
A BILL FOR AN ACT

RELATING TO HEALTH CARE.

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

1 PART I

2 SECTION 1. The legislature finds that Hawaii has long been
3 a leader in advancing reproductive rights, advocating the
4 importance of access to reproductive health care without
5 discrimination, and implementing forward-thinking reproductive
6 health care policy. However, gaps in coverage and care still
7 exist, and Hawaii's benefits and protections are constantly
8 under attack by a hostile federal administration bent on
9 repealing or undercutting the federal Patient Protection and
10 Affordable Care Act of 2010 and, in particular, access to sexual
11 and reproductive health care benefits and protections.

12 The legislature finds that access to reproductive health
13 care is critical for the health and economic security of all of
14 Hawaii's people. Research shows that for every one dollar in
15 public spending on reproductive health and family planning
16 services, states save seven dollars in medicaid costs for
17 pregnancy, labor and delivery, and children's health care.



1 Ensuring that Hawaii's people receive comprehensive client-
2 centered and culturally-sensitive sexual and reproductive health
3 care makes good economic sense and improves the overall health
4 of our communities and our State.

5 The legislature concludes that in order to safeguard access
6 to abortion, solidify the essential health benefits that have
7 changed thousands of lives, and improve overall access to care,
8 it is vital to preserve certain important aspects of the Patient
9 Protection and Affordable Care Act and expand access to care for
10 residents of Hawaii.

11 Accordingly, the purpose of this Act is to ensure
12 comprehensive coverage for the full spectrum of sexual and
13 reproductive health care services, including family planning and
14 abortion, for all of Hawaii's people.

15 PART II

16 SECTION 2. Chapter 431, Hawaii Revised Statutes, is
17 amended by adding two new sections to part I of article 10A to
18 be appropriately designated and to read as follows:

19 "§431:10A-A Preventive care; coverage; requirements. (a)

20 Every individual policy of accident and health or sickness
21 insurance issued or renewed in this State shall provide coverage



1 for all of the following services, drugs, devices, products, and
2 procedures for the policyholder or any dependent of the
3 policyholder who is covered by the policy:

4 (1) Well-woman preventive care visit annually for women to
5 obtain the recommended preventive services that are
6 age and developmentally appropriate, including
7 preconception care and services necessary for prenatal
8 care. For the purposes of this section, a well-woman
9 visit, where appropriate, shall include other
10 preventive services as listed in this section;
11 provided that if several visits are needed to obtain
12 all necessary recommended preventive services,
13 depending upon a woman's health status, health needs,
14 and other risk factors, coverage shall apply to each
15 of the necessary visits;

16 (2) Counseling for sexually transmitted infections,
17 including human immunodeficiency virus and acquired
18 immune deficiency syndrome;

19 (3) Screening for: chlamydia; gonorrhea; hepatitis B;
20 hepatitis C; human immunodeficiency virus and acquired
21 immune deficiency syndrome; human papillomavirus;



- 1 syphilis; anemia; urinary tract infection; pregnancy;
2 Rh incompatibility; gestational diabetes;
3 osteoporosis; breast cancer; and cervical cancer;
4 (4) Screening to determine whether counseling and testing
5 related to the BRCA1 or BRCA2 genetic mutation is
6 indicated and genetic counseling and testing related
7 to the BRCA1 or BRCA2 genetic mutation, if indicated;
8 (5) Screening and appropriate counseling or interventions
9 for:
10 (A) Substance abuse, including tobacco and electronic
11 smoking devices, and alcohol; and
12 (B) Domestic and interpersonal violence;
13 (6) Screening and appropriate counseling or interventions
14 for mental health screening and counseling, including
15 depression;
16 (7) Folic acid supplements;
17 (8) Abortion;
18 (9) Breastfeeding comprehensive support, counseling, and
19 supplies;
20 (10) Breast cancer chemoprevention counseling;



- 1 (11) Any contraceptive supplies, as specified in section
2 431:10A-116.6;
- 3 (12) Voluntary sterilization, as a single claim or combined
4 with the following other claims for covered services
5 provided on the same day:
- 6 (A) Patient education and counseling on contraception
7 and sterilization; and
- 8 (B) Services related to sterilization or the
9 administration and monitoring of contraceptive
10 supplies, including:
- 11 (i) Management of side effects;
- 12 (ii) Counseling for continued adherence to a
13 prescribed regimen;
- 14 (iii) Device insertion and removal; and
- 15 (iv) Provision of alternative contraceptive
16 supplies deemed medically appropriate in the
17 judgment of the insured's health care
18 provider;
- 19 (13) Pre-exposure prophylaxis, post-exposure prophylaxis,
20 and human papillomavirus vaccination; and



1 (14) Any additional preventive services for women that must
2 be covered without cost sharing under title 42 United
3 States Code section 300gg-13, as identified by the
4 federal Preventive Services Task Force or the Health
5 Resources and Services Administration of the federal
6 Department of Health and Human Services, as of
7 January 1, 2018.

8 (b) An insurer shall not impose any cost-sharing
9 requirements, including copayments, coinsurance, or deductibles,
10 on a policyholder or an individual covered by the policy with
11 respect to the coverage and benefits required by this section,
12 except to the extent that coverage of particular services
13 without cost-sharing would disqualify a high-deductible health
14 plan from eligibility for a health savings account pursuant to
15 title 26 United States Code section 223. For a qualifying high-
16 deductible health plan, the insurer shall establish the plan's
17 cost-sharing for the coverage provided pursuant to this section
18 at the minimum level necessary to preserve the insured's ability
19 to claim tax-exempt contributions and withdrawals from the
20 insured's health savings account under title 26 United States
21 Code section 223.



1 (c) A health care provider shall be reimbursed for
2 providing the services pursuant to this section without any
3 deduction for coinsurance, copayments, or any other cost-sharing
4 amounts.

5 (d) Except as otherwise authorized under this section, an
6 insurer shall not impose any restrictions or delays on the
7 coverage required under this section.

8 (e) This section shall not require a policy of accident
9 and health or sickness insurance to cover:

- 10 (1) Experimental or investigational treatments;
- 11 (2) Clinical trials or demonstration projects;
- 12 (3) Treatments that do not conform to acceptable and
13 customary standards of medical practice; or
- 14 (4) Treatments for which there is insufficient data to
15 determine efficacy.

16 (f) If services, drugs, devices, products, or procedures
17 required by this section are provided by an out-of-network
18 provider, the insurer shall cover the services, drugs, devices,
19 products, or procedures without imposing any cost-sharing
20 requirement on the policyholder if:



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

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

8 (g) Every insurer shall provide written notice to its
9 policyholders regarding the coverage required by this section.
10 The notice shall be in writing and prominently positioned in any
11 literature or correspondence sent to policyholders and shall be
12 transmitted to policyholders beginning with calendar year 2021
13 when annual information is made available to policyholders or in
14 any other mailing to policyholders, but in no case later than
15 December 31, 2021.

16 (h) This section shall not apply to policies that provide
17 coverage for specified diseases or other limited benefit health
18 insurance coverage, as provided pursuant to section 431:10A-607.

19 (i) If the commissioner concludes that enforcement of this
20 section may adversely affect the allocation of federal funds to
21 the State, the commissioner may grant an exemption to the



1 requirements, but only to the minimum extent necessary to ensure
2 the continued receipt of federal funds.

3 (j) A bill or statement for services from any health care
4 provider or insurer shall be sent directly to the person
5 receiving the services.

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

8 **§431:10A-B Nondiscrimination; reproductive health care;**
9 **coverage.** (a) An individual, on the basis of actual or
10 perceived race, color, national origin, sex, gender identity,
11 sexual orientation, age, or disability, shall not be excluded
12 from participation in, be denied the benefits of, or otherwise
13 be subjected to discrimination in the coverage of, or payment
14 for, the services, drugs, devices, products, and procedures
15 covered by section 431:10A-A or 431:10A-116.6.

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

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



1 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
2 amended by adding two new sections to part II of article 10A to
3 be appropriately designated and to read as follows:

4 "§431:10A-C Preventive care; coverage; requirements. (a)
5 Every group policy of accident and health or sickness insurance
6 issued or renewed in this State shall provide coverage for all
7 of the following services, drugs, devices, products, and
8 procedures for any insured or any dependent of the insured who
9 is covered by the policy:

10 (1) Well-woman preventive care visit annually for women to
11 obtain the recommended preventive services that are
12 age and developmentally appropriate, including
13 preconception care and services necessary for prenatal
14 care. For the purposes of this section, a well-woman
15 visit, where appropriate, shall include other
16 preventive services as listed in this section;
17 provided that if several visits are needed to obtain
18 all necessary recommended preventive services,
19 depending upon a woman's health status, health needs,
20 and other risk factors, coverage shall apply to each
21 of the necessary visits;



- 1 (2) Counseling for sexually transmitted infections,
2 including human immunodeficiency virus and acquired
3 immune deficiency syndrome;
- 4 (3) Screening for: chlamydia; gonorrhea; hepatitis B;
5 hepatitis C; human immunodeficiency virus and acquired
6 immune deficiency syndrome; human papillomavirus;
7 syphilis; anemia; urinary tract infection; pregnancy;
8 Rh incompatibility; gestational diabetes;
9 osteoporosis; breast cancer; and cervical cancer;
- 10 (4) Screening to determine whether counseling and testing
11 related to the BRCA1 or BRCA2 genetic mutation is
12 indicated and genetic counseling and testing related
13 to the BRCA1 or BRCA2 genetic mutation, if indicated;
- 14 (5) Screening and appropriate counseling or interventions
15 for:
- 16 (A) Substance abuse, including tobacco and electric
17 smoking devices, and alcohol; and
- 18 (B) Domestic and interpersonal violence;
- 19 (6) Screening and appropriate counseling or interventions
20 for mental health screening and counseling, including
21 depression;



- 1 (7) Folic acid supplements;
- 2 (8) Abortion;
- 3 (9) Breastfeeding comprehensive support, counseling, and
4 supplies;
- 5 (10) Breast cancer chemoprevention counseling;
- 6 (11) Any contraceptive supplies, as specified in section
7 431:10A-116.6;
- 8 (12) Voluntary sterilization, as a single claim or combined
9 with the following other claims for covered services
10 provided on the same day:
- 11 (A) Patient education and counseling on contraception
12 and sterilization; and
- 13 (B) Services related to sterilization or the
14 administration and monitoring of contraceptive
15 supplies, including:
- 16 (i) Management of side effects;
- 17 (ii) Counseling for continued adherence to a
18 prescribed regimen;
- 19 (iii) Device insertion and removal; and
- 20 (iv) Provision of alternative contraceptive
21 supplies deemed medically appropriate in the



1 judgment of the subscriber's or dependent's
2 health care provider;

3 (13) Pre-exposure prophylaxis, post-exposure prophylaxis,
4 and human papillomavirus vaccination; and

5 (14) Any additional preventive services for women that must
6 be covered without cost sharing under title 42 United
7 States Code section 300gg-13, as identified by the
8 federal Preventive Services Task Force or the Health
9 Resources and Services Administration of the United
10 States Department of Health and Human Services, as of
11 January 1, 2018.

12 (b) An insurer shall not impose any cost-sharing
13 requirements, including copayments, coinsurance, or deductibles,
14 on an insured or an individual covered by the policy with
15 respect to the coverage and benefits required by this section,
16 except to the extent that coverage of particular services
17 without cost-sharing would disqualify a high-deductible health
18 plan from eligibility for a health savings account pursuant to
19 title 26 United States Code section 223. For a qualifying high-
20 deductible health plan, the insurer shall establish the plan's
21 cost-sharing for the coverage provided pursuant to this section



1 at the minimum level necessary to preserve the insured's ability
2 to claim tax-exempt contributions and withdrawals from the
3 insured's health savings account under title 26 United States
4 Code section 223.

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

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

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

14 (1) Experimental or investigational treatments;

15 (2) Clinical trials or demonstration projects;

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

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

20 (f) If services, drugs, devices, products, or procedures
21 required by this section are provided by an out-of-network



1 provider, the insurer shall cover the services, drugs, devices,
2 products, or procedures without imposing any cost-sharing
3 requirement on the insured if:

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

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

11 (g) Every insurer shall provide written notice to the
12 insured members of the group regarding the coverage required by
13 this section. The notice shall be in writing and prominently
14 positioned in any literature or correspondence sent to insured
15 members and shall be transmitted to insured members beginning
16 with calendar year 2021 when annual information is made
17 available to insured members or in any other mailing to insured
18 members, but in no case later than December 31, 2021.

19 (h) This section shall not apply to policies that provide
20 coverage for specified diseases or other limited benefit health
21 insurance coverage, as provided pursuant to section 431:10A-607.



1 (i) If the commissioner concludes that enforcement of this
2 section may adversely affect the allocation of federal funds to
3 the State, the commissioner may grant an exemption to the
4 requirements, but only to the minimum extent necessary to ensure
5 the continued receipt of federal funds.

6 (j) A bill or statement for services from any health care
7 provider or insurer shall be sent directly to the person
8 receiving the services.

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

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

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



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

5 SECTION 4. Chapter 432, Hawaii Revised Statutes, is
6 amended by adding two new sections to article 1 to be
7 appropriately designated and to read as follows:

8 "§432:1-A Preventive care; coverage; requirements. (a)
9 Every individual or group hospital or medical service plan
10 contract issued or renewed in this State shall provide coverage
11 for all of the following services, drugs, devices, products, and
12 procedures for the subscriber or member or any dependent of the
13 subscriber or member who is covered by the plan contract:

14 (1) Well-woman preventive care visit annually for women to
15 obtain the recommended preventive services that are
16 age and developmentally appropriate, including
17 preconception care and services necessary for prenatal
18 care. For the purposes of this section, a well-woman
19 visit, where appropriate, shall include preventive
20 services as listed in this section; provided that if
21 several visits are needed to obtain all necessary



1 recommended preventive services, depending upon a
2 woman's health status, health needs, and other risk
3 factors, coverage shall apply to each of the necessary
4 visits;

5 (2) Counseling for sexually transmitted infections,
6 including human immunodeficiency virus and acquired
7 immune deficiency syndrome;

8 (3) Screening for: chlamydia; gonorrhea; hepatitis B;
9 hepatitis C; human immunodeficiency virus and acquired
10 immune deficiency syndrome; human papillomavirus;
11 syphilis; anemia; urinary tract infection; pregnancy;
12 Rh incompatibility; gestational diabetes;
13 osteoporosis; breast cancer; and cervical cancer;

14 (4) Screening to determine whether counseling and testing
15 related to the BRCA1 or BRCA2 genetic mutation is
16 indicated and genetic counseling and testing related
17 to the BRCA1 or BRCA2 genetic mutation, if indicated;

18 (5) Screening and appropriate counseling or interventions
19 for:

20 (A) Substance abuse, including tobacco and electronic
21 smoking devices, and alcohol; and



- 1 (B) Domestic and interpersonal violence;
- 2 (6) Screening and appropriate counseling or interventions
- 3 for mental health screening and counseling, including
- 4 depression;
- 5 (7) Folic acid supplements;
- 6 (8) Abortion;
- 7 (9) Breastfeeding comprehensive support, counseling, and
- 8 supplies;
- 9 (10) Breast cancer chemoprevention counseling;
- 10 (11) Any contraceptive supplies, as specified in section
- 11 431:10A-116.6;
- 12 (12) Voluntary sterilization, as a single claim or combined
- 13 with the following other claims for covered services
- 14 provided on the same day:
- 15 (A) Patient education and counseling on contraception
- 16 and sterilization; and
- 17 (B) Services related to sterilization or the
- 18 administration and monitoring of contraceptive
- 19 supplies, including:
- 20 (i) Management of side effects;



1 (ii) Counseling for continued adherence to a
2 prescribed regimen;
3 (iii) Device insertion and removal; and
4 (iv) Provision of alternative contraceptive
5 supplies deemed medically appropriate in the
6 judgment of the subscriber's or member's
7 health care provider;

8 (13) Pre-exposure prophylaxis, post-exposure prophylaxis,
9 and human papillomavirus vaccination; and

10 (14) Any additional preventive services for women that must
11 be covered without cost sharing under title 42 United
12 States Code section 300gg-13, as identified by the
13 federal Preventive Services Task Force or the Health
14 Resources and Services Administration of the federal
15 Department of Health and Human Services, as of
16 January 1, 2018.

17 (b) A mutual benefit society shall not impose any cost-
18 sharing requirements, including copayments, coinsurance, or
19 deductibles, on a subscriber or member or an individual covered
20 by the plan contract with respect to the coverage and benefits
21 required by this section, except to the extent that coverage of



1 particular services without cost-sharing would disqualify a
2 high-deductible health plan from eligibility for a health
3 savings account pursuant to title 26 United States Code section
4 223. For a qualifying high-deductible health plan, the mutual
5 benefit society shall establish the plan's cost-sharing for the
6 coverage provided pursuant to this section at the minimum level
7 necessary to preserve the subscriber's or member's ability to
8 claim tax-exempt contributions and withdrawals from the
9 subscriber's or member's health savings account under title 26
10 United States Code section 223.

11 (c) A health care provider shall be reimbursed for
12 providing the services pursuant to this section without any
13 deduction for coinsurance, copayments, or any other cost-sharing
14 amounts.

15 (d) Except as otherwise authorized under this section, a
16 mutual benefit society shall not impose any restrictions or
17 delays on the coverage required under this section.

18 (e) This section shall not require an individual or group
19 hospital or medical service plan contract to cover:

- 20 (1) Experimental or investigational treatments;
21 (2) Clinical trials or demonstration projects;



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

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

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

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

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

17 (g) Every mutual benefit society shall provide written
18 notice to its subscribers or members regarding the coverage
19 required by this section. The notice shall be in writing and
20 prominently positioned in any literature or correspondence sent
21 to subscribers or members and shall be transmitted to



1 subscribers or members beginning with calendar year 2021 when
2 annual information is made available to subscribers or members
3 or in any other mailing to subscribers or members, but in no
4 case later than December 31, 2021.

5 (h) This section shall not apply to plan contracts that
6 provide coverage for specified diseases or other limited benefit
7 health insurance coverage, as provided pursuant to section
8 431:10A-607.

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

14 (j) A bill or statement for services from any health care
15 provider or mutual benefit society shall be sent directly to the
16 person receiving the services.

17 (k) For purposes of this section, "contraceptive supplies"
18 shall have the same meaning as in section 431:10A-607.

19 **§432:1-B Nondiscrimination; reproductive health care;**
20 **coverage.** (a) An individual, on the basis of actual or
21 perceived race, color, national origin, sex, gender identity,



1 sexual orientation, age, or disability, shall not be excluded
2 from participation in, be denied the benefits of, or otherwise
3 be subjected to discrimination in the coverage of, or payment
4 for, the services, drugs, devices, products, or procedures
5 covered by section 432:1-A or 432:1-604.5.

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

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

12 SECTION 5. Chapter 432D, Hawaii Revised Statutes, is
13 amended by adding a new section to be appropriately designated
14 and to read as follows:

15 **"§432D-A Nondiscrimination; reproductive health care;**
16 **coverage.** (a) An individual, on the basis of actual or
17 perceived race, color, national origin, sex, gender identity,
18 sexual orientation, age, or disability, shall not be excluded
19 from participation in, be denied the benefits of, or otherwise
20 be subjected to discrimination in the coverage of, or payment



1 for, the services, drugs, devices, products, and procedures
2 covered by section 431:10A-A or 431:10A-116.6.

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

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

9 SECTION 6. Section 431:10A-116.6, Hawaii Revised Statutes,
10 is amended to read as follows:

11 **"§431:10A-116.6 Contraceptive services. (a)**

12 Notwithstanding any provision of law to the contrary, each
13 employer group policy of accident and health or sickness
14 [~~policy, contract, plan, or agreement~~] insurance issued or
15 renewed in this State on or after January 1, [~~2000,~~] 2020, shall
16 [~~cease to exclude~~] provide coverage for contraceptive services
17 or contraceptive supplies for the [~~subscriber~~] insured or any
18 dependent of the [~~subscriber~~] insured who is covered by the
19 policy, subject to the exclusion under section 431:10A-116.7 and
20 the exclusion under section 431:10A-607[-]; provided that:



- 1 (1) If there is a therapeutic equivalent of a
2 contraceptive supply approved by the United States
3 Food and Drug Administration, an insurer may provide
4 coverage for either the requested contraceptive supply
5 or for one or more therapeutic equivalents of the
6 requested contraceptive supply;
- 7 (2) If a contraceptive supply covered by the policy is
8 deemed medically inadvisable by the insured's health
9 care provider, the policy shall cover an alternative
10 contraceptive supply prescribed by the health care
11 provider;
- 12 (3) An insurer shall pay pharmacy claims for reimbursement
13 of all contraceptive supplies available for over-
14 the-counter sale that are approved by the United
15 States Food and Drug Administration; and
- 16 (4) An insurer shall not infringe upon an insured's choice
17 of contraceptive supplies and shall not require prior
18 authorization, step therapy, or other utilization
19 control techniques for medically-appropriate covered
20 contraceptive supplies.



1 ~~[(b) Except as provided in subsection (c), all policies,~~
2 ~~contracts, plans, or agreements under subsection (a) that~~
3 ~~provide contraceptive services or supplies or prescription drug~~
4 ~~coverage shall not exclude any prescription contraceptive~~
5 ~~supplies or impose any unusual copayment, charge, or waiting~~
6 ~~requirement for such supplies.~~

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

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

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

17 ~~(d)]~~ (b) An insurer shall not impose any cost-sharing
18 requirements, including copayments, coinsurance, or deductibles,
19 on an insured with respect to the coverage required under this
20 section. A health care provider shall be reimbursed for
21 providing the services pursuant to this section without any



1 deduction for coinsurance, copayments, or any other cost-sharing
2 amounts.

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

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

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

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

14 (e) Coverage required by this section shall include
15 reimbursement to a prescribing health care provider or
16 dispensing entity for prescription contraceptive supplies
17 intended to last for up to a twelve-month period for an insured.

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



1 ~~[(e)]~~ (g) For purposes of this section:

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

8 "Contraceptive supplies" means all United States Food and
9 Drug Administration-approved contraceptive drugs ~~[e]~~, devices,
10 or products used to prevent unwanted pregnancy~~[-]~~, regardless of
11 whether they are to be used by the insured or the partner of the
12 insured, and regardless of whether they are to be used for
13 contraception or exclusively for the prevention of sexually
14 transmitted infections.

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

19 SECTION 7. Section 431:10A-116.7, Hawaii Revised Statutes,
20 is amended by amending subsection (g) to read as follows:

21 "(g) 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~~[-]~~, regardless of
10 whether they are to be used by the insured or the partner of the
11 insured, and regardless of whether they are to be used for
12 contraception or exclusively for the prevention of sexually
13 transmitted infections."

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

16 "**§432:1-604.5 Contraceptive services.** (a)
17 Notwithstanding any provision of law to the contrary, each
18 employer group ~~[health policy, contract, plan, or agreement]~~
19 hospital or medical service plan contract issued or renewed in
20 this State on or after January 1, ~~[2000,]~~ 2020, shall ~~[cease to~~
21 ~~exclude]~~ provide coverage for contraceptive services or



1 contraceptive supplies, and contraceptive prescription drug
2 coverage for the subscriber or member or any dependent of the
3 subscriber or member who is covered by the policy, subject to
4 the exclusion under section 431:10A-116.7[-]; provided that:

- 5 (1) If there is a therapeutic equivalent of a
6 contraceptive supply approved by the United States
7 Food and Drug Administration, a mutual benefit society
8 may provide coverage for either the requested
9 contraceptive supply or for one or more therapeutic
10 equivalents of the requested contraceptive supply;
- 11 (2) If a contraceptive supply covered by the plan contract
12 is deemed medically inadvisable by the subscriber's or
13 member's health care provider, the plan contract shall
14 cover an alternative contraceptive supply prescribed
15 by the health care provider;
- 16 (3) A mutual benefit society shall pay pharmacy claims for
17 reimbursement of all contraceptive supplies available
18 for over-the-counter sale that are approved by the
19 United States Food and Drug Administration; and
- 20 (4) A mutual benefit society shall not infringe upon a
21 subscriber's or member's choice of contraceptive



1 supplies and shall not require prior authorization,
2 step therapy, or other utilization control techniques
3 for medically-appropriate covered contraceptive
4 supplies.

5 ~~[(b) Except as provided in subsection (c), all policies,~~
6 ~~contracts, plans, or agreements under subsection (a), that~~
7 ~~provide contraceptive services or supplies or prescription drug~~
8 ~~coverage shall not exclude any prescription contraceptive~~
9 ~~supplies or impose any unusual copayment, charge, or waiting~~
10 ~~requirement for such drug or device.~~

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

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

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



1 ~~(d)]~~ (b) A mutual benefit society shall not impose any
2 cost-sharing requirements, including copayments, coinsurance, or
3 deductibles, on a subscriber or member with respect to the
4 coverage required under this section. A health care provider
5 shall be reimbursed for providing the services pursuant to this
6 section without any deduction for coinsurance, copayments, or
7 any other cost-sharing amounts.

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

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

14 (1) Reasons other than contraceptive purposes, such as
15 decreasing the risk of ovarian cancer or eliminating
16 symptoms of menopause; or

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

19 (e) Coverage required by this section shall include
20 reimbursement to a prescribing health care provider or



1 dispensing entity for prescription contraceptive supplies
2 intended to last for up to a twelve-month period for a member.

3 (f) Nothing in this section shall be construed to extend
4 the practice or privileges of any health care provider beyond
5 that provided in the laws governing the provider's practice and
6 privileges.

7 [~~e~~] (g) For purposes of this section:

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

14 "Contraceptive supplies" means all Food and Drug
15 Administration-approved contraceptive drugs or devices used to
16 prevent unwanted pregnancy~~-~~, regardless of whether they are to
17 be used by the subscriber or member or the partner of the
18 subscriber or member, and regardless of whether they are to be
19 used for contraception or exclusively for the prevention of
20 sexually transmitted infections.



1 [~~(f) Nothing in this section shall be construed to extend~~
2 ~~the practice or privileges of any health care provider beyond~~
3 ~~that provided in the laws governing the provider's practice and~~
4 ~~privileges.] "~~

5 SECTION 9. Section 432D-23, Hawaii Revised Statutes, is
6 amended to read as follows:

7 "**§432D-23 Required provisions and benefits.**

8 Notwithstanding any provision of law to the contrary, each
9 policy, contract, plan, or agreement issued in the State after
10 January 1, 1995, by health maintenance organizations pursuant to
11 this chapter, shall include benefits provided in sections
12 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116,
13 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119,
14 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126,
15 431:10A-132, 431:10A-133, 431:10A-134, 431:10A-140, and
16 [~~431:10A-134~~,] 431:10A-A, and chapter 431M."

17 SECTION 10. The insurance division of the department of
18 commerce and consumer affairs shall submit a report to the
19 legislature on the degree of compliance by insurers, mutual
20 benefit societies, and health maintenance organizations
21 regarding the implementation of this part, and of any actions



1 taken by the insurance commissioner to enforce compliance with
2 this part no later than twenty days prior to the convening of
3 the regular session of 2021.

4 PART III

5 SECTION 11. Chapter 346, Hawaii Revised Statutes, is
6 amended by adding a new section to be appropriately designated
7 and to read as follows:

8 "§346-A Nondiscrimination; reproductive health care;
9 coverage. (a) An individual, on the basis of actual or
10 perceived race, color, national origin, sex, gender identity,
11 sexual orientation, age, or disability, shall not be excluded
12 from participation in, be denied the benefits of, or otherwise
13 be subjected to discrimination in the coverage of, or payment
14 for, the services, drugs, devices, products, or procedures
15 covered by section 432:1-A or 432:1-604.5 or in the receipt of
16 medical assistance as that term is defined under section 346-1.

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 or discriminatory



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

3 PART IV

4 SECTION 12. In codifying the new sections added by
5 sections 2, 3, 4, 5, and 11 of this Act, the revisor of statutes
6 shall substitute appropriate section numbers for the letters
7 used in designating the new sections in this Act.

8 SECTION 13. Statutory material to be repealed is bracketed
9 and stricken. New statutory material is underscored.

10 SECTION 14. This Act shall take effect on July 1, 2050,
11 and shall apply to all plans, policies, contracts, and
12 agreements of health insurance issued or renewed by a health
13 insurer, mutual benefit society, or health maintenance
14 organization on or after March 15, 2021.



Report Title:

Health Insurance; Required Benefits; Covered Benefits;
Reproductive Health Care

Description:

Beginning on 3/1/2021, 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. Prohibits discrimination in the provision of reproductive health services. Effective 7/1/2050. (HD1)

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