5

11

16

21

30

H.R. NO. **115**

HOUSE RESOLUTION

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

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

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

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

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

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

31 WHEREAS, unmet needs for social determinants of health and 32 other enabling services, including care coordination, often 33 result in costlier preventable health care costs such as 34 hospitalizations and emergency department utilization; and 35



H.R. NO. (15

WHEREAS, traditional health care and payment for health 1 care do not address social determinants of health related to 2 language, culture, economic and livelihood security, 3 environmental quality, transportation, and many other barriers 4 individuals face to utilize health care; and 5 6 7 WHEREAS, health care costs could be reduced with improved access to primary care services and risk adjustment for social 8 determinants of health and other enabling services; and 9 10 11 WHEREAS, the Medicaid, gap-group, and uninsured populations have significant socio-economic pressures, and addressing them 12 will show measurable improvement in preventable health care 13 costs; and 14 15 WHEREAS, differences among population groups exist; 16 therefore, disaggregation of assessment data by race, age, 17 gender, socio-economic status, education level, and geography is 18 vital to addressing social determinants of health; now, 19 therefore, 20 21 22 BE IT RESOLVED by the House of Representatives of the Twenty-seventh Legislature of the State of Hawaii, Regular 23 24 Session of 2013, that the Senate President and Speaker of the House of Representatives are requested to establish a work group 25 to examine social determinants of health and risk adjustment for 26 27 Medicaid, gap-group, and uninsured individuals; and 28 29 BE IT FURTHER RESOLVED that the work group include but not 30 be limited to the following members: 31 32 (1) The Insurance Commissioner; 33 (2) A representative from the Department of Human 34 35 Services; 36 (3) Representatives from health insurance plans within the 37 38 State; 39 (4)A representative from the Healthcare Association of 40 Hawaii; 41 42 43 (5) A representative from the Hawaii Primary Care 44 Association; 2013-1799 HR SMA.doc



Page 3

H.R. NO. 115

1		
2 3	(6)	A representative from the Hawaii Medical Association;
4 5	(7)	A representative from the Department of Health;
5 6 7 8	(8)	Three members from Hawaii's health care provider community;
9 10	(9)	Three members from Hawaii's community health centers;
11 12 13 14	(10)	One consumer who is enrolled in Medicaid, one consumer who falls into the gap-group, and one consumer who is uninsured;
14 15 16	(11)	A representative from the Hawaii Health Connector;
17 18 19	(12)	A representative from the Governor's Healthcare Transformation Office; and
20 21 22	(13)	The Chairs of the House and Senate Health and Human Services Committees; and
23 24		FURTHER RESOLVED that the work group is requested, at to conduct the following:
25 26 27	(1)	Examination of enabling services and payment for these services;
28 29 30 31 32 33 34 35 36	(2)	Examination of care coordination efforts including which settings offer care coordination, who employs care coordinators, whether health plans pay for on- site or off-site coordination, whether there are any standardization of care coordination efforts with hospitals, and the transition of care from hospital to the community setting;
37 38 39 40 41	(3)	Evaluation of the structure of incentives provided by the State to health plans, and determination of whether the incentives align effectively with providers;
41 42 43 44	(4)	Measurement of the effectiveness of health plan coordinated and managed behavioral health services, substance abuse treatment, and pain management;



Page 4

1

H.R. NO. 115

- Evaluation of the management of risk pools and the (5) 2 collaboration and shared information of these risk 3 pools between plans and providers; 4 5 (6) Examination of value added services that are offered 6 in health care homes including engaging community, 7 cultural proficiency, workforce and job training, and 8 9 care enabling services, identifying the settings where these services are offered, and identifying whether 10 the State incentivizes these services; 11 12 Examination of the risk adjustment systems identifying 13 (7)medical complexity and social determinants that need 14 to be improved or adopted to ensure patients receive 15 necessary care and that performance-based incentives 16 for providers are fair; 17 18 ' (8) Examination of risk adjustment between the State and 19 health plans including high risk patients with 20 behavioral conditions and early onset of chronic 21 disease, particularly for Native Hawaiians and other 22 high risk populations; 23 24 (9) Examination of how other states are implementing 25 comprehensive approaches to Medicaid and health 26 insurance exchange risk adjustment practices that 27 incorporate medical and social risk factors; and 28 29 30 (10)Examination of the benefit package for gap-group and Medicaid enrollees and an analysis of their needs, 31 including social determinants of health, enabling 32 services, and reimbursement rates from the state and 33 health plans; and 34 35 BE IT FURTHER RESOLVED that the work group is requested to 36 submit a preliminary report of its findings and recommendations, 37 including any proposed legislation, to the Legislature no later 38 39 than twenty days prior to the convening of the Regular Session of 2014, and a final report to the Legislature no later than 40 twenty days prior to the convening of the Regular Session of 41 2015; and 42
- 43



22

H.R. NO. (15

BE IT FURTHER RESOLVED that the work group be subject to 1 chapter 92, Hawaii Revised Statutes; and 2 3 BE IT FURTHER RESOLVED that the Office of the Healthcare 4 Transformation Coordinator, in partnership with the Legislature, 5 is requested to assist the work group by providing a 6 facilitator; and 7 8 9 BE IT FURTHER RESOLVED that the work group cease to exist on June 30, 2015; and 10 11 BE IT FURTHER RESOLVED that certified copies of this 12 Resolution be transmitted to the Governor, Director of Health, 13 Director of Human Services, Director of Commerce and Consumer 14 Affairs, Healthcare Transformation Coordinator, Insurance 15 Commissioner, Healthcare Association of Hawaii, Hawaii Primary 16 Care Association, Hawaii Medical Association, Executive Director 17 of the Hawaii Health Connector, President of the Senate, and 18 Speaker of the House of Representatives. 19 20 21

OFFERED BY: Mede & Love

MAR 1 3 2013

