## ACT 268

S.B. NO. 1822

A Bill for an Act Relating to Health Insurance.

*Be It Enacted by the Legislature of the State of Hawaii:*

SECTION 1. 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 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 such policy, contract, plan, or agreement shall not be denied when such 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 which 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 thirty-five to thirty-nine years of age, one baseline mammogram;

(B) For women forty to forty-nine years of age, a mammogram every two years;

(C) For women fifty years of age and older, an annual mammogram; and

(D) 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 services provided in this paragraph are subject to any coinsurance provisions which may be in force in these policies, contracts, plans, or agreements. The commissioner shall annually review the age and frequency guidelines for mammographic screening recommended by the American Cancer Society, and shall accordingly adjust the age and frequency requirements under subparagraphs (A) to (C) by rule, if necessary.

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.

(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, however, if the adoption proceedings are not successful, the insured shall reimburse the insurer for any expenses paid for the child.

(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.

(B) When the insured is a member of a health maintenance organization (HMO), 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 HMO, and written notice of enrollment in accord with the HMO's usual enrollment process is provided within thirty days of the date the insured notifies the HMO of the insured's intent to adopt the infant for whom coverage is sought; or

(ii) From the first day following receipt by the HMO 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 HMO's usual enrollment process if the newborn has been treated from birth by a provider not contracting or affiliated with the HMO."

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

"§432- **Newborn adoptee; coverage.** (a) 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 society 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, however, if the adoption proceedings are not successful, the insured shall reimburse the society for any expenses paid for the child.

Where notification has not been received by the society 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 society's receipt of legal notification of the insured's ability to consent for treatment of the infant

whom coverage is sought.

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

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

(2) From the first day following receipt by the HMO 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 HMO's usual enrollment process if the newborn has been treated from birth by a provider not contracting or affiliated with the HMO."

SECTION 3. New statutory material is underscored.[1]

SECTION 4. The legislative auditor shall submit a report to the legislature twenty days prior to the convening of the regular session of 1995. The report shall include, but not be limited to, the number of families whom this bill affects; the cost of providing coverage as prescribed in this act and the resultant increase, if any, in premiums or dues; who currently pays for medical services provided to newborn adoptees; the relative health status of newborn adoptees; and the time from birth to adoption.

SECTION 5. This Act shall take effect upon its approval, and shall be repealed on June 30, 1995.

(Approved June 14, 1991.)

**Note**

1. Edited pursuant to HRS §23G-16.5.