
SENATE 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,
31 that the Director of Health is urged to establish a working
32 group on health insurance reform to provide recommendations for



1 reducing the impact of prior authorization requirements on the
2 timely delivery of health care in the State; and

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4 BE IT FURTHER RESOLVED that the working group is requested
5 to comprise:

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



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2 BE IT FURTHER RESOLVED that the working group is requested
3 to consider all relevant federal law, Hawaii law, and law in
4 other states to determine whether there are statutes and
5 regulations that establish:

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- 7 (1) Reasonable and appropriate prior authorization
- 8 response times, including whether a response time of
- 9 twenty-four hours for urgent care and forty-eight
- 10 hours for non-urgent care is feasible;
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- 12 (2) Prior authorizations for medications valid for a
- 13 period of at least one year, regardless of dosage
- 14 changes;
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- 16 (3) Prior authorizations valid for the length of treatment
- 17 for patients having chronic conditions;
- 18
- 19 (4) That adverse determinations should only be made by
- 20 providers licensed in the State and of the same
- 21 specialty that typically manages the patient's
- 22 conditions;
- 23
- 24 (5) The manner in which retroactive denials may be avoided
- 25 if care is preauthorized;
- 26
- 27 (6) Procedures whereby private insurers may publicly
- 28 release prior authorization data, disaggregated by
- 29 drug or service, as it relates to approvals, denials,
- 30 appeals, wait times, and other categories;
- 31
- 32 (7) Reasonable and appropriate periods of time for a new
- 33 health plan to honor a patient's prior authorization
- 34 for a transitional period of time; and
- 35
- 36 (8) Criteria or factors that would allow for a reduction
- 37 in the total volume of prior authorization requests,
- 38 such as exemptions or gold-carding programs; and
- 39

40 BE IT FURTHER RESOLVED that the working group is requested
41 to submit a report of its findings and recommendations,
42 including any proposed legislation, to the Legislature no later



1 than twenty days prior to the convening of the Regular Session
2 of 2026; and

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4 BE IT FURTHER RESOLVED that certified copies of this
5 Resolution be transmitted to the Director of Health, Chair of
6 the Senate Standing Committee on Health and Human Services,
7 Chair of the House of Representatives Standing Committee on
8 Health, Administrator of the Med-QUEST Division of the
9 Department of Human Services, Chairperson of the Board of
10 Trustees of the Employer-Union Health Benefits Trust Fund, Chief
11 Executive Officer of the Hawaii Medical Service Association,
12 President of the Hawaii Medical Association, President of the
13 Hawaii Association of Health Plans, Chief Executive Officer of
14 the Healthcare Association of Hawaii, Director of the Center for
15 Nursing, and Chief Executive Officer of Papa Ola Lokahi.

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