided by an out-of-network  
5 provider, the mutual benefit society shall cover the services,  
6 drugs, devices, products, or procedures without imposing any  
7 cost-sharing requirement on the subscriber or member if:

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

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

15       (g) Every mutual benefit society shall provide written  
16 notice to its subscribers or members regarding the coverage  
17 required by this section. The notice shall be in writing and  
18 prominently positioned in any literature or correspondence sent  
19 to subscribers or members and shall be transmitted to  
20 subscribers or members beginning with calendar year 2024 when  
21 annual information is made available to subscribers or members



1 or in any other mailing to subscribers or members, but in no  
2 case later than December 31, 2024.

3 (h) If the commissioner concludes that enforcement of this  
4 section may adversely affect the allocation of federal funds to  
5 the State, the commissioner may grant an exemption to the  
6 requirements, but only to the minimum extent necessary to ensure  
7 the continued receipt of federal funds.

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

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

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

15 **"§431:10A-116.6 Contraceptive services. (a)**

16 Notwithstanding any provision of law to the contrary, each  
17 employer group policy of accident and health or sickness  
18 [~~policy, contract, plan, or agreement~~] insurance issued or  
19 renewed in this State on or after January 1, [~~2000,~~] 2025, shall  
20 [~~cease to exclude~~] provide coverage for contraceptive services  
21 or contraceptive supplies for the [~~subscriber~~] insured or any

1 dependent of the [~~subscriber~~] insured who is covered by the  
2 policy, subject to the exclusion under section 431:10A-116.7 and  
3 the exclusion under section 431:10A-607[~~-~~

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

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

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

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

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



- 1        (1) If there is a therapeutic equivalent of a  
2        contraceptive supply approved by the United States  
3        Food and Drug Administration, an insurer may provide  
4        coverage for either the requested contraceptive supply  
5        or for one or more therapeutic equivalents of the  
6        requested contraceptive supply;
- 7        (2) An insurer shall pay pharmacy claims for reimbursement  
8        of all contraceptive supplies available for  
9        over-the-counter sale that are approved by the United  
10       States Food and Drug Administration; and
- 11       (3) An insurer shall not infringe upon an insured's choice  
12       of contraceptive supplies and shall not require prior  
13       authorization, step therapy, or other utilization  
14       control techniques for medically-appropriate covered  
15       contraceptive supplies.
- 16       (b) An insurer shall not impose any cost-sharing  
17       requirements, including copayments, coinsurance, or deductibles,  
18       on an insured with respect to the coverage required under this  
19       section. A health care provider shall be reimbursed for  
20       providing the services pursuant to this section without any



1 deduction for copayments, coinsurance, or any other cost-sharing  
2 amounts.

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

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

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

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

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

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



1        (g) Nothing in this section shall be construed to extend  
2 the practice or privileges of any health care provider beyond  
3 that provided in the laws governing the provider's practice and  
4 privileges.

5        (h) For purposes of this section:

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

12        "Contraceptive supplies" means all United States Food and  
13 Drug Administration-approved contraceptive drugs [~~or~~], devices,  
14 or products used to prevent unwanted pregnancy[~~-~~

15        ~~(f) Nothing in this section shall be construed to extend~~  
16 ~~the practice or privileges of any health care provider beyond~~  
17 ~~that provided in the laws governing the provider's practice and~~  
18 ~~privileges.], regardless of whether they are to be used by the  
19 insured, and regardless of whether they are to be used for  
20 contraception or exclusively for the prevention of sexually  
21 transmitted infections."~~



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, and regardless of  
14 whether they are to be used for contraception or exclusively for  
15 the prevention of sexually transmitted infections."

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

18 "**§432:1-604.5 Contraceptive services.** (a)

19 Notwithstanding any provision of law to the contrary, each  
20 employer group [~~health policy, contract, plan, or agreement~~]  
21 hospital or medical service plan contract issued or renewed in



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

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

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

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

19 ~~(2) The member has not used the brands covered and, based~~  
20 ~~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) A mutual benefit society shall pay pharmacy claims for  
11 reimbursement of all contraceptive supplies available  
12 for over-the-counter sale that are approved by the  
13 United States Food and Drug Administration; and

14 (3) A mutual benefit society shall not infringe upon a  
15 subscriber's or member's choice of contraceptive  
16 supplies and shall not require prior authorization,  
17 step therapy, or other utilization control techniques  
18 for medically-appropriate covered contraceptive  
19 supplies.

20 (b) A mutual benefit society shall not impose any  
21 cost-sharing requirements, including copayments, coinsurance, or



1 deductibles, on a subscriber or member with respect to the  
2 coverage required under this section. A health care provider  
3 shall be reimbursed for providing the services pursuant to this  
4 section without any deduction for copayments, coinsurance, or  
5 any other cost-sharing amounts.

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

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

12 (1) Reasons other than contraceptive purposes, such as  
13 decreasing the risk of ovarian cancer or eliminating  
14 symptoms of menopause; or

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

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



1       ~~(e)~~ (f) Coverage required by this section shall include  
2 reimbursement to a prescribing and dispensing pharmacist who  
3 prescribes and dispenses contraceptive supplies pursuant to  
4 section 461-11.6.

5       (g) Nothing in this section shall be construed to extend  
6 the practice or privileges of any health care provider beyond  
7 that provided in the laws governing the provider's practice and  
8 privileges.

9       (h) For purposes of this section:

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

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

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



1 ~~privileges.],~~ regardless of whether they are to be used by the  
2 subscriber or member, and regardless of whether they are to be  
3 used for contraception or exclusively for the prevention of  
4 sexually transmitted infections."

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

7 **"§432D-23 Required provisions and benefits.**

8 Notwithstanding any provision of law to the contrary, each  
9 policy, contract, plan, or agreement issued in the State after  
10 January 1, 1995, by health maintenance organizations pursuant to  
11 this chapter, shall include benefits provided in sections  
12 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-  
13 116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,  
14 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132,  
15 431:10A-133, 431:10A-134, 431:10A-140, and [~~431:10A-134,~~  
16 431:10A-\_\_\_\_\_, and chapter 431M."

17 SECTION 8. Notwithstanding any other law to the contrary,  
18 the preventive care and contraceptive coverage requirements  
19 required under sections 2, 3, 4, 5, 6, and 7 of this Act shall  
20 apply to all health benefits plans under chapter 87A, Hawaii



1 Revised Statutes, issued, renewed, modified, altered, or amended  
2 on or after the effective date of this Act.

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

11 SECTION 10. Statutory material to be repealed is bracketed  
12 and stricken. New statutory material is underscored.

13 SECTION 11. This Act shall take effect on December 31,  
14 2050, and shall apply to all plans, policies, contracts, and  
15 agreements of health insurance issued or renewed by a health  
16 insurer, mutual benefit society, or health maintenance  
17 organization on or after January 1, 2025.



**Report Title:**

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

**Description:**

Beginning 1/1/2025, 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. Requires the Insurance Division of the Department of Commerce and Consumer Affairs to submit a report to the Legislature. Takes effect 12/31/2050. (SD2)

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

