

---

## SENATE 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

6  
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

11  
12           WHEREAS, prior authorization requirements can also create  
13 undue administrative burdens for health care providers,  
14 including providers in medically underserved areas; and

15  
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

20  
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

24  
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,

28  
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 Administrator of the State Health Planning and



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

5

6 BE IT FURTHER RESOLVED that the Administrator of the State  
7 Health Planning and Development Agency be requested to invite  
8 the following to be members of the working group:

9

10 (1) Five members representing the insurance industry, to  
11 be selected by the Hawaii Association of Health Plans;

12

13 (2) Five members representing licensed health care  
14 professionals, two of whom to be selected by the  
15 Hawaii Medical Association, two of whom to be selected  
16 by the Healthcare Association of Hawaii, and one of  
17 whom to be selected by the Hawaii State Center for  
18 Nursing; and

19

20 (3) Five members representing consumers of health care or  
21 employers, two of whom to be selected by the Board of  
22 Trustees of the Employer-Union Health Benefits Trust  
23 Fund, one of whom to be a consumer selected by the  
24 Statewide Health Coordinating Council, one of whom to  
25 be selected by the Hawaii Primary Care Association,  
26 and one of whom to be selected by Papa Ola Lokahi; and

27

28 BE IT FURTHER RESOLVED that the Director of Health,  
29 Insurance Commissioner, and Administrator of the Med-QUEST  
30 Division of the Department of Human Services, or their  
31 designees, are requested to serve as ex-officio members of the  
32 working group; and

33

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:

38

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;



- 1
- 2 (2) Prior authorizations for medications valid for a
- 3 period of at least one year, regardless of dosage
- 4 changes;
- 5
- 6 (3) Prior authorizations valid for the length of treatment
- 7 for patients having chronic conditions;
- 8
- 9 (4) That adverse determinations should only be made by
- 10 providers licensed in the State and of the same
- 11 specialty that typically manages the patient's
- 12 conditions;
- 13
- 14 (5) The manner in which retroactive denials may be avoided
- 15 if care is preauthorized;
- 16
- 17 (6) Procedures whereby private insurers may publicly
- 18 release prior authorization data, disaggregated by
- 19 drug or service, as it relates to approvals, denials,
- 20 appeals, wait times, and other categories;
- 21
- 22 (7) Reasonable and appropriate periods of time for a new
- 23 health plan to honor a patient's prior authorization
- 24 for a transitional period of time; and
- 25
- 26 (8) Criteria or factors that would allow for a reduction
- 27 in the total volume of prior authorization requests,
- 28 such as exemptions or gold-carding programs; and
- 29

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

35  
 36 BE IT FURTHER RESOLVED that certified copies of this  
 37 Resolution be transmitted to the Administrator of the State  
 38 Health Planning and Development Agency, Director of Health,  
 39 Insurance Commissioner, Administrator of the Med-QUEST Division  
 40 of the Department of Human Services, Chairperson of the Board of  
 41 Trustees of the Employer-Union Health Benefits Trust Fund, Chief  
 42 Executive Officer of the Hawaii Medical Service Association,



1 President of the Hawaii Medical Association, President of the  
2 Hawaii Association of Health Plans, Chief Executive Officer of  
3 the Healthcare Association of Hawaii, Director of the Center for  
4 Nursing, and Chief Executive Officer of Papa Ola Lokahi.

