JAN 2 0 2023

A BILL FOR AN ACT

RELATING TO BREAST CANCER SCREENING.

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

- 1 SECTION 1. The legislature is committed to ensuring that
- 2 all women have ready access to breast cancer screening,
- 3 regardless of age and ethnicity, provided that these screenings
- 4 are requested by state licensed and authorized medical
- 5 practitioners.
- 6 The legislature has serious reservations about the
- 7 implementation of United States preventive services task force
- 8 quidelines with respect to breast cancer screening. In 2009 and
- 9 2016, the United States preventive services task force released
- 10 recommendations that were a significant departure from screening
- 11 quidelines issued by leading clinical organizations, including
- 12 the American College of Radiology, the National Comprehensive
- 13 Cancer Network, and the American Medical Association. If the
- 14 United States preventive services task force guidelines were
- 15 implemented, insurance plans would no longer be required to
- 16 cover annual mammography without cost sharing for millions of
- 17 women forty to forty-nine years of age.



1	The legislature recognizes that the federal government has
2	delayed implementation of United States preventive services task
3	force guidelines through legislatively enacted moratoriums, the
4	most recent of which is scheduled to expire January 1, 2025.
5	The legislature finds that there is ample data showing that
6	annual mammographic screenings significantly reduce breast
7	cancer deaths and morbidity and that effective screening
8	programs are in the best interest of the State and its
9	residents. The legislature further recognizes that certain
10	ethnic groups suffer a disproportionately higher rate of breast
11	cancer diagnoses before the age of fifty. The legislature is
12	concerned that minority women would also be disproportionately
13	and adversely impacted by United States preventive services task
14	force guidelines limiting their access to life saving screening.
15	The purpose of this Act is to improve breast cancer
16	detection rates in the State by:
17	(1) Increasing the categories of women required to be
18	covered for mammogram screenings;
19	(2) Requiring the existing health insurance mandate for
20	coverage of low-dose mammography to include digital
21	mammography and breast tomosynthesis;

1	(3) Defining "digital breast tomosynthesis"; and
2	(4) Requiring health care providers to be reimbursed at
3	rates accurately reflecting the resource costs
4	specific to each service, including any increased
5	resource cost after January 1, 2023.
6	SECTION 2. Section 431:10A-116, Hawaii Revised Statutes,
7	is amended to read as follows:
8	"§431:10A-116 Coverage for specific services. Every
9	person insured under a policy of accident and health or sickness
10	insurance delivered or issued for delivery in this State shall
11	be entitled to the reimbursements and coverages specified below:
12	(1) Notwithstanding any provision to the contrary,
13	whenever a policy, contract, plan, or agreement
14	provides for reimbursement for any visual or
15	optometric service, [, which] that is within the
16	lawful scope of practice of a duly licensed
17	optometrist, the person entitled to benefits or the
18	person performing the [services] service shall be
19	entitled to reimbursement whether the service is
20	performed by a licensed physician or by a licensed
21	optometrist. Visual or optometric services shall

1	include eye or visual examination, or both, or a
2	correction of any visual or muscular anomaly, and the
3	supplying of ophthalmic materials, lenses, contact
4	lenses, spectacles, eyeglasses, and appurtenances
5	thereto;

- (2) Notwithstanding any provision to the contrary, for all policies, contracts, plans, or agreements issued on or after May 30, 1974, whenever provision is made for reimbursement or indemnity for any service related to a surgical or emergency [procedures, which] procedure that is within the lawful scope of practice of any practitioner licensed to practice medicine in this State, reimbursement or indemnification under the policy, contract, plan, or agreement shall not be denied when the [services are] service is performed by a dentist acting within the lawful scope of the dentist's license;
 - (3) Notwithstanding any provision to the contrary,
 whenever the policy provides reimbursement or payment
 for any service, [, which] that is within the lawful
 scope of practice of a psychologist licensed in this

1	Sta	te, the person entitled to benefits or performing		
2	the	service shall be entitled to reimbursement or		
3	pay	payment, whether the service is performed by a		
4	lic	ensed physician or licensed psychologist;		
5	(4) Not	withstanding any provision to the contrary, each		
6	pol	policy, contract, plan, or agreement issued on or		
7	aft	after February 1, 1991, except for policies that only		
8	pro	vide coverage for specified diseases or other		
9	lim	ited benefit coverage, but including policies		
10	iss	ued by companies subject to chapter 431, article		
11	10A	, part II and chapter 432, article 1, shall provide		
12	cov	erage for screening by low-dose mammography for		
13	occ	ult breast cancer as follows:		
14	(A)	For women thirty-five years of age through		
15		thirty-nine years of age, a baseline mammogram;		
16	(B)	For women forty years of age and older, an annual		
17		mammogram; [and		
18	(B)] <u>(C)</u>	For women thirty years of age or older that are		
19		deemed by a licensed physician or clinician to		
20		have an above-average risk for breast cancer, an		
21		annual mammogram;		

*	of rot la woman, women of any age [wren, naving a		
2	history of breast cancer or whose mother or		
3	sister has had a history of breast cancer, a		
4	mammogram upon the recommendation of the woman's		
5	physician[+]; and		
6	For women of any age, any additional or		
7	supplemental imaging, including breast magnetic		
8	resonance imaging or ultrasound, deemed medical		
9	necessary by an applicable American College of		
10	Radiology guideline.		
11	The services provided in this paragraph are		
12	ubject to any coinsurance provisions that may be in		
13	force in these policies, contracts, plans, or		
14	agreements [+] , and shall be at least as favorable and		
15	subject to the same dollar limits, deductibles, and		
16	co-payments as other radiological examinations;		
17	provided, however, that on and after January 1, 2023,		
18	providers of health care services specified under this		
19	section shall be reimbursed at rates accurately		
20	reflecting the resource costs specific to each		
21	modality, including any increased resource cost.		

1	For [the purpose] purposes of this paragraph[7
2	the term "low-dose]:
3	"Digital breast tomosynthesis" means a radiologic
4	procedure that allows a volumetric reconstruction of
5	the whole breast from a finite number of low-dose,
6	two-dimensional projections obtained by different
7	x-ray tube angles, creating a series of images forming
8	a three-dimensional representation of the breast.
9	"Low-dose mammography" means the x-ray
10	examination of the breast using equipment dedicated
11	specifically for mammography, including but not
12	limited to the x-ray tube, filter, compression device,
13	screens, films, and cassettes, with an average
14	radiation exposure delivery of less than one rad
15	mid-breast, with two views for each breast. "Low-dose
16	mammography" includes digital mammography, digital
17	breast tomosynthesis, and the practice of interpreting
18	and rendering a report by a radiologist or other
19	physician based on the screening.
20	An insurer may provide the services required by
21	this paragraph through contracts with providers;

1		provided	that the contract is determined to be a
2		cost-effe	ctive means of delivering the services
3		without s	acrifice of quality and meets the approval of
4	,	the direc	tor of health; and
5	(5)	(A) (i)	Notwithstanding any provision to the
6			contrary, whenever a policy, contract, plan,
7			or agreement provides coverage for the
8			children of the insured, that coverage shall
9			also extend to the date of birth of any
10			newborn child to be adopted by the insured;
11			provided that the insured [gives] shall give
12			written notice to the insurer of the
13			insured's intent to adopt the child prior to
14			the child's date of birth or within thirty
15			days after the child's birth or within the
16			time period required for enrollment of a
17			natural born child under the policy,
18			contract, plan, or agreement of the insured,
19			whichever period is longer; provided further
20			that if the adoption proceedings are not
21			successful, the insured shall reimburse the

1		insurer for any expenses paid for the child;
2		and
3	(ii)	Where notification has not been received by
4		the insurer prior to the child's birth or
5		within the specified period following the
6		child's birth, insurance coverage shall be
7		effective from the first day following the
8		insurer's receipt of legal notification of
9		the insured's ability to consent for
10		treatment of the infant for whom coverage is
11		sought; and
12	(B) When	the insured is a member of a health
13	maint	tenance organization, coverage of an adopted
14	newbo	orn is effective:
15	(i)	From the date of birth of the adopted
16		newborn when the newborn is treated from
17		birth pursuant to a provider contract with
18		the health maintenance organization, and
19		written notice of enrollment in accord with
20		the health maintenance organization's usual
21		enrollment process is provided within thirty

1		days of the date the insured notifies the
2		health maintenance organization of the
3		insured's intent to adopt the infant for
4		whom coverage is sought; or
5	(ii)	From the first day following receipt by the
6		health maintenance organization of written
7		notice of the insured's ability to consent
8		for treatment of the infant for whom
9		coverage is sought and enrollment of the
10		adopted newborn in accord with the health
11		maintenance organization's usual enrollment
12		process if the newborn has been treated from
13		birth by a provider not contracting or
14		affiliated with the health maintenance
15		organization."
16	SECTION 3. Se	ction 432:1-605, Hawaii Revised Statutes, is
17	amended by amending	subsection (c) to read as follows:
18	"(c) For purp	oses of this section[, "low dose]:
19	"Digital breas	t tomosynthesis" means a radiologic procedure
20	that allows a volum	etric reconstruction of the whole breast from
21	a finite number of	low-dose, two-dimensional projections

- 1 obtained by different x-ray tube angles, creating a series of
- 2 images forming a three-dimensional representation of the breast.
- 3 "Low-dose mammography" means the x-ray examination of the
- 4 breast using equipment dedicated specifically for mammography,
- 5 including but not limited to the x-ray tube, filter, compression
- 6 device, screens, films, and cassettes, with an average radiation
- 7 exposure delivery of less than one rad mid-breast, with two
- 8 views for each breast. "Low-dose mammography" includes digital
- 9 mammography, digital breast tomosynthesis, and the practice of
- 10 interpreting and rendering a report by a radiologist or other
- 11 physician based on the screening."
- 12 SECTION 4. Statutory material to be repealed is bracketed
- 13 and stricken. New statutory material is underscored.
- 14 SECTION 5. This Act shall take effect upon its approval.

15

INTRODUCED BY:



Report Title:

Insurance; Breast Cancer Detection; Covered Service; Digital Mammography; Breast Tomosynthesis

Description:

Increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines "digital breast tomosynthesis". Requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after 1/1/2023.

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