

SCR103/SR57

Measure Title: URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

Report Title: Social Determinants; Medicaid; Gap-group; Uninsured

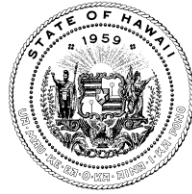
Description:

Companion:

Package: None

Current Referral: HTH/HSB, CPN

Introducer(s): CHUN OAKLAND, GREEN, Baker, Harimoto, Ruderman, Shimabukuro



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TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Tuesday, April 7, 2015
9:30 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE CONCURRENT RESOLUTION NO. 103 AND SENATE RESOLUTION NO. 57 – URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

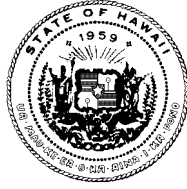
TO THE HONORABLE ROSALYN BAKER, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”), testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department supports the merits of these resolutions.

The purpose of these resolutions is to reestablish a working group to examine social determinants of health and risk adjustment for Medicaid, gap-group, and uninsured individuals.

The Department is willing to have the Commissioner or his designee participate in this working group.

We thank this Committee for the opportunity to present testimony on this matter.



**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339
Honolulu, Hawaii 96809-0339

April 5, 2015

Memorandum

TO: The Honorable Rosalyn H, Baker, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Rachael Wong, DrPh, Director

SUBJECT: **S.C.R. 103/S.R. 57 – URGING THE REESTABLISHMENT OF THE
WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS
OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP
GROUP, AND UNINSURED INDIVIDUALS**

Hearing: Tuesday, April 7, 2015; 9:30 a.m.
Conference Room 229, State Capitol

PURPOSE: The purpose of this resolution is to reestablish a work group to examine social determinants of health and risk adjustment for Medicaid, gap group, and uninsured individuals.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent and offers comments.

The DHS Med-QUEST Division (MQD) staff currently participates on a number of councils, work groups and task forces that address a range of topics that affect Medicaid and program recipients. This resolution is one of 9 measures this legislative session, in addition to current task forces and working groups, requesting MQD's participation in a

group. Individual staff members that attend these work groups and other meetings are the same individuals who are responsible to complete assignments, work with health plans and community partners and the Centers for Medicare and Medicaid Services on a daily operational issues. The MQD requests the legislature consider consolidating different work groups as many have overlapping tasks; consolidation of work groups will help with consistent participation by limited MQD personnel.

Additionally MQD respectfully requests that the legislature narrow and prioritize the items of the task force as each of the 10 enumerated items is a complex task on its own.

Further the size of the proposed work group is large with at a minimum of 20 members. This number does not include “representatives from health insurance plans within the State to be chosen by the Director of Health” and therefore would increase in size dependent upon the health plans selected. The size of the “work” group adds to the difficulty of identifying priorities and working on issues and reaching agreement on items the work group will be tasked with addressing.

Thank you for the opportunity to testify on this measure.



SCR103/SR57

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

Senate Committee on Commerce and Consumer Protection

April 7, 2015

9:30 a.m.

Room 229

The Office of Hawaiian Affairs (OHA) Committee on Beneficiary Advocacy and Empowerment will recommend to the Board of Trustees a position of **SUPPORT WITH AMENDMENTS** for SCR103/SR57, urging the reestablishment of a social determinants of health working group. These resolutions support OHA's strategic priority of Maui Ola (Health), which represents our commitment to improve the conditions and quality of life of Native Hawaiians by reducing the onset of chronic diseases.

Social determinants such as housing, education, social services, leisure activities, culture, and public safety may have significant impacts on the health and well-being of individuals and communities within specific demographics as well as to the general population. For example, improving community design, including complete streets designed to facilitate walking and biking is one of the social determinants of health that lead to improved health and well-being for all. OHA is supportive of a social determinants approach because data show that Native Hawaiians, Pacific Islanders, and Filipinos continue to have disparate health outcomes compared to the rest of the state population. To address such disparities, and to improve the overall health and well-being of the greater community, current best practices in health planning call for supporting policies that consider the social determinants of health of health-vulnerable groups. While the target of some of these policies may be health-vulnerable groups, the policies themselves have positive impacts for everyone. Accordingly, eliminating health disparities and improving overall public health by addressing the social determinants of health has now become a national priority, as unequal health outcomes and disparate well-being are shown to be pervasive even when people have health insurance and medical care.

OHA notes that HRS Section 226-20 requires all state agencies to strive for the elimination of the health disparities of Native Hawaiians and other communities, by identifying and addressing the social determinants of health. This includes prioritizing interventions that address the social determinants of health, one of the possible outcomes of a reestablished social determinants of health working group.

To more appropriately reflect the administrative structure of the OHA, OHA respectfully requests amending the language on page 3, lines 40-41, of SCR108; and on page 3, lines 34-35, of SR57, to read as follows:

(14) The administrator of the office of Hawaiian affairs,
or the administrator's designee;

Accordingly, OHA urges the Committee to **PASS WITH AMENDMENTS** SCR103/SR57. Mahalo nui loa for the opportunity to testify.



HPCA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Commerce and Consumer Protection

The Hon. Rosalyn H. Baker, Chair

The Hon. Brian T. Taniguchi, Vice Chair

Testimony in Support of SCR103/SR57

URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS

Submitted by Nani Medeiros, Public Affairs and Policy Director

April 7, 2015, 9:30 am, Room 229

Recent research has shown that the health and vitality of individuals and the population as a whole can be attributed to social determinants. In many instances factors such as homelessness, poverty, unemployment, language barriers, abuse, lack of education, and lack of access to exercise or healthy foods can have a more profound impact on health outcomes than even genetic disposition or traditional medical care.

The recently released County Health Rankings was able to quantify this by determining that life expectancy and health status can be attributed to:

- 40% - Social and Economic Factors
- 30% - Health Behaviors
- 20% - Clinical Care
- 10% - Physical Environment

What these numbers show is that only 1/5 of a person's life expectancy and health status can be directly attributed to the healthcare they receive. The remaining percentage is comprised of social determinants, many often competing at the same time.

The presence of social determinants presents a number of problems for the healthcare community. First, it multiplies the difficulties in identifying, assessing, and treating health concerns in a community. With so many competing forces at work, narrowing maladies to a single indicator is nearly impossible. Second, those most affected by social determinants are the homeless and poverty-stricken populations, which are often uninsured or present with health conditions that require hospitalizations or emergency department utilizations. Such visits are costly for providers and for the health community as a whole. Third, social determinants have a direct impact on access to primary care, which also has a strong correlation to healthcare costs.

Any effort to combat the social determinants of health must be comprehensive. On the clinical side, enabling services that work to address issues in housing, transportation, economic security, interpretation, and other related factors must be present. In addition, issues such as race, age, gender, socio-economic status, and geography must be taken into consideration when treating patients. On the payment side, traditional insurance models do not address these social health indicators. To provide better value for the healthcare system and better care for patients, they must work to accommodate these issues moving forward.

As one of the primary providers of healthcare to the populations most affected by social determinants, the Hawaii Primary Care Association and the community health centers it represents supports SCR103/SR57. Every day community health centers treats those directly affected by social determinants and we wish to work collaboratively with the Hawaii healthcare community to seek answers to these problems. This effort was begun with the passage of HCR 146 in 2013, and we look forward to expanding on the progress made therein.

We thank you for the opportunity to testify and urge your passage of this resolution.