

HB 2440 (see companion bill SB 3129)

Establishes the Hui Ho`omana task force within the State Health Planning and Development Agency to develop a comprehensive plan to provide universal access to equitable and affordable high-quality healthcare for state residents, including defining action plan items, setting timeline and deadline for each action item, and identifying resources required and funding options.

HB 1963

Expands the facilities or services that are exempt from certificate of need requirements to include psychiatric facilities, substance abuse treatment facilities, and certain bed change services.

SB 3129 (see companion bill HB 2440)

Establishes the Hui Ho`omana task force within the State Health Planning and Development Agency to develop a comprehensive plan to provide universal access to equitable and affordable high-quality health care for state residents, including defining action plan items, setting timeline and deadline for each action item, and identifying resources

required and funding options. Requires reports to the Legislature.

HB 2303

Prohibits health maintenance organizations from discriminating against certain health care providers that meet the terms and conditions for participation established by the health maintenance organization.

SB 2123

Repeals the Certificate of Need Program. Makes conforming amendments.

SB 2887

Prohibits health maintenance organizations from discriminating against certain health care providers that meet the terms and conditions for participation established by the health maintenance organization.

Average annual healthcare cost in all 50 states

SB 895 (see companion bill HB 517)

Establishes the Hawai'i health data exchange framework. Establishes the stakeholder advisory group to assist the department of health in the development of the framework. Requires certain health care organizations to execute a health data sharing agreement by 9/1/2024. Establishes deadlines for certain entities to begin sharing health information. Appropriates funds.

HB 539 (see companion bill SB 64)

Requires the insurance commissioner to establish an annual enrollment period for medigap insurance plans. Requires issuers of Medigap insurance in the State to accept an eligible individual's application for coverage during the open enrollment period. Prohibits issuers from denying the applicant a Medigap policy or certificate or making any premium rate distinctions due to various reasons, including health status. Requires the insurance commissioner to amend or adopt rules accordingly.

SB 64 (see companion bill HB 539)

Requires the insurance commissioner to establish an annual enrollment period for medigap insurance plans. Requires issuers of Medigap insurance in the State to accept an eligible individual's application for coverage during the open enrollment period. Prohibits issuers from denying the applicant a Medigap policy or certificate or making any premium rate distinctions due to various reasons, including health status. Requires the insurance commissioner to amend or adopt rules accordingly.