
HOUSE CONCURRENT RESOLUTION

URGING THE ESTABLISHMENT OF A WORK GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

1 WHEREAS, health is affected by social determinants of
2 health, which have considerable bearing on individual and
3 population health, more so than genetic disposition and
4 traditional medical care; and

5
6 WHEREAS, County Health Rankings has found that much of life
7 expectancy and health status is attributed to social and
8 economic factors (forty percent), health behaviors (thirty
9 percent), and the physical environment (ten percent), leaving
10 only twenty percent to clinical care; and

11
12 WHEREAS, many people are subject to multiple determinants,
13 or risks, such as homelessness, language barriers, abuse,
14 unemployment, poverty, and lack of transportation at any given
15 time; and

16
17 WHEREAS, social determinants of health complicate the
18 ability to address individual and community health concerns and
19 pose challenges to patients and providers in identifying,
20 assessing, and treating health problems; and

21
22 WHEREAS, enabling services, which are non-clinical services
23 designed to address gaps in care by qualified staff from the
24 community who build relationships and trust with their patients,
25 can reduce social determinants of health barriers and address
26 issues such as housing, transportation, interpretation, economic
27 security, and linkage and coordination with providers of other
28 services such as education, behavioral health, and employment
29 services; and

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31 WHEREAS, unmet needs for social determinants of health and
32 other enabling services, including care coordination, often



1 result in costlier preventable health care costs such as
2 hospitalizations and emergency department utilization; and
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4 WHEREAS, traditional health care and payment for health
5 care do not address social determinants of health related to
6 language, culture, economic and livelihood security,
7 environmental quality, transportation, and many other barriers
8 individuals face to utilize health care; and
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10 WHEREAS, health care costs could be reduced with improved
11 access to primary care services and risk adjustment for social
12 determinants of health and other enabling services; and
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14 WHEREAS, the Medicaid, gap-group, and uninsured populations
15 have significant socio-economic pressures, and addressing them
16 will show measurable improvement in preventable health care
17 costs; and
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19 WHEREAS, differences among population groups exist;
20 therefore, disaggregation of assessment data by race, age,
21 gender, socio-economic status, education level, and geography is
22 vital to addressing social determinants of health; now,
23 therefore,
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25 BE IT RESOLVED by the House of Representatives of the
26 Twenty-seventh Legislature of the State of Hawaii, Regular
27 Session of 2013, the Senate concurring, that the Senate
28 President and Speaker of the House of Representatives are
29 requested to establish a work group to examine social
30 determinants of health and risk adjustment for Medicaid, gap-
31 group, and uninsured individuals; and
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33 BE IT FURTHER RESOLVED that the work group include but not
34 be limited to the following members:
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- 36 (1) The Insurance Commissioner;
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- 38 (2) A representative from the Department of Human
39 Services;
- 40
- 41 (3) Representatives from health insurance plans within the
42 State;
- 43



- 1 (4) A representative from the Healthcare Association of
2 Hawaii;
- 3
- 4 (5) A representative from the Hawaii Primary Care
5 Association;
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- 7 (6) A representative from the Hawaii Medical Association;
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- 9 (7) A representative from the Department of Health;
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- 11 (8) Three members from Hawaii's health care provider
12 community;
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- 14 (9) Three members from Hawaii's community health centers;
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- 16 (10) One consumer who is enrolled in Medicaid, one consumer
17 who falls into the gap-group, and one consumer who is
18 uninsured;
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- 20 (11) A representative from the Hawaii Health Connector;
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- 22 (12) A representative from the Governor's Healthcare
23 Transformation Office; and
- 24
- 25 (13) The Chairs of the House and Senate Health and Human
26 Services Committees; and
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28 BE IT FURTHER RESOLVED that the work group is requested, at
29 minimum, to conduct the following:

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- 31 (1) Examination of enabling services and payment for these
32 services;
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- 34 (2) Examination of care coordination efforts including
35 which settings offer care coordination, who employs
36 care coordinators, whether health plans pay for on-
37 site or off-site coordination, whether there are any
38 standardization of care coordination efforts with
39 hospitals, and the transition of care from hospital to
40 the community setting;
- 41
- 42 (3) Evaluation of the structure of incentives provided by
43 the State to health plans, and determination of



- 1 whether the incentives align effectively with
2 providers;
3
4 (4) Measurement of the effectiveness of health plan
5 coordinated and managed behavioral health services,
6 substance abuse treatment, and pain management;
7
8 (5) Evaluation of the management of risk pools and the
9 collaboration and shared information of these risk
10 pools between plans and providers;
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12 (6) Examination of value added services that are offered
13 in health care homes including engaging community,
14 cultural proficiency, workforce and job training, and
15 care enabling services, identifying the settings where
16 these services are offered, and identifying whether
17 the State incentivizes these services;
18
19 (7) Examination of the risk adjustment systems identifying
20 medical complexity and social determinants that need
21 to be improved or adopted to ensure patients receive
22 necessary care and that performance-based incentives
23 for providers are fair;
24
25 (8) Examination of risk adjustment between the State and
26 health plans including high risk patients with
27 behavioral conditions and early onset of chronic
28 disease, particularly for Native Hawaiians and other
29 high risk populations;
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31 (9) Examination of how other states are implementing
32 comprehensive approaches to Medicaid and health
33 insurance exchange risk adjustment practices that
34 incorporate medical and social risk factors; and
35
36 (10) Examination of the benefit package for gap-group and
37 Medicaid enrollees and an analysis of their needs,
38 including social determinants of health, enabling
39 services, and reimbursement rates from the state and
40 health plans; and
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42 BE IT FURTHER RESOLVED that the work group is requested to
43 submit a preliminary report of its findings and recommendations,
44 including any proposed legislation, to the Legislature no later



1 than twenty days prior to the convening of the Regular Session
2 of 2014, and a final report to the Legislature no later than
3 twenty days prior to the convening of the Regular Session of
4 2015; and

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6 BE IT FURTHER RESOLVED that the work group be subject to
7 chapter 92, Hawaii Revised Statutes; and

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9 BE IT FURTHER RESOLVED that the Office of the Healthcare
10 Transformation Coordinator, in partnership with the Legislature,
11 is requested to assist the work group by providing a
12 facilitator; and

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14 BE IT FURTHER RESOLVED that the work group cease to exist
15 on June 30, 2015; and

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17 BE IT FURTHER RESOLVED that certified copies of this
18 Concurrent Resolution be transmitted to the Governor, Director
19 of Health, Director of Human Services, Director of Commerce and
20 Consumer Affairs, Healthcare Transformation Coordinator,
21 Insurance Commissioner, Healthcare Association of Hawaii, Hawaii
22 Primary Care Association, Hawaii Medical Association, Executive
23 Director of the Hawaii Health Connector, President of the
24 Senate, and Speaker of the House of Representatives.

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OFFERED BY: *Nicole E. Low*

MAR 13 2013

