
HOUSE CONCURRENT RESOLUTION

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

1 WHEREAS, Hawaii pioneered employer-supported health
2 insurance through the Prepaid Health Care Act of 1974; however,
3 the State continues to face severe physician, nurse, and dentist
4 shortages, with over thirty-five percent of the population
5 residing in federally designated Health Professional Shortage
6 Areas--the highest percentage in the nation; and
7

8 WHEREAS, the University of Hawaii Health Research Center
9 found that forty-two percent of surveyed physicians reported
10 patient harm or serious adverse events attributable to prior
11 authorization delays or denials, emphasizing a need for
12 streamlined insurance processes; and
13

14 WHEREAS, recent increases in claims denials, particularly
15 those driven by automated or artificial intelligence (AI)-based
16 systems, underscore the necessity for greater transparency,
17 specialist review, and patient-friendly appeals mechanisms; and
18

19 WHEREAS, the original Hawaii Patient Bill of Rights,
20 enacted over twenty-five years ago, now requires substantial
21 updates to address modern challenges, such as AI-driven denials,
22 telehealth accessibility, data-offshoring risks, and persistent
23 network inadequacies on the neighbor islands and in rural areas;
24 and
25

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



1
2 WHEREAS, the Insurance Commissioner's office needs expanded
3 authority, resources, and reporting mechanisms to effectively
4 audit, investigate, and sanction noncompliant insurers or
5 billing entities, ensuring consistent and accountable
6 enforcement of patients' rights; and
7

8 WHEREAS, the Revised 2025 Hawaii Patient Bill of Rights is
9 an essential modernization step that prioritizes patient
10 autonomy, transparent healthcare, timely access, robust data
11 protection, AI accountability, and real enforcement--all while
12 recognizing the practical realities of insurers, providers, and
13 patients in a rapidly evolving healthcare landscape; now,
14 therefore,
15

16 BE IT RESOLVED by the House of Representatives of the
17 Thirty-third Legislature of the State of Hawaii, Regular Session
18 of 2025, the Senate concurring, that this body strongly supports
19 and recommends the implementation of the following Revised 2025
20 Hawaii Patient Bill of Rights:
21

22 Foreword and Definitions

23

24 **1. Purpose:** This Bill of Rights modernizes patient protections
25 to address AI-based coverage decisions, data security risks, and
26 ongoing provider shortages in Hawaii.
27

28 2. Definitions:

29

30 ○ **AI or Automated Decision System:** Any algorithmic or software-
31 based platform that can autonomously generate or recommend
32 coverage determinations without direct human supervision.

33 ○ **HIPAA-equivalent Security:** A standard of data protection
34 meeting or exceeding requirements set forth in 45 C.F.R. Parts
35 160 and 164 (HIPAA Privacy and Security Rules).

36 ○ **Urgent vs. Non-Urgent:** *Urgent requests* are those where delays
37 could seriously jeopardize a patient's health, life, or overall
38 well-being; *non-urgent requests* include all other prior
39 authorizations not qualifying as urgent.
40



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

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



1 **5.1 Right to Understand Care:** Patients are entitled to a clear
2 explanation of their diagnosis, treatment options (including the
3 option to decline treatment), and potential outcomes or risks
4 from their healthcare provider, ensuring fully informed consent.
5

6 **5.2 Right to Accept or Decline Treatment:** Every mentally
7 competent patient (or as decided by their legal health care
8 proxy) has the right to accept, receive, reject, or discontinue
9 any legal medical care, treatment, or prescribed medication from
10 any legally licensed medical provider, and the right to not have
11 that decision denied, prevented, restricted, or impeded by other
12 persons.
13

14
15
16 **6. Appeals and External Review**
17

18 **6.1 Notice and Forms:** Whenever coverage is denied, insurers must
19 provide a **universal external review request form** and a step-by-
20 step guide (in print or digital form) explaining how to appeal.
21

22 **6.2 Online FAQ and Hotline:** Insurers shall maintain an online
23 FAQ regarding appeals, alongside a **toll-free hotline** to assist
24 patients.
25

26 **6.3 Enforcement:** The Insurance Commissioner may impose **financial**
27 **penalties** or other administrative measures on insurers failing
28 to publicize or comply with state and federal appeals
29 requirements.
30

31
32
33 **7. Network Adequacy, Telehealth, and Rural Access**
34

35 **7.1 Coverage in Shortage Areas:** Patients in federally designated
36 Health Professional Shortage Areas must have timely access to
37 primary and specialty care.
38

39 **7.2 Reporting Requirements:** Insurers shall submit **quarterly**
40 reports detailing provider-to-patient ratios, average wait
41 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.).



1
2 **9.2 Offshoring Accountability:**

3 o Prior to offshoring data, an entity must file an **attestation**
4 with the Insurance Commissioner confirming that any overseas
5 subcontractors adhere to **encryption, breach notification, audit**
6 **logging, and confidentiality protocols.**

7 o Entities shall undergo **random audits** or produce security
8 certifications upon request.
9

10 **9.3 Breach Notification and Penalties:** In the event of a
11 suspected or actual data breach, the entity must notify affected
12 patients **and** the Insurance Commissioner within **72 hours**,
13 implementing a corrective action plan. Repeated or willful
14 violations may result in **finances, revocation of accreditation**, or
15 other sanctions.
16

17
18
19 **10. Enforcement and Oversight**
20

21 **10.1 Authority of the Insurance Commissioner:**

22 o Empowered to **audit, investigate, and enforce** all provisions of
23 this Bill of Rights.

24 o May impose **finances, clawbacks, revocation of accreditation**, and
25 other appropriate remedies for noncompliance.
26

27 **10.2 Annual Public Report:**

28 o The Insurance Commissioner shall publish an **annual report**
29 detailing enforcement actions, complaint data, AI usage rates,
30 denial statistics, and any data breaches or security
31 infractions.

32 o The report shall include **trend analyses** (e.g., median time-to-
33 decision for prior authorizations, telehealth adoption rates,
34 network adequacy improvements).
35

36 **10.3 Multidisciplinary Advisory Group:**

37 o Composed of physicians, cybersecurity experts, patient
38 advocates, telehealth specialists, and others.

39 o Convenes periodically to **review compliance**, recommend updates,
40 and study emerging issues (e.g., advanced AI, new data-security
41 threats).
42



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

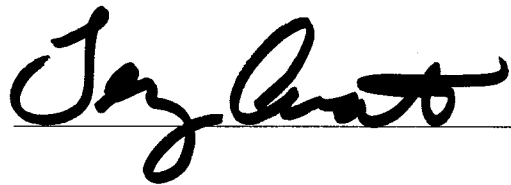
BE IT FURTHER RESOLVED that all insurers, health care providers, and billing entities are strongly encouraged to begin voluntary compliance with these updated patient protections prior to any mandatory deadlines in order to foster a collaborative and smooth transition; and



1
2 BE IT FURTHER RESOLVED that ongoing stakeholder input will
3 be sought to address outstanding issues, such as payment parity,
4 facility fees, and self-insured plan coverage, which may require
5 additional state or federal action; and
6

7 BE IT FURTHER RESOLVED that certified copies of this
8 Concurrent Resolution be transmitted to the Governor, Director
9 of Health, Director of Commerce and Consumer Affairs, and
10 Insurance Commissioner.
11
12
13

OFFERED BY:

A handwritten signature in black ink, appearing to read "Jay Chato", is written over a horizontal line.

MAR - 7 2025

