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## HOUSE RESOLUTION

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REQUESTING THE AUDITOR TO STUDY THE SOCIAL AND FINANCIAL IMPACT  
OF MANDATORY HEALTH INSURANCE COVERAGE FOR USE OF THE LG1  
INTELLIGENT MEDICAL VIGILANCE SYSTEM.

1 WHEREAS, thousands of patients die unnecessarily each year  
2 in hospitals from unexpected accidents and errors; and  
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4 WHEREAS, reasons include insufficient staffing and  
5 ineffective systems in place to identify acute care hospital  
6 medical-surgical patients in distress; and  
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8 WHEREAS, in 1999, the Institute of Medicine issued a  
9 clarion call with its report, "To Err Is Human" stating that  
10 each year approximately 200,000 people die in the United States  
11 hospitals from preventable errors and mistakes, of which nearly  
12 20 percent of those deaths occur from "failure-to-rescue"; and  
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14 WHEREAS, a "Patient's Right to Safety" is an emerging legal  
15 entitlement and national standard-of-care for every acute care  
16 hospital patient; and  
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18 WHEREAS, medical-surgical units and nursing stations of a  
19 typical acute care hospital are where most patients receive  
20 noncritical care, generally involving regularly scheduled  
21 nursing rounds every four to five hours; nevertheless, acute or  
22 unexpected clinical events can go unnoticed for critical minutes  
23 or hours, until the next visit by a physician or nurse; and  
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25 WHEREAS, although rapid response teams are being promoted,  
26 there are no systems which focus on the medical-surgical ward of  
27 the acute care hospital, where nearly 75 percent of patients  
28 typically receive care, for identifying and tracking patients in  
29 distress; and  
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31 WHEREAS, technological solutions have been advocated to  
32 augment patient safety on the medical-surgical wards of acute  
33 care hospitals; and



1 WHEREAS, an automated early alert system called the LG1  
2 Intelligent Medical Vigilance System or "LG1," identifies at-  
3 risk patients with an invisible, noncontact "Star Trek-like"  
4 device that provides accurate and continuous observation of  
5 heart and respiratory rates--the two most critical vital signs--  
6 while the patient is in bed, and immediately notifies nursing  
7 staff upon detecting a life-threatening condition; and

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9 WHEREAS, the LG1 has been developed, tested and validated  
10 in clinical settings and specifically has federal Food and Drug  
11 Administration authorization to provide the LG1 for medical-  
12 surgical applications in acute care hospitals; and

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14 WHEREAS, the LG1 allows for noncontact physiological  
15 measurements, eliminating the need for cumbersome, direct  
16 patient connections, such as electrodes, cuffs, or cannula,  
17 whereby nursing personnel are immediately notified of patients  
18 at-risk and can respond proactively before an unexpected event  
19 becomes serious, or even fatal; and

20  
21 WHEREAS, the LG1 enables more efficient use of resources  
22 and staff by enabling nursing staff to be aware of, and respond  
23 to, precipitous patient deterioration, checks on the patient  
24 constantly, and calls the nurses for help only if the patient is  
25 at serious risk; and

26  
27 WHEREAS, this critical capability will enable the LG1 to  
28 become a standard-of-care for medical-surgical units in acute  
29 care hospitals; and

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31 WHEREAS, because of the absence of health insurance  
32 coverage, hospitals may be reluctant to provide the LG1 to its  
33 patients; and

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35 WHEREAS, section 23-51, Hawaii Revised Statutes (HRS)  
36 requires that "before any legislative measure that mandates  
37 health insurance coverage for specific health services, specific  
38 diseases, or certain providers of health care services as part  
39 of individual or group health insurance policies, can be  
40 considered, there shall be concurrent resolutions passed  
41 requesting the auditor to prepare and submit to the legislature  
42 a report that assesses both the social and financial effects of  
43 the proposed mandated coverage"; and



WHEREAS, section 23-51, HRS, further provides that the concurrent resolutions shall designate a specific legislative bill that:

- (1) Has been introduced in the Legislature; and
- (2) Includes, at a minimum, information identifying the:
  - (A) Specific health service, disease, or provider that would be covered;
  - (B) Extent of the coverage;
  - (C) Target groups that would be covered;
  - (D) Limits on utilization, if any; and
  - (E) Standards of care;

and

WHEREAS, section 23-52, HRS, further specifies the minimum information required for assessing the social and financial impact of the proposed health coverage mandate in the Auditor's report; and

WHEREAS, .B. No. \_\_\_\_\_ mandates coverage of the LG1 for all policies and contracts, hospital and medical service plan contracts, medical service corporation contracts, and health maintenance organization plans and contracts issued after December 31, 2007; and

WHEREAS, the Legislature believes that mandatory health insurance coverage for the LG1, as provided in .B. No. \_\_\_\_\_ (2007) will substantially enhance patient safety and provide a new standard of care for the people of this State; now, therefore,



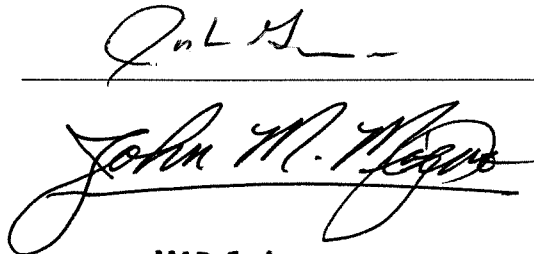
H.R. NO. 224

1 BE IT RESOLVED by the House of Representatives of the  
2 Twenty-fourth Legislature of the State of Hawaii, Regular  
3 Session of 2007, the that the Auditor is requested to conduct an  
4 impact assessment report, pursuant to sections 23-51 and 23-52,  
5 HRS, of the social and financial impacts of mandating coverage  
6 of the LGI for all policies and contracts, hospital and medical  
7 service plan contracts, medical service corporation contracts,  
8 and health maintenance organization plans and contracts issued  
9 after December 31, 2007, as provided in .B. No. \_\_\_\_ 2007; and

10  
11 BE IT FURTHER RESOLVED that the Hawaii Health Systems  
12 Corporation (HHSC) is requested to conduct a pilot study to  
13 determine the social and financial impact to the system; and

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15 BE IT FURTHER RESOLVED that the Auditor and HHSC are  
16 requested to submit findings and recommendations to the  
17 Legislature, including any necessary implementing legislation,  
18 no later than 20 days prior to the convening of the Regular  
19 Session of 2008; and

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21 BE IT FURTHER RESOLVED that certified copies of this  
22 Resolution be transmitted to the Auditor, Director of Health,  
23 and Chief Executive Officer of HHSC.  
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OFFERED BY:                     

MAR 14 2007

