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 Patient
- 2 Protection and Affordable Care Act of 2010 ("Affordable Care
- 3 Act"), P.L. 111-148, has resulted in an estimated 20,000,000
- 4 Americans gaining health insurance coverage. The provisions
- 5 under the Affordable Care Act made changes to private insurance
- 6 that expanded coverage options, including permitting young
- 7 adults to remain on their parents' health insurance plans,
- 8 requiring health insurance plans to cover people with
- 9 preexisting health conditions, and prohibiting discrimination
- 10 based on gender. According to a report from the United States
- 11 Department of Health and Human Services, more than 6,000,000
- 12 uninsured young adults ages nineteen to twenty-five have gained
- 13 health insurance coverage due to the Affordable Care Act. This
- 14 is especially important because young adults were particularly
- 15 likely to be uninsured before the law went into effect.
- 16 The legislature further finds that the future of the
- 17 Affordable Care Act remains uncertain. The current Presidential



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- 1 administration campaigned on a promise to repeal the Affordable
- 2 Care Act, and certain members of Congress have supported that
- 3 approach, which could have widespread and devastating
- 4 ramifications. The Urban Institute has estimated that repealing
- 5 the Affordable Care Act without an adequate replacement plan
- 6 that ensures affordable coverage would take health insurance
- 7 coverage away from 29,800,000 people nationwide by 2019, more
- 8 than doubling the total number of uninsured to 58,700,000.
- 9 The legislature concludes that, due to the uncertainty over
- 10 the future of the Affordable Care Act, it is vital to preserve
- 11 certain important aspects of the Act for residents of Hawaii.
- 12 Accordingly, the purpose of this Act is to ensure that the
- 13 following benefits made available under the Affordable Care Act,
- 14 which may not otherwise be available under the State's Prepaid
- 15 Health Care Act, remain available under Hawaii law:
- 16 (1) Extending dependent coverage for adult children until
- the children turn twenty-six years of age;
- 18 (2) Prohibiting health insurance entities from imposing a
- 19 preexisting condition exclusion; and

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1	(3) Prohibiting health insurance entities from using an
2	individual's gender to determine premiums or
3	contributions.
4	SECTION 2. Chapter 431, Hawaii Revised Statutes, is
5	amended by adding three new sections to part I of article 10A to
6	be appropriately designated and to read as follows:
7	"§431:10A- Extension of dependent coverage. An
8	individual policy of accident and health or sickness insurance
9	and a health insurer offering individual accident and health or
10	sickness insurance coverage that provides dependent coverage of
11	children shall continue to make that coverage available for an
12	adult child until the child turns twenty-six years of age.
13	Nothing in this section shall require a policy or health insurer
14	to make coverage available for a child of a child receiving
15	dependent coverage.
16	§431:10A- Prohibition of preexisting condition
17	exclusions. (a) No individual policy of accident and health or
18	sickness insurance issued or renewed in this State shall impose
19	any preexisting condition exclusion.
20	(b) For purposes of this section, a "preexisting condition
21	exclusion" means a limitation or exclusion of benefits,

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2 condition was present before the effective date of coverage (or 3 if coverage is denied, the date of the denial) under an 4 individual policy of accident and health or sickness insurance, 5 whether or not any medical advice, diagnosis, care, or treatment 6 was recommended or received before that day, and includes any 7 condition. 8 The term "preexisting condition exclusion" includes any 9 limitation or exclusion of benefits, including a denial of 10 coverage, applicable to an individual as a result of information 11 relating to an individual's health status before the 12 individual's effective date of coverage (or if coverage is 13 denied, the date of the denial) under an individual policy of 14 accident and health or sickness insurance, such as a condition 15 identified as a result of a pre-enrollment questionnaire or

including a denial of coverage, based on the fact that the

18 <u>§431:10A-</u> <u>Prohibited discrimination in premiums or</u>
19 <u>contributions.</u> No individual policy of accident and health or
20 sickness insurance and no health insurer offering individual

physical examination given to the individual or a review of

medical records relating to the pre-enrollment period.

21 accident and health or sickness insurance coverage issued or

- 1 renewed in this State shall require an individual, as a
- 2 condition of enrollment or continued enrollment under the
- 3 policy, to pay a premium or contribution based on the
- 4 individual's gender that is greater than the premium or
- 5 contribution for a similarly situated individual of the opposite
- 6 gender who is covered under the same policy or a substantially
- 7 similar policy offered by the same insurer."
- 8 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
- 9 amended by adding three new sections to part II of article 10A
- 10 to be appropriately designated and to read as follows:
- 11 "§431:10A- Extension of dependent coverage. A group
- 12 policy of accident and health or sickness insurance and a health
- 13 insurer offering group accident and health or sickness insurance
- 14 coverage that provides dependent coverage of children shall
- 15 continue to make that coverage available for an adult child
- 16 until the child turns twenty-six years of age. Nothing in this
- 17 section shall require a policy or health insurer to make
- 18 coverage available for a child of a child receiving dependent
- 19 coverage.
- 20 §431:10A- Prohibition of preexisting condition
- 21 exclusions. (a) No group policy of accident and health or

- 1 sickness insurance issued or renewed in this State shall impose
- 2 any preexisting condition exclusion.
- 3 (b) For purposes of this section, a "preexisting condition
- 4 exclusion" means a limitation or exclusion of benefits,
- 5 including a denial of coverage, based on the fact that the
- 6 condition was present before the effective date of coverage (or
- 7 if coverage is denied, the date of the denial) under a group
- 8 policy of accident and health or sickness insurance, whether or
- 9 not any medical advice, diagnosis, care, or treatment was
- 10 recommended or received before that day and includes any
- 11 condition.
- 12 The term "preexisting condition exclusion" includes any
- 13 limitation or exclusion of benefits, including a denial of
- 14 coverage, applicable to an individual as a result of information
- 15 relating to an individual's health status before the
- 16 individual's effective date of coverage (or if coverage is
- 17 denied, the date of the denial) under a group policy of accident
- 18 and health or sickness insurance, such as a condition identified
- 19 as a result of a pre-enrollment questionnaire or physical
- 20 examination given to the individual, or review of medical
- 21 records relating to the pre-enrollment period.

1	§431:10A- Prohibited discrimination in premiums or
2	contributions. No group policy of accident and health or
3	sickness insurance and no health insurer offering group accident
4	and health or sickness insurance coverage issued or renewed in
5	this State shall require an individual, as a condition of
6	enrollment or continued enrollment under the policy, to pay a
7	premium or contribution based on the individual's gender that is
8	greater than the premium or contribution for a similarly
9	situated individual of the opposite gender who is covered under
10	the same policy or a substantially similar policy offered by the
11	<pre>same insurer."</pre>
12	SECTION 4. Chapter 432, Hawaii Revised Statutes, is
13	amended by adding three new sections to article 1 to be
14.	appropriately designated and to read as follows:
15	"§432:1- Extension of dependent coverage. Each
16	individual or group hospital or medical service plan contract
17	and each mutual benefit society offering individual or group
18	hospital or medical service plan contracts that provide
19	dependent coverage of children shall continue to make that
20	coverage available for an adult child until the child turns
21	twenty-six years of age. Nothing in this section shall require

- 1 a plan contract to make coverage available for a child of a
- 2 child receiving dependent coverage.
- 3 §432:1- Prohibition of preexisting condition exclusions.
- 4 (a) No individual or group hospital or medical service plan
- 5 contract issued or renewed in this State shall impose any
- 6 preexisting condition exclusion.
- 7 (b) For purposes of this section, a "preexisting condition
- 8 exclusion" means a limitation or exclusion of benefits,
- 9 including a denial of coverage, based on the fact that the
- 10 condition was present before the effective date of coverage (or
- 11 if coverage is denied, the date of the denial) under an
- 12 individual or group hospital or medical service plan contract,
- 13 whether or not any medical advice, diagnosis, care, or treatment
- 14 was recommended or received before that day and includes any
- 15 condition.
- 16 The term "preexisting condition exclusion" includes any
- 17 limitation or exclusion of benefits, including a denial of
- 18 coverage, applicable to an individual as a result of information
- 19 relating to an individual's health status before the
- 20 individual's effective date of coverage (or if coverage is
- 21 denied, the date of the denial) under an individual or group

- 1 hospital or medical service plan contract, such as a condition
- 2 identified as a result of a pre-enrollment questionnaire or
- 3 physical examination given to the individual, or review of
- 4 medical records relating to the pre-enrollment period.
- 5 §432:1- Prohibited discrimination in premiums or
- 6 contributions. No individual or group hospital or medical
- 7 service plan contract and no mutual benefit society offering
- 8 individual or group hospital or medical service plan contracts
- 9 issued or renewed in this State shall require an individual, as
- 10 a condition of enrollment or continued enrollment under the plan
- 11 contract, to pay a premium or contribution based on the
- 12 individual's gender that is greater than the premium or
- 13 contribution for a similarly situated individual of the opposite
- 14 gender who is covered under the same plan contract or a
- 15 substantially similar plan contract offered by the same mutual
- 16 benefit society."
- 17 SECTION 5. Chapter 432D, Hawaii Revised Statutes, is
- 18 amended by adding three new sections to be appropriately
- 19 designated and to read as follows:
- 20 "§432D- Extension of dependent coverage. Each
- 21 individual or group policy, contract, plan, or agreement and

- 1 each health maintenance organization offering individual or
- 2 group policies, contracts, plans, or agreements that provides
- 3 dependent coverage of children shall continue to make that
- 4 coverage available for an adult child until the child turns
- 5 twenty-six years of age. Nothing in this section shall require
- 6 a policy, contract, plan, or agreement to make coverage
- 7 available for a child of a child receiving dependent coverage.
- 8 §432D- Prohibition of preexisting condition exclusions.
- 9 (a) No individual or group health maintenance organization
- 10 policy, contract, plan, or agreement issued or renewed in this
- 11 State shall impose any preexisting condition exclusion.
- 12 (b) For purposes of this section, a "preexisting condition
- 13 exclusion" means a limitation or exclusion of benefits,
- 14 including a denial of coverage, based on the fact that the
- 15 condition was present before the effective date of coverage (or
- 16 if coverage is denied, the date of the denial) under an
- 17 individual or group health maintenance organization policy,
- 18 contract, plan, or agreement, whether or not any medical advice,
- 19 diagnosis, care, or treatment was recommended or received before
- 20 that day and includes any condition.

1	The term "preexisting condition exclusion" includes any
2	limitation or exclusion of benefits, including a denial of
3	coverage, applicable to an individual as a result of information
4	relating to an individual's health status before the
5	individual's effective date of coverage (or if coverage is
6	denied, the date of the denial) under an individual or group
7	health maintenance organization policy, contract, plan, or
8	agreement, such as a condition identified as a result of a pre-
9	enrollment questionnaire or physical examination given to the
10	individual, or review of medical records relating to the pre-
11	enrollment period.
12	§432D- Prohibited discrimination in premiums or
13	contributions. No individual or group policy, contract, plan,
14	or agreement and no health maintenance organization offering
15	group or individual policies, contracts, plans, or agreements
16	issued or renewed in this State shall require an individual, as
17	a condition of enrollment or continued enrollment under a
18	policy, contract, plan, or agreement, to pay a premium or
19	contribution based on the individual's gender that is greater
20	than the premium or contribution for a similarly situated
21	individual of the opposite gender who is covered under the same

- 1 policy, contract, plan, or agreement or a substantially similar
- 2 policy, contract, plan, or agreement offered by the same health
- 3 maintenance organization."
- 4 SECTION 6. New statutory material is underscored.
- 5 SECTION 7. This Act shall take effect on July 1, 2050.

Report Title:

Health Insurance; Extended Coverage; Preexisting Conditions; Nondiscrimination

Description:

Ensures certain benefits under the federal Affordable Care Act are preserved under Hawaii law, including: extending dependent coverage for adult children up to 26 years of age; prohibiting health insurance entities from imposing a preexisting condition exclusion; and prohibiting health insurance entities from using an individual's gender to determine premiums or contributions. Effective 7/1/2050. (SD2)

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