
A BILL FOR AN ACT

RELATING TO INSURANCE.

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

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

4 "§431:2- Trade name. (a) Prior to the use or change of
5 a trade name to sell, solicit, or negotiate insurance in this
6 State, the licensee shall register the trade name with the
7 department of commerce and consumer affairs pursuant to part II
8 of chapter 482.

9 (b) Upon registration of the trade name with the
10 department of commerce and consumer affairs, the licensee may
11 apply, on a form approved by the commissioner, to add or remove
12 a trade name on a license. The applicant shall provide proof of
13 registration of a trade name to the commissioner.

14 (c) If the commissioner finds the application for use or
15 change of a trade name is substantially identical to another
16 trade name registered with the department of commerce and
17 consumer affairs, or substantially identical to a legal name or



1 trade name of a revoked license, the commissioner shall deny use
2 of the trade name on a license issued pursuant to this chapter.

3 (d) A licensee shall inform the commissioner, by any means
4 acceptable to the commissioner, of any change of status of a
5 trade name registered with the department of commerce and
6 consumer affairs within thirty days of the change."

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

10 "§431:10A-A Required disclaimer. Any limited benefit
11 policy, certificate, application, or sales brochure that
12 provides coverage for accident and sickness, excluding specified
13 disease, long-term care, disability income, accident-only,
14 medicare supplement, dental, or vision shall disclose in a
15 conspicuous manner and in not less than fourteen-point boldface
16 type the following, or substantially similar, statement:

17 "THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL
18 COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT
19 OF THE AFFORDABLE CARE ACT."

20 §431:10A-B Reimbursement to providers. (a) Coverage for
21 services required by this part shall include reimbursement to



1 health care providers who perform services required by this
2 part, or to the insured member, as appropriate.

3 (b) Whenever an individual or group policy, contract,
4 plan, or agreement provides for reimbursement for any service, a
5 health care provider who performs a service shall be eligible
6 for reimbursement for the performed service to the extent the
7 health care provider is eligible for such reimbursement under
8 the policy, contract, plan, or agreement, and is acting within
9 the scope of the provider's license or certification under state
10 law.

11 (c) For purposes of this section, "health care provider"
12 means a provider of services, as defined in title 42 United
13 States Code section 1395x(u); a provider of medical and other
14 health services, as defined in title 42 United States Code
15 section 1395x(s); and a practitioner licensed by the State and
16 working within the practitioner's scope of practice."

17 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
18 amended by adding a new section to part VI of article 10A to be
19 appropriately designated and to read as follows:

20 "§431:10A-C Limited benefit health insurance. (a) Except
21 as provided in subsection (b) or elsewhere in this article, when



1 used in this article, the terms "accident insurance", "health
2 insurance", or "sickness insurance" shall not include an
3 accident-only; specified disease; hospital indemnity; long-term
4 care; disability; dental; vision; medicare supplement; short-
5 term, limited-duration health insurance; or other limited
6 benefit health insurance contract that pays benefits directly to
7 the insured or the insured's assigns and in which the amount of
8 the benefit paid is not based upon the actual costs incurred by
9 the insured.

10 (b) When used in sections 431:10A-104, 431:10A-105,
11 431:10A-106, 431:10A-107, 431:10A-108, 431:10A-109, 431:10A-110,
12 431:10A-111, 431:10A-112, 431:10A-113, 431:10A-114, 431:10A-117,
13 431:10A-118, 431:10A-201, 431:10A-202, 431:10A-203, 431:10A-204,
14 431:10A-205, 431:10A-208, 431:10A-601, 431:10A-602, 431:10A-603,
15 and 431:10A-604, except as otherwise provided, the terms
16 "accident insurance", "accident and health or sickness
17 insurance", "health insurance", or "sickness insurance" shall
18 include an accident-only; specified disease; hospital indemnity;
19 long-term care; disability; dental; vision; medicare supplement;
20 short-term, limited-duration health insurance; or other limited
21 benefit health insurance contract regardless of the manner in



1 which benefits are paid; provided that if any of the
2 requirements in the foregoing sections as applied to long-term
3 care insurance conflict with article 10H, the provisions of
4 article 10H shall govern and control."

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

8 "§432:1- Reimbursement to providers. (a) Coverage for
9 services required by this part shall include reimbursement to
10 health care providers who perform services required by this
11 article, or to the insured member, as appropriate.

12 (b) Whenever an individual or group policy, contract,
13 plan, or agreement that provides health care coverage under this
14 article provides for reimbursement for any service, a health
15 care provider who performs a service shall be eligible for
16 reimbursement for the performed service to the extent the health
17 care provider is eligible for such reimbursement under the
18 policy, contract, plan, or agreement, and is acting within the
19 scope of the provider's license or certification under state
20 law.



1 (c) For purposes of this section, "health care provider"
2 has the same meaning as in section 431:10A-B(c)."

3 SECTION 5. Section 431:3-202, Hawaii Revised Statutes, is
4 amended to read as follows:

5 "**§431:3-202 Insurer's name.** (a) Every insurer shall
6 conduct its business in its own legal name.

7 (b) No insurer shall assume or use a name deceptively
8 similar to that of any other authorized insurer [~~, nor which~~] or
9 a name that tends to deceive or mislead as to the type of
10 organization of the insurer.

11 (c) An insurer shall apply to the department of commerce
12 and consumer affairs and the commissioner for approval of the
13 use or change of a trade name pursuant to section 431:2- .

14 [~~(e)~~] (d) When a foreign or an alien insurer authorized to
15 do business in this State wants to change the name under which
16 its certificate of authority is issued, the insurer shall file a
17 request for name change with the commissioner at least thirty
18 days prior to the effective date of the name change. If within
19 the thirty-day period the commissioner finds the name change
20 request does not meet the requirements of this chapter or of the
21 corporation laws of this State, the commissioner shall send to



1 the insurer written notice of disapproval of the request
2 specifying in what respect the proposed name change fails to
3 meet the requirements of this chapter or the corporation laws of
4 this State and stating that the name change shall not become
5 effective."

6 SECTION 6. Section 431:5-307, Hawaii Revised Statutes, is
7 amended by amending subsection (o) to read as follows:

8 "(o) (1) For policies issued on or after the operative date of
9 the valuation manual, the standard prescribed in the
10 valuation manual is the minimum standard of valuation
11 required under subsection (b) (2), except as provided
12 under paragraph (5) or (7) of this subsection;

13 (2) The operative date of the valuation manual is
14 January 1 of the first calendar year following the
15 first July 1 as of which all of the following have
16 occurred:

17 (A) The valuation manual has been adopted by the
18 National Association of Insurance Commissioners
19 by an affirmative vote of at least forty-two
20 members, or three-fourths of the members voting,
21 whichever is greater;



1 (B) The Standard Valuation Law, as amended by the
2 National Association of Insurance Commissioners
3 in 2009, or legislation including substantially
4 similar terms and provisions, has been enacted by
5 states representing greater than seventy-five per
6 cent of the direct premiums written as reported
7 in the following annual statements submitted for
8 2008: life, accident and health annual
9 statements; health annual statements; or
10 fraternal annual statements; and

11 (C) The Standard Valuation Law, as amended by the
12 National Association of Insurance Commissioners
13 in 2009, or legislation including substantially
14 similar terms and provisions, has been enacted by
15 at least forty-two of the following fifty-five
16 jurisdictions: the fifty states of the United
17 States, American Samoa, the American Virgin
18 Islands, the District of Columbia, Guam, and
19 Puerto Rico;

20 (3) Unless a change in the valuation manual specifies a
21 later effective date, changes to the valuation manual



1 shall be effective on January 1 following the date
2 when ~~[all of the following have occurred.~~

3 ~~(A)~~ ~~The]~~ the change to the valuation manual has been
4 adopted by the National Association of Insurance
5 Commissioners by an affirmative vote
6 representing:

7 ~~[(i)]~~ (A) At least three-fourths of the members
8 of the National Association of Insurance
9 Commissioners voting, but not less than a
10 majority of the total membership; and

11 ~~[(ii)]~~ (B) Members of the National Association
12 of Insurance Commissioners representing
13 jurisdictions totaling greater than seventy-five
14 per cent of the direct premiums written as
15 reported in the following annual statements most
16 recently available prior to the vote in ~~[elause~~
17 ~~(i)]~~ subparagraph (A): life, accident and
18 health annual statements; health annual
19 statements; or fraternal annual statements; ~~[and~~

20 ~~(B)~~ ~~The valuation manual becomes effective pursuant~~
21 ~~to rules adopted by the commissioner,]~~



1 (4) The valuation manual shall specify all of the
2 following:

3 (A) Minimum valuation standards for and definitions
4 of the policies or contracts subject to
5 subsection (b) (2). These minimum valuation
6 standards shall be:

7 (i) The commissioner's reserve valuation method
8 for life insurance contracts, other than
9 annuity contracts, subject to subsection
10 (b) (2);

11 (ii) The commissioner's annuity reserve valuation
12 method for annuity contracts subject to
13 subsection (b) (2); and

14 (iii) Minimum reserves for all other policies or
15 contracts subject to subsection (b) (2);

16 (B) Which policies or contracts or types of policies
17 or contracts that are subject to the requirements
18 of a principle-based valuation in subsection
19 (p) (1) and the minimum valuation standards
20 consistent with those requirements;



- 1 (C) For policies and contracts subject to a
- 2 principle-based valuation under subsection (p):
- 3 (i) Requirements for the format of reports to
- 4 the commissioner under subsection (p)(2)(C)
- 5 that shall include information necessary to
- 6 determine if the valuation is appropriate
- 7 and in compliance with this section;
- 8 (ii) Assumptions shall be prescribed for risks
- 9 over which the company does not have
- 10 significant control or influence; and
- 11 (iii) Procedures for corporate governance and
- 12 oversight of the actuarial function, and a
- 13 process for appropriate waiver or
- 14 modification of such procedures;
- 15 (D) For policies not subject to a principle-based
- 16 valuation under subsection (p), the minimum
- 17 valuation standard shall either:
- 18 (i) Be consistent with the minimum standard of
- 19 valuation prior to the operative date of the
- 20 valuation manual; or



- 1 (ii) Develop reserves that quantify the benefits
2 and guarantees, and the funding, associated
3 with the contracts and their risks at a
4 level of conservatism that reflects
5 conditions that include unfavorable events
6 that have a reasonable probability of
7 occurring;
- 8 (E) Other requirements including but not limited to
9 those relating to reserve methods, models for
10 measuring risk, generation of economic scenarios,
11 assumptions, margins, use of company experience,
12 risk measurement, disclosure, certifications,
13 reports, actuarial opinions and memorandums,
14 transition rules, and internal controls; and
- 15 (F) The data and form of the data required under
16 subsection (q), with whom the data shall be
17 submitted, and may specify other requirements
18 including data analyses and reporting of
19 analyses;
- 20 (5) [~~In the absence of~~] Absent a specific valuation
21 requirement, or if a specific valuation requirement in



1 the valuation manual is not, in the opinion of the
2 commissioner, in compliance with this section, then
3 the company shall, with respect to these requirements,
4 comply with minimum valuation standards prescribed by
5 the commissioner by rule;

6 (6) The commissioner may engage a qualified actuary, at
7 the expense of the company, to perform an actuarial
8 examination of the company and opine on the
9 appropriateness of any reserve assumption or method
10 used by the company, or to review and opine on a
11 company's compliance with any requirement set forth in
12 this section. The commissioner may rely upon the
13 opinion[~~7~~] regarding provisions contained within this
14 section[~~7~~] of a qualified actuary engaged by the
15 commissioner of another state, district, or territory
16 of the United States. As used in this paragraph,
17 "engage" includes employment and contracting; and

18 (7) The commissioner may require a company to change any
19 assumption or method that, in the opinion of the
20 commissioner, is necessary to comply with the
21 requirements of the valuation manual or this section,



1 and the company shall adjust the reserves as required
2 by the commissioner. The commissioner may take other
3 disciplinary action as permitted pursuant to this
4 chapter."

5 SECTION 7. Section 431:6-101, Hawaii Revised Statutes, is
6 amended by amending the definition of "cash equivalents" to read
7 as follows:

8 "Cash equivalents" means highly-rated and highly-liquid
9 investments or securities with a remaining term of ninety days
10 or less and rated in the highest short-term category by a
11 nationally recognized statistical rating organization recognized
12 by the SVO. Cash equivalents include government money market
13 mutual funds [~~and class one money market mutual funds~~] defined
14 by the Purposes and Procedures Manual of the SVO, or its
15 successor publication."

16 SECTION 8. Chapter 431, article 6, Hawaii Revised
17 Statutes, is amended by amending the title of part VI to read as
18 follows:

19 "[+]PART VI. INVESTMENT POOLS[+]"

20 SECTION 9. Section 431:6-601, Hawaii Revised Statutes, is
21 amended by amending subsections (a) and (b) to read as follows:



1 (a) For purposes of this section:

2 "Business entity" means a corporation, limited liability
3 company, association, partnership, joint stock company, joint
4 venture, mutual fund trust, or other similar form of business
5 organization, whether organized for-profit or not-for-profit.

6 ~~["Class one money market mutual funds" means a mutual fund
7 that at all times qualifies for investment using the bond class
8 one reserve factor under the Purposes and Procedures of the SVO
9 or any successor publication.]~~

10 "Government money market mutual fund" means a money market
11 mutual fund that at all times:

12 (1) Invests only in obligations issued, guaranteed, or
13 insured by the government of the United States or
14 collateralized repurchase agreements composed of these
15 obligations; and

16 (2) Qualifies for investment without a reserve under the
17 Purposes and Procedures of the SVO or any successor
18 publication.

19 "Money market mutual fund" means a mutual fund that meets
20 the conditions of 17 Code of Federal Regulations part 270.2a-7,



1 under the Investment Company Act of 1940 (15 United States Code
2 section 80a-1 et seq.), as amended, or renumbered.

3 "Obligation" means a bond, note, debenture, trust
4 certificate, including equipment certificate, production
5 payment, negotiable bank certificate of deposit, bankers'
6 acceptance, credit tenant loan, loan secured by financing net
7 leases and other evidence of indebtedness for the payment of
8 money (or participation, certificates, or other evidence of an
9 interest in any of the foregoing), whether constituting a
10 general obligation of the issuer or payable only out of certain
11 revenues or certain funds pledged or otherwise dedicated for
12 payment.

13 "Qualified bank" means a national bank, state bank, or
14 trust company that at all times is no less than adequately
15 capitalized as determined by the standards adopted by the United
16 States banking regulators and that is either regulated by state
17 banking laws or is a member of the Federal Reserve System.

18 "Repurchase transaction" means a transaction in which an
19 insurer purchases securities from a business entity that is
20 obligated to repurchase the purchased securities or equivalent



1 securities from the insurer at a specified price, either within
2 a specified period of time or upon demand.

3 "Reverse repurchase transaction" means a transaction in
4 which an insurer sells securities to a business entity and is
5 obligated to repurchase the sold securities or equivalent
6 securities from the business entity at a specified price, either
7 within a specified period of time or upon demand.

8 "Securities lending transaction" means a transaction in
9 which securities are loaned by an insurer to a business entity
10 that is obligated to return the loans, securities, or equivalent
11 securities to the insurer, either within a specified period of
12 time or upon demand.

13 (b) An insurer may acquire investments in investment pools
14 that:

15 (1) Invest only in:

16 (A) Obligations that are rated 1 or 2 by the SVO or
17 have an equivalent of an SVO 1 or 2 rating (or,
18 in the absence of a 1 or 2 rating or equivalent
19 rating, the issuer has outstanding obligations
20 with an SVO 1 or 2 or equivalent rating) by a



1 nationally-recognized statistical rating
2 organization recognized by the SVO and have:
3 (i) A remaining maturity of three hundred
4 ninety-seven days or less or a put that
5 entitles the holder to receive the principal
6 amount of the obligation which put may be
7 exercised through maturity at specified
8 intervals not exceeding three hundred
9 ninety-seven days; or

10 (ii) A remaining maturity of three years or less
11 and a floating interest rate that resets no
12 less frequently than quarterly on the basis
13 of a current short-term index (federal
14 funds, prime rate, treasury bills, London
15 InterBank Offered Rate or commercial paper)
16 and is subject to no maximum limit, if the
17 obligations do not have an interest rate
18 that varies inversely to market interest
19 rate changes;

20 (B) Government money market mutual funds [~~or class~~
21 ~~one money market mutual funds~~]; or



- 1 (C) Securities lending, repurchase, and reverse
2 repurchase transactions that meet all the
3 requirements of section 431:6-318; or
- 4 (2) Invest only in investments which an insurer may
5 acquire under this article, if the insurer's
6 proportionate interest in the amount invested in these
7 investments does not exceed the applicable limits of
8 this article."

9 SECTION 10. Section 431:9-203, Hawaii Revised Statutes, is
10 amended to read as follows:

11 "**§431:9-203 General qualifications for license.** (a) For
12 the protection of the public, the commissioner shall not issue
13 or extend any license for an adjuster or independent bill
14 reviewer:

15 (1) Except as provided by this article; or

16 (2) To any individual less than eighteen years of age.

17 (b) An applicant for a license under this article shall
18 notify the commissioner of the applicant's legal name [~~and trade~~
19 ~~name, if applicable. An applicant doing business under any name~~
20 ~~other than [the] applicant's legal name shall notify the~~
21 ~~commissioner prior to using the assumed name].~~



1 (c) An applicant shall apply to the department of commerce
2 and consumer affairs and the commissioner for approval of the
3 use of a trade name pursuant to section 431:2- .

4 [~~e~~] (d) A licensee shall:

5 (1) Inform the commissioner by any means acceptable to the
6 commissioner of any change of status within thirty
7 days of the change; [~~and~~]

8 (2) Report any change of status to the business
9 registration division if the licensee is a business
10 entity registered with the department of commerce and
11 consumer affairs pursuant to title 23 or title 23A, or
12 if the licensee has registered a trade name pursuant
13 to part II of chapter 482 [~~-~~]; and

14 (3) Apply to the department of commerce and consumer
15 affairs and the commissioner for approval to change
16 the status of a trade name pursuant to section
17 431:2- .

18 Failure to timely inform the commissioner or business
19 registration division of a change of status shall result in a
20 penalty pursuant to section 431:2-203.



1 [~~d~~] (e) As used in this section, "change of status"
2 includes but shall not be limited to change of legal name,
3 assumed name, trade name, business address, home address,
4 mailing address, business phone number, business fax number,
5 business electronic mail address, business website address, or
6 home phone number."

7 SECTION 11. Section 431:9A-102, Hawaii Revised Statutes,
8 is amended by adding two new definitions to be appropriately
9 inserted and to read as follows:

10 "Assumed name" means any fictitious, alias, maiden, or
11 trade name used in the past.

12 "Trade name" means any name used by an insurance producer
13 to solicit insurance business in this State if the true legal
14 name of an individual or a business entity cannot be used."

15 SECTION 12. Section 431:9A-110, Hawaii Revised Statutes,
16 is amended to read as follows:

17 "~~§431:9A-110~~ **Legal, trade, and assumed names.** (a) Every
18 insurance producer doing business in this State shall notify the
19 commissioner in writing of the insurance producer's legal name
20 [~~and trade name, if applicable.~~]



1 ~~(b) An insurance producer doing business under any name~~
2 ~~other than the producer's legal name shall notify the~~
3 ~~commissioner in writing prior to using the assumed name].~~

4 (b) An insurance producer shall apply to the department of
5 commerce and consumer affairs and the commissioner for approval
6 of the use or change of a trade name pursuant to section 431:2-
7 _____.

8 (c) An insurance producer doing business under any assumed
9 name, other than the producer's legal name, shall notify the
10 commissioner in a form prescribed by the commissioner."

11 SECTION 13. Section 431:9N-102, Hawaii Revised Statutes,
12 is amended to read as follows:

13 **"§431:9N-102 License denial, nonrenewal, suspension, or**
14 **revocation[-]; trade name bar.** In addition to the authority
15 granted by section 431:9A-112, the commissioner may deny, place
16 on probation, suspend, revoke, or refuse to issue or renew a
17 bail agent's license, may permanently retire or bar subsequent
18 use of a trade name, and may levy a civil fine or penalty in
19 accordance with articles 2 and 9A, or take any combination of
20 these actions, for any of the following causes:



- 1 (1) Failure to satisfy, pay, or otherwise discharge a bail
2 forfeiture judgment after the bail agent's name is on
3 the board for more than forty-five consecutive days
4 for the same forfeiture;
- 5 (2) Failure to satisfy, pay, or otherwise discharge a
6 final, nonappealable bail forfeiture judgment within
7 sixty days following notice of entry of judgment;
- 8 (3) Failure to report, to preserve without use and retain
9 separately, or to return collateral received as
10 security on any bond to the principal or depositor of
11 the collateral;
- 12 (4) Failure to pay a final, nonappealable judgment award
13 for failure to return or repay collateral received to
14 secure a bond;
- 15 (5) Continuing execution of bail bonds in any court in
16 this State while on the board, where the bail
17 forfeiture judgment that resulted in placement on the
18 board has not been paid, stayed, vacated, exonerated,
19 or otherwise discharged; or
- 20 (6) Payment, directly or indirectly, of any commission,
21 service fee, brokerage, or other valuable



1 consideration to any person selling, soliciting, or
2 negotiating bail within this State unless, at the time
3 the services were performed, the person was duly
4 licensed for the performance of the services."

5 SECTION 14. Section 431:10-104, Hawaii Revised Statutes,
6 is amended to read as follows:

7 "**§431:10-104 General readability requirements.** In addition
8 to any other requirements of law, no contract shall be delivered
9 or issued for delivery in this State unless:

10 (1) The text is in plain language [~~,—achieving~~] and
11 achieves a minimum score of forty on the Flesch
12 reading ease test or an equivalent score on any other
13 comparable test prescribed by the commissioner under
14 section 431:10-105(a);

15 (2) The contract is printed, except for specification
16 pages, schedules, and tables, in not less than ten_
17 point type [~~,—one point leaded~~];

18 (3) The style, arrangement, and general appearance of the
19 contract give no undue prominence to any endorsements,
20 riders, or other portions of the text; and



1 (4) A table of contents or an index of principal sections
2 is provided with the contract when the text consists
3 of more than three thousand words printed on three or
4 less pages or when the text has more than three pages,
5 regardless of the total number of printed words [~~;~~ and

6 ~~(5) For any short-term health insurance policies that~~
7 ~~impose preexisting conditions provisions, any policy,~~
8 ~~application, or sales brochure shall disclose in a~~
9 ~~conspicuous manner in not less than fourteen point~~
10 ~~bold face type the following statement:~~

11 ~~"THIS POLICY EXCLUDES COVERAGE FOR CONDITIONS FOR~~
12 ~~WHICH MEDICAL ADVICE, DIAGNOSIS, CARE, OR TREATMENT~~
13 ~~WAS RECOMMENDED OR RECEIVED DURING THE [insert~~
14 ~~exclusion period] IMMEDIATELY PRECEDING THE EFFECTIVE~~
15 ~~DATE OF COVERAGE]."~~

16 SECTION 15. Section 431:10A-116, Hawaii Revised Statutes,
17 is amended to read as follows:

18 **"§431:10A-116 Coverage for specific services.** Every
19 person insured under a policy of accident and health or sickness
20 insurance delivered or issued for delivery in this State shall
21 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, which is within the lawful scope
5 of practice of a duly licensed optometrist, the person
6 entitled to benefits or the person performing the
7 services shall be entitled to reimbursement whether
8 the service is performed by a licensed physician or by
9 a licensed optometrist. Visual or optometric services
10 shall include eye or visual examination, or both, or a
11 correction of any visual or muscular anomaly, and the
12 supplying of ophthalmic materials, lenses, contact
13 lenses, spectacles, eyeglasses, and appurtenances
14 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 surgical or emergency procedures, which is within the
20 lawful scope of practice of any practitioner licensed
21 to practice medicine in this State, reimbursement or



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

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

13 (4) Notwithstanding any provision to the contrary, each
14 policy, contract, plan, or agreement issued on or
15 after February 1, 1991, except for policies that only
16 provide coverage for specified diseases or other
17 limited benefit coverage, but including policies
18 issued by companies subject to chapter 431, article
19 10A, part II and chapter 432, article 1 shall provide
20 coverage for screening by low-dose mammography for
21 occult breast cancer as follows:



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

3 (B) For a woman of any age with a history of breast
4 cancer or whose mother or sister has had a
5 history of breast cancer, a mammogram upon the
6 recommendation of the woman's physician.

7 The services provided in this paragraph are
8 subject to any coinsurance provisions that may be in
9 force in these policies, contracts, plans, or
10 agreements.

11 For the purpose of this paragraph, the term "low-
12 dose mammography" means the x-ray examination of the
13 breast using equipment dedicated specifically for
14 mammography, including but not limited to the x-ray
15 tube, filter, compression device, screens, films, and
16 cassettes, with an average radiation exposure delivery
17 of less than one rad mid-breast, with two views for
18 each breast. An insurer may provide the services
19 required by this paragraph through contracts with
20 providers; provided that the contract is determined to
21 be a cost-effective means of delivering the services



1 without sacrifice of quality and meets the approval of
2 the director of health; and
3 (5) (A) (i) Notwithstanding any provision to the
4 contrary, whenever a policy, contract, plan,
5 or agreement provides coverage for the
6 children of the insured, that coverage shall
7 also extend to the date of birth of any
8 newborn child to be adopted by the insured;
9 provided that the insured gives written
10 notice to the insurer of the insured's
11 intent to adopt the child prior to the
12 child's date of birth or within thirty days
13 after the child's birth or within the time
14 period required for enrollment of a natural
15 born child under the policy, contract, plan,
16 or agreement of the insured, whichever
17 period is longer; provided further that if
18 the adoption proceedings are not successful,
19 the insured shall reimburse the insurer for
20 any expenses paid for the child; and



1 (ii) Where notification has not been received by
2 the insurer prior to the child's birth or
3 within the specified period following the
4 child's birth, insurance coverage shall be
5 effective from the first day following the
6 insurer's receipt of legal notification of
7 the insured's ability to consent for
8 treatment of the infant for whom coverage is
9 sought; and

10 (B) When the insured is a member of a health
11 maintenance organization [~~HMO~~], coverage of an
12 adopted newborn is effective:

13 (i) From the date of birth of the adopted
14 newborn when the newborn is treated from
15 birth pursuant to a provider contract with
16 the health maintenance organization, and
17 written notice of enrollment in accord with
18 the health maintenance organization's usual
19 enrollment process is provided within thirty
20 days of the date the insured notifies the
21 health maintenance organization of the



1 insured's intent to adopt the infant for
2 whom coverage is sought; or
3 (ii) From the first day following receipt by the
4 health maintenance organization of written
5 notice of the insured's ability to consent
6 for treatment of the infant for whom
7 coverage is sought and enrollment of the
8 adopted newborn in accord with the health
9 maintenance organization's usual enrollment
10 process if the newborn has been treated from
11 birth by a provider not contracting or
12 affiliated with the health maintenance
13 organization[, and

14 ~~(6) Notwithstanding any provision to the contrary, any~~
15 ~~policy, contract, plan, or agreement issued or renewed~~
16 ~~in this State shall provide reimbursement for services~~
17 ~~provided by advanced practice registered nurses~~
18 ~~licensed pursuant to chapter 457. Services rendered~~
19 ~~by advanced practice registered nurses are subject to~~
20 ~~the same policy limitations generally applicable to~~



1 ~~health care providers within the policy, contract,~~
2 ~~plan, or agreement]."~~

3 SECTION 16. Section 431:10A-116.6, Hawaii Revised
4 Statutes, 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 accident and health or sickness policy, contract,
8 plan, or agreement issued or renewed in this State on or after
9 January 1, 2000, shall cease to exclude contraceptive services
10 or supplies for the subscriber or any dependent of the
11 subscriber who is covered by the policy, subject to the
12 exclusion under section 431:10A-116.7 and the exclusion under
13 section [~~431:10A-102.5.~~] 431:10A-C.

14 (b) Except as provided in subsection (c), all policies,
15 contracts, plans, or agreements under subsection (a) [7] that
16 provide contraceptive services or supplies[7] or prescription
17 drug coverage[7] shall not exclude any prescription
18 contraceptive supplies or impose any unusual copayment, charge,
19 or waiting requirement for such supplies.

20 (c) Coverage for oral contraceptives shall include at
21 least one brand from the monophasic, multiphasic, and the



1 progestin-only categories. A member shall receive coverage for
2 any other oral contraceptive only if:

3 (1) Use of brands covered has resulted in an adverse drug
4 reaction; or

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

9 (d) 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) 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 ~~(f)]~~ (e) For purposes of this section:

18 "Contraceptive services" means physician-delivered,
19 physician-supervised, physician assistant-delivered, advanced
20 practice registered nurse-delivered, nurse-delivered, or
21 pharmacist-delivered medical services intended to promote the



1 effective use of contraceptive supplies or devices to prevent
2 unwanted pregnancy.

3 "Contraceptive supplies" means all United States Food and
4 Drug Administration-approved contraceptive drugs or devices used
5 to prevent unwanted pregnancy.

6 [~~(g)~~] (f) Nothing in this section shall be construed to
7 extend the practice or privileges of any health care provider
8 beyond that provided in the laws governing the provider's
9 practice and privileges."

10 SECTION 17. Section 431:10A-118.3, Hawaii Revised
11 Statutes, is amended by amending subsection (e) to read as
12 follows:

13 "(e) As used in this section unless the context requires
14 otherwise:

15 "Actual gender identity" means a person's internal sense of
16 being male, female, a gender different from the gender assigned
17 at birth, a transgender person, or neither male nor female.

18 "Gender transition" means the process of a person changing
19 the person's outward appearance or sex characteristics to accord
20 with the person's actual gender identity.



1 "Perceived gender identity" means an observer's impression
2 of another person's actual gender identity or the observer's own
3 impression that the person is male, female, a gender different
4 from the gender [~~designed~~] assigned at birth, a transgender
5 person, or neither male nor female.

6 "Transgender person" means a person who has gender identity
7 disorder or gender dysphoria, has received health care services
8 related to gender transition, adopts the appearance or behavior
9 of the opposite sex, or otherwise identifies as a gender
10 different from the gender assigned to that person at birth."

11 SECTION 18. Section 431:14-104, Hawaii Revised Statutes,
12 is amended as follows:

13 1. By amending subsections (a) and (b) to read:

14 "(a) Every insurer shall file with the commissioner every
15 manual of classifications, rules, and rates, every rating plan,
16 every other rating rule, and every modification of any of the
17 foregoing that it proposes to use; provided that filings with
18 regard to specific inland marine risks, which by general custom
19 of the business are not written according to manual rate or
20 rating plans, and bail bonds, subject to section 804-62, shall
21 not be required pursuant to this subsection.



1 Every filing shall:

- 2 (1) State its proposed effective date;
- 3 (2) Indicate the character and extent of the coverage
4 contemplated;
- 5 (3) Include a report on investment income; and
- 6 (4) Be accompanied by a \$50 fee [~~payable to the~~
7 ~~commissioner,~~] to be deposited in the commissioner's
8 education and training fund.

9 (b) [~~For each~~] Each filing [~~, an insurer~~] shall [~~submit~~] be
10 submitted to the commissioner [+

11 ~~(1) An electronic copy of the filing; or~~

12 ~~(2) Two printed copies of the filing.~~

13 ~~The commissioner may also request a printed version of an~~
14 ~~electronic filing to be submitted pursuant to paragraph (1).]~~
15 via the National Association of Insurance Commissioners' System
16 for Electronic Rates and Forms Filing or an equivalent service
17 approved by the commissioner."

18 2. By amending subsection (k) to read:

19 "(k) The following rates shall become effective when
20 filed:



- 1 (1) Specific inland marine [~~rates~~] rate filings on risks
2 specially rated by a rating organization or an
3 advisory organization;
- 4 (2) Any special filing with respect to a surety or
5 guaranty bond required by law [~~or by~~], court or
6 executive order, or [by] order or rule of a public
7 body, not covered by a previous filing; and
- 8 (3) Any special filing with respect to any class of
9 insurance, subdivision, or combination thereof that is
10 subject to individual risk premium modification and
11 has been agreed to by an insured under a formal or an
12 informal bid process.

13 The filed rates shall be deemed [~~to meet the requirements of~~
14 ~~this article until the time the commissioner reviews the filing~~
15 ~~and] approved so long as the filing remains in effect."~~

16 SECTION 19. Section 431:14-104.5, Hawaii Revised Statutes,
17 is amended to read as follows:

18 "**§431:14-104.5 Loss cost filings.** When required by the
19 commissioner, the rating organization or advisory organization
20 shall file for approval all prospective loss costs, [~~and all~~]
21 supplementary rating information, and every change [or],



1 amendment, or modification [~~of any of the foregoing~~] thereto
2 proposed for use in this State. The filings shall be subject to
3 [~~section~~] sections 431:14-104 [~~and section~~], 431:14-105, and
4 431:14-106 and other provisions of article 14 relating to
5 filings made by insurers."

6 SECTION 20. Section 431:14-105, Hawaii Revised Statutes,
7 is amended to read as follows:

8 "**§431:14-105 Policy revisions that alter coverage.** (a)

9 Any policy revisions that alter coverage in any manner shall be
10 filed with the commissioner and shall include an analysis of the
11 impact [~~of~~] each revision has on rates[-

12 ~~(b) A filing shall consist of either:~~

13 ~~(1) An electronic copy of the filing, or~~

14 ~~(2) Two printed copies of the filing.~~

15 ~~The commissioner may also request a printed version of an~~
16 ~~electronic filing to be submitted pursuant to paragraph (1).] or~~
17 loss costs.

18 [~~e)~~] (b) After review by the commissioner, the
19 commissioner shall determine whether a rate filing for the
20 policy revision must be submitted in accordance with section
21 431:14-104."



1 SECTION 21. Section 431:14-108, Hawaii Revised Statutes,
2 is amended to read as follows:

3 "§431:14-108 Deviations. (a) Except for those lines of
4 insurance for which the commissioner determines ~~[that]~~
5 individual rate filings shall be made, every member of or
6 subscriber to a rating organization shall adhere to the filings
7 the organization made on its behalf ~~[by the organization, except~~
8 ~~that]~~; provided that any insurer may ~~[make written application]~~
9 submit a rate filing to the commissioner to file a deviation
10 from the class rates, schedules, rating plans, or rules
11 respecting any class of insurance, ~~[or]~~ class of risk within a
12 class of insurance, or combination thereof. The ~~[application]~~
13 rate filing shall specify the basis for the deviation and shall
14 be accompanied by the data upon which the applicant relies. ~~[A]~~
15 The filer shall simultaneously send a copy of the [application]
16 deviation and data ~~[shall be sent simultaneously]~~ to the rating
17 organization.

18 ~~[-(b) The commissioner shall set a time and place for a~~
19 ~~hearing at which the insurer and the rating organization may be~~
20 ~~heard, and shall give them not less than ten days' written~~
21 ~~notice thereof. In the event the commissioner is advised by the~~



1 ~~rating organization that it does not desire a hearing, the~~
2 ~~commissioner may, upon the consent of the applicant, waive the~~
3 ~~hearing.~~

4 ~~(e)]~~ (b) In considering the ~~[application to file a]~~
5 ~~deviation,~~ the commissioner shall ~~[give consideration to]~~
6 consider the available statistics and the principles for
7 ratemaking ~~[as provided]~~ in section 431:14-103. The
8 commissioner shall ~~[issue an order permitting]~~ approve the
9 filing of the deviation ~~[to be filed]~~ if the commissioner finds
10 that it ~~[to be]~~ is justified. The deviation shall become
11 effective upon ~~[issuance of]~~ the commissioner's ~~[order.]~~
12 approval of the proposed effective date of the filing. The
13 commissioner shall ~~[issue an order denying]~~ disapprove the
14 ~~[application]~~ rate filing if the commissioner finds ~~[that]~~ the
15 deviation is not justified or ~~[that]~~ the resulting premiums
16 would be excessive, inadequate, or unfairly discriminatory.
17 Each deviation ~~[permitted to be]~~ filed shall be effective for a
18 period of one year from the date of ~~[the order]~~ approval, unless
19 terminated sooner with ~~[the]~~ approval ~~[of]~~ by the commissioner."



1 SECTION 22. Section 431:14G-105, Hawaii Revised Statutes,
2 is amended by amending subsections (a) and (b) to read as
3 follows:

4 "(a) Every managed care plan shall file with the
5 commissioner every rate, charge, classification, schedule,
6 practice, or rule and every modification of any of the foregoing
7 that it proposes to use. Every filing shall:

- 8 (1) State its proposed effective date;
- 9 (2) Indicate the character and extent of the coverage
10 contemplated;
- 11 (3) Include a report on investment income; and
- 12 (4) Be accompanied by a \$50 fee [~~payable to the~~
13 ~~commissioner which shall~~] to be deposited in the
14 commissioner's education and training fund.

15 (b) [~~For each~~] Each filing[, ~~an insurer~~] shall [~~submit~~] be
16 submitted to the commissioner[+]

17 ~~(1) An electronic copy of the filing; or~~

18 ~~(2) Two printed copies of the filing;~~

19 ~~provided that the commissioner may request an insurer that~~
20 ~~submits an electronic copy of the filing pursuant to paragraph~~

21 ~~(1) to also submit a printed copy of the electronic filing.] via~~



1 the National Association of Insurance Commissioners' System for
2 Electronic Rates and Forms Filing or an equivalent service
3 approved by the commissioner."

4 SECTION 23. Section 431:19-103, Hawaii Revised Statutes,
5 is amended to read as follows:

6 "§431:19-103 **Names of companies.** (a) No captive
7 insurance company shall adopt a name that is the same,
8 deceptively similar, or likely to be confused with or mistaken
9 for any other existing business name registered in the State [~~7~~
10 ~~except that the commissioner may allow a branch captive~~
11 ~~insurance company to be licensed in this State under a different~~
12 ~~trade name if the normal name of the branch captive insurance~~
13 ~~company is not available for use in this State].~~

14 (b) A captive insurance company shall apply to the
15 department of commerce and consumer affairs and the commissioner
16 for approval of the use or change of a trade name pursuant to
17 section 431:2- ."

18 SECTION 24. Section 431:19-115, Hawaii Revised Statutes,
19 is amended to read as follows:

20 "§431:19-115 **Laws applicable.** (a) No insurance laws of
21 this State other than those contained in this article, [~~or~~



1 ~~contained in specific references contained in this section or~~
2 ~~article,~~ article 15, or specifically referenced in this article
3 shall apply to captive insurance companies~~[-]~~; provided that:

4 ~~[(b)]~~ (1) Sections 431:3-302 to 431:3-304.5, 431:3-307,
5 431:3-401 to 431:3-409, 431:3-411, 431:3-412, and
6 431:3-414; articles 1, 2, 4A, 5, 6, 9A, 9B, 9C, 11,
7 and 11A~~[-, and 15]~~; and chapter 431K shall apply to
8 risk retention captive insurance companies~~[-]~~; and

9 ~~[(e)]~~ (2) Articles 1, 2, and 6~~[-, and 15]~~ shall apply to
10 class 5 companies.

11 ~~[(d)]~~ (b) If any of the laws specified in this section are
12 inconsistent with this article, this article shall apply unless
13 the commissioner by rule or order determines otherwise on a
14 case-by-case basis.

15 ~~[(e)]~~ (c) The application of the foregoing provisions shall
16 not diminish the commissioner's authority for exemption as may
17 be contained therein or as may be deemed appropriate under the
18 circumstances."

19 SECTION 25. Section 431:26-103, Hawaii Revised Statutes,
20 is amended by amending subsection (e) to read as follows:



1 "(e) A health carrier shall meet the following access plan
2 requirements:

3 (1) Beginning on July 1, 2017, a health carrier shall file
4 with the commissioner for approval, prior to or at the
5 time it files a newly offered network plan, in a
6 manner and form defined by rule or order of the
7 commissioner, an access plan that meets the
8 requirements of this article;

9 (2) The health carrier may request the commissioner to
10 deem sections of the access plan as proprietary,
11 competitive, or trade secret information that shall
12 not be made public. Information is proprietary,
13 competitive, or a trade secret if disclosure of the
14 information would cause the health carrier's
15 competitors to obtain valuable business information.
16 The health carrier shall make the access plans, absent
17 proprietary, competitive, or trade secret information,
18 available online, at the health carrier's business
19 premises, and to any person upon request; and

20 (3) The health carrier shall prepare an access plan prior
21 to offering a new network plan and shall notify the



1 commissioner of any material change to any existing
2 network plan within fifteen business days after the
3 change occurs. The carrier shall include in the
4 notice to the commissioner a reasonable time frame
5 within which the carrier will submit to the
6 commissioner for approval or file with the
7 commissioner, as appropriate, an update to an existing
8 access plan."

9 SECTION 26. Section 431:26-104, Hawaii Revised Statutes,
10 is amended by amending subsection (f) to read as follows:

11 "(f) Selection standards shall be developed pursuant to
12 the following:

13 (1) Health carrier selection standards for selecting and
14 tiering, as applicable, participating providers shall
15 be developed for providers and each health care
16 professional specialty;

17 (2) The standards shall be used in determining the
18 selection of participating providers by the health
19 carrier and the intermediaries with which the health
20 carrier contracts. The standards shall meet
21 requirements relating to health care professional



1 credentiaing verification developed by the
2 commissioner by order or through rules adopted
3 pursuant to chapter 91;
4 (3) Selection criteria shall not be established in a
5 manner:
6 (A) That would allow a health carrier to discriminate
7 against high risk populations by excluding
8 providers because the providers are located in
9 geographic areas that contain populations or
10 providers presenting a risk of higher than
11 average claims, losses, or health care services
12 utilization;
13 (B) That would exclude providers because the
14 providers treat or specialize in treating
15 populations presenting a risk of higher than
16 average claims, losses, or health care services
17 utilization; or
18 (C) That would discriminate with respect to
19 participation under the health benefit plan
20 against any provider who is acting within the
21 scope of the provider's license or certification

1 under applicable state law or regulations;
2 provided that this subparagraph shall not be
3 construed to require a health carrier to contract
4 with any provider who is willing to abide by the
5 terms and conditions for participation
6 established by the carrier;

7 (4) Notwithstanding paragraph (3), a carrier shall not be
8 prohibited from declining to select a provider who
9 fails to meet the other legitimate selection criteria
10 of the carrier developed in compliance with this
11 article; and

12 (5) This article does not require a health carrier, its
13 intermediaries, or the provider networks with which
14 the carrier and its intermediaries contract, to employ
15 specific providers acting within the scope of the
16 providers' license or certification under applicable
17 state law that may meet the selection criteria of the
18 carrier, or to contract with or retain more providers
19 acting within the scope of the providers' license or
20 certification under applicable state law than are
21 necessary to maintain a sufficient provider network."



1 SECTION 27. Section 431:30-112, Hawaii Revised Statutes,
2 is amended by amending subsection (d) to read as follows:

3 "(d) A compacting state may opt out of a uniform standard,
4 either by legislation or by rule adopted by the insurance
5 commissioner. If a compacting state elects to opt out of a
6 uniform standard by rule, it shall:

7 (1) Give written notice to the commission no later than
8 ten business days after the later of the adoption of
9 the uniform standard or the state becoming a
10 compacting state; and

11 (2) Find that the uniform standard does not provide
12 reasonable protections to the citizens of the state,
13 given the conditions in the state. The commissioner
14 shall make specific findings of fact and conclusions
15 of law, based on a preponderance of the evidence,
16 detailing the conditions in the state that warrant a
17 departure from the uniform standard and determining
18 that the uniform standard would not reasonably protect
19 the citizens of the state. The commissioner shall
20 consider and balance the following factors and find



1 that the conditions in the state and needs of the
2 citizens of the state outweigh:

3 (A) The intent of the legislature to participate in,
4 and reap the benefits of, an interstate agreement
5 to establish national uniform consumer
6 protections for the products subject to this
7 article; and

8 (B) The presumption that a uniform standard adopted
9 by the commission provides reasonable protections
10 to consumers of the relevant product.

11 Notwithstanding the foregoing, a compacting state may,
12 at the time of its enactment of this compact,
13 prospectively opt out of all uniform standards
14 involving long-term care insurance products by
15 expressly providing for such opt out in the enacted
16 compact, and such an opt out shall not be treated as a
17 material variance in the offer or acceptance of any
18 state to participate in this compact. An opt out
19 pursuant to this section shall be effective at the
20 time of enactment of this compact by the compacting
21 state and shall apply to all existing uniform



1 standards involving long-term care insurance products
2 and those subsequently adopted[, and
3 ~~(3) In accordance with the provisions of paragraph (2),~~
4 ~~this State does prospectively opt out of all uniform~~
5 ~~standards involving long term care insurance products~~
6 ~~promulgated by the commission, as this State has~~
7 ~~previously enacted article 10H providing additional~~
8 ~~standards for federal conformity and universal~~
9 ~~availability for reciprocal beneficiary and multi-~~
10 ~~generation populace which facilitates flexibility and~~
11 ~~innovation in the development of long term care~~
12 ~~insurance coverage]."~~

13 SECTION 28. Section 432:1-604.5, Hawaii Revised Statutes,
14 is amended to read as follows:

15 "**§432:1-604.5 Contraceptive services.** (a)
16 Notwithstanding any provision of law to the contrary, each
17 employer group health policy, contract, plan, or agreement
18 issued or renewed in this State on or after January 1, 2000,
19 shall cease to exclude contraceptive services or supplies, and
20 contraceptive prescription drug coverage for the subscriber or



1 any dependent of the subscriber who is covered by the policy,
2 subject to the exclusion under section 431:10A-116.7.

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

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

13 (1) Use of brands covered has resulted in an adverse drug
14 reaction; or

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

19 (d) 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 ~~[(e) Coverage required by this section shall include~~
4 ~~reimbursement to a prescribing and dispensing pharmacist who~~
5 ~~prescribes and dispenses contraceptive supplies pursuant to~~
6 ~~section 461-11.6.~~

7 ~~(f)]~~ (e) 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.

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



1 SECTION 29. Section 432:1-607.3, Hawaii Revised Statutes,
2 is amended by amending subsection (e) to read as follows:

3 "(e) As used in this section unless the context requires
4 otherwise:

5 "Actual gender identity" means a person's internal sense of
6 being male, female, a gender different from the gender assigned
7 at birth, a transgender person, or neither male nor female.

8 "Gender transition" means the process of a person changing
9 the person's outward appearance or sex characteristics to accord
10 with the person's actual gender identity.

11 "Perceived gender identity" means an observer's impression
12 of another person's actual gender identity or the observer's own
13 impression that the person is male, female, a gender different
14 from the gender [~~designed~~] assigned at birth, a transgender
15 person, or neither male nor female.

16 "Transgender person" means a person who has gender identity
17 disorder or gender dysphoria, has received health care services
18 related to gender transition, adopts the appearance or behavior
19 of the opposite sex, or otherwise identifies as a gender
20 different from the gender assigned to that person at birth."



1 SECTION 30. Section 432D-26.3, Hawaii Revised Statutes, is
2 amended by amending subsection (e) to read as follows:

3 "(e) As used in this section unless the context requires
4 otherwise:

5 "Actual gender identity" means a person's internal sense of
6 being male, female, a gender different from the gender assigned
7 at birth, a transgender person, or neither male nor female.

8 "Gender transition" means the process of a person changing
9 the person's outward appearance or sex characteristics to accord
10 with the person's actual gender identity.

11 "Perceived gender identity" means an observer's impression
12 of another person's actual gender identity or the observer's own
13 impression that the person is male, female, a gender different
14 from the gender [~~designed~~] assigned at birth, a transgender
15 person, or neither male nor female.

16 "Transgender person" means a person who has gender identity
17 disorder or gender dysphoria, has received health care services
18 related to gender transition, adopts the appearance or behavior
19 of the opposite sex, or otherwise identifies as a gender
20 different from the gender assigned to that person at birth."



1 SECTION 31. Section 431:10A-102.5, Hawaii Revised
2 Statutes, is repealed.

3 [~~"§431:10A 102.5 Limited benefit health insurance. (a)~~
4 ~~Except as provided in subsection (b) or elsewhere in this~~
5 ~~article, when used in this article, the terms "accident~~
6 ~~insurance", "health insurance", or "sickness insurance" shall~~
7 ~~not include an accident only, specified disease, hospital~~
8 ~~indemnity, long term care, disability, dental, vision, medicare~~
9 ~~supplement, short term, limited duration health insurance, or~~
10 ~~other limited benefit health insurance contract that pays~~
11 ~~benefits directly to the insured or the insured's assigns and in~~
12 ~~which the amount of the benefit paid is not based upon the~~
13 ~~actual costs incurred by the insured.~~

14 ~~(b) When used in sections 431:10A 104, 431:10A 105,~~
15 ~~431:10A 106, 431:10A 107, 431:10A 108, 431:10A 109, 431:10A 110,~~
16 ~~431:10A 111, 431:10A 112, 431:10A 113, 431:10A 114, 431:10A 117,~~
17 ~~431:10A 118, 431:10A 601, 431:10A 602, 431:10A 603, and~~
18 ~~431:10A 604, except as otherwise provided, the terms "accident~~
19 ~~insurance", "accident and health or sickness insurance", "health~~
20 ~~insurance", or "sickness insurance" shall include an accident-~~
21 ~~only, specified disease, hospital indemnity, long term care,~~



1 ~~disability; dental; vision; medicare supplement; short term,~~
2 ~~limited duration health insurance; or other limited benefit~~
3 ~~health insurance contract regardless of the manner in which~~
4 ~~benefits are paid; provided that if any of the requirements set~~
5 ~~forth in the foregoing sections as applied to long term care~~
6 ~~insurance conflict with the provisions of article 10H, the~~
7 ~~provisions of article 10H shall govern and control."]~~

8 SECTION 32. Section 432:1-611, Hawaii Revised Statutes, is
9 repealed.

10 [~~"§432:1-611 Reimbursement for services of advanced~~
11 ~~practice registered nurses. All individual and group hospital~~
12 ~~and medical service plan contracts and medical service~~
13 ~~corporation contracts under this article shall provide~~
14 ~~reimbursement for health plan covered services provided by~~
15 ~~advanced practice registered nurses licensed pursuant to chapter~~
16 ~~457."]~~

17 SECTION 33. Sections 431:10A-132, 431:10A-134,
18 431:10A-140, 431:26-102, 431S-1, 432:1-613, and 432:1-620,
19 Hawaii Revised Statutes, are amended by substituting the section
20 number 431:10A-C, substituting the appropriate section number
21 for the letter used in designating the new section, pursuant to



1 section 34 of this Act, wherever the section number
2 431:10A-102.5 appears.

3 SECTION 34. In codifying the new sections added by
4 sections 2 and 3 of this Act, the revisor of statutes shall
5 substitute appropriate section numbers for the letters used in
6 designating the new sections in this Act.

7 SECTION 35. Statutory material to be repealed is bracketed
8 and stricken. New statutory material is underscored.

9 SECTION 36. This Act shall take effect on July 1, 2019;
10 provided that:

- 11 (1) Sections 1, 5, 10, 11, 12, 13, and 23 shall take
12 effect on October 1, 2019; and
- 13 (2) On July 1, 2024, sections 25 and 26 shall be repealed
14 and sections 431:26-103(e) and 431:26-104(f), Hawaii
15 Revised Statutes, shall be reenacted in the form in
16 which they read on the day before the effective date
17 of this Act.



Report Title:

Health Insurance; Trade Name; Assumed Name; Pre-existing Disclosure; Providers; Reimbursements; Standard Valuation Model Law; Captives; Network Adequacy Model Act; Health Carriers

Description:

Amends various portions of the Hawaii Insurance Code under title 24, Hawaii Revised Statutes, to update and improve existing Insurance Code provisions. Establishes requirements for proposed name changes and use of a trade name or assumed name, effective 10/1/2019. Until 7/1/2024, allows the Insurance Division to create stopgap measures to implement the NAIC Health Benefit Plan Network Access and Adequacy Model Act. (CD1)

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

