
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, the "County Health Rankings & Roadmaps" report has
7 found that much of life expectancy and health status is
8 attributed to social and economic factors (40 percent), health
9 behaviors (30 percent), and the physical environment (10
10 percent), leaving only 20 percent to clinical care; and

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

30
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-room 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 services; 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 socioeconomic pressures, which if addressed
16 will result in 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, socioeconomic 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 President of
28 the Senate 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;
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41 (3) Representatives from health insurance plans within the
42 State;



- 1 (4) A representative from the Healthcare Association of
2 Hawaii;
- 3
- 4 (5) A representative from the Hawaii Primary Care
5 Association;
- 6
- 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;
- 15
- 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;
- 19
- 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;
- 24
- 25 (13) The chairs of the House and Senate Health and Human
26 Services committees; and
- 27
- 28 (14) A representative from the Office of Hawaiian Affairs;
29 and
- 30

31 BE IT FURTHER RESOLVED that the work group is requested, at
32 minimum, to conduct the following:

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



- 1 (3) Evaluation of the structure of incentives provided by
2 the State to health plans, and determination of
3 whether the incentives align effectively with
4 providers;
5
- 6 (4) Measurement of the effectiveness of health plan
7 coordinated and managed behavioral health services,
8 substance abuse treatment, and pain management;
9
- 10 (5) Evaluation of the management of risk pools and the
11 collaboration and shared information of these risk
12 pools between plans and providers;
13
- 14 (6) Examination of value-added services that are offered
15 in health care homes, including engaging community,
16 cultural proficiency, workforce and job training, and
17 care-enabling services, identifying the settings where
18 these services are offered, and identifying whether
19 the State incentivizes these services;
20
- 21 (7) Examination of the risk adjustment systems identifying
22 medical complexity and social determinants that need
23 to be improved or adopted to ensure patients receive
24 necessary care and that performance-based incentives
25 for providers are fair;
26
- 27 (8) Examination of risk adjustment between the State and
28 health plans, including high-risk patients with
29 behavioral conditions and the early onset of chronic
30 disease, particularly for Native Hawaiians and other
31 high-risk populations;
32
- 33 (9) Examination of how other states are implementing
34 comprehensive approaches to Medicaid and health
35 insurance exchange risk-adjustment practices that
36 incorporate medical and social-risk factors; and
37
- 38 (10) Examination of the benefit package for gap-group and
39 Medicaid enrollees and an analysis of their needs,
40 including social determinants of health, enabling
41 services, and reimbursement rates from the State and
42 health plans; and



1 BE IT FURTHER RESOLVED that the work group is requested to
2 submit a preliminary report of its findings and recommendations,
3 including any proposed legislation, to the Legislature no later
4 than 20 days prior to the convening of the Regular Session of
5 2014, and a final report to the Legislature no later than 20
6 days prior to the convening of the Regular Session of 2015; and
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8 BE IT FURTHER RESOLVED that the work group be subject to
9 Chapter 92, Hawaii Revised Statutes; and
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11 BE IT FURTHER RESOLVED that the Office of the Healthcare
12 Transformation Coordinator, in partnership with the Legislature,
13 is requested to assist the work group by providing a
14 facilitator; and
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16 BE IT FURTHER RESOLVED that the work group will cease to
17 exist on June 30, 2015; and
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19 BE IT FURTHER RESOLVED that certified copies of this
20 Concurrent Resolution be transmitted to the Governor, Director
21 of Health, Director of Human Services, Director of Commerce and
22 Consumer Affairs, Healthcare Transformation Coordinator,
23 Insurance Commissioner, Healthcare Association of Hawaii, Hawaii
24 Primary Care Association, Hawaii Medical Association, Executive
25 Director of the Hawaii Health Connector, President of the
26 Senate, and Speaker of the House of Representatives.

