

Honolulu, Hawaii

Feb 7 , 2012

RE: H.B. No. 1741

H.D. 1

Honorable Calvin K.Y. Say  
Speaker, House of Representatives  
Twenty-Sixth State Legislature  
Regular Session of 2012  
State of Hawaii

Sir:

Your Committee on Health, to which was referred H.B. No. 1741  
entitled:

"A BILL FOR AN ACT RELATING TO PRESCRIPTION DRUG,"

begs leave to report as follows:

The purpose of this measure is to require a uniform prior  
authorization form for prescription drugs by requiring:

- (1) The Insurance Commissioner to develop the form;
- (2) Health care insurance providers that provide  
prescription drug benefits to accept only the uniform  
prior authorization form when requiring authorization  
for prescription drug benefits; and
- (3) Prescribers to use the uniform prior authorization form  
to request prior authorization coverage for prescription  
drug benefits.

Hawaii Medical Association; National Multiple Sclerosis  
Society - Hawaii Office; American Academy of Private Physicians;  
Hawaii Academy of Physician Assistants; Hawaii Psychiatric Medical  
Association; American Cancer Society; Epilepsy Foundation of  
Hawaii; Neuropathy Action Foundation; GBS/CIDP Foundation  
International; Power of Pain Foundation; Consumer, Family, & Youth  
Alliance; and an individual testified in support of this measure.  
Ohana Health Plan testified in support of the intent of this



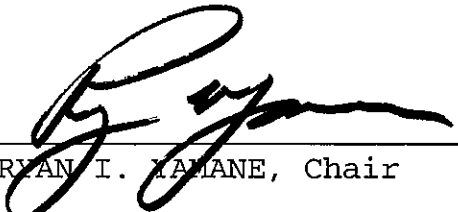
measure. The Department of Commerce and Consumer Affairs, Hawaii Medical Service Association, AlohaCare, and Medco Health Solutions, Inc. testified in opposition to this measure. The University of Hawaii-Manoa, School of Nursing and Dental Hygiene; Kaiser Permanente Hawaii; Hawaii Association of Professional Nurses; Faith Action for Community Equity; and two individuals submitted comments.

Your Committee has amended this measure by:

- (1) Specifying that advanced practice registered nurses and physician assistants be consulted in the development of the form;
- (2) Deleting from the form criteria, the requirement that the form not exceed two pages;
- (3) Increasing to 72 hours, the time period in which a health care insurance provider must respond to a prescriber upon receipt of a completed form, or have the prior authorization request be granted;
- (4) Changing the effective date to July 1, 2050, to facilitate further discussion; and
- (5) Making technical, nonsubstantive amendments for style, clarity, and consistency.

As affirmed by the record of votes of the members of your Committee on Health that is attached to this report, your Committee is in accord with the intent and purpose of H.B. No. 1741, as amended herein, and recommends that it pass Second Reading in the form attached hereto as H.B. No. 1741, H.D. 1, and be referred to the Committee on Consumer Protection & Commerce.

Respectfully submitted on  
behalf of the members of the  
Committee on Health,

  
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RYAN I. YAMANE, Chair



