HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 2366

A BILL FOR AN ACT

RELATING TO HEALTH.

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

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

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

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

(b) As used in this section:

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

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

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

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

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

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

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

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

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

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

"§432:1- **Breast cancer screening, supplemental breast examinations, and diagnostic breast examinations; cost-sharing prohibited.** (a) No individual or group hospital or medical service plan contract that provides coverage for breast cancer screening, supplemental breast examinations, or diagnostic breast examinations shall impose any cost-sharing requirements on the insured, except to the extent that coverage of particular services without cost-sharing would disqualify an individual covered under a high deductible health plan from being considered an eligible individual pursuant to section 223 of the Internal Revenue Code of 1986, as amended. For an individual covered under a high deductible health plan, the insurer shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the minimum level necessary to preserve the insured's eligibility under section 223 of the Internal Revenue Code of 1986, as amended; provided that, for items or services that are considered preventative care pursuant to section 223(c)(2)(C) of the Internal Revenue Code of 1986, as amended, the requirements of this subsection shall apply regardless of whether the minimum deductible under

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

(b) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

"**§432D- Breast cancer screening, supplemental breast examinations, and diagnostic breast examinations; cost-sharing prohibited.** (a) No health maintenance organization policy, contract, plan, or agreement that provides coverage for breast cancer screening, supplemental breast examinations, or diagnostic breast examinations shall impose any cost-sharing requirements on the insured, except to the extent that coverage

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

(b) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

supplying of ophthalmic materials, lenses, contact lenses, spectacles, eyeglasses, and appurtenances 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 surgical or emergency procedures, which 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 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 is within the lawful scope of practice of a psychologist licensed in this State, the person entitled to benefits or performing the service shall be entitled to reimbursement or payment, whether

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

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

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

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

[~~The~~] Except as otherwise provided for in section 431:10A- , the services provided in this paragraph are subject to any coinsurance provisions that may be

in force in these policies, contracts, plans, or agreements.

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

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

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

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

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

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

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

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

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

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

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

SECTION 7. This Act shall take effect on January 1, 2027, and shall apply to all plans, policies, contracts, and agreements of health insurance issued or renewed by a health insurer, mutual benefit society, or health maintenance organization on or after January 1, 2027.

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.

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