

JAN 31 2025

SENATE CONCURRENT RESOLUTION

URGING THE DIRECTOR OF HEALTH 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 HEALTHCARE 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 care; and

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12 WHEREAS, the requirements can also create undue
13 administrative burdens for healthcare providers, including
14 providers in medically underserved areas; and

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16 WHEREAS, the Centers for Medicare and Medicaid Services
17 have mandated changes to prior authorization rules that will
18 help reduce the burdens of prior authorization on certain
19 patients and physicians; and

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21 WHEREAS, whereas these changes do not benefit private
22 payers in the State, who still require prior authorization for
23 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 healthcare
27 to all patients in the State; now, therefore,

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29 BE IT RESOLVED by the Senate of the Thirty-third
30 Legislature of the State of Hawaii, Regular Session of 2025, the
31 House of Representatives concurring, that the Director of Health



1 is urged to establish a working group on health insurance reform
2 to provide recommendations for reducing the impact of prior
3 authorization requirements on the timely delivery of healthcare
4 in the State; and

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6 BE IT FURTHER RESOLVED that the working group is requested
7 to comprise:

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9 (1) The Director of Health, or the Director's designee;
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11 (2) The Chairperson of the Senate Committee on Health and
12 Human Services, or a member appointed by the President
13 of the Senate;
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15 (3) The Chairperson of the House of Representatives
16 Committee on Health, or a member appointed by the
17 Speaker of the House of Representatives;
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19 (4) A representative of the Hawaii Medical Service
20 Association, to be selected and invited to participate
21 by the Director of Health;
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23 (5) The Department of Human Services' Med-QUEST Division
24 Administrator, or the Administrator's designee;
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26 (6) A member of the Hawaii Medical Association, to be
27 selected and invited to participate by the Director of
28 Health; and
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30 (7) members who practice as family physicians in
31 the State, to be selected and invited to participate
32 by the Director of Health; and
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34 BE IT FURTHER RESOLVED that the working group is requested
35 to consider all relevant federal law, Hawaii law, and law in
36 other states to determine whether there are statutes and
37 regulations that establish:

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39 (1) Reasonable and appropriate prior authorization
40 response times, including whether a response time of
41 twenty-four hours for urgent care and forty-eight
42 hours for non-urgent care is feasible;



S.C.R. NO. 10

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- (2) Valid prior authorizations for medications for a period of at least one year, regardless of dosage changes;
- (3) Valid prior authorizations for the length of treatment for patients having chronic conditions;
- (4) That adverse determinations should only be conducted 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

1 BE IT FURTHER RESOLVED that certified copies of this
2 Concurrent Resolution be transmitted to the Director of Health,
3 Med-QUEST Division Administrator, Chief Executive Officer of the
4 Hawaii Medical Service Association, and President of the Hawaii
5 Medical Association.

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OFFERED BY:

A large, stylized handwritten signature in black ink, written over a horizontal line. The signature is highly cursive and difficult to decipher, but appears to consist of several large loops and a long horizontal stroke at the end.