
SENATE CONCURRENT RESOLUTION

REQUESTING THE AUDITOR TO STUDY THE SOCIAL AND FINANCIAL IMPACT
OF MANDATORY HEALTH INSURANCE COVERAGE FOR THE USE OF
MEDICAL VIGILANCE SERVICES IN ACUTE CARE HOSPITALS.

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 twenty per cent of those deaths occur from "failure-to-rescue";
13 and
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15 WHEREAS, a "Patient's Right to Safety" is an emerging legal
16 entitlement and national standard-of-care for every acute care
17 hospital patient; and
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19 WHEREAS, medical-surgical units and nursing stations of a
20 typical acute care hospital are where most patients receive
21 noncritical care, generally involving regularly scheduled
22 nursing rounds every four to five hours; nevertheless, acute or
23 unexpected clinical events can go unnoticed for critical minutes
24 or hours, until the next visit by a physician or nurse; and
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26 WHEREAS, although rapid response teams are being promoted,
27 there are no systems that focus on the medical-surgical ward of
28 the acute care hospital, where nearly seventy-five per cent of
29 patients typically receive care, for identifying and tracking
30 patients in distress; and
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1 WHEREAS, technological solutions, such as medical vigilance
2 services, have been advocated to augment patient safety on the
3 medical-surgical wards of acute care hospitals; and
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5 WHEREAS, a medical vigilance service is an automated early
6 alert system that identifies at-risk patients with an invisible,
7 non-contact, "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
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13 WHEREAS, this service has been developed, tested, and
14 validated in clinical settings and has federal Food and Drug
15 Administration authorization to provide for medical-surgical
16 applications in acute care hospitals; and
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18 WHEREAS, medical vigilance services allow for non-contact
19 physiological measurements, eliminating the need for cumbersome,
20 direct patient connections, such as electrodes, cuffs, or
21 cannula, whereby nursing personnel are immediately notified of
22 patients at-risk and can respond proactively before an
23 unexpected event becomes serious, or even fatal; and
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25 WHEREAS, it enables more efficient use of resources and
26 staff by enabling nursing staff to be aware of, and respond to,
27 precipitous patient deterioration, checks on the patient
28 constantly, and calls the nurses for help only if the patient is
29 at serious risk; and
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31 WHEREAS, this critical capability will enable the medical
32 vigilance service to become a standard-of-care for medical-
33 surgical units in acute care hospitals; and
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35 WHEREAS, because of the absence of health insurance
36 coverage, hospitals may be reluctant to provide medical
37 vigilance services to its patients; and
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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 the:
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13 (A) Specific health service, disease, or provider
14 that would be covered;
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16 (B) 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
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22 (E) Standards of care; and
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24 WHEREAS, section 23-52, HRS, further specifies the minimum
25 information required for assessing the social and financial
26 impact of the proposed health coverage mandate in the Auditor's
27 report; and
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29 WHEREAS, S.B. No. 409, S.D. 1, mandates coverage of medical
30 vigilance services for all policies and contracts, hospital and
31 medical service plan contracts, medical service corporation
32 contracts, and health maintenance organization plans and
33 contracts issued after December 31, 2007; and
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35 WHEREAS, the Legislature believes that mandatory health
36 insurance coverage for medical vigilance services, as provided
37 in S.B. No. 409, S.D. 1 (2007), will substantially enhance
38 patient safety and provide a new standard-of-care for the people
39 of this State; now, therefore,
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41 BE IT RESOLVED by the Senate of the Twenty-fourth
42 Legislature of the State of Hawaii, Regular Session of 2007, the
43 House of Representatives concurring, that the Auditor is
44 requested to conduct an impact assessment report, pursuant to
2007-3075 SCR209 CD1 SMA.doc



1 sections 23-51 and 23-52, Hawaii Revised Statutes, of the social
2 and financial impacts of mandating coverage of medical vigilance
3 services in acute care hospitals for all policies and contracts,
4 hospital and medical service plan contracts, medical service
5 corporation contracts, and health maintenance organization plans
6 and contracts issued after December 31, 2007, as provided in
7 S.B. No. 409, S.D. 1 (2007); and

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9 BE IT FURTHER RESOLVED that the Auditor is further
10 requested to include in the impact assessment report the social
11 and financial impact that may result if the provision in S.B.
12 No. 409, S.D. 1, that requires the patient's treating physician
13 to recommend the application of medical vigilance services as a
14 precautionary measure due to the nature of the patient's illness
15 or treatment is removed from the bill; and

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17 BE IT FURTHER RESOLVED that the Hawaii Health Systems
18 Corporation is requested to conduct a pilot study to determine
19 the social and financial impact to its hospital system; and

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21 BE IT FURTHER RESOLVED that the Auditor and the Hawaii
22 Health Systems Corporation are requested to submit findings and
23 recommendations to the Legislature, including any necessary
24 implementing legislation, no later than twenty days prior to the
25 convening of the Regular Session of 2008; and

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27 BE IT FURTHER RESOLVED that certified copies of this
28 Concurrent Resolution be transmitted to the Auditor, Director of
29 Health, and Chief Executive Officer of the Hawaii Health Systems
30 Corporation.

