
SENATE CONCURRENT RESOLUTION

URGING THE ADMINISTRATOR OF THE STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY TO ESTABLISH A WORKING GROUP ON HEALTH
INSURANCE REFORM TO PROVIDE RECOMMENDATIONS FOR REDUCING
THE IMPACT OF PRIOR AUTHORIZATION REQUIREMENTS ON THE
TIMELY DELIVERY OF HEALTH CARE IN THE STATE.

1 WHEREAS, although health insurance providers' prior
2 authorization requirements are intended to ensure that medical
3 services are necessary, cost-effective, and eligible for
4 coverage, these requirements can cause critical medical
5 treatments and tests to be delayed; and
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7 WHEREAS, the misapplication of prior authorization
8 requirements can be especially harmful for rural and medically
9 underserved patients, who already face significant barriers to
10 accessing health care; and
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12 WHEREAS, prior authorization requirements can also create
13 undue administrative burdens for health care providers,
14 including providers in medically underserved areas; and
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16 WHEREAS, the federal Centers for Medicare and Medicaid
17 Services (CMS) have mandated changes to prior authorization
18 rules that will help reduce the burdens of prior authorization
19 on certain patients and physicians; and
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21 WHEREAS, these changes do not benefit private payers in the
22 State not covered by the CMS rules, who still require prior
23 authorization for many common services; and
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25 WHEREAS, recommendations are needed to reduce the impact of
26 prior authorization requirements on the delivery of health care
27 to all patients in the State; now, therefore,
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1 BE IT RESOLVED by the Senate of the Thirty-third
2 Legislature of the State of Hawaii, Regular Session of 2025, the
3 House of Representatives concurring, that the Administrator of
4 the State Health Planning and Development Agency is urged to
5 establish a working group on health insurance reform to provide
6 recommendations for reducing the impact of prior authorization
7 requirements on the timely delivery of health care in the State;
8 and
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10 BE IT FURTHER RESOLVED that the Administrator of the State
11 Health Planning and Development Agency be requested to invite
12 the following to be members of the working group:
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- 14 (1) Five members representing the insurance industry, to
15 be selected by the Hawaii Association of Health Plans;
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17 (2) Five members representing licensed health care
18 professionals, two of whom to be selected by the
19 Hawaii Medical Association, two of whom to be selected
20 by the Healthcare Association of Hawaii, and one of
21 whom to be selected by the Hawaii State Center for
22 Nursing; and
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24 (3) Five members representing consumers of health care or
25 employers, two of whom to be selected by the Board of
26 Trustees of the Employer-Union Health Benefits Trust
27 Fund, one of whom to be a consumer selected by the
28 Statewide Health Coordinating Council, one of whom to
29 be selected by the Hawaii Primary Care Association,
30 and one of whom to be selected by Papa Ola Lokahi; and
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32 BE IT FURTHER RESOLVED that the Director of Health,
33 Insurance Commissioner, and Administrator of the Med-QUEST
34 Division of the Department of Human Services, or their
35 designees, are requested to serve as ex-officio members of the
36 working group; and
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38 BE IT FURTHER RESOLVED that the working group is requested
39 to consider all relevant federal law, Hawaii law, and law in
40 other states to determine whether there are statutes and
41 regulations that establish:
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- (1) Reasonable and appropriate prior authorization response times, including whether a response time of twenty-four hours for urgent care and forty-eight hours for non-urgent care is feasible;
- (2) Prior authorizations for medications valid for a period of at least one year, regardless of dosage changes;
- (3) Prior authorizations valid for the length of treatment for patients having chronic conditions;
- (4) That adverse determinations should only be made by providers licensed in the State and of the same specialty that typically manages the patient's conditions;
- (5) The manner in which retroactive denials may be avoided if care is preauthorized;
- (6) Procedures whereby private insurers may publicly release prior authorization data, disaggregated by drug or service, as it relates to approvals, denials, appeals, wait times, and other categories;
- (7) Reasonable and appropriate periods of time for a new health plan to honor a patient's prior authorization for a transitional period of time; and
- (8) Criteria or factors that would allow for a reduction in the total volume of prior authorization requests, such as exemptions or gold-carding programs; and

BE IT FURTHER RESOLVED that the working group is requested to submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2026; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Administrator of the State Health Planning and Development Agency, Director of



1 Health, Insurance Commissioner, Administrator of the Med-QUEST
2 Division of the Department of Human Services, Chairperson of the
3 Board of Trustees of the Employer-Union Health Benefits Trust
4 Fund, Chief Executive Officer of the Hawaii Medical Service
5 Association, President of the Hawaii Medical Association,
6 President of the Hawaii Association of Health Plans, Chief
7 Executive Officer of the Healthcare Association of Hawaii,
8 Director of the Center for Nursing, and Chief Executive Officer
9 of Papa Ola Lokahi.

