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# A BILL FOR AN ACT

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RELATING TO HEALTH CARE.

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

**PART I**

SECTION 1. Chapter 431, Hawaii Revised Statutes, is amended by adding two new sections to article 10A to be appropriately designated and to read as follows:

**"§431:10A-A Preventive care; coverage; requirements. (a)**

Every policy of accident and health or sickness insurance issued or renewed in this State shall provide coverage for all of the following services, drugs, devices, products, and procedures for the policyholder or any dependent of the policyholder who is covered by the policy:

(1) Well-woman care, as prescribed by the commissioner by rule consistent with guidelines published by the federal Health Resources and Services Administration;

(2) Counseling for sexually transmitted infections, including but not limited to human immunodeficiency virus and acquired immune deficiency syndrome;



- (3) Screening for: chlamydia; gonorrhea; hepatitis B;  
hepatitis C; human immunodeficiency virus and acquired  
immune deficiency syndrome; human papillomavirus;  
syphilis; anemia; urinary tract infection; pregnancy;  
Rh incompatibility; gestational diabetes;  
osteoporosis; breast cancer; and cervical cancer;
- (4) Screening to determine whether counseling and testing  
related to the BRCA1 or BRCA2 genetic mutation is  
indicated and genetic counseling and testing related  
to the BRCA1 or BRCA2 genetic mutation, if indicated;
- (5) Screening and appropriate counseling or interventions  
for:
- (A) Tobacco use; and
- (B) Domestic and interpersonal violence;
- (6) Folic acid supplements;
- (7) Abortion;
- (8) Breastfeeding comprehensive support, counseling, and  
supplies;
- (9) Breast cancer chemoprevention counseling;
- (10) Any contraceptive supplies, as specified in section  
431:10A-116.6;



- 1        (11) Voluntary sterilization for women;
- 2        (12) As a single claim or combined with other claims for
- 3        covered services provided on the same day:
- 4        (A) Patient education and counseling on contraception
- 5        and sterilization;
- 6        (B) Services related to sterilization or the
- 7        administration and monitoring of contraceptive
- 8        supplies, including but not limited to:
- 9        (i) Management of side effects;
- 10       (ii) Counseling for continued adherence to a
- 11       prescribed regimen;
- 12       (iii) Device insertion and removal; and
- 13       (iv) Provision of alternative contraceptive
- 14       supplies deemed medically appropriate in the
- 15       judgment of the insured's health care
- 16       provider; and
- 17       (13) Any additional preventive services for women that must
- 18       be covered without cost sharing under title 42 United
- 19       States Code section 300gg-13, as identified by the
- 20       federal Preventive Services Task Force or the Health
- 21       Resources and Services Administration of the federal



1           Department of Health and Human Services, as of  
2           January 1, 2017.

3           (b) An insurer shall not impose any cost-sharing  
4           requirements, including copayments, coinsurance, or deductibles,  
5           on a policyholder or an individual covered by the policy with  
6           respect to the coverage and benefits required by this section.

7           A health care provider shall be reimbursed for providing the  
8           services pursuant to this section without any deduction for  
9           coinsurance, copayments, or any other cost-sharing amounts.

10          (c) Except as otherwise authorized under this section, an  
11          insurer shall not impose any restrictions or delays on the  
12          coverage required by this section.

13          (d) This section shall not require a policy of accident  
14          and health or sickness insurance to cover:

15           (1) Experimental or investigational treatments;

16           (2) Clinical trials or demonstration projects;

17           (3) Treatments that do not conform to acceptable and  
18           customary standards of medical practice; or

19           (4) Treatments for which there is insufficient data to  
20           determine efficacy.



1        (e) If services, drugs, devices, products, or procedures  
2 required by this section are provided by an out-of-network  
3 provider, the insurer shall cover the services, drugs, devices,  
4 products, or procedures without imposing any cost-sharing  
5 requirement on the policyholder if:

6        (1) There is no in-network provider to furnish the  
7 service, drug, device, product, or procedure that  
8 meets the requirements for network adequacy under  
9 section 431:26-103; or

10       (2) An in-network provider is unable or unwilling to  
11 provide the service, drug, device, product, or  
12 procedure in a timely manner.

13       (f) Every insurer shall provide written notice to its  
14 policyholders regarding the coverage required by this section.  
15 The notice shall be in writing and prominently positioned in any  
16 literature or correspondence sent to policyholders and shall be  
17 transmitted to policyholders within calendar year 2019 when  
18 annual information is made available to policyholders or in any  
19 other mailing to policyholders, but in no case later than  
20 December 31, 2019.



1        (g) This section shall not apply to policies that provide  
2 coverage for specified diseases or other limited benefit health  
3 insurance coverage, as provided pursuant to section 431:10A-  
4 102.5.

5        (h) Coverage for abortion under this section shall be  
6 subject to the exclusion under section 431:10A-116.7.

7        (i) If the commissioner concludes that enforcement of this  
8 section may adversely affect the allocation of federal funds to  
9 the State, the commissioner may grant an exemption to the  
10 requirements, but only to the minimum extent necessary to ensure  
11 the continued receipt of federal funds.

12        (j) For purposes of this section, "contraceptive supplies"  
13 shall have the same meaning as in section 431:10A-116.6.

14        **§431:10A-B Nondiscrimination; reproductive health care;**  
15 **coverage.** (a) An individual may not, on the basis of actual or  
16 perceived race, color, national origin, sex, age, or disability,  
17 be excluded from participation in, be denied the benefits of, or  
18 otherwise be subjected to discrimination in the coverage of or  
19 payment for the services, drugs, devices, products covered by  
20 section 431:10A-A or 431:10A-116.6.



1        (b) Violation of this section shall be considered a  
2 violation pursuant to chapter 489.

3        (c) Nothing in this section shall be construed to limit  
4 any cause of action based upon any unfair discriminatory  
5 practices for which a remedy is available under state or federal  
6 law."

7        SECTION 2. Chapter 432, Hawaii Revised Statutes, is  
8 amended by adding two new sections to article 1 be appropriately  
9 designated and to read as follows:

10        **"§432:1-A Preventive care; coverage; requirements. (a)**  
11 Every individual or group hospital or medical service plan  
12 contract issued or renewed in this State shall provide coverage  
13 for all of the following services, drugs, devices, products, and  
14 procedures for the subscriber or member or any dependent of the  
15 subscriber or member who is covered by the policy:

16        (1) Well-woman care, as prescribed by the commissioner by  
17 rule consistent with guidelines published by the  
18 federal Health Resources and Services Administration;

19        (2) Counseling for sexually transmitted infections,  
20 including but not limited to human immunodeficiency  
21 virus and acquired immune deficiency syndrome;



- 1        (3) Screening for: chlamydia; gonorrhea; hepatitis B;  
2        hepatitis C; human immunodeficiency virus and acquired  
3        immune deficiency syndrome; human papillomavirus;  
4        syphilis; anemia; urinary tract infection; pregnancy;  
5        Rh incompatibility; gestational diabetes;  
6        osteoporosis; breast cancer; and cervical cancer;
- 7        (4) Screening to determine whether counseling and testing  
8        related to the BRCA1 or BRCA2 genetic mutation is  
9        indicated and genetic counseling and testing related  
10       to the BRCA1 or BRCA2 genetic mutation, if indicated;
- 11       (5) Screening and appropriate counseling or interventions  
12       for:
- 13       (A) Tobacco use; and  
14       (B) Domestic and interpersonal violence;
- 15       (6) Folic acid supplements;  
16       (7) Abortion;  
17       (8) Breastfeeding comprehensive support, counseling, and  
18       supplies;  
19       (9) Breast cancer chemoprevention counseling;  
20       (10) Any contraceptive supplies, as specified in section  
21       432:1-604.5;





1        (11) Voluntary sterilization for women;

2        (12) As a single claim or combined with other claims for  
3        covered services provided on the same day:

4            (A) Patient education and counseling on contraception  
5            and sterilization;

6            (B) Services related to sterilization or the  
7            administration and monitoring of contraceptive  
8            supplies, including but not limited to:

9                (i) Management of side effects;

10              (ii) Counseling for continued adherence to a  
11              prescribed regimen;

12              (iii) Device insertion and removal; and

13              (iv) Provision of alternative contraceptive  
14              supplies deemed medically appropriate in the  
15              judgment of the subscriber's or member's  
16              health care provider; and

17        (13) Any additional preventive services for women that must  
18        be covered without cost sharing under title 42 United  
19        States Code section 300gg-13, as identified by the  
20        federal Preventive Services Task Force or the Health  
21        Resources and Services Administration of the federal



1           Department of Health and Human Services, as of  
2           January 1, 2017.

3           (b) A mutual benefit society shall not impose any cost-  
4           sharing requirements, including copayments, coinsurance, or  
5           deductibles, on a subscriber or member or an individual covered  
6           by the plan contract with respect to the coverage and benefits  
7           required by this section. A health care provider shall be  
8           reimbursed for providing the services pursuant to this section  
9           without any deduction for coinsurance, copayments, or any other  
10          cost-sharing amounts.

11          (c) Except as otherwise authorized under this section, a  
12          mutual benefit society shall not impose any restrictions or  
13          delays on the coverage required by this section.

14          (d) This section shall not require an individual or group  
15          hospital or medical service plan contract to cover:

16          (1) Experimental or investigational treatments;

17          (2) Clinical trials or demonstration projects;

18          (3) Treatments that do not conform to acceptable and  
19          customary standards of medical practice; or

20          (4) Treatments for which there is insufficient data to  
21          determine efficacy.



1        (e) If services, drugs, devices, products, or procedures  
2 required by this section are provided by an out-of-network  
3 provider, the mutual benefit society shall cover the services,  
4 drugs, devices, products, or procedures without imposing any  
5 cost-sharing requirement on the subscriber or member if:

6        (1) There is no in-network provider to furnish the  
7 service, drug, device, product, or procedure that  
8 meets the requirements for network adequacy under  
9 section 431:26-103; or

10       (2) An in-network provider is unable or unwilling to  
11 provide the service, drug, device, product, or  
12 procedure in a timely manner.

13       (f) Every mutual benefit society shall provide written  
14 notice to its subscribers or members regarding the coverage  
15 required by this section. The notice shall be in writing and  
16 prominently positioned in any literature or correspondence sent  
17 to subscribers or members and shall be transmitted to  
18 subscribers or members within calendar year 2019 when annual  
19 information is made available to subscribers or members or in  
20 any other mailing to subscribers or members, but in no case  
21 later than December 31, 2019.



1        (g) This section shall not apply to policies that provide  
2 coverage for specified diseases or other limited benefit health  
3 insurance coverage, as provided pursuant to section 431:10A-  
4 102.5.

5        (h) Coverage for abortion under this section shall be  
6 subject to the exclusion under section 431:10A-116.7.

7        (i) If the commissioner concludes that enforcement of this  
8 section may adversely affect the allocation of federal funds to  
9 the State, the commissioner may grant an exemption to the  
10 requirements, but only to the minimum extent necessary to ensure  
11 the continued receipt of federal funds.

12        (j) For purposes of this section, "contraceptive supplies"  
13 shall have the same meaning as in section 432:1-604.5.

14        **§432:1-B Nondiscrimination; reproductive health care;**  
15 **coverage.** (a) An individual may not, on the basis of actual or  
16 perceived race, color, national origin, sex, age, or disability,  
17 be excluded from participation in, be denied the benefits of, or  
18 otherwise be subjected to discrimination in the coverage of or  
19 payment for the services, drugs, devices, products covered by  
20 section 432:1-A or 432:1-604.5.



1        (b) Violation of this section shall be considered a  
2 violation pursuant to chapter 489.

3        (c) Nothing in this section shall be construed to limit  
4 any cause of action based upon any unfair discriminatory  
5 practices for which a remedy is available under state or federal  
6 law."

7        SECTION 3. Chapter 432D, Hawaii Revised Statutes, is  
8 amended by adding a new section to be appropriately designated  
9 and to read as follows:

10        "§432D-        Nondiscrimination; reproductive health care;  
11 coverage. (a) An individual may not, on the basis of actual or  
12 perceived race, color, national origin, sex, age, or disability,  
13 be excluded from participation in, be denied the benefits of, or  
14 otherwise be subjected to discrimination in the coverage of or  
15 payment for the services, drugs, devices, products covered by  
16 section 431:10A-A or 431:10A-116.6.

17        (b) Violation of this section shall be considered a  
18 violation pursuant to chapter 489.

19        (c) Nothing in this section shall be construed to limit  
20 any cause of action based upon any unfair discriminatory



1 practices for which a remedy is available under state or federal  
2 law."

3 SECTION 4. Section 431:10A-116.6, Hawaii Revised Statutes,  
4 is amended to read as follows:

5 **"§431:10A-116.6 Contraceptive services. (a)**

6 Notwithstanding any provision of law to the contrary, each  
7 employer group policy of accident and health or sickness  
8 [~~policy, contract, plan, or agreement~~] insurance issued or  
9 renewed in this State on or after January 1, [~~2000,~~] 2019, shall  
10 [~~cease to exclude~~] provide coverage for contraceptive services  
11 or contraceptive supplies for the [~~subscriber~~] insured or any  
12 dependent of the [~~subscriber~~] insured who is covered by the  
13 policy, subject to the exclusion under section 431:10A-116.7 and  
14 the exclusion under section 431:10A-102.5[~~-~~]; provided that:

15 (1) If there is a therapeutic equivalent of a  
16 contraceptive supply approved by the federal Food and  
17 Drug Administration, an insurer may provide coverage  
18 for either the requested contraceptive supply or for  
19 one or more therapeutic equivalents of the requested  
20 contraceptive supply;



1       (2) If a contraceptive supply covered by the policy is  
2       deemed medically inadvisable by the insured's health  
3       care provider, the policy shall cover an alternative  
4       contraceptive supply prescribed by the health care  
5       provider;

6       (3) An insurer shall pay pharmacy claims for reimbursement  
7       of all contraceptive supplies available for over-the-  
8       counter sale that are approved by the federal Food and  
9       Drug Administration; and

10       (4) An insurer may not infringe upon an insured's choice  
11       of contraceptive supplies and may not require prior  
12       authorization, step therapy, or other utilization  
13       control techniques for medically-appropriate covered  
14       contraceptive supplies.

15       ~~[(b) Except as provided in subsection (c), all policies,~~  
16       ~~contracts, plans, or agreements under subsection (a), that~~  
17       ~~provide contraceptive services or supplies, or prescription drug~~  
18       ~~coverage, shall not exclude any prescription contraceptive~~  
19       ~~supplies or impose any unusual copayment, charge, or waiting~~  
20       ~~requirement for such supplies.~~



~~(c) Coverage for oral contraceptives shall include at least one brand from the monophasic, multiphasic, and the progestin only categories. A member shall receive coverage for any other oral contraceptive only if:~~

~~(1) Use of brands covered has resulted in an adverse drug reaction, or~~

~~(2) The member has not used the brands covered and, based on the member's past medical history, the prescribing health care provider believes that use of the brands covered would result in an adverse reaction.]~~

(b) An insurer shall not impose any cost-sharing requirements, including copayments, coinsurance, or deductibles, on an insured with respect to the coverage required under this section. A health care provider shall be reimbursed for providing the services pursuant to this section without any deduction for coinsurance, copayments, or any other cost-sharing amounts.

(c) Except as otherwise provided by this section, an insurer shall not impose any restrictions or delays on the coverage required by this section.





1        (d) Coverage required by this section shall not exclude  
2 coverage for contraceptive supplies prescribed by a health care  
3 provider, acting within the provider's scope of practice, for:

4        (1) Reasons other than contraceptive purposes, such as  
5 decreasing the risk of ovarian cancer or eliminating  
6 symptoms of menopause; or

7        (2) Contraception that is necessary to preserve the life  
8 or health of an insured.

9        [~~(d)~~] (e) Coverage required by this section shall include  
10 reimbursement to a prescribing health care provider or  
11 dispensing entity for prescription contraceptive supplies  
12 intended to last for up to a twelve-month period for an insured.

13        [~~(e)~~] (f) Coverage required by this section shall include  
14 reimbursement to a prescribing and dispensing pharmacist who  
15 prescribes and dispenses contraceptive supplies pursuant to  
16 section 461-11.6.

17        (g) Nothing in this section shall be construed to extend  
18 the practice or privileges of any health care provider beyond  
19 that provided in the laws governing the provider's practice and  
20 privileges.

21        [~~(f)~~] (h) For purposes of this section:



1 "Contraceptive services" means physician-delivered,  
2 physician-supervised, physician assistant-delivered, advanced  
3 practice registered nurse-delivered, nurse-delivered, or  
4 pharmacist-delivered medical services intended to promote the  
5 effective use of contraceptive supplies or devices to prevent  
6 unwanted pregnancy.

7 "Contraceptive supplies" means all United States Food and  
8 Drug Administration-approved contraceptive drugs ~~[or]~~, devices,  
9 or products used to prevent unwanted pregnancy.

10 ~~[(g) Nothing in this section shall be construed to extend~~  
11 ~~the practice or privileges of any health care provider beyond~~  
12 ~~that provided in the laws governing the provider's practice and~~  
13 ~~privileges.] "~~

14 SECTION 5. Section 431:10A-116.7, Hawaii Revised Statutes,  
15 is amended as follows:

16 1. By amending its title to read:

17 "§431:10A-116.7 Contraceptive services; abortion;  
18 religious employers exemption."

19 2. By amending subsections (b) and (c) to read:

20 "(b) Notwithstanding any other provision of this chapter,  
21 any religious employer may request an accident and health or



1 sickness insurance plan without coverage for contraceptive  
2 services [~~and~~], contraceptive supplies, and abortion that are  
3 contrary to the religious employer's religious tenets. If so  
4 requested, the accident and health or sickness insurer, mutual  
5 benefit society, or health maintenance organization shall  
6 provide a plan without coverage for contraceptive services  
7 [~~and~~], contraceptive supplies[-], and abortion. This subsection  
8 shall not be construed to deny an enrollee coverage of, and  
9 timely access to, contraceptive services [~~and~~], contraceptive  
10 supplies[-], and abortion.

11 (c) Each religious employer that invokes the exemption  
12 provided under this section shall:

13 (1) Provide written notice to enrollees upon enrollment  
14 with the plan, listing the contraceptive health care  
15 services the employer refuses to cover for religious  
16 reasons;

17 (2) Provide written information describing how an enrollee  
18 may directly access contraceptive services [~~and~~],  
19 contraceptive supplies, or abortion in an expeditious  
20 manner; and



(3) Ensure that enrollees who are refused contraceptive services [~~and~~], contraceptive supplies, or abortion coverage under this section have prompt access to the information developed under paragraph (2). Such notice shall appear, in not less than twelve-point type, in the policy, application, and sales brochure for such policy."

3. By amending subsection (e) to read:

"(e) Accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations shall allow enrollees in a health plan exempted under this section to directly purchase coverage of contraceptive supplies [~~and~~], outpatient contraceptive services[~~-~~], or coverage for abortion. The enrollee's cost of purchasing such coverage shall not exceed the enrollee's pro rata share of the price the group purchaser would have paid for such coverage had the group plan not invoked a religious exemption."

4. By amending subsection (g) to read:

"(g) For purposes of this section:

"Contraceptive services" means physician-delivered, physician-supervised, physician assistant-delivered, advanced



1 practice registered nurse-delivered, nurse-delivered, or  
2 pharmacist-delivered medical services intended to promote the  
3 effective use of contraceptive supplies or devices to prevent  
4 unwanted pregnancy.

5 "Contraceptive supplies" means all United States Food and  
6 Drug Administration-approved contraceptive drugs ~~[or]~~, devices,  
7 or products used to prevent unwanted pregnancy."

8 SECTION 6. Section 432:1-604.5, Hawaii Revised Statutes,  
9 is amended to read as follows:

10 **"§432:1-604.5 Contraceptive services. (a)**

11 Notwithstanding any provision of law to the contrary, each  
12 employer group ~~[health policy, contract, plan, or agreement]~~  
13 hospital or medical service plan contract issued or renewed in  
14 this State on or after January 1, ~~[2000,]~~ 2019, shall ~~[cease to~~  
15 ~~exclude]~~ provide coverage for contraceptive services or  
16 contraceptive supplies, and contraceptive prescription drug  
17 coverage for the subscriber or member or any dependent of the  
18 subscriber or member who is covered by the policy, subject to  
19 the exclusion under section 431:10A-116.7~~[-]~~; provided that:

20 (1) If there is a therapeutic equivalent of a  
21 contraceptive supply approved by the federal Food and



1           Drug Administration, a mutual benefit society may  
2           provide coverage for either the requested  
3           contraceptive supply or for one or more therapeutic  
4           equivalents of the requested contraceptive supply;

5           (2) If a contraceptive supply covered by the plan contract  
6           is deemed medically inadvisable by the subscriber's or  
7           member's health care provider, the plan contract shall  
8           cover an alternative contraceptive supply prescribed  
9           by the health care provider;

10          (3) A mutual benefit society shall pay pharmacy claims for  
11          reimbursement of all contraceptive supplies available  
12          for over-the-counter sale that are approved by the  
13          federal Food and Drug Administration; and

14          (4) A mutual benefit society may not infringe upon a  
15          subscriber's or member's choice of contraceptive  
16          supplies and may not require prior authorization, step  
17          therapy, or other utilization control techniques for  
18          medically-appropriate covered contraceptive supplies.

19          ~~[(b) Except as provided in subsection (c), all policies,~~  
20          ~~contracts, plans, or agreements under subsection (a), that~~  
21          ~~provide contraceptive services or supplies, or prescription drug~~



1 ~~coverage, shall not exclude any prescription contraceptive~~  
2 ~~supplies or impose any unusual copayment, charge, or waiting~~  
3 ~~requirement for such drug or device.~~

4 ~~(c) Coverage for contraceptives shall include at least one~~  
5 ~~brand from the monophasic, multiphasic, and the progestin-only~~  
6 ~~categories. A member shall receive coverage for any other oral~~  
7 ~~contraceptive only if:~~

8 ~~(1) Use of brands covered has resulted in an adverse drug~~  
9 ~~reaction; or~~

10 ~~(2) The member has not used the brands covered and, based~~  
11 ~~on the member's past medical history, the prescribing~~  
12 ~~health care provider believes that use of the brands~~  
13 ~~covered would result in an adverse reaction.]~~

14 (b) A mutual benefit society shall not impose any cost-  
15 sharing requirements, including copayments, coinsurance, or  
16 deductibles, on a subscriber or member with respect to the  
17 coverage required under this section. A health care provider  
18 shall be reimbursed for providing the services pursuant to this  
19 section without any deduction for coinsurance, copayments, or  
20 any other cost-sharing amounts.



1        (c) Except as otherwise provided by this section, a mutual  
2 benefit society shall not impose any restrictions or delays on  
3 the coverage required by this section.

4        (d) Coverage required by this section shall not exclude  
5 coverage for contraceptive supplies prescribed by a health care  
6 provider, acting within the provider's scope of practice, for:

7        (1) Reasons other than contraceptive purposes, such as  
8 decreasing the risk of ovarian cancer or eliminating  
9 symptoms of menopause; or

10       (2) Contraception that is necessary to preserve the life  
11 or health of a subscriber or member.

12       ~~[(d)]~~ (e) Coverage required by this section shall include  
13 reimbursement to a prescribing health care provider or  
14 dispensing entity for prescription contraceptive supplies  
15 intended to last for up to a twelve-month period for a member.

16       ~~[(e)]~~ (f) Coverage required by this section shall include  
17 reimbursement to a prescribing and dispensing pharmacist who  
18 prescribes and dispenses contraceptive supplies pursuant to  
19 section 461-11.6.

20       (g) Nothing in this section shall be construed to extend  
21 the practice or privileges of any health care provider beyond





1 that provided in the laws governing the provider's practice and  
2 privileges.

3 ~~[(f)]~~ (h) For purposes of this section:

4 "Contraceptive services" means physician-delivered,  
5 physician-supervised, physician assistant-delivered, advanced  
6 practice registered nurse-delivered, nurse-delivered, or  
7 pharmacist-delivered medical services intended to promote the  
8 effective use of contraceptive supplies or devices to prevent  
9 unwanted pregnancy.

10 "Contraceptive supplies" means all Food and Drug  
11 Administration-approved contraceptive drugs ~~[e]~~, devices, or  
12 products used to prevent unwanted pregnancy.

13 ~~[(g) Nothing in this section shall be construed to extend~~  
14 ~~the practice or privileges of any health care provider beyond~~  
15 ~~that provided in the laws governing the provider's practice and~~  
16 ~~privileges.] "~~

17 SECTION 7. Section 432D-23, Hawaii Revised Statutes, is  
18 amended to read as follows:

19 **"§432D-23 Required provisions and benefits.**

20 Notwithstanding any provision of law to the contrary, each  
21 policy, contract, plan, or agreement issued in the State after



1 January 1, 1995, by health maintenance organizations pursuant to  
2 this chapter, shall include benefits provided in sections  
3 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-  
4 116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,  
5 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132,  
6 431:10A-133, 431:10A-134, 431:10A-140, and [~~431:10A-134~~],  
7 431:10A- , and chapter 431M."

8 SECTION 8. The insurance division of the department of  
9 commerce and consumer affairs shall submit a report to the  
10 legislature on the degree of compliance by insurers, mutual  
11 benefit societies, and health maintenance organization regarding  
12 the implementation of this part, and of any actions taken by the  
13 insurance commissioner to enforce compliance with this part no  
14 later than twenty days prior to the convening of the regular  
15 session of 2019.

16 PART II

17 SECTION 9. Chapter 346, Hawaii Revised Statutes, is  
18 amended by adding two new sections to be appropriately  
19 designated and to read as follows:

20 "§346-A Preventive services; contraceptive services;  
21 required coverage; eligibility based on citizenship status. (a)



1 The department shall establish and administer a program to  
2 reimburse the cost of medically appropriate services, drugs,  
3 devices, products, and procedures offered pursuant to sections  
4 431:10A-A and 431:10A-116.6 for individuals who can become  
5 pregnant and who would be eligible for medical assistance if not  
6 for title 8 United States Code section 1611 or title 8 United  
7 States code section 1612.

8 (b) The department shall provide the medical assistance  
9 for pregnant women that is authorized by Title XXI, section  
10 2112, of the Social Security Act (42 U.S.C. section 139711) for  
11 one hundred eighty days immediately postpartum.

12 (c) The department shall collect data and analyze the  
13 cost-effectiveness of the services, drugs, devices, products,  
14 and procedures paid for under this section.

15 (d) The department, in collaboration with the insurance  
16 division of the department of commerce and consumer affairs, if  
17 necessary, shall explore any and all opportunities to obtain  
18 federal financial participation in the costs of implementing  
19 this section, including but not limited to waivers or  
20 demonstration projects under Title X of the Public Health  
21 Service Act or Title XIX or XXI of the Social Security Act;



1 provided that implementation of this section shall not be  
2 contingent upon the department's receipt of a waiver or  
3 authorization to operate a demonstration project.

4 §346-B Nondiscrimination; reproductive health care;  
5 coverage. (a) An individual may not, on the basis of actual or  
6 perceived race, color, national origin, sex, age, or disability,  
7 be excluded from participation in, be denied the benefits of, or  
8 otherwise be subjected to discrimination in the coverage of or  
9 payment for the services, drugs, devices, or products covered by  
10 section 432:1-A or 432:1-604.5 or in the receipt of medical  
11 assistance as that term is defined under section 346-1.

12 (b) Violation of this section shall be considered a  
13 violation pursuant to chapter 489.

14 (c) Nothing in this section shall be construed to limit  
15 any cause of action based upon any unfair discriminatory  
16 practices for which a remedy is available under state or federal  
17 law."

18 SECTION 10. There is appropriated out of the general  
19 revenues of the State of Hawaii the sum of \$ or so  
20 much thereof as may be necessary for fiscal year 2018-2019 for  
21 purposes of enabling the department of human services to carry



1 out the requirements of section 346-A, Hawaii Revised Statutes,  
2 as established by section 9 of this Act.

3 The sum appropriated shall be expended by the department of  
4 human services for the purposes of this Act.

5 SECTION 11. The department of human services shall submit  
6 a report to the legislature on the implementation of section 9  
7 of this Act no later than twenty days prior to the convening of  
8 the regular session of 2019.

9 **PART III**

10 SECTION 12. In codifying the new sections added by  
11 sections 1, 2, and 9 of this Act, the revisor of statutes shall  
12 substitute appropriate section numbers for the letters used in  
13 designating the new sections in this Act.

14 SECTION 13. Statutory material to be repealed is bracketed  
15 and stricken. New statutory material is underscored.

16 SECTION 14. This Act shall take effect on July 1, 2018,  
17 and shall apply to all plans, policies, contracts, and  
18 agreements of health insurance issued or renewed by a health



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on or after January 1, 2019.

INTRODUCED BY:

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**Report Title:**

Health Insurance; Required Benefits; Covered Benefits;  
Reproductive Health Care; Medical Assistance; Appropriation

**Description:**

Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for a comprehensive category of reproductive health services, drugs, devices, products, and procedures. Requires the department of human services to establish and administer a program to reimburse the cost of medically appropriate services, drugs, devices, products, and procedures for individuals who can become pregnant and who would be eligible for medical assistance but for their citizenship status. Prohibits discrimination in the provision of reproductive health care services. Appropriates funds to the department of human services.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

