
SENATE CONCURRENT 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 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

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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 health care; and

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

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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

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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

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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,

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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, the



1 House of Representatives concurring, that the Director of Health
2 is urged to establish a working group on health insurance reform
3 to provide recommendations for reducing the impact of prior
4 authorization requirements on the timely delivery of health care
5 in the State; and

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

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10 (1) The Director of Health, or the Director's designee;
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12 (2) The Chair of the Senate Standing Committee on Health
13 and Human Services, or a member appointed by the
14 President of the Senate;
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16 (3) The Chair of the House of Representatives Standing
17 Committee on Health, or a member appointed by the
18 Speaker of the House of Representatives;
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20 (4) Administrator of the Med-QUEST Division of the
21 Department of Human Services, or the Administrator's
22 designee;
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24 (5) Five members representing the health insurance
25 industry, to be selected by the Hawaii Association of
26 Health Plans and invited by the Director of Health to
27 participate;
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29 (6) Five members representing licensed health care
30 professionals, two of whom shall be selected by the
31 Hawaii Medical Association, two of whom shall be
32 selected by the Healthcare Association of Hawaii, and
33 one of whom shall be selected by the Center for
34 Nursing, to be invited by the Director of Health to
35 participate; and
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37 (7) Five members representing consumers of health care or
38 employers, two of whom shall be selected by the board
39 of trustees of the Employer-Union Health Benefits
40 Trust Fund, one of whom shall be a consumer selected
41 by the Statewide Health Coordinating Council, one of
42 whom shall be selected by the Hawaii Primary Care



1 Association, and one of whom shall be selected by Papa
2 Ola Lokahi, to be invited by the Director of Health to
3 participate; and
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5 BE IT FURTHER RESOLVED that the working group is requested
6 to consider all relevant federal law, Hawaii law, and law in
7 other states to determine whether there are statutes and
8 regulations that establish:
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- 10 (1) Reasonable and appropriate prior authorization
11 response times, including whether a response time of
12 twenty-four hours for urgent care and forty-eight
13 hours for non-urgent care is feasible;
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- 15 (2) Prior authorizations for medications valid for a
16 period of at least one year, regardless of dosage
17 changes;
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- 19 (3) Prior authorizations valid for the length of treatment
20 for patients having chronic conditions;
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- 22 (4) That adverse determinations should only be made by
23 providers licensed in the State and of the same
24 specialty that typically manages the patient's
25 conditions;
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- 27 (5) The manner in which retroactive denials may be avoided
28 if care is preauthorized;
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- 30 (6) Procedures whereby private insurers may publicly
31 release prior authorization data, disaggregated by
32 drug or service, as it relates to approvals, denials,
33 appeals, wait times, and other categories;
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- 35 (7) Reasonable and appropriate periods of time for a new
36 health plan to honor a patient's prior authorization
37 for a transitional period of time; and
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- 39 (8) Criteria or factors that would allow for a reduction
40 in the total volume of prior authorization requests,
41 such as exemptions or gold-carding programs; and
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1 BE IT FURTHER RESOLVED that the working group is requested
2 to submit a report of its findings and recommendations,
3 including any proposed legislation, to the Legislature no later
4 than twenty days prior to the convening of the Regular Session
5 of 2026; and
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7 BE IT FURTHER RESOLVED that certified copies of this
8 Concurrent Resolution be transmitted to the Director of Health,
9 Chair of the Senate Standing Committee on Health and Human
10 Services, Chair of the House of Representatives Standing
11 Committee on Health, Administrator of the Med-QUEST Division of
12 the Department of Human Services, Chairperson of the Board of
13 Trustees of the Employer-Union Health Benefits Trust Fund, Chief
14 Executive Officer of the Hawaii Medical Service Association,
15 President of the Hawaii Medical Association, President of the
16 Hawaii Association of Health Plans, Chief Executive Officer of
17 the Healthcare Association of Hawaii, Director of the Center for
18 Nursing, and Chief Executive Officer of Papa Ola Lokahi.
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