

ACT 90

S.B. NO. 3122

A Bill for an Act Relating to Public Health Standing Orders.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. The legislature finds that standing orders are written protocols describing a specific medical practice that will be delegated to non-physicians without a patient-specific order signed by a physician. Standing orders outline procedures that must be followed and identify permissible patient populations, level of required physician supervision, and allowable practice settings.

The legislature also finds that Hawaii's well-documented physician shortage may restrict patient access to preventive care, resulting in sub-optimal outcomes, increased costs, and decreased quality of life. Population-based care can help reduce provider administrative burdens while increasing access to evidence-based clinical preventive services. Secondary prevention is the provision of a

clinical preventive service to screen for a condition in an asymptomatic individual, such as mammography to screen for breast cancer. Public health standing orders may help reduce barriers to receiving secondary prevention services.

The legislature further finds that standing orders are already used in routine, urgent, or emergency settings upon the occurrence of certain clinical events that take place on an individual patient basis or a population health event. An example of a routine individual patient standing order is certain vaccine administrations, which are evidence-based practices that authorize nurses, pharmacists, and other health care providers to assess a client's immunization status and administer vaccinations according to a protocol. Emergency population health crises are also supported by standing orders, specifically for mass prophylaxis following a bioterrorism incident, that are only activated when the director of health declares a state of emergency due to a specific bioterrorism incident.

Accordingly, the purpose of this Act is to reduce barriers to health care access and expand population health-based interventions by:

- (1) Authorizing the director of health to issue public health standing orders for patients to self-refer to certain health care screening services;
- (2) Establishing requirements for the provision of items or services pursuant to a public health standing order; and
- (3) Establishing the public health standing orders working group to provide advice and recommendations to the department of health regarding public health standing orders.

SECTION 2. Chapter 321, Hawaii Revised Statutes, is amended by adding a new section to part II to be appropriately designated and to read as follows:

“§321- Public health standing orders; screening. (a) The director of health may issue public health standing orders authorizing patients who are eighteen years of age or older to receive evidence-based items or services that have in effect a grade of A or B in the current recommendations of the United States Preventive Services Task Force, as defined by section 4106 of the federal Patient Protection and Affordable Care Act, P.L. 111-148, without patient-specific orders from a licensed health care provider.

(b) The director of health shall annually review the items or services that have in effect a grade of A or B as recommended by the United States Preventive Services Task Force and amend public health standing orders as necessary.

(c) The duration of public health standing orders issued pursuant to this section shall remain in effect until repealed by the director of health.

(d) The public health standing orders shall include language informing patients that there may be potential out-of-pocket costs associated with receiving recommended services, including if:

- (1) The patient does not have health insurance coverage; or
- (2) The patient obtains services from a provider outside of the patient's health insurer's or health plan's provider network.

(e) The director of health shall post public health standing orders on the department of health's website in an easily accessible manner.

(f) The entity providing the items or services pursuant to a public health standing order shall:

- (1) Obtain from the patient the patient's health insurer or health plan information and only provide services if:

- (A) The provider is a participating, contracted, or in-network provider with the patient's health insurer or health plan; or
- (B) The patient consents to any potential out-of-pocket costs;
- (2) Obtain from the patient the name of the patient's primary care provider and make a good faith effort to transmit the results of the screening to the primary care provider or other licensed health care provider identified by the patient; and
- (3) Contact the patient's health insurer or health plan if the patient does not have or does not know their primary care provider so that the patient's health insurer or health plan can inform the patient of the patient's primary care provider assignment or selection options.
- (g) The entity providing the items or services pursuant to a public health standing order shall provide any results to the patient in writing. The results shall:
 - (1) Be written in plain language;
 - (2) Clearly indicate if the results are normal, abnormal, or undetermined; and
 - (3) Provide instructions for follow up with a health care provider, as appropriate.
- (h) For purposes of this section "licensed health care provider" means physicians and osteopathic physicians licensed under chapter 453, physician assistants licensed under chapter 453, and advanced practice registered nurses licensed under chapter 457."

SECTION 3. (a) There shall be established a public health standing orders working group within the department of health to provide advice and recommendations to the department of health for the implementation of this Act.

(b) The director of health, or the director's designee, shall serve as the chairperson of the public health standing orders working group. The working group shall consist of the following additional members, who shall be invited to participate by the director of health:

- (1) A representative from the Hawaii Association of Health Plans;
- (2) A representative from the Hawaii Medical Association;
- (3) A representative from the Hawaii Primary Care Association;
- (4) A representative from a health plan primarily serving medicaid beneficiaries; and
- (5) Any other members deemed necessary by the director of health.

(c) A majority of members of the public health standing orders working group present at any given meeting shall constitute a quorum to conduct business.

SECTION 4. New statutory material is underscored.¹

SECTION 5. This Act shall take effect on July 1, 2024, and shall be repealed on June 30, 2027.

(Approved June 27, 2024.)

Note

1. Edited pursuant to HRS §23G-16.5.