A BILL FOR AN ACT

RELATING TO BREAST CANCER SCREENING.

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

- 1 SECTION 1. The legislature is committed to ensuring that
- 2 all women have ready access to breast cancer screening,
- 3 regardless of age and ethnicity, provided such screenings are
- 4 requested by state licensed and authorized medical
- 5 practitioners.
- 6 The legislature has serious reservations about the
- 7 implementation of United States preventive services task force
- 8 (USPSTF) quidelines with respect to breast cancer screening. In
- 9 2009 and 2016, the USPSTF released recommendations that were a
- 10 significant departure from screening guidelines issued by
- 11 leading clinical organizations such as the American College of
- 12 Radiology, the National Comprehensive Cancer Network, and the
- 13 American Medical Association. If the USPSTF guidelines were
- 14 implemented, insurance plans would no longer be required to
- 15 cover annual mammography without cost sharing for millions of
- 16 women ages forty to forty-nine.

1	The legislature recognizes that the federal government has
2	delayed implementation of USPSTF guidelines via legislation,
3	most recently with the Protecting Access to Lifesaving Screening
4	Act of 2019, that is scheduled to expire December 31, 2020.
5	The legislature finds that there is ample data showing that
6	annual mammographic screenings significantly reduces breast
7	cancer deaths and morbidity and that effective screening
8	programs are in the best interest of the State and its people.
9	The legislature further recognizes that certain ethnic groups
10	suffer a disproportionately higher rate of breast cancer
11	diagnoses before age fifty. The legislature is concerned that
12	minority women would also be disproportionately and adversely
13	impacted by USPSTF guidelines limiting their access to life
14	saving screening.
15	The purpose of this Act is to improve breast cancer
16	detection rates in the State by:
17	(1) Increasing the categories of women required to be
18	covered for mammogram screenings;
19	(2) Requiring the existing health insurance mandate for
20	coverage of low-dose mammography to include digital

mammography and breast tomosynthesis;

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1	(3) Defining "digital breast tomosynthesis"; and
2	(4) Requiring health care providers to be reimbursed at
3	rates accurately reflecting the resource costs
4	specific to each service, including any increased
5	resource cost after January 1, 2021.
6	SECTION 2. Section 431:10A-116, Hawaii Revised Statutes,
7	is amended to read as follows:
8	"§431:10A-116 Coverage for specific services. Every
9	person insured under a policy of accident and health or sickness
10	insurance delivered or issued for delivery in this State shall
11	be entitled to the reimbursements and coverages specified below
12	(1) Notwithstanding any provision to the contrary,
13	whenever a policy, contract, plan, or agreement
14	provides for reimbursement for any visual or
15	optometric service, $[\frac{which}{}]$ \underline{that} is within the lawful
16	scope of practice of a duly licensed optometrist, the
17	person entitled to benefits or the person performing
18	the services shall be entitled to reimbursement
19	whether the service is performed by a licensed
20	physician or by a licensed optometrist. Visual or
21	optometric services shall include eye or visual

1	examination, or both, or a correction of any visual or
2	muscular anomaly, and the supplying of ophthalmic
3	materials, lenses, contact lenses, spectacles,
4	eyeglasses, and appurtenances thereto;

- (2) Notwithstanding any provision to the contrary, for all policies, contracts, plans, or agreements issued on or after May 30, 1974, whenever provision is made for reimbursement or indemnity for any service related to surgical or emergency procedures, [which] that is within the lawful scope of practice of any practitioner licensed to practice medicine in this State, reimbursement or indemnification under the policy, contract, plan, or agreement shall not be denied when the services are performed by a dentist acting within the lawful scope of the dentist's license;
 - (3) Notwithstanding any provision to the contrary, whenever the policy provides reimbursement or payment for any service, [which] that is within the lawful scope of practice of a psychologist licensed in this State, the person entitled to benefits or performing

1		the	service shall be entitled to reimbursement or		
2	payment, whether the service is performed by a				
3		lice	nsed physician or licensed psychologist;		
4	(4)	Notw	ithstanding any provision to the contrary, each		
5		poli	cy, contract, plan, or agreement issued on or		
6		afte	r February 1, 1991, except for policies that only		
7		prov	ide coverage for specified diseases or other		
8	limited benefit coverage, but including policies				
9	issued by companies subject to chapter 431, article				
10	10A, part II and chapter 432, article 1 shall provide				
11		coverage for screening by low-dose mammography for			
12		occu	lt breast cancer as follows:		
13		(A)	For women age thirty-five to thirty-nine,		
14			inclusive, an annual baseline mammogram;		
15		(B)	For women forty years of age and older, an annual		
16			mammogram; [and]		
17		(C)	For women over age thirty, deemed by a licensed		
18			physician or clinician to have an above-average		
19			risk for breast cancer, an annual mammogram;		
20		[(B)]	(D) For [a woman] women of any age with a		
21			history of breast cancer or whose mother or		

1	sister has had a history of breast cancer, a
2	mammogram upon the recommendation of the woman's
3	physician[-]; and
4	(E) For women of any age, any additional or
5	supplemental imaging, such as breast magnetic
6	resonance imaging or ultrasound, deemed medically
7	necessary by an applicable American College of
8	Radiology guideline.
9	The services provided in this paragraph are
10	subject to any coinsurance provisions that may be in
11	force in these policies, contracts, plans, or
12	agreements $[\cdot]$, and shall be at least as favorable and
13	subject to the same dollar limits, deductibles, and
14	co-payments as other radiological examinations;
15	provided, however, that on and after January 1, 2021
16	providers of health care services specified under this
17	section shall be reimbursed at rates accurately
18	reflecting the resource costs specific to each
19	modality, including any increased resource cost.
20	For the purpose of this paragraph, the term "low-
21	dose mammography" means the x-ray examination of the

1	breast using equipment dedicated specifically for
2	mammography, including but not limited to the x-ray
3	tube, filter, compression device, screens, films, and
4	cassettes, with an average radiation exposure delivery
5	of less than one rad mid-breast, with two views for
6	each breast [-], and includes both digital mammography
7	and digital breast tomosynthesis, and interpreting and
8	rendering a report by a radiologist or other physician
9	based on the screening. For the purposes of this
10	paragraph, the term "digital breast tomosynthesis"
11	means a radiologic procedure that allows a volumetric.
12	reconstruction of the whole breast from a finite
13	number of low-dose two-dimensional projections
14	obtained by different x-ray tube angles, creating a
15	series of images forming a three dimensional
16	representation of the breast. An insurer may provide
17	the services required by this paragraph through
18	contracts with providers; provided that the contract
19	is determined to be a cost-effective means of
20	delivering the services without sacrifice of quality
21	and meets the approval of the director of health; and

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

1		child's birth, insurance coverage shall be
2		effective from the first day following the
3		insurer's receipt of legal notification of
4		the insured's ability to consent for
5		treatment of the infant for whom coverage is
6		sought; and
7	(B) When	the insured is a member of a health
8	mair	ntenance organization, coverage of an adopted
9	newk	oorn is effective:
10	(i)	From the date of birth of the adopted
11		newborn when the newborn is treated from
12		birth pursuant to a provider contract with
13		the health maintenance organization, and
14		written notice of enrollment in accord with
15		the health maintenance organization's usual
16		enrollment process is provided within thirty
17		days of the date the insured notifies the
18		health maintenance organization of the
19		insured's intent to adopt the infant for

whom coverage is sought; or

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1	(ii)	From the first day following receipt by the
2		health maintenance organization of written
3		notice of the insured's ability to consent
4		for treatment of the infant for whom
5		coverage is sought and enrollment of the
6		adopted newborn in accord with the health
7		maintenance organization's usual enrollment
8		process if the newborn has been treated from
9		birth by a provider not contracting or
10		affiliated with the health maintenance
11		organization."
12	SECTION 3. Se	ction 432:1-605, Hawaii Revised Statutes, is
13	amended by amending	subsection (c) to read as follows:
14	"(c) For purp	oses of this section[, "low-dose
15	mammography"]:	
16	"Digital breas	t tomosynthesis" means a radiologic procedure
17	that allows a volum	etric reconstruction of the whole breast from
18	a finite number of	low-dose two-dimensional projections obtained
19	by different x-ray	tube angles, creating a series of images
20	forming a three dim	ensional representation of the breast.

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1	"Low-dose mammography" means the x-ray examination of the
2	breast using equipment dedicated specifically for mammography,
3	including but not limited to the x-ray tube, filter, compression
4	device, screens, films, and cassettes, with an average radiation
5	exposure delivery of less than one rad mid-breast, with two
6	views for each breast $[\cdot]$, and includes both digital mammography
7	and digital breast tomosynthesis, and interpreting and rendering
8	a report by a radiologist or other physician based on the
9	screening."
10	SECTION 4. Statutory material to be repealed is bracketed
11	and stricken. New statutory material is underscored.
12	SECTION 5. This Act shall take effect on July 1, 2021.
13	INTRODUCED BY: Line Marte
	INTRODUCED BY:

Report Title:

Insurance; Breast Cancer Detection; Covered Service; Digital Mammography; Breast Tomosynthesis

Description:

Increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines digital breast tomosynthesis. Requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021.

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