S.R. NO. 110

## MAR 1 3 2013

## SENATE 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

WHEREAS, County Health Rankings has found that much of life expectancy and health status is attributed to social and economic factors (forty percent), health behaviors (thirty percent), and the physical environment (ten percent), leaving 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 designed to address gaps in care by qualified staff from the community who build relationships and trust with their patients, can reduce social determinants of health barriers and address issues such as housing, transportation, interpretation, economic security, and linkage and coordination with providers of other services such as education, behavioral health, and employment services; and

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

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WHEREAS, traditional health care and payment for health care do not address social determinants of health related to language, culture, economic and livelihood security, environmental quality, transportation, and many other barriers individuals face to utilize health care; and

WHEREAS, health care costs could be reduced with improved access to primary care services and risk adjustment for social determinants of health and other enabling services; and

WHEREAS, the Medicaid, gap-group, and uninsured populations have significant socio-economic pressures, and addressing them will show measurable improvement in preventable health care costs; and

WHEREAS, differences among population groups exist; therefore, disaggregation of assessment data by race, age, gender, socio-economic status, education level, and geography is vital to addressing social determinants of health; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2013, that the Senate President and Speaker of the House of Representatives are requested to establish a work group to examine social determinants of health and risk adjustment for Medicaid, gap-group, and uninsured individuals; and

BE IT FURTHER RESOLVED that the work group include but not be limited to the following members:

(1) The Insurance Commissioner;

(2) A representative from the Department of Human Services;

(3) Representatives from health insurance plans within the State;

(4) A representative from the Healthcare Association of Hawaii;

(5) A representative from the Hawaii Primary Care Association;

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2	(6)	A representative from the Hawaii Medical Association;
4 5	(7)	A representative from the Department of Health;
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;
15	(11)	A representative from the Hawaii Health Connector;
16 17 18	(12)	A representative from the Governor's Healthcare Transformation Office; and
19 20 21	(13)	The Chairs of the House and Senate Health and Human Services Committees; and
<ul><li>22</li><li>23</li><li>24</li><li>25</li></ul>		FURTHER RESOLVED that the work group is requested, at to conduct the following:
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 onsite 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;
42 43 44	(4)	Measurement of the effectiveness of health plan coordinated and managed behavioral health services, substance abuse treatment, and pain management;

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(5) Evaluation of the management of risk pools and the collaboration and shared information of these risk pools between plans and providers;

- (6) Examination of value added services that are offered in health care homes including engaging community, cultural proficiency, workforce and job training, and care enabling services, identifying the settings where these services are offered, and identifying whether the State incentivizes these services;
- (7) Examination of the risk adjustment systems identifying medical complexity and social determinants that need to be improved or adopted to ensure patients receive necessary care and that performance-based incentives for providers are fair;
- (8) Examination of risk adjustment between the State and health plans including high risk patients with behavioral conditions and early onset of chronic disease, particularly for Native Hawaiians and other high risk populations;
- (9) Examination of how other states are implementing comprehensive approaches to Medicaid and health insurance exchange risk adjustment practices that incorporate medical and social risk factors; and
- (10) Examination of the benefit package for gap-group and Medicaid enrollees and an analysis of their needs, including social determinants of health, enabling services, and reimbursement rates from the state and health plans; and

BE IT FURTHER RESOLVED that the work group is requested to submit a preliminary report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014, and a final report to the Legislature no later than twenty days prior to the convening of the Regular Session of 2015; and

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

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

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

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

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