



## Meeting Minutes

SHPDA: John Lewin, Terry Visperas, Dailin Ye, Jonas Yee

[illegible]

Prior Authorization Working Group Meeting  
Minutes of November 14, 2025  
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Ranjani Starr	X									
Richard Chung	X									
Robert Gluckman	X									
Robert Hirokawa	X									

Legend: X=Present | O=Absent | /=No Meeting | \*-Chair | \*\*=Vice Chair

Video: [Prior Authorization Act 151 Working Group Monthly Meeting \(November 2025\)-20251114\\_143102-Meeting Recording.mp4](#)

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 2:13 p.m. by Chair Jack Lewin MD	
Roll Call	After participant introductions and attendance was document.	
Welcome	J. Lewin welcomed members	
	Call for public testimony – none.	
J. Lewin, Chair	<p>The Prior Authorization Working Group (WG) was convened by Chair Jack Lewin MD, after participant introductions and attendance was documented. Because of extremely offensive interruptions by unknown hackers into the Zoom format, the meeting was shifted in an emergency action to a TEAMS format shortly after being called to order and the initial agenda items were begun being discussed.</p> <p>Once reconvened, the Chair apologized for the meeting interruptions and promised to take cybersecurity steps to prevent such a recurrence in the future. The PL 151 requirements for an initial report by SHPDA to the legislature on WG progress by December 31 was mentioned; as were the required PA reporting by all insurers to SHPDA by January 31, 2026; and the follow up annual report by SHPDA to the legislature of the data collected and its summarization by March 31, 2026, to complete the first annual cycle of reporting.</p> <p>The WG continued discussions on desired reporting formats for PA reporting, discussing the pros and cons of existing Medicaid format, in current use by Med-QUEST, and the new Medicare format being launched by the Centers for Medicare and Medicaid Services (CMS). PL 151 requires</p>	

	<p>reporting across all lines of business including Medicaid, Medicare (Medicare Advantage or “MA”), and commercial insurance. There was a slide presented by Kelley Withy MD of the 14 Medicaid (Med-QUEST) reporting categories, and group consideration of how many of the categories should be included in the first PL 151 reporting cycle, noting that similar reporting categories are not enumerated in the Medicare format. It was further noted that Medicare’s reporting does not require drug reporting, while the provider and employer participants felt strongly that such reporting was essential for transparency in Hawai‘i.</p> <p>After considerable constructive discussion and debate, a motion was made and seconded. Unanimously voted to utilize the Medicare format for MA and commercial reporting, and to include drug denial reporting as feasible in this first reporting cycle. The motion further included reporting of the percent of denials as compared to total claims by plan, and to list the top five clinical triggers of claims denials by plan, as possible, in this first round of reporting. The motion was affirmed by consensus with no nay votes.</p> <p>Following this action, the WG received valuable and instructive commentary on the importance of HB 250 (now PL 151) from House Health Committee Chair, Representative Gregg Takayama, and by House Human Services and Homelessness Committee Chair and House Health member, Representative Lisa Marten. Both noted that there was virtually no opposition to this measure in the Legislature; and that expectations were very high for relieving the stresses and public and provider concerns about prior authorization through the actions of the WG, and by virtue of the transparency on PA practices created by the reporting required by PL 151. Both commented on the importance of this work, and that they and their Senate colleagues were very proud of the measure.</p>
Action Item/Next Steps:	<p>The meeting was adjourned at 2:57PM by the Chair.</p> <p>Public testimony – none.</p>
Meeting Logistics Announcements	<p>None.</p>
Next Meeting	<p>The meeting is scheduled for December 17, 2025 @ 8:00 am – 9:00 am.</p>