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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 THE USE OF AN  
ADVANCED VITAL SIGN MONITORING DEVICE.

1 WHEREAS, thousands of patients die unnecessarily each year  
2 in hospitals from unexpected accidents and errors; and  
3

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5 in hospitals from unexpected accidents and errors; and  
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7 WHEREAS, reasons include insufficient staffing and  
8 ineffective systems in place to identify acute care hospital  
9 medical-surgical patients in distress; and  
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11 WHEREAS, in 1999, the Institute of Medicine issued a  
12 clarion call with its report, "To Err Is Human" stating that  
13 each year approximately 200,000 people die in United States  
14 hospitals from preventable errors and mistakes, of which nearly  
15 20 percent of those deaths occur from "failure-to-rescue"; and  
16

17 WHEREAS, a "Patient's Right to Safety" is an emerging legal  
18 entitlement and national standard-of-care for every acute care  
19 hospital patient; and  
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21 WHEREAS, medical-surgical units and nursing stations of a  
22 typical acute care hospital are where most patients receive  
23 noncritical care, generally involving regularly scheduled  
24 nursing rounds every four to five hours; nevertheless, acute or  
25 unexpected clinical events can go unnoticed for critical minutes  
26 or hours, until the next visit by a physician or nurse; and  
27

28 WHEREAS, although rapid response teams are being promoted,  
29 there are no systems that focus on the medical-surgical ward of  
30 the acute care hospital, where nearly 75 percent of patients  
31 typically receive care, for identifying and tracking patients in  
32 distress; and



1 WHEREAS, technological solutions have been advocated to  
2 augment patient safety on the medical-surgical wards of acute  
3 care hospitals; and

4  
5 WHEREAS, advanced vital sign monitoring (AVSM) technology  
6 exists that identifies at-risk patients with an invisible,  
7 noncontact "Star Trek-like" device that provides accurate and  
8 continuous observation of heart and respiratory rates--the two  
9 most critical vital signs--while the patient is in bed, and  
10 immediately notifies nursing staff upon detecting a life-  
11 threatening condition; and

12  
13 WHEREAS, this AVSM technology has been developed, tested,  
14 and validated in clinical settings and specifically has federal  
15 Food and Drug Administration authorization to be used for  
16 medical-surgical applications in acute care hospitals; and

17  
18 WHEREAS, the use of an AVSM device would allow for  
19 noncontact physiological measurements, eliminating the need for  
20 cumbersome, direct patient connections, such as electrodes,  
21 cuffs, or cannula, whereby nursing personnel are immediately  
22 notified of patients at-risk and can respond proactively before  
23 an unexpected event becomes serious, or even fatal; and

24  
25 WHEREAS, the use of an AVSM device enables more efficient  
26 use of resources and staff by enabling nursing staff to be aware  
27 of, and respond to, precipitous patient deterioration, checks on  
28 the patient constantly, and calls the nurses for help only if  
29 the patient is at serious risk; and

30  
31 WHEREAS, this critical capability will enable such an AVSM  
32 device to become a standard-of-care for medical-surgical units  
33 in acute care hospitals; and

34  
35 WHEREAS, because of the absence of health insurance  
36 coverage, hospitals may be reluctant to provide an AVSM device  
37 to its patients; and

38  
39 WHEREAS, section 23-51, Hawaii Revised Statutes (HRS),  
40 requires that "before any legislative measure that mandates  
41 health insurance coverage for specific health services, specific  
42 diseases, or certain providers of health care services as part  
43 of individual or group health insurance policies, can be  
44 considered, there shall be concurrent resolutions passed



1 requesting the auditor to prepare and submit to the legislature  
2 a report that assesses both the social and financial effects of  
3 the proposed mandated coverage"; and  
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5 WHEREAS, section 23-51, HRS, further provides that the  
6 concurrent resolutions shall designate a specific legislative  
7 bill that:  
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9 (1) Has been introduced in the Legislature; and  
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11 (2) Includes, at a minimum, information identifying:  
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13 (A) The specific health service, disease, or provider  
14 that would be covered;  
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16 (B) The extent of the coverage;  
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18 (C) Target groups that would be covered;  
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20 (D) Limits on utilization, if any; and  
21

22 (E) Standards of care;  
23

24 and  
25

26 WHEREAS, section 23-52, HRS, further specifies the minimum  
27 information required for assessing the social and financial  
28 impact of the proposed health coverage mandate in the Auditor's  
29 report; and  
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31 WHEREAS, \_\_.B. No. \_\_\_\_ mandates coverage of an AVSM device  
32 for all policies and contracts, hospital and medical service  
33 plan contracts, medical service corporation contracts, and  
34 health maintenance organization plans and contracts issued after  
35 December 31, 2007; and  
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37 WHEREAS, the Legislature believes that mandatory health  
38 insurance coverage for an AVSM device, as provided in \_\_.B. No.  
39 \_\_\_\_ (2007) will substantially enhance patient safety and  
40 provide a new standard of care for the people of this state;  
41 now, therefore,



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, 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 an AVSM device for all policies and contracts, hospital and  
7 medical service plan contracts, medical service corporation  
8 contracts, and health maintenance organization plans and  
9 contracts issued after December 31, 2007, as provided in \_\_.B.  
10 No. \_\_\_\_ 2007; and  
11

12 BE IT FURTHER RESOLVED that the Hawaii Health Systems  
13 Corporation (HHSC) is requested to conduct a pilot study to  
14 determine the social and financial impact to the system; and  
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16 BE IT FURTHER RESOLVED that the Auditor and HHSC are  
17 requested to submit findings and recommendations to the  
18 Legislature, including any necessary implementing legislation,  
19 no later than 20 days prior to the convening of the Regular  
20 Session of 2008; and  
21

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

