THE SENATE TWENTY-FOURTH LEGISLATURE, 2007 STATE OF HAWAII

MAR 1 4 2007

SENATE RESOLUTION

REQUESTING THE AUDITOR TO STUDY THE SOCIAL AND FINANCIAL IMPACT OF MANDATORY HEALTH INSURANCE COVERAGE FOR USE OF THE LG1 INTELLIGENT MEDICAL VIGILANCE SYSTEM.

WHEREAS, thousands of patients die unnecessarily each year 1 in hospitals from unexpected accidents and errors; and 2 3 WHEREAS, reasons include insufficient staffing and 4 ineffective systems in place to identify acute care hospital 5 medical-surgical patients in distress; and 6 7 WHEREAS, in 1999, the Institute of Medicine issued a 8 9 clarion call with its report, "To Err Is Human" stating that each year approximately 200,000 people die in the United States 10 hospitals from preventable errors and mistakes, of which nearly 11 20 percent of those deaths occur from "failure-to-rescue"; and 12 13 WHEREAS, a "Patient's Right to Safety" is an emerging legal 14 entitlement and national standard-of-care for every acute care 15 hospital patient; and 16 17 WHEREAS, medical-surgical units and nursing stations of a 18 typical acute care hospital are where most patients receive 19 noncritical care, generally involving regularly scheduled 20 nursing rounds every four to five hours; nevertheless, acute or 21 unexpected clinical events can go unnoticed for critical minutes 22 or hours, until the next visit by a physician or nurse; and 23 24 WHEREAS, although rapid response teams are being promoted, 25 there are no systems which focus on the medical-surgical ward of 26 the acute care hospital, where nearly 75 percent of patients 27 typically receive care, for identifying and tracking patients in 28 distress: and 29 30 WHEREAS, technological solutions have been advocated to 31 augment patient safety on the medical-surgical wards of acute 32 care hospitals; and 33



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WHEREAS, an automated early alert system called the LG1 1 Intelligent Medical Vigilance System or "LG1," identifies at-2 risk patients with an invisible, noncontact "Star Trek-like" 3 device that provides accurate and continuous observation of 4 heart and respiratory rates -- the two most critical vital signs --5 while the patient is in bed, and immediately notifies nursing 6 7 staff upon detecting a life-threatening condition; and 8 WHEREAS, the LG1 has been developed, tested and validated 9 in clinical settings and specifically has federal Food and Drug 10 Administration authorization to provide the LG1 for medical-11 surgical applications in acute care hospitals; and 12 13 14 WHEREAS, the LG1 allows for noncontact physiological 15 measurements, eliminating the need for cumbersome, direct patient connections, such as electrodes, cuffs, or cannula, 16 whereby nursing personnel are immediately notified of patients 17 18 at-risk and can respond proactively before an unexpected event becomes serious, or even fatal; and 19 20 WHEREAS, the LG1 enables more efficient use of resources 21 and staff by enabling nursing staff to be aware of, and respond 22 to, precipitous patient deterioration, checks on the patient 23 constantly, and calls the nurses for help only if the patient is 24 at serious risk; and 25 26 WHEREAS, this critical capability will enable the LG1 to 27 become a standard-of-care for medical-surgical units in acute 28 care hospitals; and 29 30 WHEREAS, because of the absence of health insurance 31 coverage, hospitals may be reluctant to provide the LG1 to its 32 patients; and 33 34 WHEREAS, section 23-51, Hawaii Revised Statutes (HRS) 35 requires that "before any legislative measure that mandates 36 health insurance coverage for specific health services, specific 37 diseases, or certain providers of health care services as part 38 of individual or group health insurance policies, can be 39 considered, there shall be concurrent resolutions passed 40 requesting the auditor to prepare and submit to the legislature 41 a report that assesses both the social and financial effects of 42 the proposed mandated coverage"; and 43



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1 2 3	WHEREAS, section 23-51, HRS, further provides that the concurrent resolutions shall designate a specific legislative bill that:
4 5	(1) Has been introduced in the Legislature; and
6 7	(2) Includes, at a minimum, information identifying the:
8 9 10	(A) Specific health service, disease, or provider that would be covered;
11 12	(B) Extent of the coverage;
13 14	(C) Target groups that would be covered;
15 16	(D) Limits on utilization, if any; and
17 18	(E) Standards of care;
19 20	and
21 22 23 24 25	WHEREAS, section 23-52, HRS, further specifies the minimum information required for assessing the social and financial impact of the proposed health coverage mandate in the Auditor's report; and
26 27 28 29 30 31 32	WHEREAS,B. No mandates coverage of the LG1 for all policies and contracts, hospital and medical service plan contracts, medical service corporation contracts, and health maintenance organization plans and contracts issued after December 31, 2007; and
32 33 34 35 36 37	WHEREAS, the Legislature believes that mandatory health insurance coverage for the LG1, as provided inB. No. (2007) will substantially enhance patient safety and provide a new standard of care for the people of this State; now, therefore,



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BE IT RESOLVED by the Senate of the Twenty-fourth 1 Legislature of the State of Hawaii, Regular Session of 2007, the 2 that the Auditor is requested to conduct an impact assessment 3 report, pursuant to sections 23-51 and 23-52, HRS, of the social 4 and financial impacts of mandating coverage of the LG1 for all 5 policies and contracts, hospital and medical service plan 6 contracts, medical service corporation contracts, and health 7 maintenance organization plans and contracts issued after 8 December 31, 2007, as provided in .B. No. 2007; and 9 10

BE IT FURTHER RESOLVED that the Hawaii Health Systems 11 12 Corporation (HHSC) is requested to conduct a pilot study to determine the social and financial impact to the system; and 13

BE IT FURTHER RESOLVED that the Auditor and HHSC are 15 requested to submit findings and recommendations to the 16 17 Legislature, including any necessary implementing legislation, no later than 20 days prior to the convening of the Regular 18 Session of 2008; and 19

BE IT FURTHER RESOLVED that certified copies of this 21 Resolution be transmitted to the Auditor, Director of Health, 22 and Chief Executive Officer of HHSC. 23

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OFFERED BY: Aric yl

