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# 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 appropriate, in accordance with National Comprehensive  
16 Cancer Network Guidelines, examination of the breast that is:

17 (1) Used to evaluate an abnormality seen or suspected from  
18 a screening examination for breast cancer; or  
19 (2) Used to evaluate an abnormality detected by another  
20 means of examination.



1    "Diagnostic breast examination" includes an examination using  
2    contrast-enhanced mammography, diagnostic mammography, breast  
3    magnetic resonance imaging, breast ultrasound, or molecular  
4    breast imaging.

5       "Supplemental breast examination" means a medically  
6    necessary and appropriate, in accordance with National  
7    Comprehensive Cancer Network Guidelines, examination of the  
8    breast that is:

9       (1)    Used to screen for breast cancer in the absence of an  
10    abnormality being seen or suspected; and  
11       (2)    Based on personal or family medical history or any  
12    additional factors that may increase the individual's  
13    risk of breast cancer.

14       "Supplemental breast examination" includes an examination using  
15    contrast-enhanced mammography, diagnostic mammography, breast  
16    magnetic resonance imaging, breast ultrasound, or molecular  
17    breast imaging."

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



1        "§432:1- Breast cancer screening, supplemental breast  
2        examinations, and diagnostic breast examinations; cost-sharing  
3        prohibited. (a) No individual or group hospital or medical  
4        service plan contract that provides coverage for breast cancer  
5        screening, supplemental breast examinations, or diagnostic  
6        breast examinations shall impose any cost-sharing requirements  
7        on the insured, except to the extent that coverage of particular  
8        services without cost-sharing would disqualify an individual  
9        covered under a high deductible health plan from being  
10        considered an eligible individual pursuant to section 223 of the  
11        Internal Revenue Code of 1986, as amended. For an individual  
12        covered under a high deductible health plan, the insurer shall  
13        establish the plan's cost-sharing for the coverage provided  
14        pursuant to this section at the minimum level necessary to  
15        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 appropriate, in accordance with National Comprehensive  
10 Cancer Network Guidelines, examination of the breast that is:

11 (1) Used to evaluate an abnormality seen or suspected from  
12 a screening examination for breast cancer; or  
13 (2) Used to evaluate an abnormality detected by another  
14 means of examination.

15 "Diagnostic breast examination" includes an examination using  
16 contrast-enhanced mammography, diagnostic mammography, breast  
17 magnetic resonance imaging, breast ultrasound, or molecular  
18 breast imaging.

19 "Supplemental breast examination" means a medically  
20 necessary and appropriate, in accordance with National



1    Comprehensive Cancer Network Guidelines, examination of the  
2    breast that is:

3        (1)    Used to screen for breast cancer in the absence of an  
4        abnormality being seen or suspected; and  
5        (2)    Based on personal or family medical history or any  
6        additional factors that may increase the individual's  
7        risk of breast cancer.

8    "Supplemental breast examination" includes an examination using  
9    contrast-enhanced mammography, diagnostic mammography, breast  
10   magnetic resonance imaging, breast ultrasound, or molecular  
11   breast imaging."

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

15        "S432D-      Breast cancer screening, supplemental breast  
16   examinations, and diagnostic breast examinations; cost-sharing  
17   prohibited.   (a)   No health maintenance organization policy,  
18   contract, plan, or agreement that provides coverage for breast  
19   cancer screening, supplemental breast examinations, or  
20   diagnostic breast examinations shall impose any cost-sharing  
21   requirements on the insured, except to the extent that coverage



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

16 (b) As used in this section:

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



1        "Diagnostic breast examination" means a medically necessary  
2        and appropriate, in accordance with National Comprehensive  
3        Cancer Network Guidelines, examination of the breast that is:

4        (1)    Used to evaluate an abnormality seen or suspected from  
5        a screening examination for breast cancer; or  
6        (2)    Used to evaluate an abnormality detected by another  
7        means of examination.

8        "Diagnostic breast examination" includes an examination using  
9        contrast-enhanced mammography, diagnostic mammography, breast  
10        magnetic resonance imaging, breast ultrasound, or molecular  
11        breast imaging.

12        "Supplemental breast examination" means a medically  
13        necessary and appropriate, in accordance with National  
14        Comprehensive Cancer Network Guidelines, examination of the  
15        breast that is:

16        (1)    Used to screen for breast cancer in the absence of an  
17        abnormality being seen or suspected; and  
18        (2)    Based on personal or family medical history or any  
19        additional factors that may increase the individual's  
20        risk of breast cancer.



1    "Supplemental breast examination" includes an examination using  
2    contrast-enhanced mammography, diagnostic mammography, breast  
3    magnetic resonance imaging, breast ultrasound, or molecular  
4    breast imaging."

5       SECTION 4. Section 431:10A-116, Hawaii Revised Statutes,  
6    is amended to read as follows:

7       **"§431:10A-116 Coverage for specific services.** Every  
8    person insured under a policy of accident and health or sickness  
9    insurance delivered or issued for delivery in this State shall  
10   be entitled to the reimbursements and coverages specified below:

11       (1) Notwithstanding any provision to the contrary,  
12   whenever a policy, contract, plan, or agreement  
13   provides for reimbursement for any visual or  
14   optometric service, which is within the lawful scope  
15   of practice of a duly licensed optometrist, the person  
16   entitled to benefits or the person performing the  
17   services shall be entitled to reimbursement whether  
18   the service is performed by a licensed physician or by  
19   a licensed optometrist. Visual or optometric services  
20   shall include eye or visual examination, or both, or a  
21   correction of any visual or muscular anomaly, and the



1                   supplying of ophthalmic materials, lenses, contact  
2                   lenses, spectacles, eyeglasses, and appurtenances  
3                   thereto;

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

15                  (3) Notwithstanding any provision to the contrary,  
16                  whenever the policy provides reimbursement or payment  
17                  for any service, which is within the lawful scope of  
18                  practice of a psychologist licensed in this State, the  
19                  person entitled to benefits or performing the service  
20                  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 section  
19                    431:10A- , the services provided in this paragraph  
20                    are subject to any coinsurance provisions that may be



1                   in force in these policies, contracts, plans, or  
2                   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 section  
8 432:1- , the services provided in subsection (a) are subjec  
9 to any coinsurance provisions that may be in force in these  
10 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, 2027,  
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, 2027.

18

INTRODUCED BY:

JAN 27 2026



# H.B. NO. 2366

**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.*

