
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 purpose of this Act is to reduce incidences
2 of breast cancer and breast cancer-related deaths by mandating
3 insurance coverage for early breast cancer screenings. The
4 legislature notes that the auditor assessed the social and
5 financial impacts of a virtually identical measure (S.B. No.
6 827, S.D. 2 (2021)) in Report No. 23-03, *Study of Proposed*
7 *Mandatory Health Insurance Coverage for Early Access Breast*
8 *Cancer Screening*, which was issued in February 2023. The
9 legislature believes that the auditor's 2023 assessment of the
10 measure's mandate remains valid for purposes of sections 23-51
11 and 23-52, Hawaii Revised Statutes, this year.

12 SECTION 2. Section 431:10A-116, Hawaii Revised Statutes,
13 is amended to read as follows:

14 "**§431:10A-116 Coverage for specific services.** Every
15 person insured under a policy of accident and health or sickness
16 insurance delivered or issued for delivery in this State shall
17 be entitled to the reimbursements and coverages specified below:



1 (1) Notwithstanding any provision to the contrary,
2 whenever a policy, contract, plan, or agreement
3 provides for reimbursement for any visual or
4 optometric service that is within the lawful scope of
5 practice of a duly licensed optometrist, the person
6 entitled to benefits or the person performing the
7 ~~[services]~~ service shall be entitled to reimbursement
8 whether the service is performed by a licensed
9 physician or by a licensed optometrist. Visual or
10 optometric services shall include eye or visual
11 examination, or both, or a correction of any visual or
12 muscular anomaly, and the supplying of ophthalmic
13 materials, lenses, contact lenses, spectacles,
14 eyeglasses, and appurtenances thereto;

15 (2) Notwithstanding any provision to the contrary, for all
16 policies, contracts, plans, or agreements issued on or
17 after May 30, 1974, whenever provision is made for
18 reimbursement or indemnity for any service related to
19 a surgical or emergency ~~[procedures]~~ procedure that is
20 within the lawful scope of practice of any
21 practitioner licensed to practice medicine in this



1 State, reimbursement or indemnification under the
2 policy, contract, plan, or agreement shall not be
3 denied when the [~~services are~~] service is performed by
4 a dentist acting within the lawful scope of the
5 dentist's license;

6 (3) Notwithstanding any provision to the contrary,
7 whenever the policy provides reimbursement or payment
8 for any service that is within the lawful scope of
9 practice of a psychologist licensed in this State, the
10 person entitled to benefits or performing the service
11 shall be entitled to reimbursement or payment, whether
12 the service is performed by a licensed physician or
13 licensed psychologist;

14 (4) Notwithstanding any provision to the contrary, each
15 policy, contract, plan, or agreement issued on or
16 after February 1, 1991, except for policies that only
17 provide coverage for specified diseases or other
18 limited benefit coverage, but including policies
19 issued by companies subject to chapter 431,
20 article 10A, part II, and chapter 432, article 1,



1 shall provide coverage for screening by low-dose
2 mammography for occult breast cancer as follows:

3 (A) For [~~women~~] a patient forty years of age and
4 older, an annual mammogram; and

5 (B) For a [~~woman~~] patient of any age [~~with~~] having an
6 above-average risk of developing breast cancer as
7 determined by the use of a risk-factor modeling
8 tool, a history of breast cancer, or whose mother
9 or sister has had a history of breast cancer, [a
10 mammogram upon the recommendation of the woman's
11 physician.] any supplemental imaging deemed
12 medically necessary by the patient's primary care
13 provider.

14 The services provided in this paragraph are
15 subject to any coinsurance provisions that may be in
16 force in these policies, contracts, plans, or
17 agreements; provided that the insured's dollar limits,
18 deductibles, and copayments for services shall be on
19 terms at least as favorable to the insured as those
20 applicable to other radiological examinations.



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

15 (5) Notwithstanding any provision to the contrary, each
16 policy, contract, plan, or agreement issued on or
17 before January 1, 2026, except for policies that only
18 provide coverage for specific diseases or other
19 limited benefit coverage, but including policies
20 issued by companies subject to chapter 431, article
21 10A, part II and chapter 432, article 1, shall



1 provide, for a patient of any age, any supplemental
2 imaging deemed medically necessary by the patient's
3 primary care provider, including breast magnetic
4 resonance imaging, ultrasound, or digital breast
5 tomosynthesis.

6 For the purposes of this paragraph, "digital
7 breast tomosynthesis" means a radiologic procedure
8 that involves the acquisition of a projection of
9 images over the stationary breast to produce cross-
10 sectional, digital, three-dimensional images of the
11 breast; and

12 ~~[(+5)]~~ (6) (A) (i) Notwithstanding any provision to the
13 contrary, whenever a policy, contract, plan,
14 or agreement provides coverage for the
15 children of the insured, that coverage shall
16 also extend to the date of birth of any
17 newborn child to be adopted by the insured;
18 provided that the insured ~~[gives]~~ shall give
19 written notice to the insurer of the
20 insured's intent to adopt the child prior to
21 the child's date of birth or within thirty



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

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

19 (B) When the insured is a member of a health
20 maintenance organization, coverage of an adopted
21 newborn is effective:



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

12 (ii) From the first day following receipt by the
13 health maintenance organization of written
14 notice of the insured's ability to consent
15 for treatment of the infant for whom
16 coverage is sought and enrollment of the
17 adopted newborn in accord with the health
18 maintenance organization's usual enrollment
19 process if the newborn has been treated from
20 birth by a provider not contracting or



1 affiliated with the health maintenance
2 organization."

3 SECTION 3. Section 432:1-605, Hawaii Revised Statutes, is
4 amended to read as follows:

5 "~~§432:1-605 [Mammogram]~~ Breast cancer screening~~[+]~~;
6 mammography. (a) Notwithstanding any provision to the
7 contrary, each policy, contract, plan, or agreement issued on or
8 after February 1, 1991, except for policies that only provide
9 coverage for specified diseases or other limited benefit
10 coverage, but including policies issued by companies subject to
11 chapter 431, article 10A, part II and chapter 432, article 1
12 shall provide coverage for screening by low-dose mammography for
13 occult breast cancer as follows:

14 (1) For ~~[women]~~ a patient forty years of age and older, an
15 annual mammogram; and

16 (2) For a ~~[woman]~~ a patient of any age ~~[with]~~ having an
17 above-average risk of developing breast cancer as
18 determined by the use of a risk-factor modeling tool,
19 a history of breast cancer, or whose mother or sister
20 has had a history of breast cancer, ~~[a mammogram upon~~
21 ~~the recommendation of the woman's physician.]~~ any



1 supplemental imaging deemed medically necessary by the
2 patient's primary care provider.

3 (b) Notwithstanding any provision to the contrary, each
4 policy, contract, plan, or agreement issued on or before January
5 1, 2026, except for policies that only provides coverage for
6 specified diseases or other limited benefit coverage, but
7 including policies issued by companies subject to chapter 431,
8 article 10A, part II and chapter 432, article 1, shall provide,
9 for a patient of any age, any supplemental imaging deemed
10 medically necessary by the patient's primary care provider,
11 including breast magnetic resonance imaging, ultrasound, or
12 digital breast tomosynthesis.

13 ~~[(b)]~~ (c) The services provided in ~~[subsection]~~
14 subsections (a) and (b) are subject to any coinsurance
15 provisions that may be in force in these policies, contracts,
16 plans, or agreements; provided that the member's dollar limits,
17 deductibles, and copayments for services shall be on terms at
18 least as favorable to the member as those applicable to other
19 radiological examinations.

20 ~~[(c)]~~ (d) For the purposes of this section~~["low-dose"]~~:



1 "Digital breast tomosynthesis" means a radiologic procedure
2 that involves the acquisition of a projection of images over the
3 stationary breast to produce cross-sectional, digital,
4 three-dimensional images of the breast.

5 "Low-dose mammography" means the x-ray examination of the
6 breast using equipment dedicated specifically for mammography,
7 including but not limited to the x-ray tube, filter, compression
8 device, screens, films, and cassettes, with an average radiation
9 exposure delivery of less than one rad mid-breast, with two
10 views for each breast.

11 ~~[(d)]~~ (e) An insurer may provide the services required by
12 this section through contracts with providers; provided that the
13 contract is determined to be a cost-effective means of
14 delivering the services without sacrifice of quality and meets
15 the approval of the director of health."

16 SECTION 4. This Act does not affect rights and duties that
17 matured, penalties that were incurred, and proceedings that were
18 begun before its effective date.

19 SECTION 5. Statutory material to be repealed is bracketed
20 and stricken. New statutory material is underscored.



1 SECTION 6. This Act shall take effect on December 31,
2 2050.
3



Report Title:

Breast Cancer; Mammography; Risk-Factor Screening; Mandatory Health Insurance Coverage

Description:

Expands mandatory health insurance coverage for low-dose mammography for occult breast cancer to include any supplemental imaging deemed medically necessary for a patient of any age having an above-average risk for breast cancer as determined by the use of a risk-factor modeling tool. On or before 1/1/2026, expands mandatory health insurance coverage to include additional supplemental imaging for any patient, regardless of age, as deemed medically necessary by the patient's primary care provider. Effective 12/31/2050. (SD1)

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

