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# 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.





**Report Title:**

Health Insurance; Colonoscopy Coverage

**Description:**

Requires health insurance plans to cover screening for colorectal cancer by colonoscopy every ten years, beginning at age fifty. (SD1)

