
A BILL FOR AN ACT

RELATING TO HEALTH INSURANCE.

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

1 SECTION 1. Section 431:10A-116, Hawaii Revised Statutes,
2 is amended to read as follows:

3 "**§431:10A-116 Coverage for specific services.** Every
4 person insured under a policy of accident and health or sickness
5 insurance delivered or issued for delivery in this State shall
6 be entitled to the reimbursements and coverages specified below:

7 (1) Notwithstanding any provision to the contrary,
8 whenever a policy, contract, plan, or agreement
9 provides for reimbursement for any visual or
10 optometric service, which is within the lawful scope
11 of practice of a duly licensed optometrist, the person
12 entitled to benefits or the person performing the
13 services shall be entitled to reimbursement whether
14 the service is performed by a licensed physician or by
15 a licensed optometrist. Visual or optometric services
16 shall include eye or visual examination, or both, or a
17 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 such policy, contract, plan, or
12 agreement shall not be denied when such 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
21 the service is performed by a licensed physician or
22 licensed psychologist;



1 (4) Notwithstanding any provision to the contrary, each
2 policy, contract, plan, or agreement issued on or
3 after February 1, 1991, except for policies that only
4 provide coverage for specified diseases or other
5 limited benefit coverage, but including policies
6 issued by companies subject to chapter 431, article
7 10A, part II and chapter 432, article 1 shall provide
8 coverage for screening by low-dose mammography for
9 occult breast cancer as follows:

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

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

16 The services provided in this paragraph are
17 subject to any coinsurance provisions that may be in
18 force in these policies, contracts, plans, or
19 agreements.

20 For the purpose of this paragraph, the term "low-
21 dose mammography" means the x-ray examination of the
22 breast using equipment dedicated specifically for



1 mammography, including but not limited to the x-ray
2 tube, filter, compression device, screens, films, and
3 cassettes, with an average radiation exposure delivery
4 of less than one rad mid-breast, with two views for
5 each breast. An insurer may provide the services
6 required by this paragraph through contracts with
7 providers; provided that the contract is determined to
8 be a cost-effective means of delivering the services
9 without sacrifice of quality and meets the approval of
10 the director of health;

- 11 (5) (A) (i) Notwithstanding any provision to the
12 contrary, whenever a policy, contract, plan,
13 or agreement provides coverage for the
14 children of the insured, that coverage shall
15 also extend to the date of birth of any
16 newborn child to be adopted by the insured;
17 provided that the insured gives written
18 notice to the insurer of the insured's
19 intent to adopt the child prior to the
20 child's date of birth or within thirty days
21 after the child's birth or within the time
22 period required for enrollment of a natural



1 born child under the policy, contract, plan,
2 or agreement of the insured, whichever
3 period is longer; provided further that if
4 the adoption proceedings are not successful,
5 the insured shall reimburse the insurer for
6 any expenses paid for the child; and

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

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

19 (i) From the date of birth of the adopted
20 newborn when the newborn is treated from
21 birth pursuant to a provider contract with
22 the health maintenance organization, and



1 written notice of enrollment in accord with
2 the health maintenance organization's usual
3 enrollment process is provided within thirty
4 days of the date the insured notifies the
5 health maintenance organization of the
6 insured's intent to adopt the infant for
7 whom coverage is sought; or

8 (ii) From the first day following receipt by the
9 health maintenance organization of written
10 notice of the insured's ability to consent
11 for treatment of the infant for whom
12 coverage is sought and enrollment of the
13 adopted newborn in accord with the health
14 maintenance organization's usual enrollment
15 process if the newborn has been treated from
16 birth by a provider not contracting or
17 affiliated with the health maintenance
18 organization; [~~and~~]

19 (6) Notwithstanding any provision to the contrary, any
20 policy, contract, plan, or agreement issued or renewed
21 in this State shall provide reimbursement for services
22 provided by advanced practice registered nurses



1 recognized pursuant to chapter 457. Services rendered
 2 by advanced practice registered nurses are subject to
 3 the same policy limitations generally applicable to
 4 health care providers within the policy, contract,
 5 plan, or agreement [-]; and

6 (7) Notwithstanding any provision to the contrary, each
 7 policy, contract, plan, or agreement, except for
 8 policies that only provide coverage for specified
 9 diseases or other limited benefit coverage, but
 10 including policies issued by companies subject to
 11 chapter 431, article 10A, part II and chapter 432,
 12 article 1 shall provide coverage for the screening of
 13 colorectal cancer by colonoscopy every ten years,
 14 beginning at age fifty."

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

18 "§432:1- Colonoscopy coverage. Notwithstanding any
 19 provision to the contrary, each policy, contract, plan, or
 20 agreement, except for policies that only provide coverage for
 21 specified diseases or other limited benefit coverage, but
 22 including policies issued by companies subject to chapter 431,



1 article 10A, part II and chapter 432, article 1 shall provide
2 coverage for the screening of colorectal cancer by colonoscopy
3 every ten years, beginning at age fifty."

4 SECTION 3. Statutory material to be repealed is bracketed
5 and stricken. New statutory material is underscored.

6 SECTION 4. This Act shall take effect upon its approval.

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INTRODUCED BY:

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JAN 14 2008



Report Title:

Mandatory Health Insurance Coverage; Colonoscopy

Description:

Mandates health insurance coverage to screen for colorectal cancer by colonoscopy every ten years, beginning at age fifty.

