
A BILL FOR AN ACT

RELATING TO HEALTH.

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

1 SECTION 1. Chapter 431, Hawaii Revised Statutes, is
2 amended by adding a new section to article 10A to be
3 appropriately designated and to read as follows:

4 "§431:10A- Breast cancer screening, supplemental breast
5 examinations, and diagnostic breast examinations; cost-sharing
6 prohibited. (a) No individual or group accident and health or
7 sickness insurance policy that provides coverage for breast
8 cancer screening, supplemental breast examinations, or
9 diagnostic breast examinations shall impose any cost-sharing
10 requirements on the insured, except to the extent that coverage
11 of particular services without cost-sharing would disqualify an
12 individual covered under a high deductible health plan from
13 being considered an eligible individual pursuant to section 223
14 of the Internal Revenue Code of 1986, as amended. For an
15 individual covered under a high deductible health plan, the
16 insurer shall establish the plan's cost-sharing for the coverage
17 provided pursuant to this section at the minimum level necessary



1 to preserve the insured's eligibility under section 223 of the
2 Internal Revenue Code of 1986, as amended; provided that, for
3 items or services that are considered preventative care pursuant
4 to section 223(c) (2) (C) of the Internal Revenue Code of 1986, as
5 amended, the requirements of this subsection shall apply
6 regardless of whether the minimum deductible under
7 section 223(c) (2) (A) of the Internal Revenue Code of 1986, as
8 amended, has been satisfied.

9 (b) As used in this section:

10 "Cost-sharing requirement" includes a deductible, a
11 coinsurance, a copayment, and any maximum limitation on the
12 application of the deductible, coinsurance, copayment, or
13 similar out-of-pocket expense.

14 "Diagnostic breast examination" means a medically necessary
15 and clinically appropriate examination of the breast that is:

16 (1) Used to evaluate an abnormality seen or suspected from
17 a screening examination for breast cancer; or

18 (2) Used to evaluate an abnormality detected by another
19 means of examination.



1 "Diagnostic breast examination" includes an examination using
2 diagnostic mammography, breast magnetic resonance imaging, or
3 breast ultrasound.

4 "Supplemental breast examination" means a medically
5 necessary and appropriate examination of the breast that is:

6 (1) Used to screen for breast cancer in the absence of an
7 abnormality being seen or suspected; and

8 (2) Based on personal or family medical history or any
9 additional factors that may increase the individual's
10 risk of breast cancer.

11 "Supplemental breast examination" includes an examination using
12 breast magnetic resonance imaging or breast ultrasound."

13 SECTION 2. Chapter 432, Hawaii Revised Statutes, is
14 amended by adding a new section to article 1 to be appropriately
15 designated and to read as follows:

16 **"§432:1- Breast cancer screening, supplemental breast**
17 **examinations, and diagnostic breast examinations; cost-sharing**
18 **prohibited.** (a) No individual or group hospital or medical
19 service plan contract that provides coverage for breast cancer
20 screening, supplemental breast examinations, or diagnostic
21 breast examinations shall impose any cost-sharing requirements



1 on the insured, except to the extent that coverage of particular
2 services without cost-sharing would disqualify an individual
3 covered under a high deductible health plan from being
4 considered an eligible individual pursuant to section 223 of the
5 Internal Revenue Code of 1986, as amended. For an individual
6 covered under a high deductible health plan, the insurer shall
7 establish the plan's cost-sharing for the coverage provided
8 pursuant to this section at the minimum level necessary to
9 preserve the insured's eligibility under section 223 of the
10 Internal Revenue Code of 1986, as amended; provided that, for
11 items or services that are considered preventative care pursuant
12 to section 223(c)(2)(C) of the Internal Revenue Code of 1986, as
13 amended, the requirements of this subsection shall apply
14 regardless of whether the minimum deductible under
15 section 223(c)(2)(A) of the Internal Revenue Code of 1986, as
16 amended, has been satisfied.

17 (b) As used in this section:

18 "Cost-sharing requirement" includes a deductible, a
19 coinsurance, a copayment, and any maximum limitation on the
20 application of the deductible, coinsurance, copayment, or
21 similar out-of-pocket expense.



1 "Diagnostic breast examination" means a medically necessary
2 and clinically appropriate examination of the breast that is:

3 (1) Used to evaluate an abnormality seen or suspected from
4 a screening examination for breast cancer; or

5 (2) Used to evaluate an abnormality detected by another
6 means of examination.

7 "Diagnostic breast examination" includes an examination using
8 diagnostic mammography, breast magnetic resonance imaging, or
9 breast ultrasound.

10 "Supplemental breast examination" means a medically
11 necessary and appropriate examination of the breast that is:

12 (1) Used to screen for breast cancer in the absence of an
13 abnormality being seen or suspected; and

14 (2) Based on personal or family medical history or any
15 additional factors that may increase the individual's
16 risk of breast cancer.

17 "Supplemental breast examination" includes an examination using
18 breast magnetic resonance imaging or breast ultrasound."

19 SECTION 3. Chapter 432D, Hawaii Revised Statutes, is
20 amended by adding a new section to be appropriately designated
21 and to read as follows:



1 "§432D- Breast cancer screening, supplemental breast
2 examinations, and diagnostic breast examinations; cost-sharing
3 prohibited. (a) No health maintenance organization policy,
4 contract, plan, or agreement that provides coverage for breast
5 cancer screening, supplemental breast examinations, or
6 diagnostic breast examinations shall impose any cost-sharing
7 requirements on the insured, except to the extent that coverage
8 of particular services without cost-sharing would disqualify an
9 individual covered under a high deductible health plan from
10 being considered an eligible individual pursuant to section 223
11 of the Internal Revenue Code of 1986, as amended. For an
12 individual covered under a high deductible health plan, the
13 insurer shall establish the plan's cost-sharing for the coverage
14 provided pursuant to this section at the minimum level necessary
15 to preserve the insured's eligibility under section 223 of the
16 Internal Revenue Code of 1986, as amended; provided that, for
17 items or services that are considered preventative care pursuant
18 to section 223(c)(2)(C) of the Internal Revenue Code of 1986, as
19 amended, the requirements of this subsection shall apply
20 regardless of whether the minimum deductible under



1 section 223(c)(2)(A) of the Internal Revenue Code of 1986, as
2 amended, has been satisfied.

3 (b) As used in this section:

4 "Cost-sharing requirement" includes a deductible, a
5 coinsurance, a copayment, and any maximum limitation on the
6 application of the deductible, coinsurance, copayment, or
7 similar out-of-pocket expense.

8 "Diagnostic breast examination" means a medically necessary
9 and clinically appropriate examination of the breast that is:

10 (1) Used to evaluate an abnormality seen or suspected from
11 a screening examination for breast cancer; or

12 (2) Used to evaluate an abnormality detected by another
13 means of examination.

14 "Diagnostic breast examination" includes an examination using
15 diagnostic mammography, breast magnetic resonance imaging, or
16 breast ultrasound.

17 "Supplemental breast examination" means a medically
18 necessary and appropriate examination of the breast that is:

19 (1) Used to screen for breast cancer in the absence of an
20 abnormality being seen or suspected; and



1 (2) Based on personal or family medical history or any
2 additional factors that may increase the individual's
3 risk of breast cancer.

4 "Supplemental breast examination" includes an examination using
5 breast magnetic resonance imaging or breast ultrasound."

6 SECTION 4. 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 is within the lawful scope
16 of practice of a duly licensed optometrist, the person
17 entitled to benefits or the person performing the
18 services shall be entitled to reimbursement whether
19 the service is performed by a licensed physician or by
20 a licensed optometrist. Visual or optometric services
21 shall include eye or visual examination, or both, or a



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

5 (2) Notwithstanding any provision to the contrary, for all
6 policies, contracts, plans, or agreements issued on or
7 after May 30, 1974, whenever provision is made for
8 reimbursement or indemnity for any service related to
9 surgical or emergency procedures, which is within the
10 lawful scope of practice of any practitioner licensed
11 to practice medicine in this State, reimbursement or
12 indemnification under the policy, contract, plan, or
13 agreement shall not be denied when the services are
14 performed by a dentist acting within the lawful scope
15 of the dentist's license;

16 (3) Notwithstanding any provision to the contrary,
17 whenever the policy provides reimbursement or payment
18 for any service, which is within the lawful scope of
19 practice of a psychologist licensed in this State, the
20 person entitled to benefits or performing the service
21 shall be entitled to reimbursement or payment, whether



1 the service is performed by a licensed physician or
2 licensed psychologist;

3 (4) Notwithstanding any provision to the contrary, each
4 policy, contract, plan, or agreement issued on or
5 after February 1, 1991, except for policies that only
6 provide coverage for specified diseases or other
7 limited benefit coverage, but including policies
8 issued by companies subject to chapter 431, article
9 10A, part II and chapter 432, article 1 shall provide
10 coverage for screening by low-dose mammography for
11 occult breast cancer as follows:

12 (A) For women forty years of age and older, an annual
13 mammogram; and

14 (B) For a woman of any age with a history of breast
15 cancer or whose mother or sister has had a
16 history of breast cancer, a mammogram upon the
17 recommendation of the woman's physician.

18 [The] Except as otherwise provided for in
19 section 431:10A- , the services provided in this
20 paragraph are subject to any coinsurance provisions



1 that may be in force in these policies, contracts,
2 plans, or agreements.

3 For the purpose of this paragraph, the term
4 "low-dose mammography" means the x-ray examination of
5 the breast using equipment dedicated specifically for
6 mammography, including but not limited to the x-ray
7 tube, filter, compression device, screens, films, and
8 cassettes, with an average radiation exposure delivery
9 of less than one rad mid-breast, with two views for
10 each breast. An insurer may provide the services
11 required by this paragraph through contracts with
12 providers; provided that the contract is determined to
13 be a cost-effective means of delivering the services
14 without sacrifice of quality and meets the approval of
15 the director of health; and

- 16 (5) (A) (i) Notwithstanding any provision to the
17 contrary, whenever a policy, contract, plan,
18 or agreement provides coverage for the
19 children of the insured, that coverage shall
20 also extend to the date of birth of any
21 newborn child to be adopted by the insured;



1 provided that the insured gives written
2 notice to the insurer of the insured's
3 intent to adopt the child prior to the
4 child's date of birth or within thirty days
5 after the child's birth or within the time
6 period required for enrollment of a natural
7 born child under the policy, contract, plan,
8 or agreement of the insured, whichever
9 period is longer; provided further that if
10 the adoption proceedings are not successful,
11 the insured shall reimburse the insurer for
12 any expenses paid for the child; and

13 (ii) Where notification has not been received by
14 the insurer prior to the child's birth or
15 within the specified period following the
16 child's birth, insurance coverage shall be
17 effective from the first day following the
18 insurer's receipt of legal notification of
19 the insured's ability to consent for
20 treatment of the infant for whom coverage is
21 sought; and



1 (B) When the insured is a member of a health
2 maintenance organization, coverage of an adopted
3 newborn is effective:

4 (i) From the date of birth of the adopted
5 newborn when the newborn is treated from
6 birth pursuant to a provider contract with
7 the health maintenance organization, and
8 written notice of enrollment in accord with
9 the health maintenance organization's usual
10 enrollment process is provided within thirty
11 days of the date the insured notifies the
12 health maintenance organization of the
13 insured's intent to adopt the infant for
14 whom coverage is sought; or

15 (ii) From the first day following receipt by the
16 health maintenance organization of written
17 notice of the insured's ability to consent
18 for treatment of the infant for whom
19 coverage is sought and enrollment of the
20 adopted newborn in accord with the health
21 maintenance organization's usual enrollment



1 process if the newborn has been treated from
2 birth by a provider not contracting or
3 affiliated with the health maintenance
4 organization."

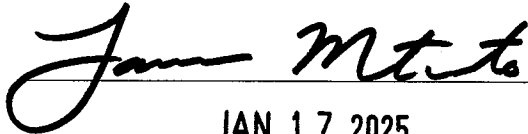
5 SECTION 5. Section 432:1-605, Hawaii Revised Statutes, is
6 amended by amending subsection (b) to read as follows:

7 "(b) [~~The~~] Except as otherwise provided for in
8 section 432:1- , the services provided in subsection (a) are
9 subject to any coinsurance provisions that may be in force in
10 these policies, contracts, plans, or agreements."

11 SECTION 6. Statutory material to be repealed is bracketed
12 and stricken. New statutory material is underscored.

13 SECTION 7. This Act shall take effect on January 1, 2026,
14 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, 2026.

18
INTRODUCED BY:


JAN 17 2025



H.B. NO. 598

Report Title:

Health Care; Insurance; Coverage; Breast Cancer Screenings;
Breast Examinations; Cost-Sharing; Prohibited

Description:

Prohibits the imposition of cost-sharing requirements for
certain diagnostic and supplemental breast examinations.

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

