

JAN 22 2010

A BILL FOR AN ACT

RELATING TO HEALTH INSURANCE.

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

1 SECTION 1. The legislature finds that the purpose of this
2 Act is to provide for the early detection of colorectal cancer
3 by requiring health insurers to cover colorectal cancer
4 screening by colonoscopy every ten years, beginning at age
5 fifty.

6 The legislature finds that this is a cost-effective measure
7 as the cost of mandated coverage for screening is negligible
8 compared to the cost of treating colorectal cancer after a
9 delayed detection. According to studies conducted by the
10 American Cancer Society, the cost of treating colorectal cancer
11 when it is detected early is between \$30,000 and \$35,000.
12 However, if it is detected late, the average cost of treatment
13 is in excess of \$100,000. In comparison, the per-person cost of
14 providing a colonoscopy every ten years is fifty-five cents per
15 month.



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

4 "§432:1- Colonoscopy coverage. Notwithstanding any
5 provision to the contrary, each policy, contract, plan, or
6 agreement, except for policies that only provide coverage for
7 specified diseases or other limited benefit coverage, shall
8 provide coverage for the screening of colorectal cancer by
9 colonoscopy every ten years, beginning at age fifty."

10 SECTION 3. Chapter 432, Hawaii Revised Statutes, is
11 amended by adding a new section to article 2, part IV to be
12 appropriately designated and to read as follows:

13 "§432:2- Colonoscopy coverage. Notwithstanding any
14 provision to the contrary, each policy, contract, plan, or
15 agreement, except for policies that only provide coverage for
16 specified diseases or other limited benefit coverage, shall
17 provide coverage for the screening of colorectal cancer by
18 colonoscopy every ten years, beginning at age fifty."

19 SECTION 4. Section 431:10A-116, Hawaii Revised Statutes,
20 is amended to read as follows:

21 "**§431:10A-116 Coverage for specific services.** Every
22 person insured under a policy of accident and health or sickness



1 insurance delivered or issued for delivery in this State shall
2 be entitled to the reimbursements and coverages specified below:

3 (1) Notwithstanding any provision to the contrary,
4 whenever a policy, contract, plan, or agreement
5 provides for reimbursement for any visual or
6 optometric service, which is within the lawful scope
7 of practice of a duly licensed optometrist, the person
8 entitled to benefits or the person performing the
9 services shall be entitled to reimbursement whether
10 the service is performed by a licensed physician or by
11 a licensed optometrist. Visual or optometric services
12 shall include eye or visual examination, or both, or a
13 correction of any visual or muscular anomaly, and the
14 supplying of ophthalmic materials, lenses, contact
15 lenses, spectacles, eyeglasses, and appurtenances
16 thereto;

17 (2) Notwithstanding any provision to the contrary, for all
18 policies, contracts, plans, or agreements issued on or
19 after May 30, 1974, whenever provision is made for
20 reimbursement or indemnity for any service related to
21 surgical or emergency procedures, which is within the
22 lawful scope of practice of any practitioner licensed



1 to practice medicine in this State, reimbursement or
2 indemnification under such policy, contract, plan, or
3 agreement shall not be denied when such services are
4 performed by a dentist acting within the lawful scope
5 of the dentist's license;

6 (3) Notwithstanding any provision to the contrary,
7 whenever the policy provides reimbursement or payment
8 for any service, which is within the lawful scope of
9 practice of a psychologist licensed in this State, the
10 person entitled to benefits or performing the service
11 shall be entitled to reimbursement or payment, whether
12 the service is performed by a licensed physician or
13 licensed psychologist;

14 (4) Notwithstanding any provision to the contrary, each
15 policy, contract, plan, or agreement issued on or
16 after February 1, 1991, except for policies that only
17 provide coverage for specified diseases or other
18 limited benefit coverage, but including policies
19 issued by companies subject to chapter 431, article
20 10A, part II and chapter 432, article 1 shall provide
21 coverage for screening by low-dose mammography for
22 occult breast cancer as follows:



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

3 (B) For a woman of any age with a history of breast
4 cancer or whose mother or sister has had a
5 history of breast cancer, a mammogram upon the
6 recommendation of the woman's physician.

7 The services provided in this paragraph are
8 subject to any coinsurance provisions that may be in
9 force in these policies, contracts, plans, or
10 agreements.

11 For the purpose of this paragraph, the term
12 "low-dose mammography" means the x-ray examination of
13 the breast using equipment dedicated specifically for
14 mammography, including but not limited to the x-ray
15 tube, filter, compression device, screens, films, and
16 cassettes, with an average radiation exposure delivery
17 of less than one rad mid-breast, with two views for
18 each breast. An insurer may provide the services
19 required by this paragraph through contracts with
20 providers; provided that the contract is determined to
21 be a cost-effective means of delivering the services



1 without sacrifice of quality and meets the approval of
2 the director of health;

3 (5) (A) (i) Notwithstanding any provision to the
4 contrary, whenever a policy, contract, plan,
5 or agreement provides coverage for the
6 children of the insured, that coverage shall
7 also extend to the date of birth of any
8 newborn child to be adopted by the insured;
9 provided that the insured gives written
10 notice to the insurer of the insured's
11 intent to adopt the child prior to the
12 child's date of birth or within thirty days
13 after the child's birth or within the time
14 period required for enrollment of a natural
15 born child under the policy, contract, plan,
16 or agreement of the insured, whichever
17 period is longer; provided further that if
18 the adoption proceedings are not successful,
19 the insured shall reimburse the insurer for
20 any expenses paid for the child; and

21 (ii) Where notification has not been received by
22 the insurer prior to the child's birth or



1 within the specified period following the
2 child's birth, insurance coverage shall be
3 effective from the first day following the
4 insurer's receipt of legal notification of
5 the insured's ability to consent for
6 treatment of the infant for whom coverage is
7 sought; and

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

11 (i) From the date of birth of the adopted
12 newborn when the newborn is treated from
13 birth pursuant to a provider contract with
14 the health maintenance organization, and
15 written notice of enrollment in accord with
16 the health maintenance organization's usual
17 enrollment process is provided within thirty
18 days of the date the insured notifies the
19 health maintenance organization of the
20 insured's intent to adopt the infant for
21 whom coverage is sought; or



1 (ii) From the first day following receipt by the
2 health maintenance organization of written
3 notice of the insured's ability to consent
4 for treatment of the infant for whom
5 coverage is sought and enrollment of the
6 adopted newborn in accord with the health
7 maintenance organization's usual enrollment
8 process if the newborn has been treated from
9 birth by a provider not contracting or
10 affiliated with the health maintenance
11 organization; [and]

12 (6) Notwithstanding any provision to the contrary, any
13 policy, contract, plan, or agreement issued or renewed
14 in this State shall provide reimbursement for services
15 provided by advanced practice registered nurses
16 recognized pursuant to chapter 457. Services rendered
17 by advanced practice registered nurses are subject to
18 the same policy limitations generally applicable to
19 health care providers within the policy, contract,
20 plan, or agreement[-]; and

21 (7) Notwithstanding any provision to the contrary, each
22 policy, contract, plan, or agreement, except for



1 policies that only provide coverage for specified
 2 diseases or other limited benefit coverage, shall
 3 provide coverage for the screening of colorectal
 4 cancer by colonoscopy every ten years, beginning at
 5 age fifty."

6 SECTION 5. Statutory material to be repealed is bracketed
 7 and stricken. New statutory material is underscored.

8 SECTION 6. This Act shall take effect July 1, 2010.
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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.

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