

ACT 13

H.B. NO. 622

A Bill for an Act Relating to Health Insurance.

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

SECTION 1. Section 23-51, Hawaii Revised Statutes, requires the auditor to conduct an impact assessment report before considering any legislative measure that “mandates health insurance coverage for specific health services” or “diseases” as

part of individual or group health insurance policies. The legislature finds that under this Act this assessment is not necessary because no new health service is being mandated, and no new disease is being covered. Rather, only the frequency of existing coverage for mammogram screening for women aged forty and over is being increased from once every two years to once every year.

SECTION 2. 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] 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 thirty-five to thirty-nine years of age, one baseline mammogram;
 - [(B)] (A) 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)] (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 services provided in this paragraph are subject to any coinsurance provisions [which] that 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,] 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 (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 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 3. Section 432:1-605, Hawaii Revised Statutes, is amended by amending subsections (a) and (b) to read as follows:

“(a) Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement issued on or after February 1, 1991, except for policies [which] 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:

- [(1) For women thirty-five to thirty-nine years of age, one baseline mammogram;
- (2)] (1) For women forty [to forty-nine years of age, a mammogram every two years;
- (3) For women fifty] years of age and older, an annual mammogram; and
- [(4)] (2) 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.

(b) The services provided in subsection (a) are subject to any coinsurance provisions [which] that may be in force in these policies, contracts, plans, or agreements. [The commissioner shall annually review the age and frequency guidelines for mammogram screening recommended by the American Cancer Society, and shall accordingly adjust the age and frequency requirements under subsections (a)(1) to (3) by rule, if necessary.]”

SECTION 4. Statutory material to be repealed is bracketed. New statutory material is underscored.

SECTION 5. This Act shall take effect upon its approval.

(Approved April 15, 1999.)