

JAN 15 2025

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 purpose of this Act is to reduce incidences
2 of breast cancer and breast cancer-related deaths by mandating
3 insurance coverage for early breast cancer screenings. The
4 legislature notes that the auditor assessed the social and
5 financial impacts of a virtually identical measure (Senate Bill
6 No. 827 (2021)) in Report No. 23-03, *Study of Proposed Mandatory*
7 *Health Insurance Coverage for Early Access Breast Cancer*
8 *Screening*, which was issued in February 2023. The legislature
9 believes that the auditor's 2023 assessment of the measure's
10 mandate remains valid for purposes of sections 23-51 and 23-52,
11 Hawaii Revised Statutes, this year.

12 SECTION 2. Section 431:10A-116, Hawaii Revised Statutes,
13 is amended to read as follows:

14 "**§431:10A-116 Coverage for specific services.** Every
15 person insured under a policy of accident and health or sickness
16 insurance delivered or issued for delivery in this State shall
17 be entitled to the reimbursements and coverages specified below:



- 1 (1) Notwithstanding any provision to the contrary,
2 whenever a policy, contract, plan, or agreement
3 provides for reimbursement for any visual or
4 optometric service that is within the lawful scope of
5 practice of a duly licensed optometrist, the person
6 entitled to benefits or the person performing the
7 ~~[services]~~ service shall be entitled to reimbursement
8 whether the service is performed by a licensed
9 physician or by a licensed optometrist. Visual or
10 optometric services shall include eye or visual
11 examination, or both, or a correction of any visual or
12 muscular anomaly, and the supplying of ophthalmic
13 materials, lenses, contact lenses, spectacles,
14 eyeglasses, and appurtenances thereto;
- 15 (2) Notwithstanding any provision to the contrary, for all
16 policies, contracts, plans, or agreements issued on or
17 after May 30, 1974, whenever provision is made for
18 reimbursement or indemnity for any service related to
19 a surgical or emergency ~~[procedures]~~ procedure that is
20 within the lawful scope of practice of any
21 practitioner licensed to practice medicine in this



1 State, reimbursement or indemnification under the
2 policy, contract, plan, or agreement shall not be
3 denied when the [~~services are~~] service is performed by
4 a dentist acting within the lawful scope of the
5 dentist's license;

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

14 (4) Notwithstanding any provision to the contrary, each
15 policy, contract, plan, or agreement issued on or
16 after February 1, 1991, except for policies that only
17 provide coverage for specified diseases or other
18 limited benefit coverage, but including policies
19 issued by companies subject to chapter 431,
20 article 10A, part II, and chapter 432, article 1,



1 shall provide coverage for screening by low-dose
2 mammography for occult breast cancer as follows:

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

5 (B) For a woman of any age [~~with~~] having an
6 above-average risk of developing breast cancer as
7 determined by the use of a risk-factor modeling
8 tool, a history of breast cancer, or whose mother
9 or sister has had a history of breast cancer, [~~a~~]
10 an annual mammogram [~~upon the recommendation of~~
11 ~~the woman's physician~~].

12 The services provided in this paragraph are
13 subject to any coinsurance provisions that may be in
14 force in these policies, contracts, plans, or
15 agreements; provided that the insured's dollar limits,
16 deductibles, and copayments for services shall be on
17 terms at least as favorable to the insured as those
18 applicable to other radiological examinations.

19 For [~~the purpose~~] purposes of this paragraph,
20 [~~the term~~] "low-dose mammography" means the x-ray
21 examination of the breast using equipment dedicated



1 specifically for mammography, including [~~but not~~
2 ~~limited to~~] the x-ray tube, filter, compression
3 device, screens, films, and cassettes, with an average
4 radiation exposure delivery of less than one rad
5 mid-breast, with two views for each breast. An
6 insurer may provide the services required by this
7 paragraph through contracts with providers; provided
8 that the contract is determined to be a cost-effective
9 means of delivering the services without sacrifice of
10 quality and meets the approval of the director of
11 health; [~~and~~]

12 (5) Notwithstanding any provision to the contrary, each
13 policy, contract, plan, or agreement issued on or
14 before January 1, 2026, except for policies that only
15 provide coverage for specific diseases or other
16 limited benefit coverage, but including policies
17 issued by companies subject to chapter 431, article
18 10A, part II and chapter 432, article I, shall provide
19 additional breast cancer screening coverage as
20 follows:



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1 (A) For women thirty years of age and older, a formal
 2 risk factor screening assessment informed by any
 3 available risk factor modeling tool; and

4 (B) For a woman of any age, any additional
 5 supplemental imaging deemed medically necessary
 6 by an applicable American College of Radiology
 7 guideline, including breast magnetic resonance
 8 imaging, ultrasound, or digital breast
 9 tomosynthesis.

10 For purposes of this paragraph, "digital breast
 11 tomosynthesis" means a radiologic procedure that
 12 involves the acquisition of a projection of images
 13 over the stationary breast to produce cross-sectional,
 14 digital, three-dimensional images of the breast; and

15 [~~(5)~~] (6) (A) (i) Notwithstanding any provision to the
 16 contrary, whenever a policy, contract, plan,
 17 or agreement provides coverage for the
 18 children of the insured, that coverage shall
 19 also extend to the date of birth of any
 20 newborn child to be adopted by the insured;
 21 provided that the insured [~~gives~~] shall give



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

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



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

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

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



1 process if the newborn has been treated from
 2 birth by a provider not contracting or
 3 affiliated with the health maintenance
 4 organization."

5 SECTION 3. Section 432:1-605, Hawaii Revised Statutes, is
 6 amended to read as follows:

7 "§432:1-605 [~~Mammogram~~] Breast cancer screening[-];
 8 mammography. (a) Notwithstanding any provision to the
 9 contrary, each policy, contract, plan, or agreement issued on or
 10 after February 1, 1991, except for policies that only provide
 11 coverage for specified diseases or other limited benefit
 12 coverage, but including policies issued by companies subject to
 13 chapter 431, article 10A, part II and chapter 432, article 1
 14 shall provide coverage for screening by low-dose mammography for
 15 occult breast cancer as follows:

16 (1) For women forty years of age and older, an annual
 17 mammogram; and

18 (2) For a woman of any age [~~with~~] having an above-average
 19 risk of developing breast cancer as determined by the
 20 use of a risk-factor modeling tool, a history of
 21 breast cancer, or whose mother or sister has had a



1 history of breast cancer, [a] an annual mammogram
2 ~~[upon the recommendation of the woman's physician].~~

3 (b) Notwithstanding any provision to the contrary, each
4 policy, contract, plan, or agreement issued on or before January
5 1, 2026, except for policies that only provide coverage for
6 specified diseases or other limited benefit coverage, but
7 including policies issued by companies subject to chapter 431,
8 article 10A, part II and chapter 432, article 1, shall provide
9 additional breast cancer screening coverage as follows:

10 (1) For women thirty years of age and older, a formal risk
11 factor screening assessment informed by any available
12 risk factor modeling tool; and

13 (2) For a woman of any age, any additional supplemental
14 imaging deemed medically necessary by an applicable
15 American College of Radiology guideline, including
16 breast magnetic resonance imaging, ultrasound, or
17 digital breast tomosynthesis.

18 ~~[(b)]~~ (c) The services provided in ~~[subsection]~~
19 subsections (a) and (b) are subject to any coinsurance
20 provisions that may be in force in these policies, contracts,
21 plans, or agreements; provided that the member's dollar limits,



1 deductibles, and copayments for services shall be on terms at
2 least as favorable to the member as those applicable to other
3 radiological examinations.

4 [~~(e)~~] (d) For purposes of this section [~~,"low-dose"]:~~

5 "Digital breast tomosynthesis" means a radiologic procedure
6 that involves the acquisition of a projection of images over the
7 stationary breast to produce cross-sectional, digital,
8 three-dimensional images of the breast.

9 "Low-dose mammography" means the x-ray examination of the
10 breast using equipment dedicated specifically for mammography,
11 including but not limited to the x-ray tube, filter, compression
12 device, screens, films, and cassettes, with an average radiation
13 exposure delivery of less than one rad mid-breast, with two
14 views for each breast.

15 [~~(d)~~] (e) An insurer may provide the services required by
16 this section through contracts with providers; provided that the
17 contract is determined to be a cost-effective means of
18 delivering the services without sacrifice of quality and meets
19 the approval of the director of health."



1 SECTION 4. This Act does not affect rights and duties that
2 matured, penalties that were incurred, and proceedings that were
3 begun before its effective date.

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

6 SECTION 6. This Act shall take effect on July 1, 2025.

7

INTRODUCED BY: *Kurt Fevelh*



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Report Title:

Breast Cancer; Annual Mammography; Risk Factor Screening; Health Insurance

Description:

Expands coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age having an above-average risk for breast cancer, risk factor screening for women 30 years of age and older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline.

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