
HOUSE RESOLUTION

REQUESTING THE AUDITOR TO STUDY THE SOCIAL AND FINANCIAL IMPACT
OF MANDATORY HEALTH INSURANCE COVERAGE FOR THE USE OF AN
ADVANCED VITAL SIGN MONITORING DEVICE.

1 WHEREAS, thousands of patients die unnecessarily each year
2 in hospitals from unexpected accidents and errors; and

3
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5 in hospitals from unexpected accidents and errors; and

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7 WHEREAS, reasons include insufficient staffing and
8 ineffective systems in place to identify acute care hospital
9 medical-surgical patients in distress; and

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11 WHEREAS, in 1999, the Institute of Medicine issued a
12 clarion call with its report, "To Err Is Human" stating that
13 each year approximately 200,000 people die in United States
14 hospitals from preventable errors and mistakes, of which nearly
15 20 percent of those deaths occur from "failure-to-rescue"; and

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17 WHEREAS, a "Patient's Right to Safety" is an emerging legal
18 entitlement and national standard-of-care for every acute care
19 hospital patient; and

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21 WHEREAS, medical-surgical units and nursing stations of a
22 typical acute care hospital are where most patients receive
23 noncritical care, generally involving regularly scheduled
24 nursing rounds every four to five hours; nevertheless, acute or
25 unexpected clinical events can go unnoticed for critical minutes
26 or hours, until the next visit by a physician or nurse; and

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28 WHEREAS, although rapid response teams are being promoted,
29 there are no systems that focus on the medical-surgical ward of
30 the acute care hospital, where nearly 75 percent of patients
31 typically receive care, for identifying and tracking patients in
32 distress; and



1 WHEREAS, technological solutions have been advocated to
2 augment patient safety on the medical-surgical wards of acute
3 care hospitals; and
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5 WHEREAS, advanced vital sign monitoring (AVSM) technology
6 exists that identifies at-risk patients with an invisible,
7 noncontact "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 AVSM technology has been developed, tested,
14 and validated in clinical settings and specifically has federal
15 Food and Drug Administration authorization to be used for
16 medical-surgical applications in acute care hospitals; and
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18 WHEREAS, the use of an AVSM device would allow for
19 noncontact physiological measurements, eliminating the need for
20 cumbersome, direct patient connections, such as electrodes,
21 cuffs, or cannula, whereby nursing personnel are immediately
22 notified of patients at-risk and can respond proactively before
23 an unexpected event becomes serious, or even fatal; and
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25 WHEREAS, the use of an AVSM device enables more efficient
26 use of resources and staff by enabling nursing staff to be aware
27 of, and respond to, precipitous patient deterioration, checks on
28 the patient constantly, and calls the nurses for help only if
29 the patient is at serious risk; and
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31 WHEREAS, this critical capability will enable such an AVSM
32 device to become a standard-of-care for medical-surgical units
33 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 an AVSM device
37 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:
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 - 13 (A) The specific health service, disease, or provider
 - 14 that would be covered;
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 - 16 (B) The 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;
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24 and

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26 WHEREAS, section 23-52, HRS, further specifies the minimum
27 information required for assessing the social and financial
28 impact of the proposed health coverage mandate in the Auditor's
29 report; and
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31 WHEREAS, __.B. No. ____ mandates coverage of an AVSM device
32 for all policies and contracts, hospital and medical service
33 plan contracts, medical service corporation contracts, and
34 health maintenance organization plans and contracts issued after
35 December 31, 2007; and
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37 WHEREAS, the Legislature believes that mandatory health
38 insurance coverage for an AVSM device, as provided in __.B. No.
39 ____ (2007) will substantially enhance patient safety and
40 provide a new standard of care for the people of this state;
41 now, therefore,



1 BE IT RESOLVED by the House of Representatives of the
2 Twenty-fourth Legislature of the State of Hawaii, Regular
3 Session of 2007, that the Auditor is requested to conduct an
4 impact assessment report, pursuant to sections 23-51 and 23-52,
5 HRS, of the social and financial impacts of mandating coverage
6 of an AVSM device for all policies and contracts, hospital and
7 medical service plan contracts, medical service corporation
8 contracts, and health maintenance organization plans and
9 contracts issued after December 31, 2007, as provided in __.B.
10 No. ____ 2007; and

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12 BE IT FURTHER RESOLVED that the Hawaii Health Systems
13 Corporation (HHSC) is requested to conduct a pilot study to
14 determine the social and financial impact to the system; and

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16 BE IT FURTHER RESOLVED that the Auditor and HHSC are
17 requested to submit findings and recommendations to the
18 Legislature, including any necessary implementing legislation,
19 no later than 20 days prior to the convening of the Regular
20 Session of 2008; and

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22 BE IT FURTHER RESOLVED that certified copies of this
23 Resolution be transmitted to the Auditor, Director of Health,
24 and Chief Executive Officer of HHSC.

