

JAN 31 2025

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# SENATE 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,  
31 that the Director of Health is urged to establish a working  
32 group on health insurance reform to provide recommendations for  
33 reducing the impact of prior authorization requirements on the  
34 timely delivery of healthcare in the State; and



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

- (1) The Director of Health, or the Director's designee;
- (2) The Chairperson of the Senate Committee on Health and Human Services, or a member appointed by the President of the Senate;
- (3) The Chairperson of the House of Representatives Committee on Health, or a member appointed by the Speaker of the House of Representatives;
- (4) A representative of the Hawaii Medical Service Association, to be selected and invited to participate by the Director of Health;
- (5) The Department of Human Services' Med-QUEST Division Administrator, or the Administrator's designee;
- (6) A member of the Hawaii Medical Association, to be selected and invited to participate by the Director of Health; and
- (7) members who practice as family physicians in the State, to be selected and invited to participate by the Director of Health; and

BE IT FURTHER RESOLVED that the working group is requested to consider all relevant federal law, Hawaii law, and law in other states to determine whether there are statutes and regulations that establish:

- (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) Valid prior authorizations for medications for a period of at least one year, regardless of dosage changes;



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- (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

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

OFFERED BY: 