
SENATE CONCURRENT RESOLUTION

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

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

WHEREAS, reasons include insufficient staffing and ineffective systems in place to identify acute care hospital medical-surgical patients in distress; and

WHEREAS, in 1999, the Institute of Medicine issued a clarion call with its report, "To Err Is Human" stating that each year approximately 200,000 people die in the United States hospitals from preventable errors and mistakes, of which nearly 20 percent of those deaths occur from "failure-to-rescue"; and

WHEREAS, a "Patient's Right to Safety" is an emerging legal entitlement and national standard-of-care for every acute care hospital patient; and

WHEREAS, medical-surgical units and nursing stations of a typical acute care hospital are where most patients receive noncritical care, generally involving regularly scheduled nursing rounds every four to five hours; nevertheless, acute or unexpected clinical events can go unnoticed for critical minutes or hours, until the next visit by a physician or nurse; and

WHEREAS, although rapid response teams are being promoted, there

are no systems which focus on the medical-surgical ward of the acute care hospital, where nearly 75 percent of patients typically receive care, for identifying and tracking patients in distress; and

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

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

WHEREAS, the LG1 has been developed, tested, and validated in clinical settings and authorized by the federal Food and Drug Administration for medical-surgical applications in acute care hospitals; and

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

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

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

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

WHEREAS, section 23-51, Hawaii Revised Statutes (HRS), requires that "before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain

providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of 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:
 - (A) The specific health service, disease, or provider that would be covered;
 - (B) The 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, S.B. No. 409, 2007, 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 S.B. No. 409, 2007, will substantially enhance patient safety and provide a new standard of care for the people of this state; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-fourth Legislature of

the State of Hawaii, Regular Session of 2007, the House of Representatives concurring, that the Auditor is requested to conduct an impact assessment report, pursuant to sections 23-51 and 23-52, HRS, of the social and financial impacts of mandating 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, as provided in S.B. No. 409, 2007; and

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

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

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