

ACT 212

H.B. NO. 2915-74

A Bill for an Act Relating to Health Insurance for Newborn Children.

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 be numbered as section 431-454 and to read as follows:

“Sec. 431-454 Newborn children coverage. (a) All individual and group health insurance policies providing coverage on an expense incurred basis which provide coverage for a family member of the insured shall, as to such family members’ coverage, also provide that the health insurance benefits applicable for children shall be payable with respect to a newly born child of the insured from the moment of birth; provided that the coverage for newly born children shall be limited to the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific premium is required to provide coverage for a child, the policy may require that notification of birth of a newly born child and payment of the required premium must be furnished to the insurer within thirty-one days after the date of birth in order to have the coverage continue beyond such thirty-one day period. The requirements of this section shall apply to all policies delivered or issued for delivery in this State more than one hundred twenty days after the effective date of this section.

(b) No provision in subsection (a) shall be construed to provide or include coverages for routine well-baby services.”

SECTION 2. Chapter 433, Hawaii Revised Statutes, is amended by adding a new section to be numbered as section 433-23 and to read as follows:

“Sec. 433-23 Newborn children coverage. (a) All individual and group hospital and medical service corporation contracts which provide coverage for a family member of the subscriber shall, as to such family members’ coverage, also provide that the benefits applicable for children shall be payable or provided with respect to a newly born child of the subscriber from the moment of birth; provided that the coverage for newly born children shall be limited to the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific subscription fee or premium is required to provide coverage for the child, the contract may require that notification of birth of a newly born child and payment of the required fee or premium must be furnished to the service corporation within thirty-one days after the date of birth in order to have coverage continue beyond such thirty-one day period. The requirements of this section shall apply to all subscriber contracts delivered or issued for delivery in this State more than one hundred twenty days after the effective date of this section.

(b) No provision in subsection (a) shall be construed to provide or include coverage for routine well-baby services.”

SECTION 3. This Act shall take effect upon its approval.

(Approved June 12, 1974.)