
A BILL FOR AN ACT

RELATING TO HEALTH INSURANCE.

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

1 SECTION 1. The purpose of this Act is to provide for the
2 early detection of colorectal cancer by requiring health
3 insurers to cover colorectal cancer screening, including
4 screening colonoscopy, every ten years.

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

15 The legislature finds that the state auditor's sunrise
16 study on the advisability of mandating insurance coverage for
17 colorectal cancer screening found that coverage should be

1 required for preventative and early detection screening
2 modalities, including screening colonoscopy. The legislature
3 notes that current standards of care do not indicate the use of
4 screening colonoscopy for persons over age seventy-five. It is
5 the intent of this measure that alternate screening mechanisms
6 are available to persons over age seventy-five according to
7 United States Preventative Service Task Force guidelines. The
8 legislature further notes that the auditor found that mandatory
9 coverage of screening, including screening colonoscopy, for
10 colorectal cancer would be beneficial for the majority of
11 Hawaii's insured population of average-risk adults who are
12 currently unable to select screening every ten years by
13 colonoscopy or other methods.

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

17 "§432:1- Colonoscopy coverage. Notwithstanding any
18 provision to the contrary, each policy, contract, plan, or
19 agreement, except for policies that only provide coverage for
20 specified diseases or other limited benefit coverage, shall
21 provide coverage for the screening of colorectal cancer by
22 colonoscopy and any other screening modalities that have

1 received a grade of A or B from the United States Preventative
2 Service Task Force."

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

6 **"§432:2- Colonoscopy coverage.** Notwithstanding any
7 provision to the contrary, each policy, contract, plan, or
8 agreement for hospital, medical, or nursing benefits, except for
9 policies that only provide coverage for specified diseases or
10 other limited benefit coverage, shall provide coverage for the
11 screening of colorectal cancer by colonoscopy and any other
12 screening modalities that have received a grade of A or B from
13 the United States Preventative Service Task Force."

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

16 **"§431:10A-116 Coverage for specific services.** Every
17 person insured under a policy of accident and health or sickness
18 insurance delivered or issued for delivery in this State shall
19 be entitled to the reimbursements and coverages specified below:

20 (1) Notwithstanding any provision to the contrary,
21 whenever a policy, contract, plan, or agreement
22 provides for reimbursement for any visual or

1 optometric service, which is within the lawful scope
2 of practice of a duly licensed optometrist, the person
3 entitled to benefits or the person performing the
4 services shall be entitled to reimbursement whether
5 the service is performed by a licensed physician or by
6 a licensed optometrist. Visual or optometric services
7 shall include eye or visual examination, or both, or a
8 correction of any visual or muscular anomaly, and the
9 supplying of ophthalmic materials, lenses, contact
10 lenses, spectacles, eyeglasses, and appurtenances
11 thereto;

- 12 (2) Notwithstanding any provision to the contrary, for all
13 policies, contracts, plans, or agreements issued on or
14 after May 30, 1974, whenever provision is made for
15 reimbursement or indemnity for any service related to
16 surgical or emergency procedures, which is within the
17 lawful scope of practice of any practitioner licensed
18 to practice medicine in this State, reimbursement or
19 indemnification under [~~such~~] the policy, contract,
20 plan, or agreement shall not be denied when such
21 services are performed by a dentist acting within the
22 lawful scope of the dentist's license;

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

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

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

20 (B) For a woman of any age with a history of breast
21 cancer or whose mother or sister has had a

1 history of breast cancer, a mammogram upon the
2 recommendation of the woman's physician.

3 The services provided in this paragraph are
4 subject to any coinsurance provisions that may be in
5 force in these policies, contracts, plans, or
6 agreements.

7 For the purpose of this paragraph, the term
8 "low-dose mammography" means the x-ray examination of
9 the breast using equipment dedicated specifically for
10 mammography, including but not limited to the x-ray
11 tube, filter, compression device, screens, films, and
12 cassettes, with an average radiation exposure delivery
13 of less than one rad mid-breast, with two views for
14 each breast. An insurer may provide the services
15 required by this paragraph through contracts with
16 providers; provided that the contract is determined to
17 be a cost-effective means of delivering the services
18 without sacrifice of quality and meets the approval of
19 the director of health;

20 (5) (A) (i) Notwithstanding any provision to the
21 contrary, whenever a policy, contract, plan,
22 or agreement provides coverage for the

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

16 (ii) Where notification has not been received by
17 the insurer prior to the child's birth or
18 within the specified period following the
19 child's birth, insurance coverage shall be
20 effective from the first day following the
21 insurer's receipt of legal notification of
22 the insured's ability to consent for

1 treatment of the infant for whom coverage is
2 sought; and

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

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

17 (ii) From the first day following receipt by the
18 health maintenance organization of written
19 notice of the insured's ability to consent
20 for treatment of the infant for whom
21 coverage is sought and enrollment of the
22 adopted newborn in accord with the health

1 maintenance organization's usual enrollment
2 process if the newborn has been treated from
3 birth by a provider not contracting or
4 affiliated with the health maintenance
5 organization; [~~and~~]

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

15 (7) Notwithstanding any provision to the contrary, each
16 policy, contract, plan, or agreement, except for
17 policies that only provide coverage for specified
18 diseases or other limited benefit coverage, shall
19 provide coverage for the screening of colorectal
20 cancer by colonoscopy and any other screening
21 modalities that have received a grade of A or B from
22 the United States Preventative Service Task Force."

1 SECTION 5. Statutory material to be repealed is bracketed
2 and stricken. New statutory material is underscored.

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

4

Report Title:

Mandatory Health Insurance Coverage; Colonoscopy

Description:

Mandates health insurance coverage to screen for colorectal cancer by colonoscopy or another screening modality graded A or B by the United States Preventative Service Task Force every ten years. (SD1)

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