

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D. GOVERNOR OF HAWAI'I KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

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March 21, 2025

To: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair Senator Henry J.C. Aquino, Vice Chair, and

Honorable Members

From: John C (Jack) Lewin MD, Administrator, SHPDA, and

Senior Advisor to Governor Green on Healthcare Innovation

Re: SR28 SCR45 – Revised 2025 Hawai'i Patient Bill of Rights

Hearing: March 24, 2025 @ 1:00 pm; Conference Room 225

Position: SUPPORT, with COMMENTS

Testimony:

SHPDA strongly supports the intent of this bill. Patients should be the most important member of the healthcare team and have the right to accessible, high-quality, and affordable healthcare. Patients must also have the right to the extent possible to participate in and/or make all key decisions relating to their medical care in partnership with their choice of physicians and clinicians.

Physicians must be able to be the unfettered advocates of their patients, without corporate, employer, or external financial influences over their clinical decision making that is in the best interest of their patient.

This updated version of the 25-year-old previous statute is necessary due to changes in the healthcare environment including prior authorization care delays, risk of inappropriate uses of artificial intelligence without safety protections and/or ethical guardrails, new technologies such as telemedicine, the need for cybersecurity and privacy protections of personal medical information, and removal of barriers that impede the right of patients to have easy access to and control of their healthcare information.

Because of the complexity and importance of this bill, SHPDA favors formation of a proposed Patients' Rights Working Group of as suggested by the Hawaii Medical Association and others to further align and update the existing statute HRS432E with

input from patients, healthcare professionals, hospital systems, insurers, and relevant government agencies for refinement of this proposal and development of model legislation to be introduced in the 2026 Legislature, including review of the best elements of similar legislation in other states.

Mahalo for the opportunity to testify



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813 Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

March 24, 2025

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senate Resolution 28 / Senate Concurrent Resolution 45 – Strongly Supporting and Recommending the Implementation of the Revised 2025 Hawaii Patient Bill of Rights

The Disability and Communication Access Board (DCAB) supports Senate Resolution 28 / Senate Concurrent Resolution 45 – Strongly Supporting and Recommending the Implementation of the Revised 2025 Hawaii Patient Bill of Rights.

The existing Hawaii Patient Bill of Rights was adopted over 25 years ago and needs to be updated to address modern challenges, such as Al-driven denials, telehealth accessibility, data-offshoring risks, and persistent network inadequacies on the neighbor islands and in rural areas. These are especially challenging for individuals with disabilities.

DCAB proposes the following amendment on page 5, line 22, to require at least two (2) to three (3) board-certified specialists to review and co-sign any decisions in which AI automated a denial. This safeguard would help ensure fairness and prevent inappropriate denials of care, particularly for individuals with complex medical needs.

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW Executive Director

JOSH GREEN, M.D. GOVERNOR OF HAWAI'I KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KENNETH FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE



STATE OF HAWAI'I DEPARTMENT OF HEALTH KA 'OIHANA OLAKINO EXECUTIVE OFFICE ON AGING

NO. 1 CAPITOL DISTRICT 250 SOUTH HOTEL STREET, SUITE 406 HONOLULU, HAWAI'I 96813-2831

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Testimony COMMENTING on SCR45/SR28

STRONGLY SUPPORTING AND RECOMMENDING THE IMPLEMENTATION OF THE REVISED 2025 HAWAII PATIENT BILL OF RIGHTS

COMMITTEE ON HEALTH AND HUMAN SERVICES SENATOR JOY A. SAN BUENAVENTURA, CHAIR SENATOR HENRY J.C. AQUINO, VICE CHAIR

Testimony of Caroline Cadirao
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing: Monday March 24, 2025, 1:00 P.M Conference Room 225

EOA Position: The Executive Office on Aging (EOA), an attached agency to the Department of Health (DOH) offers an amendment.

Purpose and Justification: This resolution modernizes patient protections to address Ai- based coverage decisions, data security risks, and ongoing provider shortages in Hawaii. EOA feels that patients' rights should include access to a meaningful cognitive screen that includes the request of a tool that will screen for the early detection of dementia. This will allow families to plan and seek new treatments that will provide patients a better quality of life for a longer period. Without early detection, patients cannot benefit from these groundbreaking therapies. Though treatment can cannot reverse the disease, it offers hope. By empowering patients have the right to ask for a screen will go a long way in promoting the need for early detection.

Recommendation: Amend the SCR, page 4, line 13 to include the following: <u>5.3 Right</u> to a Cognitive Screening: You or your representative has the right to request the use of a validated tool during a cognitive assessment for the early detection of dementia.

Thank you for the opportunity to testify.

Analysis and Recommendations for Patient Rights Resolutions

Support with amendments for patient rights resolutions:

- HCR202/HR194
- SCR43/SR26
- SCR45/SR28

Comments and amendments below are based on SCR45/SR28 but applicable in concept to the other resolutions

STRONGLY SUPPORTING AND RECOMMENDING THE IMPLEMENTATION OF THE REVISED 2025 HAWAII PATIENT BILL OF RIGHTS.

WHEREAS, Hawaii pioneered employer-supported health insurance through the Prepaid Health Care Act of 1974; however, the State continues to face severe physician, nurse, and dentist shortages, with over thirty-five percent of the population residing in federally designated Health Professional Shortage Areas--the highest percentage in the nation; and

WHEREAS, the University of Hawaii Health Research Center found that forty two percent of surveyed physicians reported patient harm or serious adverse events attributable to prior authorization delays or denials, emphasizing a need for streamlined insurance processes; and

WHEREAS, recent increases in claims denials, particularly those driven by automated or artificial intelligence (AI) based systems, underscore the necessity for greater transparency, specialist review, and patient-friendly appeals mechanisms; and

WHEREAS, the original Hawaii Patient Bill of Rights, enacted over twenty-five years ago, now requires substantial updates to address modern challenges, such as AI-driven denials, telehealth accessibility, data-offshoring risks, and persistent network inadequacies on the neighbor islands and in rural areas; and

WHEREAS, patients, health care providers, and cybersecurity experts cite the need for robust data protection measures that accommodate legitimate offshoring services while maintaining Health Insurance Portability and Accountability Act equivalent safeguards, timely breach notifications, and strong enforcement; and

WHEREAS, the Insurance Commissioner's office needs expanded authority, resources, and reporting mechanisms to effectively audit, investigate, and sanction noncompliant insurers or billing entities, ensuring consistent and accountable enforcement of patients' rights; and

— WHEREAS, the Revised 2025 Hawaii Patient Bill of Rights is an essential modernization step that prioritizes patient autonomy, transparent healthcare, timely access, robust data protection, AI accountability, and real enforcement—all while recognizing the practical realities of insurers,

providers, and patients in a rapidly evolving healthcare landscape; now, therefore,

BE IT RESOLVED by the Senate of the Thirty-third Legislature of the State of Hawaii, Regular Session of 2025, the House of Representatives concurring, that this body strongly supports and recommends the implementation of the following Revised 2025 Hawaii Patient Bill of Rights:

ADDITION/ AMENDMENTS HERE

Foreword and Definitions

1. Purpose: This Bill of Rights modernizes patient protections to address AI based coverage decisions, data security risks, and ongoing provider shortages in Hawaii.

2. Definitions:

- o **AI or Automated Decision System:** Any algorithmic or software-based platform that can autonomously generate or recommend coverage determinations without direct human supervision.
- o HIPAA-equivalent Security: A standard of data protection meeting or exceeding requirements set forth in 45 C.F.R. Parts 160 and 164 (HIPAA Privacy and Security Rules).
- o **Urgent vs. Non-Urgent**: *Urgent requests* are those where delays could seriously jeopardize a patient's health, life, or overall well-being; *non-urgent requests* include all other prior authorizations not qualifying as urgent.

1. Clear Information

Patients must receive clear, written (and, if necessary, translated) explanations from their health insurance plan regarding covered and non covered services, presented at a reading level understandable to the average enrollee.

2. Provider Directory

All insurers must maintain and publicly post an up-to-date, accurate, and easily accessible directory of in network providers, updated at least quarterly, listing each provider's specialty, languages spoken, telehealth availability, and current patient capacity.

3. Specialist Referrals

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All patients must be able to obtain timely specialist referrals without undue administrative barriers or delays. Insurers shall clearly communicate referral steps and expedite such referrals in urgent or complex cases.

4. Emergency Care

No insurer may deny coverage for legitimate emergency services based on retrospective review. If a patient believes in good faith that their life or health is endangered, they have the right to seek immediate emergency care without facing post-service coverage denials.

5. Explanation of Illness, Options, and Patient Autonomy

5.1 Right to Understand Care: Patients are entitled to a clear explanation of their diagnosis, treatment options (including the option to decline treatment), and potential outcomes or risks from their healthcare provider, ensuring fully informed consent.

5.2 Right to Accept or Decline Treatment: Every mentally competent patient (or as decided by their legal health care proxy) has the right to accept, receive, reject, or discontinue any legal medical care, treatment, or prescribed medication from any legally licensed medical provider, and the right to not have that decision denied, prevented, restricted, or impeded by other persons.

6. Appeals and External Review

6.1 Notice and Forms: Whenever coverage is denied, insurers must provide a universal external review request form and a step by step guide (in print or digital form) explaining how to appeal.

6.2 Online FAQ and Hotline: Insurers shall maintain an online FAQ regarding appeals, alongside a toll free hotline to assist patients.

6.3 Enforcement: The Insurance Commissioner may impose financial penalties or other administrative measures on insurers failing to publicize or comply with state and federal appeals requirements.

7. Network Adequacy, Telehealth, and Rural Access

7.1 Coverage in Shortage Areas: Patients in federally designated Health Professional Shortage Areas must have timely access to primary and specialty care.

7.2 Reporting Requirements: Insurers shall submit quarterly reports detailing provider to patient ratios, average wait times, and referral outcomes disaggregated by region or island.

7.3 Telehealth Provisions: Telehealth services, if legally permissible within a provider's scope of practice, shall be covered at parity with in person services to mitigate access barriers.

7.4. Prohibition of Burdensome Prior Authorization: Prior authorization procedures in shortage areas must not unduly limit provider productivity or delay critical patient care.

8. Transparent and Timely Prior Authorization 8.1 Turnaround Times: o Urgent Requests: One business day for a decision. o Non-Urgent Requests: Three business days for a decision. 8.2 AI Oversight: o If AI or an automated decision system initiates a denial, that denial must be reviewed and co-signed by a board-certified specialist in the relevant field before being finalized. o Patients and providers shall be notified in writing when AI is used at any stage of the coverage determination. 8.3 Data Tracking: Insurers must compile and submit monthly data on prior authorization approval/denial rates, average processing times, and the percentage of AI-based-denials overturned on appeal. 9. Data Protection and Privacy 9.1 HIPAA-equivalent Safeguards: All accredited health plans or billing entities, whether located onshore or offshore, must uphold HIPAA-level security measures when storing or transmitting personally identifiable patient data (including Social Security numbers, medical ID numbers, etc.). 9.2 Offshoring Accountability: o Prior to offshoring data, an entity must file an attestation with the Insurance Commissioner confirming that any overseas subcontractors adhere to encryption, breach notification, audit logging, and confidentiality protocols. o Entities shall undergo random audits or produce security certifications upon request. 9.3 Breach Notification and Penalties: In the event of a suspected or actual data breach, the entity must notify affected patients and the Insurance Commissioner within 72 hours, implementing a corrective action plan. Repeated or willful violations may result in fines, revocation of accreditation, or other sanctions. 10. Enforcement and Oversight 10.1 Authority of the Insurance Commissioner: o Empowered to audit, investigate, and enforce all provisions of this Bill of Rights. o May impose fines, clawbacks, revocation of accreditation, and other appropriate remedies for noncompliance. 10.2 Annual Public Report: o The Insurance Commissioner shall publish an annual report detailing enforcement actions, complaint data, AI usage rates, denial statistics, and any data breaches or security infractions. o The report shall include trend analyses (e.g., median time to decision for prior authorizations, telehealth adoption rates, network adequacy improvements).

o Composed of physicians, cybersecurity experts, patient advocates, telehealth

10.3 Multidisciplinary Advisory Group:

specialists, and others.

o Convenes periodically to review compliance, recommend updates, and study emerging issues (e.g., advanced AI, new data security threats).

11. Anti-Retaliation and Support for Providers

11.1 Anti-Retaliation: Insurers, health plans, or affiliated entities shall not retaliate against providers (e.g., network exclusion or contract termination) for filing formal complaints, submitting testimony, or participating in external reviews concerning the insurer's compliance with this Bill of Rights.

11.2 Technical Assistance: The Insurance Commissioner, in collaboration with the Department of Health, shall explore or establish technical support programs to help smaller or rural practices adopt secure data systems, comply with prior authorization reporting, and integrate telehealth services effectively.

12. Phased Implementation

12.1 Immediate Effect: Provisions related to patient communications (Items 1 to 6), emergency care, and urgent prior authorizations (Item 8.1) shall take effect immediately upon enactment.

12.2 Data Offshoring and AI Protocols: Insurers may have six to twelve months from the date of enactment to fully implement or certify AI oversight processes and offshore data security compliance (excluding Social Security numbers and medical ID numbers, which must be protected immediately).

12.3 Follow-up Review: Within one year of implementation, the Insurance Commissioner shall submit a progress report to the Legislature with recommendations for any further legislative refinements.; and

BE IT FURTHER RESOLVED that all insurers, health care providers, and billing entities are strongly encouraged to begin voluntary compliance with these updated patient protections prior to any mandatory deadlines in order to foster a collaborative and smooth transition; and

BE IT FURTHER RESOLVED that ongoing stakeholder input will be sought to address outstanding issues, such as payment parity, facility fees, and self-insured plan coverage, which may require additional state or federal action; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Director of Health, Director of Commerce and Consumer Affairs, and Insurance Commissioner.

In the practice of Medicine, healthcare professionals, hospitals, healthcare systems, administrators and insurers should protect the dignity of each patient and deliver medical care

with respect and fairness. The Hawaii Revised Statute 432 for the Hawaii Patient Bill of Rights and Responsibilities was enacted in 1999, with subsequent sporadic revisions.

Proposed revision should reflect the primary focus of the statute for value-based patient-centered care.

HMA supports the intent of this resolution and respectfully offers two (2) amendments for consideration:

ADDITION/ AMENDMENT A

The patient and/or guardian have a right to:

- I. Quality and Safety
- Receive considerate, respectful, and compassionate care;
- Receive high quality and safe care;
- A safe environment free from all forms of abuse (verbal, mental, physical, and sexual) and neglect;
- Be treated without discrimination based on race, color, national origin, ethnicity, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, language, or ability to pay;
- Informed consent: Patients have the right to information about their diagnosis and treatment options in non-clinical terms. This includes risks, benefits, alternatives and potential complications.
- · Appropriate screening, assessment, and management of pain;

II. Transparency

- Request to review patient medical records, have patient records and care and treatment discussions kept confidential, be provided a copy of the HIPAA notice of privacy practices, and allow or refuse pictures for anything other than patient care;
- Receive information about patient care charges and request and receive an estimate of charges before care is provided and as long as patient care is not impeded;
- Receive information and updates about patient health plan coverage, prior authorization requests and claims processing;

III. Autonomy

- Be involved directly in patient plan of care;
- Refuse treatment:
- Appoint an individual of the patient's choice to make health care decisions for the patient, if the patient is unable to do so;
- Make or change an advance directive;
- Complain or initiate a grievance without it affecting patient care and be provided a list of protective and advocacy services when needed.

ADDITION/ AMENDMENT B

The Hawaii Legislature urges the Director of Health to establish a working group on Patients Rights to further align and update existing statute HRS 432E with input from patients, healthcare professionals, hospital systems and insurers.

The Patients Rights Work Group would include

- Director of Health or designated representative
- Representative of Department of Commerce and Consumer Affairs
- Representative of Department of Human Services' Med-QUEST Division
- Insurance Commissioner or designated representative
- Representative from State Health Planning and Development Agency (SHPDA)
- Representative from Healthcare Association of Hawaii
- Representative from Hawaii Association of Health Plans (HAH)
- Representative from Hawaii State Rural Health Association
- Representative from Hawaii Medical Association
- Representative from Hawaii State Center for Nursing
- Representative from University of Hawaii Pacific Basin Telehealth Resource Center
- Representatives from Patient Advocacy Groups including AARP, ACS, HIPHI.

The Patient Rights Work Group tasks would include

- Review of HRS 432E for update and alignment with emerging Health Information Technologies (HIT) including telehealth, applications of Artificial Intelligence (AI) and compliance with Health Insurance Portability and Accountability Act (HIPAA).
- Review HRS 432E for needed update and alignment with new CMS Rules on Prior Authorization
- Review of HRS 432 for update and alignment with new practice models and relevant patient access challenges including Social Determinants of Health and/or regulatory systemic barriers.
- Report to Hawaii State Legislature 2026

REFERENCES AND QUICK LINKS

Hawaii Revised Statutes. https://www.capitol.hawaii.gov/hrscurrent/Vol09 Ch0431-0435H/HRS0432E/HRS 0432E-.htm Accessed March 14, 2025.

American Medical Association. Code of Medical Ethics. Patients Rights. Accessed March 14, 2025.

Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) https://www.cms.gov/files/document/cms-0057-f.pdf Accessed Jan 28 2025.



March 24, 2025

To: Chair San Buenaventura, Vice Chair Aquino, and Members of the Senate Committee on Health and Human Services

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 24, 2025;1:00 pm/Conference Room 225 & Videoconference

Re: Testimony with comments on SR28/SCR45 - Patient Bill of Rights

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to offer comments and to share our concerns regarding SR28/SCR45. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP appreciates the efforts of lawmakers to protect the rights of Hawaii residents by ensuring high quality patient care through Hawaii's Patient Bill of Rights. We are committed to working collaboratively with all stakeholders to address the challenges of our healthcare system. However, we have strong concerns about the current resolution, specifically in the language regarding prior authorizations and would **request that the committee consider deferring these resolutions for the following reasons**:

- We note that the Hawaii Patient Bill of Rights, codified under Chapter 327H, was enacted in 2004 and last amended in 2018; however, the proposed Patient Bill of Rights noted in these resolutions is not an update but a completely new section which requires additional discussion amongst stakeholders.
- The new statutory requirements mandated by this resolution do not align with current best practices and could unintentionally disrupt a process we are diligently working to improve.
- The creation of state timelines and approval deadlines that conflict with CMS requirements set to take effect on January 1, 2026, are problematic and could clog the system, creating unnecessary delays in care.

Additionally, we are concerned that the proposed changes could have significant financial implications, potentially increasing healthcare costs and resulting in higher premiums for individuals and employer groups. HAHP acknowledges the complexity of this issue and agrees that it warrants discussion. Given our extensive experience with this matter, we are committed to continuing conversations and working collaboratively with lawmakers and stakeholders to ensure high-quality, affordable healthcare for our state. We note that the Hawaii Patient Bill of Rights, codified under Chapter 327H, was enacted in 2004 and last amended in 2018; however, the proposed Patient Bill of Rights noted in these resolutions is not an update but a completely new section which requires additional discussion amongst stakeholders.

Thank you for your consideration and the opportunity to testify on SR28/SCR45.

Sincerely, HAHP Public Policy Committee cc: HAHP Board Members



March 24, 2025

The Honorable Joy A. Sanbuenaventura, Chair The Honorable Henry J.C. Aquino, Vice Chair Senate Committee on Health and Human Services

Re: SCR 45/SR 28 – STRONGLY SUPPORTING AND RECOMMENDING THE IMPLEMENTATION OF THE REVISED 2025 HAWAII PATIENT BILL OF RIGHTS

Dear Chair Sanbuenaventura, Vice Chair Aguino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SCR43/SR26, which looks to compel the legislature to strongly support and recommend the implementation of the Revised 2025 Hawaii Patient Bill of Rights.

As we have seen this session, the topic administrative burden, timely care for patients, and the access challenges that Hawaii faces due to our unique geographic make up has been a hot topic of discussion for this body and the community. HMSA remains committed to providing access to high quality health care that is timely and affordable, while ensuring the long-term sustainability of our state's healthcare system.

While we understand the need for constant improvement, the issues being raised within the Revised 2025 Hawaii Patient Bill of Rights are complex and should be discussed among stakeholders representing all aspects of our health care system including our providers, hospitals, the Department of Health, consumers, and the insurance industry. For those reasons we respectfully feel that the proposed language may not reflect the input of the various perspectives that shape our community and could have unintended consequences. We are concerned that implementation of a new patient bill of rights as outlined in these resolutions would create additional challenges that could lead to unintentional cost increases for members.

We would like to note that two measures moving this session, SB 1449 SD1 HD1 and HB 250 HD2 SD1, look to convene a working group under SHPDA that would bring together many of these stakeholders to work on the challenges highlighted in this resolution. We appreciate the opportunity to provide comments on this measure and respectfully request that the committee defer this resolution and allow for the community to come together and shape this important piece of our State Statute.

Sincerely,

Dawn Kurisu

Assistant Vice President

Community and Government Relations



2025 Hawaii Leadership Board

Travis Kikuchi, *Chair* Senior Vice President Central Pacific Bank

Lori McCarney, *Immediate*Past Chair Community
Advocate

Tricia Medeiros, Past Chair Chief Operating Officer The Plaza Assisted Living

Gina Fujikami, MD The Queen's Medical Center

Kai Ohashi, Financial Advisor Edward Jones

Michael Robinson, Vice President Hawaii Pacific Health

Kimberly Soares, Vice President Atlas Insurance

Gino Soquena, Executive Director Hawaii Building and Construction Trade Council

Gordon Takaki, *Past*President Hawaii Island

Chamber of Commerce

Cary Tanaka, Past President Island Insurance Companies

Caroline Witherspoon, President Becker Communications

LJ R. Duenas, Executive Director Alzheimer's Association

Testimony to the Senate Committee on Health & Human Services Monday, March 24, 1:00 PM Hawaii State Capitol, Conference Room 225, and Videoconference

RE: SCR45/SR28

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committees,

Thank you for the opportunity to testify on this resolution requesting the Hawaii Emergency Management Agency to collaborate with relevant agencies to develop initiatives and outreach programs to inform kupuna about emergency preparedness. My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association. We support the intent of SCR45/SR28 and provide comments with a suggested amendment to ensure those concerned about their cognitive health receive the best possible care.

The Alzheimer's Association Hawaii Chapter is dedicated to supporting individuals and families affected by Alzheimer's disease and other dementias. With 31,200 people living with Alzheimer's disease in Hawaii, 60,000 caregivers providing \$1.9 billion in unpaid care, and a rapidly aging population, it is critical to keep vulnerable individuals in our community safe.

This resolution supports the implementation of the Revised 2025 Hawaii Patient Bill of Rights, which aims to modernize patient protections. Key provisions include addressing Al-based coverage decisions, ensuring data security, and improving access to healthcare providers. It mandates clear communication from insurers, timely specialist referrals, and emergency care coverage without retrospective denial. Additionally, it emphasizes the importance of patient autonomy, appeals processes, telehealth services, and stringent data protection measures.

We humbly propose an amendment to provide patients the right to request the use of a validated tool during a cognitive assessment for the early detection of dementia. We defer to the Executive Office on Aging for specific language to be included in the resolution.

We urge your favorable consideration of this legislation and our amendment. Mahalo for your support and the opportunity to testify in support. If you have questions, please contact me at 808-451-3410 or ckchock@alz.org.

Coby Chock

Director of Public Policy and Advocacy

Alzheimer's Association - Hawaii



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SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair Senator Henry J.C. Aquino, Vice Chair

Date: March 24, 2025

From: Hawaii Medical Association (HMA)

Jerald Garcia MD - Chair, HMA Public Policy Committee

RE SR28/SCR45 STRONGLY SUPPORTING AND RECOMMENDING THE IMPLEMENTATION OF THE REVISED 2025 HAWAII PATIENT BILL OF RIGHTS - Revised

2025 Hawaii Patient Bill of Rights

Position: Support with amendments

This resolution states that the Hawaii Legislature would strongly support and recommend implementation of the revised 2025 Hawaii Patient Bill of Rights.

In the practice of Medicine, healthcare professionals, hospitals, healthcare systems, administrators and insurers should protect the dignity of each patient and deliver medical care with respect and fairness. The Hawaii Revised Statute 432 for the Hawaii Patient Bill of Rights and Responsibilities was enacted in 1999, with subsequent sporadic revisions. Proposed revision should reflect the primary focus of the statute for value-based patient-centered care.

HMA supports the intent of this resolution and respectfully offers two (2) amendments for consideration:

ADDITION/ AMENDMENT A

The patient and/or guardian have a right to:

- I. Quality and Safety
- Receive considerate, respectful, and compassionate care;
- · Receive high quality and safe care;
- A safe environment free from all forms of abuse (verbal, mental, physical, and sexual) and neglect:
- Be treated without discrimination based on race, color, national origin, ethnicity, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, language, or ability to pay;
- Informed consent: Patients have the right to information about their diagnosis and treatment options in non-clinical terms. This includes risks, benefits, alternatives and potential complications.

2025 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

- II. Transparency
- Request to review patient medical records, have patient records and care and treatment discussions kept confidential, be provided a copy of the HIPAA notice of privacy practices, and allow or refuse pictures for anything other than patient care;
- Receive information about patient care charges and request and receive an estimate of charges before care is provided and as long as patient care is not impeded;
- Receive information and updates about patient health plan coverage, prior authorization requests and claims processing.

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- Be involved directly in patient plan of care;
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- Complain or initiate a grievance without it affecting patient care and be provided a list of protective and advocacy services when needed.

ADDITION/ AMENDMENT B

The Hawaii Legislature urges the Director of Health to establish a working group on Patient Rights to further align and update existing statute HRS 432E with input from patients, healthcare professionals, hospital systems and insurers.

The Patient Rights Work Group would include

- Representatives from Patient Advocacy Groups including Papa Ola Lokahi, AARP, American Cancer Society, HIPHI.
- Representative from hospitals Healthcare Association of Hawaii
- Director of Health or designated representative
- Representative of Department of Commerce and Consumer Affairs
- Representative of Department of Human Services' Med-QUEST Division
- Insurance Commissioner or designated representative
- Representative from State Health Planning and Development Agency (SHPDA)
- Representative from Hawaii Association of Health Plans (HAHP)
- Representative from Hawaii State Rural Health Association
- Representative from Hawaii Medical Association (HMA)
- Representative from Hawaii State Center for Nursing
- Representative from Hawaii Association of Professional Nurses
- Representative from University of Hawaii Pacific Basin Telehealth Resource Center

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The Patient Rights Work Group tasks would include

- Review of HRS 432E for update and alignment with emerging Health Information Technologies (HIT) including telehealth, applications of Artificial Intelligence (AI) and compliance with Health Insurance Portability and Accountability Act (HIPAA).
- Review HRS 432E for needed update and alignment with new CMS Rules on Prior Authorization
- Review of HRS 432E for update and alignment with new practice models and relevant patient access challenges including Social Determinants of Health and/or regulatory systemic barriers.
- Report recommendations for legislative changes to the Hawaii State Legislature 2026

Thank you for allowing the Hawaii Medical Association to testify in support of this resolution.

REFERENCES AND QUICK LINKS

Hawaii Revised Statutes. https://www.capitol.hawaii.gov/hrscurrent/Vol09_Ch0431-0435H/HRS0432E/HRS_0432E-.htm Accessed March 14, 2025.

American Medical Association. Code of Medical Ethics. Patients Rights. Accessed March 14, 2025.

Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) https://www.cms.gov/files/document/cms-0057-f.pdf Accessed Jan 28 2025.

2025 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

Dear Chair and Members of the Senate Health and Human Services Committee.

As a practicing physician on Hawai'i Island, let me first thank this committee for supporting efforts to improve access to healthcare in Hawai'i. As you know, Hawai'i has the worst ratio of primary care providers for our population in the U.S.: https://www.sanabenefits.com/blog/hawaii-wyoming-lead-the-country-in-share-of-population-impacted-by-primary-care-doctor-shortages/

The passage of GET reform for the taxation of Medicare, Medicaid and TriCare patients, passed unanimously by the Legislature last session, will help Hawai'i attract and retain healthcare professionals such as nurses, dentists and doctors. Mahalo for your support of this legislation, particularly Chair San Buenaventura, Senator Inouye, and your committee. This is critically needed, as there is a serious national shortage of healthcare professionals and Hawai'i is currently ranked last in the county as a viable state to practice medicine: https://www.beckershospitalreview.com/rankings-and-ratings/15-best-worst-states-for-physicians-in-2025/

But the reality is that healthcare providers can easily find a job available somewhere in the U.S.. The real crisis is that Hawai'i is losing population, especially younger individuals, who often have family and marketable job skills. Both the Legislature and the Governor deserve much thanks for helping address that challenge through taxation reform last session.

Recent surveys in Hawai'i by Community First and other organizations have shown that lack of access to healthcare is another major driver of our friends and families leaving Hawai'i for the mainland. The Hawai'i State Legislature in it's wisdom, passed a Patient's Bill of Rights in 1999. In the quarter century since that law passed, many new obstacles to patient access to medically indicated care have arose, including burdensome prior authorization mandates that delay and deny access to care.

We greatly appreciate that the Legislature is considering expanding access to care in Hawai'i. With the most severe shortages of primary care providers, and specialists in America, expanding and preserving patient rights is critically important. We should strive for a pono solution, as we would like to be treated if we or our family members needed medical care. On our Neighbor Islands, patients obviously cannot drive for a medical appointment to Honolulu or the mainland. Many also cannot fiscally afford airfare to Oahu, especially for recurrent treatments and followup care visits.

Our healthcare champions in the Legislature have recognized that it is important that we have an aspiration and vision for next steps to preserve and increase health care and support practitioners. Rep. Amato has stated that we hope that this resolution is a step toward developing an equitable and pono environment for patients to receive care in Hawai'i. We realize that this is a complex matter, that the Hawai'i healthcare providers, and healthcare insurers must find common ground to find reforms that work for our patients.

In view of that, we would like to recognize Dr. Gary Okamoto of Aloha Care and Dr. Stephanie Park of HMSA for working with the HMA to find solutions that benefit our communities. We also agree with Dr. John Lewin of SHPDA and Dr. Elisabeth Igancio, President of HMA, that a working group of stakeholders be considered to inform the drafting of a formal act next session.

Aloha,

Scott Grosskreutz, M.D.

President, Hawai'i Provider Shortage Crisis Task Force

Testimony Presented Before the

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Monday, March 24, 2025 at 1:00 PM
Conference Room 225 & Videoconference
State Capitol



Hawaiʻi – American Nurses Association (Hawaiʻi-ANA)

SR28/SCR45 & SR26/SCR43 – STRONGLY SUPPORTING AND RECOMMENDING THE IMPLEMENTATION OF THE REVISED 2025 HAWAII PATIENT BILL OF RIGHTS.

Chair Senator Joy A. San Buenaventura, Vice Chair Senator Henry J.C. Aquino, and members of the Senate Committee on Health and Human Services, thank you for providing this opportunity for Hawai'i nurses' voices to be heard.

Hawai'i - American Nurses Association (Hawai'i-ANA) is the state's premier professional nursing organization that fosters high standards of professional nursing practice, promotes safe and ethical work environments, and advocates on health care issues that affect nurses and the public. **We stand in strong support of these resolutions** that seek to modernize patient protections to address Al-based coverage decisions, data security risks, and ongoing provider shortages in Hawaii.

Hawai'i-ANA commends the committee for their advocacy in protecting patients as new risks emerge in the health insurance industry, with the use of AI. Thank you for the opportunity to testify in support of this measure.

Contact information for Hawai'i – American Nurses Association:

President: Dr. Denise Cohen, APRN <u>president@hawaii-ana.org</u>

Chair of Hawai'i-ANA Advocacy Committee: Dr. Linda Beechinor, APRN vicepresident@hawaii-ana.org

Executive Director: Elizabeth M. Kahakua, RN, BSN executivedirector@hawaii-ana.org

phone (808) 779-3001 500 Lunalilo Home Road, #27-E, Honolulu HI 96825

Submitted on: 3/23/2025 5:51:48 PM

Testimony for HHS on 3/24/2025 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify	
Esther Smith	Testifying for Mohala Health, LLC	Support	Remotely Via Zoom	

Comments:

The healthcare challenges of today are vastly different that the challenges of the past. I will be testifying about these challenges from the perspective of a primary care physician.

Submitted on: 3/20/2025 12:39:24 PM

Testimony for HHS on 3/24/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Liat Miller	Testifying for Puakalani Family Practice	Support	Written Testimony Only

Comments:

Aloha, I stonrgly support the Patient Bill of Rights resolution, SCR 45 and SR28, as a nurse practitioner and as an owner of a small family practice on this island. We simply do not have the staff, time and resources to do prior authorization as well as it puts our patient's lives at risk waiting for these approvals. We are trying to NOT send patients to the ER but sometimes due to this prior authorization we do not have a choice as the patient's safety comes first.

Mahalo

Liat Miller FNP-C

Submitted on: 3/19/2025 5:22:56 PM

Testimony for HHS on 3/24/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Allen Novak	Individual	Support	Written Testimony Only

Comments:

I wish to testify in support of this measure. This revision of the Patient Bill of Rights will help to facilitate better access to healthcare by citizens of Hawai'i.

Additionally, it will build consumer confidence in the Hawai'i health insurance industry. This is an issue which deserves much attention as there is currently significant dissatisfaction within the community.

Allen Novak

Hilo, Hawai'i

Submitted on: 3/20/2025 7:29:09 AM

Testimony for HHS on 3/24/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Miki Miura	Individual	Support	Written Testimony Only

Comments:

Subject: Support for Bill SCR45 SR28

Aloha kakou,

My name is Miki Miura, and I am a Family Nurse Practitioner (NP) at the Waianae Coast Comprehensive Health Center and St. Luke's Clinic Ala Moana. I am writing to express my strong support for Bill SCR45 SR28 and to share my thoughts on the matter.

The prior authorization process can be overwhelming for both patients and healthcare providers, creating significant barriers to timely access to necessary treatments.

For instance, many of my patients suffer from alpha thalassemia, a genetic blood disorder that can cause anemia and complications during pregnancy. Timely testing for this condition in high-risk patients is crucial for determining appropriate treatment to safeguard both the patients and their fetuses. Unfortunately, I have encountered numerous cases where prior authorization for this essential test took too long, preventing patients from receiving it before delivery.

I firmly believe that streamlining the prior authorization process and making it transparent for both patients and healthcare providers is vital for the well-being of our community.

Thank you for the opportunity to testify on this important bill.

Respectfully,

Miki Miura, DNP, APRN, FNP-C

<u>SCR-45</u> Submitted on: 3/21/2025 1:07:29 PM

Testimony for HHS on 3/24/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Thomas H Joslyn	Individual	Support	Written Testimony Only

Comments:

I urge the legislature to pass this bill. Thank you for your consideration. Thomas H Joslyn. MS APRN CRNA MS.

Submitted on: 3/21/2025 1:19:53 PM

Testimony for HHS on 3/24/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rob Mastroianni	Individual	Support	Written Testimony Only

Comments:

Legislators,

I am a local physician with over 50 years of experience and seriously doubt that I would have consider practicing in Hawai'i prior to my move here 25 years ago if I had known how restrictive the practice of medicine has become under the prior authorization policies of HMSA and other insurance groups. I am nearly daily confronted with a poorly educated and inexperienced employee, denying tests and procedures and referrals, one after the other, after referring to some printed list of "policies and requirements" by the insurer. These activities regularly delay care, risk medical injury and progression of disease processes and regularly purposefully deny care to Hawaiians solely for the enrichment of the insurers. Have you truly never considered why Hawai'i is 40% understaffed by medical professionals? Look in the mirror!

Aloha ke Akua

Rob Mastroianni MD.

easybirds@mac.com.

808-573-8900

Pukalani Family Practice

Submitted on: 3/22/2025 2:17:23 PM

Testimony for HHS on 3/24/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Colleen Inouye	Individual	Support	Written Testimony Only

Comments:

Dear Senator Buenaventura and Senator Aquino and the Committee on Health and Human Services,

Please support SCR45.

I was a practicing OB/Gyn on Maui for over 35 years and witnessed and still witness the lack of healthcare services for patients. When I review surveys that Hawaii is number one in health, I do not believe they are considering those who cannot even access health care services in Hawaii.

Yes, to address access for all we do need to increase the number of physicians and clinicians. The Revised 2025 Patient Bill of Rights is a starting point that will allow Hawaii to address why our physician/clinician numbers are low, care for those currently taking care of patients, and recruit and retain more providers.

The Revised 2025 Patient Bill of Rights allows for patient-centered care. Please support SCR45.

Sincerely,

Colleen F Inouye MD MMM MS-PopH FACHE FAAPL FACOG



Edward Gutteling, MD, FAAOS

670 Kekuanaoa Street, Hilo, Hawai'i 96721 Telephone (808) 961-2609 Fax (808) 969-9262

- ORTHOPEDIC SURGERY - SPORTS MEDICINE

-Team Orthopedic Surgeon University of Hawaii – Hilo Vulcan Athletics

Vulcan Athletic Hall of Fame 2015

- (Fmr) Asst. Clin. Prof. of Surgery
 University of Hawaii, John A. Burns
 School of Medicine
- (Fmr) Community Faculty
 Hawaii Island Family Medicine
 Residency
- Fellow, American Academy of Orthopedic Surgery
- Board Certified, American Board of Orthopedic Surgery
- Orthopedic Research Fellowship, UMDNJ

March 22, 2025

To:

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Re:

SCR45 - Revised 2025 Hawai'i Patient Bill of Rights

Dear Senators:

Unfortunately, we live in an age and evolving society where there is a critical need for a **PATIENT BILL of RIGHTS**.

It should be a self-evident truth that each human retains unique identity, dignity and sovereignty in our God-given persons, created equal, endowed by our Creator with certain unalienable Rights.-
<u>That to secure these rights</u>, Governments are instituted among Men, deriving their just powers from the consent of the governed. Not just cogs in a machine.

You, the Government, needs to secure these rights, for patients.

You wouldn't like YOUR rights as a patient to be trampled. Don't allow it for anyone else, either.

Unfortunately, there is an accelerating track record of DENYING patients their rights, by corporate medicine, insurance companies, thoughtless officials and other intruders in this space.

Physicians' and clinicians' role as advocates of their patients cannot ethically or morally be degraded by corporations, officials, employers, or external financial influences over their clinical decision making that is in the best interest of their patient, not anything else.

There is increasing use of a mindset, frequently flawed, that view unique humans totally as a collection of organisms TO which group decisions are made, made for them by others in charge, such as on the field of battle where an acceptable casualty rate is determined by the generals, denying the individual dignity and uniqueness of each human being. As in a Public Health mindset of metrics, frequently flawed, not of unique persons with uniquely detailed issues. A mindset justified as for the greater good. (By others in control of course, for their collective good, not the patient.) The controlling attitude should be... what is best for each individual patient, NOT best for the controlling organization or power.

Costly inappropriate prior authorization care delays and arbitrary denials, outsourcing decades of clinical experience in individual cases to a risky controlling deference of artificial intelligence (without adequate safety protections or ethical guardrails), the suppression of unique clinical decisions, the increasing breakdown in privacy protections of personal medical information, the removal of barriers that impede the right of patients to have easy access to and control of their healthcare information, COMPLETE access, not censured or obscured...all this needs to stop. Please support the UPDATED 2025 Patient Bil of Rights, continuing the good work of 25 years ago that is now obsolete and impotent.

Yours sincerely Warmest aloha

Edward Gutteling, MD, FAAOS



Submitted on: 3/23/2025 7:21:41 PM

Testimony for HHS on 3/24/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laeton J Pang	Individual	Support	Written Testimony Only

Comments:

I'm writing in support of SCR43 and SCR45 as a practicing radiation oncologist in Hawaii for nearly 31 years. Representative Terez Amato has stated that this resolution is important to consider because it helps establish a vision for healthcare in Hawai'i. Admittedly, this is an ambitious but badly needed resolution that attempts to update and expand patient rights to address many current obstacles to healthcare.

Others in the medical community, including former Hawaii DOH Director Dr. Jack Lewin and Hawaii Medical Association President Dr. Elizabeth Ignacio are advising the formation of a broad working group to include patient advocacy organizations, providers, government agencies and the Hawai'i healthcare insurance industry in an effort to work on developing draft legislation next session to incorporate key planks of the revised Hawai'i Patient Rights resolution into an act, with the power of law.

I believe this plan is insightful and actionable, and I strongly support this effort.

Laeton J Pang, MD, MPH, FACR, FACRO, FASTRO, FACCC