
A BILL FOR AN ACT

RELATING TO HEALTH CARE.

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

1 PART I

2 SECTION 1. The legislature finds that Hawaii has long been
3 a leader in advancing reproductive rights and advocating for
4 access to affordable and comprehensive sexual and reproductive
5 health care without discrimination. However, gaps in coverage
6 and care still exist, and benefits and protections in the State
7 have been threatened for years by a hostile federal
8 administration that has attempted to restrict and repeal the
9 federal Patient Protection and Affordable Care Act of 2010
10 (Affordable Care Act) and limit access to sexual and
11 reproductive health care. The Trump administration assembled a
12 United States Supreme Court that 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 coronavirus disease 2019 pandemic cost
3 thousands of people their jobs and health insurance. Forcing
4 Hawaii residents to pay more for preventive care would create a
5 new 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, limit out-
20 of-pocket costs, and improve overall access to care, the
21 legislature finds that it is vital to preserve certain aspects



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

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

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

9 **"§431:10A- Preventive care; coverage; requirements. (a)**

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

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



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

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

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

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

19 (5) Screening and appropriate counseling or interventions
20 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) Breastfeeding comprehensive support, counseling, and
- 8 supplies;
- 9 (9) Breast cancer chemoprevention counseling;
- 10 (10) Any contraceptive supplies, as specified in section
- 11 431:10A-116.6;
- 12 (11) Voluntary sterilization, as a single claim or combined
- 13 with the following other claims for covered services
- 14 provided on the same day:
- 15 (A) Patient education and counseling on contraception
- 16 and sterilization; and
- 17 (B) Services related to sterilization or the
- 18 administration and monitoring of contraceptive
- 19 supplies, including:
- 20 (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; and
- 8 (12) Any additional preventive services for women that must
- 9 be covered without cost sharing under title 42 United
- 10 States Code section 300gg-13, as identified by the
- 11 United States Preventive Services Task Force or the
- 12 Health Resources and Services Administration of the
- 13 United States Department of Health and Human Services,
- 14 as of January 1, 2019.
- 15 (b) An insurer shall not impose any cost-sharing
- 16 requirements, including copayments, coinsurance, or deductibles,
- 17 on a policyholder or an individual covered by the policy with
- 18 respect to the coverage and benefits required by this section,
- 19 except to the extent that coverage of particular services
- 20 without cost-sharing would disqualify a high deductible health
- 21 plan from eligibility for a health savings account pursuant to



1 title 26 United States Code section 223. For a qualifying high
2 deductible health plan, the insurer shall establish the plan's
3 cost-sharing for the coverage provided pursuant to this section
4 at the minimum level necessary to preserve the insured's ability
5 to claim tax-exempt contributions and withdrawals from the
6 insured's health savings account under title 26 United States
7 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, an
13 insurer shall not impose any restrictions or delays on the
14 coverage required under this section.

15 (e) This section shall not require a policy of accident
16 and health or sickness insurance 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 insurer shall cover the services, drugs, devices,
6 products, or procedures without imposing any cost-sharing
7 requirement on the policyholder 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 insurer shall provide written notice to its
16 policyholders regarding the coverage required by this section.
17 The notice shall be in writing and prominently positioned in any
18 literature or correspondence sent to policyholders and shall be
19 transmitted to policyholders beginning with calendar year 2026
20 when annual information is made available to policyholders or in



1 any other mailing to policyholders, but in no case later than
2 December 31, 2026.

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

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

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

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

17 SECTION 3. Chapter 432, Hawaii Revised Statutes, is
18 amended by adding a new section to part IV of article 1 to be
19 appropriately 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) Breastfeeding comprehensive support, counseling, and
- 18 supplies;
- 19 (9) Breast cancer chemoprevention counseling;
- 20 (10) Any contraceptive supplies, as specified in section
- 21 431:10A-116.6;



- 1 (11) Voluntary sterilization, as a single claim or combined
- 2 with the following other claims for covered services
- 3 provided on the same day:
- 4 (A) Patient education and counseling on contraception
- 5 and sterilization; and
- 6 (B) Services related to sterilization or the
- 7 administration and monitoring of contraceptive
- 8 supplies, including:
- 9 (i) Management of side effects;
- 10 (ii) Counseling for continued adherence to a
- 11 prescribed regimen;
- 12 (iii) Device insertion and removal; and
- 13 (iv) Provision of alternative contraceptive
- 14 supplies deemed medically appropriate in the
- 15 judgment of the subscriber's or member's
- 16 health care provider; and
- 17 (12) Any additional preventive services for women that must
- 18 be covered without cost sharing under title 42 United
- 19 States Code section 300gg-13, as identified by the
- 20 United States Preventive Services Task Force or the
- 21 Health Resources and Services Administration of the



1 United States Department of Health and Human Services,
2 as of January 1, 2019.

3 (b) A mutual benefit society shall not impose any
4 cost-sharing requirements, including copayments, coinsurance, or
5 deductibles, on a subscriber or member or an individual covered
6 by the plan contract with respect to the coverage and benefits
7 required by this section, except to the extent that coverage of
8 particular services without cost-sharing would disqualify a high
9 deductible health plan from eligibility for a health savings
10 account pursuant to title 26 United States Code section 223.

11 For a qualifying high deductible health plan, the mutual benefit
12 society shall establish the plan's cost-sharing for the coverage
13 provided pursuant to this section at the minimum level necessary
14 to preserve the subscriber's or member's ability to claim tax-
15 exempt contributions and withdrawals from the subscriber's or
16 member's health savings account under title 26 United States
17 Code section 223.

18 (c) 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 (d) Except as otherwise authorized under this section, a
2 mutual benefit society shall not impose any restrictions or
3 delays on the coverage required under this section.

4 (e) This section shall not require a plan contract to
5 cover:

6 (1) Experimental or investigational treatments;

7 (2) Clinical trials or demonstration projects;

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

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

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

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



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

4 (g) Every mutual benefit society shall provide written
5 notice to its subscribers or members regarding the coverage
6 required by this section. The notice shall be in writing and
7 prominently positioned in any literature or correspondence sent
8 to subscribers or members and shall be transmitted to
9 subscribers or members beginning with calendar year 2026 when
10 annual information is made available to subscribers or members
11 or in any other mailing to subscribers or members, but in no
12 case later than December 31, 2026.

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

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



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

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

5 **"§431:10A-116.6 Contraceptive services. (a)**

6 Notwithstanding any provision of law to the contrary, each
7 employer group policy of accident and health or sickness
8 [~~policy, contract, plan, or agreement~~] insurance issued or
9 renewed in this State on or after January 1, [~~2000,~~] 2026, shall
10 [~~cease to exclude~~] provide coverage for contraceptive services
11 or contraceptive supplies for the [~~subscriber~~] insured or any
12 dependent of the [~~subscriber~~] insured who is covered by the
13 policy, subject to the exclusion under section 431:10A-116.7 and
14 the exclusion under section 431:10A-607[~~-~~]

15 ~~(b) Except as provided in subsection (c), all policies,~~
16 ~~contracts, plans, or agreements under subsection (a) that~~
17 ~~provide contraceptive services or supplies or prescription drug~~
18 ~~coverage shall not exclude any prescription contraceptive~~
19 ~~supplies or impose any unusual copayment, charge, or waiting~~
20 ~~requirement for such supplies.~~



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

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

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

11 ~~(d)~~; provided that:

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

18 (2) An insurer shall pay pharmacy claims for reimbursement
19 of all contraceptive supplies available for
20 over-the-counter sale that are approved by the United
21 States Food and Drug Administration; and



1 (3) An insurer shall not infringe upon an insured's choice
2 of contraceptive supplies and shall not require prior
3 authorization, step therapy, or other utilization
4 control techniques for medically-appropriate covered
5 contraceptive supplies.

6 (b) An insurer shall not impose any cost-sharing
7 requirements, including copayments, coinsurance, or deductibles,
8 on an insured with respect to the coverage required under this
9 section. A health care provider shall be reimbursed for
10 providing the services pursuant to this section without any
11 deduction for copayments, coinsurance, or any other cost-sharing
12 amounts.

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

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

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

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

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

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

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

15 (h) For purposes of this section:

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



1 "Contraceptive supplies" means all United States Food and
2 Drug Administration-approved contraceptive drugs [~~or~~], devices,
3 or 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 insured for contraception or exclusively for the prevention of
9 sexually transmitted infections."

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

12 "(g) For purposes of this section:

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

19 "Contraceptive supplies" means all United States Food and
20 Drug Administration-approved contraceptive drugs [~~or~~], devices,
21 or products used to prevent unwanted pregnancy[~~-~~], regardless of



1 whether they are to be used by the insured for contraception or
2 exclusively for the prevention of sexually transmitted
3 infections."

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

6 "**§432:1-604.5 Contraceptive services.** (a)

7 Notwithstanding any provision of law to the contrary, each
8 employer group [~~health policy, contract, plan, or agreement~~]
9 hospital or medical service plan contract issued or renewed in
10 this State on or after January 1, [~~2000,~~] 2026, shall [~~cease to~~
11 ~~exclude~~] provide coverage for contraceptive services or
12 contraceptive supplies, and contraceptive prescription drug
13 coverage for the subscriber or member or any dependent of the
14 subscriber or member who is covered by the policy, subject to
15 the exclusion under section 431:10A-116.7[-

16 ~~(b) Except as provided in subsection (c), all policies,~~
17 ~~contracts, plans, or agreements under subsection (a), that~~
18 ~~provide contraceptive services or supplies or prescription drug~~
19 ~~coverage shall not exclude any prescription contraceptive~~
20 ~~supplies or impose any unusual copayment, charge, or waiting~~
21 ~~requirement for such drug or device.~~



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

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

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

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

12 (1) If there is a therapeutic equivalent of a
13 contraceptive supply approved by the United States
14 Food and Drug Administration, a mutual benefit society
15 may provide coverage for either the requested
16 contraceptive supply or for one or more therapeutic
17 equivalents of the requested contraceptive supply;

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



1 (3) A mutual benefit society shall not infringe upon a
2 subscriber's or member's choice of contraceptive
3 supplies and shall not require prior authorization,
4 step therapy, or other utilization control techniques
5 for medically-appropriate covered contraceptive
6 supplies.

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

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

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



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

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

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

10 ~~(e)~~ (f) Coverage required by this section shall include
11 reimbursement to a prescribing and dispensing pharmacist who
12 prescribes and dispenses contraceptive supplies pursuant to
13 section 461-11.6.

14 (g) Nothing in this section shall be construed to extend
15 the practice or privileges of any health care provider beyond
16 that provided in the laws governing the health care provider's
17 practice and privileges.

18 (h) For purposes of this section:

19 "Contraceptive services" means physician-delivered,
20 physician-supervised, physician assistant-delivered, advanced
21 practice registered nurse-delivered, nurse-delivered, or



1 pharmacist-delivered medical services intended to promote the
2 effective use of contraceptive supplies or devices to prevent
3 unwanted pregnancy.

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

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

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

15 **"§432D-23 Required provisions and benefits.**

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



1 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132,
2 431:10A-133, 431:10A-134, 431:10A-140, and [~~431:10A-134~~,]
3 431:10A- , and chapter 431M."

4 SECTION 8. Notwithstanding any other law to the contrary,
5 the preventive care and contraceptive coverage requirements
6 required under sections 2, 3, 4, 5, 6, and 7 of this Act shall
7 apply to all health benefits plans under chapter 87A, Hawaii
8 Revised Statutes, issued, renewed, modified, altered, or amended
9 on or after January 1, 2026.

10 SECTION 9. No later than twenty days prior the convening
11 of the regular session of 2027, the insurance division of the
12 department of commerce and consumer affairs shall submit a
13 report to the legislature on the degree of compliance by
14 insurers, mutual benefit societies, and health maintenance
15 organizations regarding the implementation of this part, and of
16 any actions taken by the insurance commissioner to enforce
17 compliance with this part.

18 PART II

19 SECTION 10. (a) There is established a reproductive
20 health care working group within the department of commerce and



1 consumer affairs for administrative purposes to consist of the
2 following members:

- 3 (1) The insurance commissioner, who shall serve as chair
4 of the working group;
- 5 (2) The director of labor and industrial relations, or the
6 director's designee;
- 7 (3) The administrator of the disability compensation
8 division of the department of labor and industrial
9 relations;
- 10 (4) The administrator of the med-QUEST division of the
11 department of human services;
- 12 (5) The licensing administrator of the professional and
13 vocational licensing division of the department of
14 commerce and consumer affairs;
- 15 (6) A representative of the university of Hawaii Nancy
16 Atmospera-Walch school of nursing;
- 17 (7) A representative of the university of Hawaii John A.
18 Burns school of medicine; and
- 19 (8) A representative of the prepaid health care advisory
20 council.



1 (b) The insurance commission shall invite the following to
2 participate as members of the reproductive health care working
3 group:

4 (1) A representative of the American College of
5 Obstetricians and Gynecologists;

6 (2) A representative of Hawaii Women Lawyers;

7 (3) A member of the Hawaii State Bar Association with
8 expertise in labor and employment law; and

9 (4) Any other person identified by the insurance
10 commissioner.

11 (c) The reproductive health care working group shall:

12 (1) Examine barriers and gaps for reproductive health care
13 leading to health inequity in the State; and

14 (2) Identify state laws, rules, or administrative
15 practices that are barriers to the provision of
16 effective reproductive health care.

17 (d) The reproductive health care working group shall
18 include the following in the topics studied:

19 (1) Scope of insurance coverage across different plans;

20 (2) Costs and affordability of reproductive health care
21 services;



- 1 (3) Telehealth policies that hinder or advance access to
- 2 health care;
- 3 (4) Workforce shortage areas that impact availability and
- 4 accessibility to reproductive health care services in
- 5 the State; and
- 6 (5) Past and existing litigation concerning the areas
- 7 identified in paragraphs (1) through (4), including
- 8 any active litigation concerning the Patient
- 9 Protection and Affordable Care Act of 2010, that may
- 10 impact these areas.
- 11 (e) The reproductive health care working group shall
- 12 submit an interim report of its findings and recommendations,
- 13 including any proposed legislation, to the legislature no later
- 14 than twenty days prior to the convening of the regular session
- 15 of 2025.
- 16 (f) The reproductive health care working group shall
- 17 submit a final report of its findings and recommendations,
- 18 including any proposed legislation, to the legislature no later
- 19 than twenty days prior to the convening of the regular session
- 20 of 2026.



1 (g) The reproductive health care working group shall
2 dissolve on June 30, 2026.

3 PART III

4 SECTION 11. Statutory material to be repealed is bracketed
5 and stricken. New statutory material is underscored.

6 SECTION 12. This Act shall take effect on July 1, 3000;
7 provided that part I shall apply to all plans, policies,
8 contracts, and agreements of health insurance issued or renewed
9 by a health insurer, mutual benefit society, or health
10 maintenance organization on or after January 1, 2026.



Report Title:

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

Description:

Beginning 1/1/2026, 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. Establishes a Reproductive Health Care Working Group. Effective 7/1/3000. (HD1)

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

