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## HOUSE CONCURRENT RESOLUTION

REQUESTING THE INSURANCE DIVISION OF THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO COLLABORATE WITH THE MEDICAL PROFESSIONAL COMMUNITY ON A SURVEY TO DETERMINE THE EXTENT OF THE DEVELOPMENT OF ACCOUNTABLE CARE ORGANIZATIONS AND DIRECT PRIMARY CARE OR CONCIERGE MEDICINE WITHIN THE COMMUNITY AND THE IMPACT OF THESE BUSINESS ARRANGEMENTS ON THE ABILITY OF PATIENTS TO ACCESS PRIMARY CARE SERVICES IN THE STATE.

WHEREAS, the health care industry, nationally and statewide, is undergoing tremendous reform and changes prompted by the passage of the federal Patient Protection and Affordable Care Act of 2010 (Affordable Care Act); and

WHEREAS, the development of accountable care organizations are included in these reforms and changes; and

WHEREAS, accountable care organizations are networks of physicians, specialists, hospitals, and other health care providers that share financial and medical responsibility; and

WHEREAS, the goal of accountable care organizations is to provide coordinated, high quality primary care to patients while avoiding unnecessary duplication of services and preventing unnecessary hospitalizations; and

WHEREAS, the Affordable Care Act created accountable care organizations to take part in the Medicare Shared Savings Program and other federal programs to help physicians, hospitals, and other health care providers better coordinate care for Medicare patients; and

WHEREAS, although the creation of accountable care organizations is intended to save money and provide better primary care to patients, some health care economists have

expressed concern that the formation of more accountable care organizations could leave fewer independent hospitals and doctors, which could potentially limit patient choice and access to primary care services; and

WHEREAS, the development of direct primary care or concierge medicine has also grown nationally and in this State; and

WHEREAS, concierge medicine involves a relationship between a patient and a primary care physician in which the patient pays an annual fee or retainer, which may be in addition to other charges; and

WHEREAS, although high-end concierge medicine practices may bill insurers for medical services in addition to collecting retainer fees, lower-end concierge medicine practices usually do not accept insurance but instead charge patients directly for treatment along with membership and may post menu-style prices for services and expect payment up front; and

WHEREAS, eliminating insurance billing may eliminate a significant portion of a concierge physician's overhead expenses, which enables concierge physicians to keep their fees low, take on fewer patients, and spend more time with each patient; and

WHEREAS, many patients who see concierge physicians pay for this care in addition to their regular insurance, with the rationale that under the Affordable Care Act, many new health plans have high deductibles that most members will never meet, which means these patients would still be paying thousands of dollars out-of-pocket, and possibly even more than what they would spend on concierge medicine; and

WHEREAS, although fees for direct primary care or concierge medicine may be lower than traditional insurance, there are some concerns regarding the overall affordability of concierge medicine, including the impact it may have on Medicaid and Medicare patients; and

 WHEREAS, currently, 238,000 Hawaii residents, constituting 18.7 per cent of Hawaii's total population, are aged sixty or older, and by 2030, this age group is projected to constitute

more than one-fourth, or 27.4 per cent, of the State's population; and

WHEREAS, while Hawaii's population is expected to increase by 21 per cent between 2000 and 2030, the number of people sixty years or older is expected to increase by 93.8 per cent and the number of people eighty-five years or older is expected to increase by 174.7 per cent during the same period; and

WHEREAS, the large aging population is having, and will continue to have, a major impact on the organization and delivery of health care, with a shift from acute to chronic illnesses, such as heart disease, cancer, stroke, chronic lower respiratory diseases, Alzheimer's disease, and diabetes; and

WHEREAS, Medicare is the national health insurance program that offers coverage for outpatient health care services, such as primary care doctor visits and certain preventative services, for the majority of the population aged sixty-five or older, or younger than age sixty-five with a qualifying disability or illness; and

WHEREAS, as of December 2015, over 338,000 individuals were enrolled in the State's Medicaid program and Children's Health Insurance Program; and

WHEREAS, enrollees of Hawaii's Medicaid program and Children's Health Insurance Program receive access to health and medical services, including critical primary and acute care services, through managed care plans contracted by the State's Med-QUEST Division; and

WHEREAS, the Department of Commerce and Consumer Affairs performs a variety of functions for the benefit of consumers, businesses, and the general population of the State; and

WHEREAS, the Department's Insurance Division is responsible for overseeing the insurance industry in the State and ensuring that consumers are provided with insurance services, including services relating to health care, that meet acceptable standards of quality, equity, and dependability at fair rates; and

 WHEREAS, the Insurance Division is uniquely positioned to help identify problems and devise improvements to the delivery of health care in the State; now, therefore,

BE IT RESOLVED by the House of Representatives of the Twenty-eighth Legislature of the State of Hawaii, Regular Session of 2016, the Senate concurring, that the Insurance Division of the Department of Commerce and Consumer Affairs is requested to collaborate with the medical professional community on a survey that identifies the extent to which:

(1) Accountable care organizations providing primary care services have developed in this State;

(2) Health care providers, including the total number and type of each health care provider, are participating in accountable care organizations;

(3) Patients, including the total number of patients served by each type of insurance plan, such as private insurance, Medicare, or Medicaid, are provided primary care through accountable care organizations;

(4) Direct primary care or concierge medicine has penetrated the Hawaii health care marketplace;

(5) Health care providers, including the total number and type of each health care provider, are participating in direct primary care or concierge medicine arrangements;

(6) Patients, including the total number of patients served by each type of insurance plan, such as private insurance, Medicare, or Medicaid, are provided primary care through direct primary care or concierge medicine practices; and

(7) Accountable care organizations and direct primary care or concierge medicine have either increased or decreased the access of Medicare or Medicaid patients to primary care services in the State; and

BE IT FURTHER RESOLVED that the Insurance Division is requested to collaborate with the Board of Medicine, Hawaii

Medical Association, Healthcare Association of Hawaii, and independent physicians associations for purposes of gathering the appropriate information requested for the survey; and

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BE IT FURTHER RESOLVED that the Insurance Division is also requested to review government websites and information from government agencies, as needed, for purposes of gathering the appropriate information requested for the survey; and

BE IT FURTHER RESOLVED that the Insurance Division is further requested to submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days before the convening of the Regular Session of 2017; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Director of Commerce and Consumer Affairs and the Insurance Commissioner.