

Rep. Edwards, Rock. 31  
March 20, 2025  
2025-1178h  
02/08

Amendment to HB 2-FN-A-LOCAL

1 Amend RSA 167:18-a, II(a) as inserted by section 185 of the bill by replacing it with the following:

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3 II.(a) *Notwithstanding subparagraph III(a), due to exigent circumstances, an*  
4 *additional one percent shall be added to the annual increase on the cap on county billings*  
5 *for each year of the biennium ending June 30, 2027, resulting in annual increases of 3*  
6 *percent for each year of that biennium.* The total billings to all counties made pursuant to this  
7 section shall not exceed the amounts set forth below for state fiscal years ~~[2024-2025]~~ 2026-2027:

8

(1) State fiscal year ~~[2024]~~ 2026, ~~[-\$131,849,659]~~ \$135,805,149.

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(2) State fiscal year ~~[2025]~~, 2027 ~~[-\$131,849,659]~~; \$139,879,303.

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Amendment to HB 2-FN-A-LOCAL

1           1 New Subparagraphs; County Reimbursement of Funds; Limitation on Payments. Amend  
2 RSA 167:18-a, III(b) by inserting after subparagraph (4) the following new subparagraphs:

3                   (5) For fiscal year 2026, in addition to the \$5,000,000 allocated pursuant to  
4 subparagraph III(b)(3), an aggregate credit of \$5,625,000 shall be allocated among the counties  
5 based upon their relative proportional share of overpayments in fiscal year 2020 and fiscal year  
6 2021.

7                   (6) For fiscal year 2027, in addition to the \$5,000,000 allocated pursuant to  
8 subparagraph III(b)(3), an aggregate credit of \$5,625,000 shall be allocated among the counties  
9 based upon their relative proportional share of overpayments in fiscal year 2020 and fiscal year  
10 2021.

11                   (7) For fiscal year 2028, in addition to the \$5,000,000 allocated pursuant to  
12 subparagraph III(b)(3), an aggregate credit of \$5,625,000 shall be allocated among the counties  
13 based upon their relative proportional share of overpayments in fiscal year 2020 and fiscal year  
14 2021.

15                   (8) For fiscal year 2029, in addition to the \$5,000,000 allocated pursuant to  
16 subparagraph III(b)(3), an aggregate credit of \$5,625,000 shall be allocated among the counties  
17 based upon their relative proportional share of overpayments in fiscal year 2020 and fiscal year  
18 2021.

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Rep. Edwards, Rock. 31.  
March 14, 2025  
2025-1009h  
08/06

Amendment to HB 2-FN-A-LOCAL

1       1 Alcohol Abuse Prevention and Training Fund; Appropriations and Disbursements. Amend  
2 RSA 176-A:1, III to read as follows:

3           III. Moneys [~~received from all other sources other than the liquor commission pursuant to~~  
4 ~~RSA 176:16, III, including any community benefit contribution made by New Hampshire's hospitals,~~]  
5 shall be disbursed from the fund upon the authorization of the governor's commission on alcohol and  
6 drug abuse prevention, treatment, and recovery established pursuant to RSA 12-J:1 and shall not be  
7 diverted for any other purposes. Funds disbursed shall be used for alcohol and other drug abuse  
8 prevention, treatment, and recovery services, and other purposes related to the duties of the  
9 commission under RSA 12-J:3.

10       2 Repeal. RSA 176:16, III, relative to the disbursement of funds from the liquor commission to  
11 the alcohol abuse prevention and training fund, is repealed.

2025-1009h

AMENDED ANALYSIS

Add:

1. Repeals the disbursement from the liquor commission to the alcohol abuse prevention and training fund.



Rep. Edwards, Rock. 31  
March 23, 2025  
2025-1283h  
06/05

Amendment to HB 2-FN-A-LOCAL

1        1 Appropriation; Opioid Abatement Trust Fund. Notwithstanding any other law to the  
2 contrary, the sum of \$10,700,000 for the fiscal year ending June 30, 2026, and the sum of  
3 \$10,700,000 for the fiscal year ending June 30, 2027, are hereby appropriated from the opioid  
4 abatement trust fund, established under RSA 126-A:83, to the alcohol abuse prevention and training  
5 fund, established under RSA 176-A.

2025-1283h

AMENDED ANALYSIS

1. Transfers funds from the opioid abatement trust fund to the alcohol abuse prevention and training fund.

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Amendment to HB 2-FN-A-LOCAL

1       1 New Hampshire Granite Advantage Health Care Program; Funding. Amend RSA 126-AA:2,  
2 I(a) to read as follows:

3       126-AA:2 New Hampshire Granite Advantage Health Care Program Established.

4       I.(a) The commissioner shall apply for any necessary waivers and state plan amendments to  
5 implement a 5-year demonstration program beginning on January 1, 2019 to create the New  
6 Hampshire granite advantage health care program [~~which shall be funded exclusively from non-~~  
7 ~~general fund sources, including federal funds~~]. The commissioner shall include in an application for  
8 the necessary waivers submitted to the Centers for Medicare and Medicaid Services (CMS) a waiver  
9 of the requirement to provide 90-day retroactive coverage and a state plan amendment allowing  
10 state and county correctional facilities to conduct presumptive eligibility determinations for  
11 incarcerated inmates to the extent provided under federal law. To receive coverage under the  
12 program, those individuals in the new adult group who are eligible for benefits shall choose coverage  
13 offered by one of the managed care organizations (MCOs) awarded contracts as vendors under  
14 Medicaid managed care, pursuant to RSA 126-A:5, XIX(a). The program shall make coverage  
15 available in a cost-effective manner and shall provide cost transparency measures, and ensure that  
16 patients are utilizing the most appropriate level of care. Cost effectiveness shall be achieved by  
17 offering cash incentives and other forms of incentives to the insured by choosing preferred lower cost  
18 medical providers. Loss of incentives shall also be employed. MCOs shall employ reference-based  
19 pricing, cost transparency, and the use of incentives and loss of incentives to the Medicaid and newly  
20 eligible population. For the purposes of this subparagraph, "reference-based pricing" means setting  
21 a maximum amount payable for certain medical procedures.

22       2 The New Hampshire Granite Advantage Health Care Trust Fund. Amend RSA 126-AA:3, I to  
23 read as follows:

24       I. There is hereby established the New Hampshire granite advantage health care trust fund  
25 which shall be accounted for distinctly and separately from all other funds and shall be non-interest  
26 bearing. The fund shall be administered by the commissioner and shall be used solely to provide  
27 coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2, to pay for  
28 the administrative costs for the program, and reimburse the federal government for any over  
29 payments of federal funds. All moneys in the fund shall be nonlapsing and shall be continually  
30 appropriated to the commissioner for the purposes of the fund. The fund shall be authorized to pay  
31 and/or reimburse the cost of medical services and cost-effective related services, including without

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 limitation, capitation payments to MCOs. ~~[No state general funds shall be deposited into the fund.]~~  
2 Deposits into the fund shall be limited exclusively to the following:

3 (a) [Repealed.]

4 (b) Federal Medicaid reimbursement for program costs and administrative costs  
5 attributable to the program;

6 (c) Surplus funds generated as a result of MCOs managing the cost of their services  
7 below the medical loss ratio established by the commissioner for the managed care program  
8 beginning on July 1, 2019;

9 (d) Taxes attributable to premiums written for medical and other medical related  
10 services for the newly eligible Medicaid population as provided for under this chapter, consistent  
11 with RSA 400-A:32, III(b);

12 (e) Funds received from the assessment under RSA 404-G;

13 (f) Revenue from the Medicaid enhancement tax to meet the requirements provided in  
14 RSA 167:64; ~~and]~~

15 (g) Funds recovered or returnable to the fund that were originally spent on the cost of  
16 coverage of the granite advantage health care program[-];

17 (h) *Revenue that is attributable to premiums received from granite advantage*  
18 *health care program enrollees; and*

19 (i) *State general funds that have been appropriated by the general court for the*  
20 *specific purpose of funding the granite advantage health care program or approved by the*  
21 *fiscal committee and governor and council for the specific purpose of addressing a funding*  
22 *shortfall identified by the commissioner of the department of health and human services.*

23 3 The New Hampshire Granite Advantage Health Care Trust Fund. Amend the introductory  
24 paragraph to RSA 126-AA:3, VI to read as follows:

25 VI. The commissioner, in accordance with the most current available information, shall be  
26 responsible for determining, quarterly commencing no later than December 31, 2018, whether there  
27 is sufficient funding in the fund to cover projected program costs for the nonfederal share for the  
28 next 6-month period. If at any time the commissioner determines that a projected shortfall exists,  
29 ~~[then the sum necessary to cover such shortfall shall be transferred to the fund from the liquor~~  
30 ~~commission fund established in RSA 176:16. In the event the commissioner determines that there~~  
31 ~~are not sufficient funds in the liquor commission fund to cover the shortfall,]~~ *and the fiscal*  
32 *committee and governor and council do not authorize additional funding*, then he or she  
33 shall terminate the program in accordance with the federally approved terms and conditions issued  
34 by CMS. Upon making a determination that a projected shortfall exists and ~~[that there are~~  
35 ~~insufficient funds in the liquor commission fund to cover the shortfall]~~ *if the fiscal committee and*  
36 *governor and council do not authorize additional funding*, the commissioner shall:

Amendment to HB 2-FN-A-LOCAL

- Page 3 -

1       4 Appropriation; Granite Advantage. The sum of \$12,600,000 for the fiscal year ending June 30,  
2 2026, and \$1,000,000 for the fiscal year ending June 30, 2027, is hereby appropriated to the New  
3 Hampshire granite advantage health care trust fund established under RSA 126-AA:3. In the event  
4 the program costs are greater than the amounts available from all sources, the commissioner may  
5 request, with prior approval of the fiscal committee, that the governor and council authorize  
6 additional funding. Upon fiscal committee and governor and council approval, the governor is  
7 authorized to draw a warrant for said sum out of any money in the treasury not otherwise  
8 appropriated.

9       5 Repeal. RSA 176:16, III-a, relative to deposits from the liquor commission into the New  
10 Hampshire granite advantage health care trust fund, is repealed.

PROPOSED

2025-1302h

AMENDED ANALYSIS

ADD:

1. Repeals the prohibition on the use of general funds for the granite advantage program and removes the provision requiring the liquor commission to make up for any short fall in the program.

UNAPPROVED

Rep. Edwards, Rock. 31  
March 11, 2025  
2025-0923h  
02/06

Amendment to HB 2-FN-A-LOCAL

1       1 Senior Volunteer Grant Program; Establishment of Program. Amend RSA 161-F:40 to read as  
2 follows:

3       161-F:40 Establishment of Program.

4           I. There is hereby established a senior volunteer grant program in the department. The  
5 program shall, within the limits of funds appropriated, reimburse the senior companion [~~and foster~~  
6 ~~grandparents programs~~] *program* for the volunteers' stipends, benefits, travel, and administrative  
7 expenses incurred in providing volunteer services.

8           II. The funds so appropriated shall be disbursed by the department in quarterly payments.  
9 The funds shall be allocated to *the* senior companion [~~and foster grandparents programs~~] *program*.

2025-0923h

AMENDED ANALYSIS

Add:

1. This bill repeals reimbursement of funds for the foster grandparent program.

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Rep. Edwards, Rock. 31  
March 19, 2025  
2025-1140h  
02/08

Amendment to HB 2-FN-A-LOCAL

1        1 Department of Health and Human Services; Contracts. All department of health and human  
2 services contracts or contract amendments shall include a provision requiring the contractor to  
3 comply with the patients' bill of rights as applicable pursuant to RSA 151:21.

4        2 Applicability. Section 1 of this act shall apply to contracts or contract amendments entered  
5 into on or after the effective date of that section.

6        3 Repeal. Section 1 of this act, relative to department of health and human services contracts, is  
7 repealed.

8        4 Effective Date.

9            I. Section 3 of this act shall take effect November 30, 2026.

10           II. Sections 1 and 2 of this act shall take effect 60 days after its passage.

2025-1140h

AMENDED ANALYSIS

ADD:

1. Requires the department of health and human services to include references to the patients' bill of rights in contracts and contract addenda



Amendment to HB 2-FN-A-LOCAL

1       1 New Section; Circumcision under the State Medicaid Plan; Restrictions. Amend RSA 167 by  
2 inserting after section 3-m the following new section:

3       167:3-n State Medicaid Plan; Circumcision.

4       I. In this section:

5           (a) "Health care provider" means a hospital, health care facility, physician, resident  
6 physician, physician assistant, or registered nurse, practicing in the state of New Hampshire.

7           (b) "Newborn child" means a person under 1 year of age.

8           (c) "Child" or "minor" means a person who is under 18 years of age.

9       II. Medical assistance provided under the state Medicaid plan shall not include the  
10 circumcision of children unless the procedure is medically necessary pursuant to paragraphs III or

11 IV.

12       III. Medically necessary circumcision for a newborn child shall be valid for the following  
13 diagnoses:

14           (a) Congenital obstructive urinary tract anomalies.

15           (b) Neurogenic bladder.

16           (c) Spina bifida.

17           (d) Recurrent urinary tract infections.

18       IV. Medically necessary circumcision for a minor shall be valid for the following diagnoses:

19           (a) A documented prior history of recurrent urinary tract infections.

20           (b) Documented vesicoureteral reflux of at least a Grade III.

21           (c) Paraphimosis unresponsive to medical therapy.

22           (d) Recurrent balanoposthitis.

23           (e) Recurrent balanitis or balanitis xerotica obliterans.

24           (f) Congenital chordee.

25           (g) Phimosis after puberty which has been unresponsive to medical therapy.

26           (h) Secondary or acquired phimosis causing urinary obstruction, hematuria or preputial  
27 pain unresponsive to medical therapy.

28           (i) Condyloma acuminatum.

29           (j) Malignant neoplasm of the prepuce.

30           (k) Or any diagnosed condition for which a circumcision is deemed medically necessary  
31 by a physician or other health care provider licensed in New Hampshire.

32       2 Effective Date. Section 1 of this act shall take effect January 1, 2026.

2025-0873h

AMENDED ANALYSIS

Add:

1. Excludes coverage for circumcision under the state Medicaid plan unless the child has a specific diagnosis for which the procedure is determined to be medically necessary.

UNAPPROVED

Rep. Edwards, Rock. 31  
March 14, 2025  
2025-1004h  
05/08

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing section 94 and 95 with the following:

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3 94 Repeal; WIC Farmers' Market Nutrition Program. RSA 132:12-f, relative to the WIC  
4 Farmers' Market Nutrition Program, is repealed.

2025-1004h

AMENDED ANALYSIS

Replace:

38. Repeals the WIC Farmers' Market Nutrition Program.

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Amendment to HB 2-FN-A-LOCAL

1       1 Prescription Drug Affordability Board; Definition of Public Payor. Amend RSA 126-BB:1, VI is  
2 repealed and reenacted to read as follows:

3           VI. "Public payor" means any health plan which includes coverage for prescription drugs  
4 and is paid for in whole or in part by state general funds or any division of state, county, or  
5 municipal government that administers a health plan for its employees or an association of state,  
6 county, or municipal employers that administers a health plan for its employees. "Public payor" also  
7 includes health care paid for by the department of corrections.

8       2 New Subparagraph; Prescription Drug Affordability Board; Alternate Member Added. Amend  
9 RSA 126-BB:2, I by inserting after subparagraph (c) the following new subparagraph:

10           (d) One alternate appointed by the commissioner of the department of health and  
11 human services selected from the advisory council established in RSA 126-BB:4. Notwithstanding  
12 paragraph II, the alternate board member's term shall be coterminous with their membership on the  
13 advisory council. The alternate board member may participate in deliberations of the board in the  
14 event any member elects to be recused as provided in RSA 126-BB:3 or is absent.

15       3 Prescription Board Affordability Board; Chairperson. Amend RSA 126-BB:2, IV to read as  
16 follows:

17           IV. The chair of the board shall be elected by an affirmative vote of at least 4 of the 5  
18 members of the board *and shall serve a 2-year term. The chair of the board shall be elected*  
19 *in odd numbered years within 3 months of submission of the annual report specified in*  
20 *RSA 126-BB:5, IV.*

21       4 Prescription Drug Affordability Board; Employee Authorization. Amend RSA 126-BB:2, VI to  
22 read as follows:

23           VI. The board shall be administratively attached to the department of health and human  
24 services. ~~[For a limited time,]~~ The board may employ an executive director, who shall be an  
25 unclassified employee. The executive director shall be appointed by and serve at the pleasure of the  
26 board. ~~[Said position shall be effective for no more than 2 years following the date of hire of the~~  
27 ~~individual first selected to fill the position. The board may also employ one contracted employee or~~  
28 ~~more,]~~ *The board also may employ classified or contract employees or contract for similar*  
29 *services, dependent on the availability of funds.*

30       5 Prescription Drug Affordability Board; Competitive Bid Required. Amend RSA 126-BB:11 to  
31 read as follows:

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1       126-BB:11 Competitive Bid Required. The contracts entered into by the board, including those  
2 for consulting services or personal contract services, shall be subject to the competitive bid process.  
3 Such contracts shall ~~[also]~~ be approved by ~~[the fiscal committee of the general court,]~~ the governor~~[,]~~  
4 and the executive council.

5       6 Lapse Extension; Prescription Drug Affordability Board. Of funds appropriated to account 05-  
6 95-95-952010-6273, prescription drug affordability board, in the fiscal year ending June 30, 2025, up  
7 to \$20,000 shall be nonlapsing until June 30, 2027.

8       7 Section 6 of this act shall take effect June 30, 2025.

UNAPPROVED

Rep. Edwards, Rock. 31  
March 19, 2025  
2025-1130h  
11/02

Amendment to HB 2-FN-A-LOCAL

1           1 School Districts; Youth Risk Behavior Survey; Opt-Out Provision Notice to Parents and Legal  
2 Guardians. Amend RSA 186:11, IX-d to read as follows:

3           IX-d. Require School Districts to Adopt a Policy Governing the Administration of Non-  
4 academic Surveys or Questionnaires to Students. The policy shall require school districts to notify a  
5 parent or legal guardian of a non-academic survey or questionnaire and its purpose. The policy shall  
6 provide that no student shall be required to volunteer for or submit to a non-academic survey or  
7 questionnaire, as defined in this paragraph, without written consent of a parent or legal guardian  
8 unless the student is an adult or an emancipated minor. The policy shall include an exception from  
9 the consent requirement for the youth risk behavior survey developed by the Centers for Disease  
10 Control and Prevention. The policy shall also allow a parent, ~~or~~ legal guardian, *or student* to opt-  
11 out of the youth risk behavior survey developed by the Centers for Disease Control and Prevention  
12 *without negative consequences. School districts shall notify parents and guardians of both*  
13 *the youth risk behavior survey's opt-out provision and the lack of negative consequences for*  
14 *exercising the opt-out provision at the time of notice of availability for survey review, and*  
15 *shall notify students of such information at the time of survey distribution or notice of*  
16 *survey availability.* The school district shall make ~~such~~ *all non-academic* surveys or  
17 questionnaires available, at the school and on the school or school district's website, for review by a  
18 student's parent or legal guardian at least 10 days prior to distribution to students. In this  
19 paragraph, "non-academic survey or questionnaire" means surveys, questionnaires, or other  
20 documents designed to elicit information about a student's social behavior, family life, religion,  
21 politics, sexual orientation, sexual activity, drug use, or any other information not related to a  
22 student's academics.

2025-1130h

AMENDED ANALYSIS

ADD:

1. Requires that school districts provide notification to students, parents, and legal guardians of the ability to opt-out of participating in the Center for Disease Control's youth behavior assessment survey without negative consequences.



Rep. Edwards, Rock. 31  
March 24, 2025  
2025-1328h  
06/09

Amendment to HB 2-FN-A-LOCAL

1       1 Department of Health and Human Services; Office of Health Access; Name Change; Hiring  
2 Freeze. The department of health and human services, office of health equity shall be renamed the  
3 office of health access. The office shall remain in compliance with the terms of Executive Order  
4 2025-02, regarding executive branch hiring for the biennium ending June 30, 2027, even if the  
5 executive order is lifted. Furthermore, the office of health access shall serve every person with equal  
6 dignity and respect. The office shall not contract with or pay vendors who fail to serve every person  
7 with equal dignity and respect. The office and all vendors shall comply with RSA 354-B, also known  
8 as the "Civil Rights Act."

2025-1328h

AMENDED ANALYSIS

1. Directs the department of health and human services to rename the office of health equity as the office of health access and directs the office to comply with the hiring freeze in Executive Order 2025-02 for the biennium ending June 30, 2027.

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Rep. Edwards, Rock. 31  
March 23, 2025  
2025-1277h  
09/05

Amendment to HB 2-FN-A-LOCAL

1           1 Directive; Department of Health and Human Services. The department of health and human  
2 services shall serve every person with equal dignity and respect. The department shall not contract  
3 with or pay vendors who fail to serve every person with equal dignity and respect. The department  
4 and all vendors shall comply with RSA 354-B, also known as the "civil rights act." In the event that  
5 the department determines that a contract violates the provisions of this section, it shall terminate  
6 said contract in accordance with applicable law and contract provisions, and the state shall be  
7 entitled to recover any funds unspent by the contractor at the time of termination.

2025-1277h

AMENDED ANALYSIS

ADD:

1. Directs the department of health and human services to serve every person with equal dignity and respect and to not contract with or pay vendors who fail to serve every person with equal dignity and respect.

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Rep. Edwards, Rock. 31  
March 17, 2025  
2025-1026h  
05/08

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by inserting the following:

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3 1 New Hampshire Granite Advantage Health Care Program 1115 Demonstration; Renewed  
4 Application to CMS.

5 I. On or before January 1, 2026, the department of health and human services shall  
6 resubmit to the Center for Medicare and Medicaid Services (CMS) a Section 1115 demonstration  
7 waiver to the state Medicaid plan relative to enforcing community engagement and work  
8 requirements as a condition of Granite Advantage eligibility. Prior to submitting the Section 1115  
9 waiver to CMS, the department shall submit the proposed waiver to the fiscal committee of the  
10 general court for approval.

11 II. Beginning November 1, 2025 and annually thereafter, the department shall provide a  
12 report regarding the status of the waiver application and implementation of the community  
13 engagement requirements in RSA 126-AA:2, III, to the senate president, the speaker of the house of  
14 representatives, the senate clerk, the house clerk, and the governor.

15 2 Effective Date. Section 1 of this act shall take effect upon its passage.

2025-1026h

AMENDED ANALYSIS

1. Directs the department of health and human services to resubmit the 1115 demonstration waiver to CMS regarding community engagement and work requirements under the state Medicaid program, and directs the department to provide an annual report to the legislature regarding the status of implementation.

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Rep. Edwards, Rock. 31  
March 19, 2025  
2025-1135h  
09/05

Amendment to HB 2-FN-A-LOCAL

1           1 Agency Directive; Department of Health and Human Services. For the biennium ending June  
2 30, 2027, the department of health and human services shall not enroll any new participants into the  
3 state loan repayment program (SLRP). The department may continue to fund existing agreements  
4 with existing participants who enrolled in the SLRP prior to the effective date of this section.

2025-1135h

AMENDED ANALYSIS

Add:

Directs the department of health and human services not to enroll any new participants into the state loan repayment program or the biennium ending June 30, 2027.

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Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by adding the following new sections:  
2

3 1 New Section; Long-Term Care; Medicaid Managed Care; Inclusion of Long-Term Care  
4 Services. Amend RSA 151-E by inserting after section 19 the following new section:

5 151-E:19-a Medicaid Managed Care; Inclusion of Long-Term Care Services.

6 I. The department shall integrate Medicaid-funded long-term care services, including home-  
7 and community-based services waiver programs and nursing facility benefits, into at least one of  
8 New Hampshire's existing Medicaid managed care contracts. This integration is intended to  
9 improve care coordination, promote cost-effective service delivery, and enhance beneficiary access to  
10 person-centered care.

11 II. In this section:

12 (a) "Department" means the department of health and human services.

13 (b) "Managed care organization" or "MCO" means a health plan contracted with the  
14 department to provide Medicaid-covered services under a capitated payment model.

15 (c) "Long-term care services" mean Medicaid-covered services provided in nursing  
16 facilities or through home and community-based services waivers under section 1915(c) of the Social  
17 Security Act.

18 (d) "Managed long-term services and supports" or "MLTSS" means a system in which  
19 long-term care services, including waiver and nursing home benefits, are delivered through Medicaid  
20 managed care contracts.

21 (e) "Capitation payment" means a per-member, per-month payment to MCOs for covered  
22 services, including long-term care.

23 III. Notwithstanding RSA 126-A:5, XIX(a) and 2017, 258:1, long-term supports and services,  
24 including, specifically nursing facility services, including skilled and intermediate levels of care, and  
25 services provided under the choices for independence waiver, as those waivers are issued by the  
26 Centers for Medicare and Medicaid Services under 42 U.S.C. section 1396(c), shall be incorporated  
27 into the department's care management program for delivery by a managed care organization, as  
28 defined in RSA 126-A:5, XIX(c)(3), under contract with the state. The department shall amend  
29 relevant Medicaid managed care contracts to include coverage of MLTSS.

30 IV. MCOs shall be responsible for care coordination, service authorization, and payment  
31 administration for all long-term supports and services, and services provided under the choices for  
32 independence waiver. In exercising its care coordination function, and in determining appropriate

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 levels of care, MCOs shall collaborate with county and state governments and may delegate care  
2 coordination or service authorization functions, as appropriate, to county governments.

3 V. In implementing this section, the department shall ensure:

4 (a) That a nursing facility is paid not later than the 10th day after the date the facility  
5 submits a clean claim.

6 (b) The appropriate utilization of services is consistent with criteria established by the  
7 department.

8 (c) A reduction in the incidence of potentially preventable events and unnecessary  
9 institutionalizations.

10 (d) That a managed care organization providing services under the care management  
11 program provides discharge planning, transitional care, and other education programs to physicians  
12 and hospitals regarding all available long-term care settings, including the choices for independence  
13 waiver.

14 (e) That a managed care organization providing services under the managed care  
15 program:

16 (1) Assists in collecting financial information needed for eligibility determinations  
17 from recipients.

18 (2) Provides payment incentives to nursing facility providers that reward reductions  
19 in preventable acute care costs and encourage transformative efforts in the delivery of nursing  
20 facility services, including efforts to promote transitions to community based settings as well as a  
21 resident-centered care culture through facility design and services provided.

22 (3) Develops a shared savings program with county governments that are active  
23 participants in working with MCOs to ensure the delivery of quality services in the least restrictive  
24 settings.

25 VI. A managed care organization providing services under the managed care program, to the  
26 greatest extent possible, shall offer nursing facility providers access to:

27 (a) Acute care professionals.

28 (b) Telemedicine, when feasible and in accordance with state law.

29 VII. The department shall establish credentialing and minimum performance standards for  
30 nursing facility providers seeking to participate in the care management program that are consistent  
31 with adopted federal and state standards. A managed care organization may not require prior  
32 authorization for a nursing facility resident in need of emergency hospital services.

33 VIII. Individuals eligible for long-term care services under the Medicaid program shall be  
34 enrolled in managed care for both acute and long-term care benefits.

35 IX. The department shall update its capitation payment plan to take into consideration  
36 payment to cover all MLTSS and shall report to the fiscal committee of the general court its  
37 capitation payment plan for MLTSS prior to implementation.

Amendment to HB 2-FN-A-LOCAL

- Page 3 -

1 X. The department shall apply for and amend any existing federal waivers necessary to  
2 implement this section and shall make all best efforts to fully implement the requirements of this  
3 section on or before July 1, 2026.

REPRODUCTION

2025-1285h

AMENDED ANALYSIS

Add:

1. Directs the department of health and human services to include long-term care in Medicaid managed care beginning July 1, 2026.

UNAPPROVED

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by inserting the following:

2

3 1 Department of Health and Human Services; Medicaid; Outpatient Procedures; Waiver to  
4 Allow Certain Cost-Sharing. The department of health and human services shall seek appropriate  
5 waivers, including a waiver from Freedom of Choice, that would allow managed care organizations  
6 operating under the care management program, to require that a Medicaid recipient be referred to a  
7 lower cost provider for any approved outpatient procedure, including ambulatory surgical care,  
8 provided that the provider is an in-network quality provider that has met all the standards for  
9 certification and credentialing. If the Medicaid recipient chooses a higher cost provider, after a lower  
10 cost provider has been identified by the MCO and the provider is within 30 miles of the Medicaid  
11 recipient's residence, the Medicaid recipient shall be responsible for sharing the cost, up to the  
12 difference in the actual cost, for the approved outpatient procedure or other amount as determined  
13 by the department after consultation with the fiscal committee of the general court. Within 30 days  
14 of the effective date of this section, the department shall submit the waiver to the fiscal committee of  
15 the general court and the fiscal committee shall approve such waiver prior to submission to the  
16 Centers for Medicare and Medicaid Services (CMS). The program shall take effect when the waiver  
17 is approved by CMS.

2025-1025h

AMENDED ANALYSIS

1. Directs the department of health and human services, with approval of the fiscal committee of the general court, to submit such CMS waivers as are necessary to allow MCOs operating under the Medicaid care management program to require that a Medicaid recipient be referred to a qualified lower cost provider for approved outpatient procedures or to assume responsibility for sharing the cost of the alternative provider.

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Rep. Edwards, Rock. 31  
March 19, 2025  
2025-1132h  
08/11

Amendment to HB 2-FN-A-LOCAL

1        1 Home Dialysis; State Program Implementation. The department of health and human  
2 services shall, as part of the state Medicaid program, accelerate the implementation of the at home  
3 dialysis program. The department may, as part of its contracts with managed care organizations,  
4 provide incentives for such acceleration if the commissioner deems it necessary.

2025-1132h

AMENDED ANALYSIS

1. Requires the department of health and human services to accelerate the implementation of home dialysis.

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Rep. Edwards, Rock. 31  
March 20, 2025  
2025-1195h  
07/08

Amendment to HB 2-FN-A-LOCAL

1           1 Public Health; Department of Health and Human Services; Commissioner of Health and  
2 Human Services. Amend RSA 126-A:5, XIX-a(a)(1) to read as follows:

3                   (1) The commissioner shall pursue contracting options to administer the state's  
4 Medicaid dental program with the goals of improving access to dental care for Medicaid populations,  
5 improving health outcomes for Medicaid enrollees, expanding the provider network, increasing  
6 provider capacity, fostering individual behaviors that promote good oral health, and retaining  
7 innovative programs that improve access and care through a value-based care model. *The*  
8 *commissioner shall prepare and submit a report that contains a clinical and financial*  
9 *research study to determine cost-avoidance associated with adult dental benefits under*  
10 *this paragraph. The study shall consider the impact on emergency room visits, patient*  
11 *infections, and any other factors the commissioner determines should be included in the*  
12 *study. The commissioner shall submit their report to the chairs of the senate finance and*  
13 *house finance committees on or before January 1, 2027.*

2025-1195h

AMENDED ANALYSIS

Add:

I. Requires the commissioner of the department of health and human services to submit a report to the general court that contains a clinical and financial research study concerning adult dental benefits.

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Amendment to HB 2-FN-A-LOCAL

1           1 Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery.  
2 Amend RSA 12-J:1 through RSA 12-J:4 to read as follows:

3           12-J:1 Commission Established; Membership; Terms.

4           There is hereby established a commission which shall serve in an advisory capacity to the  
5 governor and the general court regarding *the importance of prevention as well as* the delivery of  
6 effective and coordinated alcohol and *other* drug [~~abuse~~] *misuse programs of* prevention,  
7 treatment *using a public health informed approach to address addiction*, and recovery  
8 services throughout the state. The commission shall consist of the following members:

9           I. Seven public members, 2 of whom shall be professionals knowledgeable about alcohol and  
10 *other* drug [~~abuse~~] *misuse* prevention, one of whom shall be appointed by the governor and one of  
11 whom shall be appointed by the senate president; 2 of whom shall be professionals knowledgeable  
12 about alcohol and *other* drug [~~abuse~~] *misuse* treatment *including reduction of societal and*  
13 *individual harm*, one of whom shall be appointed by the governor and one of whom shall be  
14 appointed by the speaker of the house of representatives; 2 of whom shall be public members who  
15 are not professionals within the alcohol and drug [~~addiction~~] *misuse* prevention and treatment  
16 system, one of whom shall be appointed by the senate president and one of whom shall be appointed  
17 by the speaker of the house of representatives; and one member in long-term recovery, appointed by  
18 the governor.

19           II. Two members of the house of representatives, appointed by the speaker of the house of  
20 representatives, and 2 members of the senate, appointed by the president of the senate. The term of  
21 the legislative members of the commission shall be for the biennium and shall be coterminous with  
22 membership in the general court. Legislative members shall receive mileage at the legislative rate  
23 when attending to the duties of the commission.

24           III.(a)(1) The attorney general, or designee.

25                   (2) The adjutant general, or designee.

26                   (3) The administrative judge of the circuit court, or designee.

27                   (4) The chairperson of the liquor commission, or designee.

28                   (5) The commissioner of the department of health and human services, or designee.

29                   (6) The director of juvenile justice services, department of health and human  
30 services, or designee.

31                   (7) The commissioner of the department of education, or designee.

32                   (8) The commissioner of the department of corrections, or designee.

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 (9) The commissioner of the department of safety, or designee.

2 (10) The director of the office of alcohol and drug policy, department of health and  
3 human services, or designee.

4 (11) The commissioner of the department of insurance, or designee.

5 (b) The members under this paragraph shall serve terms coterminous with their terms  
6 in office.

7 IV.(a)(1) A representative of the Business and Industry Association of New Hampshire,  
8 appointed by the association.

9 (2) A representative of the New Hampshire Medical Society, appointed by the  
10 society.

11 (3) The chancellor of the community college system of New Hampshire, or designee.

12 (4) The chairman of the New Hampshire Suicide Prevention Council.

13 (5) A representative of the New Hampshire Nurses' Association, appointed by the  
14 association.

15 (6) A representative of the New Hampshire Charitable Foundation, appointed by the  
16 foundation.

17 (7) A representative of the New Hampshire Hospital Association, appointed by the  
18 association.

19 (8) *The president of the New Hampshire Association of Chiefs of Police, or*  
20 *designee.*

21 (b) A representative of the state's faith-based community, who shall be a nonvoting  
22 member, appointed by the governor.

23 (c) The members under this paragraph shall serve 3-year terms.

24 12-J:2 Organization of Commission; Task Forces; Staffing.

25 I. The commission shall elect one of its members to serve as chairperson. The executive  
26 director of the commission shall be the director of the appropriate division responsible for alcohol  
27 and drug [abuse] *misuse* prevention and recovery, who shall serve without additional compensation.  
28 Twelve members of the commission shall constitute a quorum.

29 II.(a) To assist the commission in the performance of its duties, the chairperson shall create  
30 task forces. The chairperson shall initially create task forces to address the following issues:

31 (1) Prevention.

32 (2) Treatment *and reduction of societal and individual harm.*

33 (3) Recovery.

34 (4) Program monitoring and evaluation.

35 (b) To assist the commission in the performance of its duties, the chairperson may create  
36 additional task forces.

1 (c) The commission chairperson shall appoint at least one commission member to serve  
2 on each task force as chairperson.

3 (d) Based upon recommendations from each task force, the commission chairperson may  
4 appoint non-commission members to serve as adjunct members of each task force for a term of one  
5 year. In appointing adjunct members, the chairperson shall ensure that youth have the opportunity  
6 to participate directly in the work of appropriate task forces.

7 (e) Each task force shall:

8 (1) Develop a mission statement, including its goals and objectives.

9 (2) Report to the commission on a regular basis concerning available programs,  
10 funding, and unmet needs.

11 (3) Identify program areas where improved coordination is needed.

12 II-a. The chairperson shall create a budget task force comprised of the individuals listed in  
13 RSA 12-J:1, III(a) to report biannually on financial expenditures for substance [~~abuse~~] *misuse*  
14 related work throughout state government as detailed in RSA 12-J:4, III and recommend budget  
15 policy priorities to the commission regarding the allocation of funding alcohol and *other* drug  
16 prevention, treatment *including reduction of societal and individual harm*, and recovery  
17 services across state agencies and throughout the state.

18 III. All executive branch departments shall provide administrative support to the  
19 commission. The executive director of the commission shall direct and coordinate the administrative  
20 support to the commission.

21 IV. All executive branch departments shall respond promptly to written requests from the  
22 commission for information concerning the alcohol and drug abuse prevention, treatment, and  
23 recovery programs and services provided by them and the costs and funding sources for such  
24 programs and services.

25 ***12-J:2-a Definition of Harm Reduction.***

26 ***I. For the purposes of this chapter, RSA 126-A, RSA 318-B:93, RSA 328-D:3, and RSA***  
27 ***329:16-g, "harm reduction" is an approach that emphasizes engaging directly with people***  
28 ***who use alcohol and other drugs to prevent overdose and infectious disease transmission,***  
29 ***improve the physical, mental, and social function of those served, and offer low-threshold***  
30 ***options for accessing substance use disorder treatment and other health care services.***  
31 ***Harm reduction shall be balanced by the imperative to protect society from the ravages of***  
32 ***alcohol or drug misuse.***

33 ***II. This approach shall be limited to the following:***

34 ***(a) Connecting individuals to overdose education, counseling, and referral to***  
35 ***treatment for infectious diseases and substance use disorders.***

1 (b) *Distributing opioid overdose reversal medications, such as naloxone to*  
2 *individuals at risk of overdose, or to those who might respond to an overdose, and provide*  
3 *training in overdose reversal and prevention.*

4 (c) *Making available substance test kits, including fentanyl test strips.*

5 (d) *Lessening harms associated with drug use and related behaviors that*  
6 *increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and*  
7 *fungal infections; via referrals, syringe service programs, sharps disposal and medication*  
8 *disposal kits, wound care supplies medication lock boxes, education, testing, and*  
9 *prophylactic measures.*

10 (e) *Reducing infectious disease transmission among people who use drugs,*  
11 *including those who inject drugs by equipping them with accurate information and*  
12 *facilitating referral to resources.*

13 (f) *Reducing overdose deaths, promoting linkages to care, and facilitating*  
14 *appropriate co-location of services as part of a comprehensive, integrated approach.*

15 (g) *Providing education and public awareness programs to reduce stigma*  
16 *associated with substance use and co-occurring disorders.*

17 (h) *Promoting a philosophy of hope and healing by utilizing those with lived*  
18 *experience of recovery in the management of harm reduction services, and connecting those*  
19 *who have expressed interest to treatment, peer support workers and other recovery support*  
20 *services.*

21 (i) *Promoting a healthy society by mitigating the harmful effects of individual*  
22 *misuse of alcohol and other drugs.*

23 12-J:3 Duties.

24 The duties of the commission shall be to:

25 I. Develop and revise, as necessary, a statewide plan for the effective prevention of alcohol  
26 and *other drug* [abuse] *misuse*, particularly among youth, and a comprehensive system of  
27 treatment *including reduction of societal and individual harm* and recovery services for  
28 individuals and families affected by alcohol and *other drug* [abuse] *misuse*. *Nothing in RSA 12-J*  
29 *should be construed to limit care of chronic pain and hospice and palliative care patients,*  
30 *including use of the term "misuse" which shall be utilized, as intended, to broaden the*  
31 *scope of work across the substance use continuum of care.* The statewide plan shall:

32 (a) Identify the causes, the nature and scope, and the impact of alcohol and *other drug*  
33 [abuse] *misuse* in New Hampshire.

34 (b) Identify and prioritize unmet needs for prevention *as a leading state initiative,*  
35 treatment *including reduction of societal and individual harm,* and recovery services.

36 (c) Recommend initiatives and policy considerations to the general court to reduce the  
37 incidence of alcohol and *other drug* [abuse] *misuse* in New Hampshire.

1 (d) Identify and quantify public and private resources available to support alcohol and  
2 drug [abuse] *misuse* prevention, treatment *including reduction of societal and individual*  
3 *harm*, and recovery.

4 (e) Specify additional resources necessary to address unmet needs for prevention,  
5 treatment *including reduction of societal and individual harm*, and recovery.

6 (f) Specify evaluation and monitoring methodology.

7 II. Advise the governor and general court on and promote the development of effective  
8 community-based alcohol and *other* drug [abuse] *misuse* prevention strategies.

9 III. Advise the governor and the general court on and promote the development of treatment  
10 services, *including reduction of societal and individual harm*, to meet the needs of *society*  
11 *and* citizens addicted to alcohol or other drugs.

12 III-a. Advise the governor and the general court on and promote the development of recovery  
13 services to meet the needs of citizens in recovery from alcohol and other drug misuse.

14 IV. Identify unmet needs and the resources required to reduce the incidence of alcohol and  
15 drug [abuse] *misuse* in New Hampshire and to make recommendations to the governor and general  
16 court regarding legislation and funding to address such needs.

17 V. Authorize the disbursement of moneys from the alcohol abuse prevention and treatment  
18 fund, pursuant to RSA 176-A:1, III.

19 VI. Make presentations at least once each legislative session to the house and senate finance  
20 committees, the senate health and human services committee, the house health, human services and  
21 elderly affairs committee, and the fiscal committee of the general court.

22 VII. Develop a handout which shall describe the risks of opioid use and how to mitigate  
23 them for the purposes of RSA 318-B:16-a.

24 12-J:4 Meetings and Reports.

25 I. The commission shall meet at least 4 times each year and may convene public hearings as  
26 necessary to promote the goals of the commission.

27 II. The commission shall submit an annual report to the governor, speaker of the house of  
28 representatives, president of the senate, chairpersons of the house and senate finance committees,  
29 chairperson of the house health, human services and elderly affairs committee, the chairperson of  
30 the senate health and human services committee, and the chairperson of the fiscal committee of the  
31 general court by October 1 of each year regarding the activities of the commission. The annual  
32 report shall:

33 (a) Identify alcohol and *other* drug [abuse] *misuse* prevention *as a leading state*  
34 *initiative*, treatment *including reduction of societal and individual harm*, and recovery  
35 services and programs provided by state departments and agencies or funded in whole or in part by  
36 state or federal funds;

Amendment to HB 2-FN-A-LOCAL

- Page 6 -

1 (b) Indicate the progress made during the prior year toward the implementation of the  
2 statewide plan developed by the commission pursuant to RSA 12-J:3, I;

3 (c) Recommend any revisions to the statewide plan developed pursuant to RSA 12-J:3, I;

4 (d) Identify and prioritize unmet needs for prevention, treatment *including reduction*  
5 *of societal and individual harm*, and recovery;

6 (e) Indicate the progress, or lack thereof, in addressing the unmet needs;

7 (f) Recommend initiatives and/or policy considerations to the governor and the general  
8 court to address the unmet needs;

9 (g) Specify the resources and any legislation necessary to support existing programs for  
10 prevention, treatment *including reduction of societal and individual harm*, and recovery and  
11 to develop, implement, support, and evaluate the initiatives recommended by the commission;

12 (h) In even-numbered years the report may include specific recommendations for funds  
13 to be included in the next state biennial budget to support alcohol and *other* drug [abuse] *misuse*  
14 prevention, treatment *including reduction of societal and individual harm*, and recovery  
15 services and programs; and

16 (i) Incorporate the findings and recommendations of the report required under  
17 paragraph II-a and make specific findings and recommendations regarding public awareness,  
18 education, and legislation to address the dangers of synthetic drugs.

19 II-a. The commission shall prepare a report, including recommendations for policies to be  
20 implemented for coordinating public awareness of and education in the *importance of prevention*  
21 *and health promotion, as well as the* dangers of synthetic drugs and other emerging or designer  
22 synthetic drug substances. The report shall include substantive input from the commission's  
23 member agencies, including the department of health and human services, bureau of drug and  
24 alcohol services, the attorney general, the department of safety, and the department of education.  
25 The commission shall submit its initial report, including recommendations, to the senate president,  
26 the speaker of the house of representatives, and the governor no later than 3 months after the  
27 effective date of this paragraph. The commission shall submit subsequent reports, including  
28 recommendations, to the senate president, the speaker of the house of representatives, and the  
29 governor annually thereafter.

30 III.(a) To assist the commission in the timely completion of its annual report, each  
31 commission member representing an executive branch department or entity shall provide the  
32 information specified in paragraph II for its department or entity to the commission on or before  
33 August 1 of each year.

34 (b) The commission shall submit a mid-year report to the governor, speaker of the house  
35 of representatives, president of the senate, chairpersons of the house and senate finance committees,  
36 chairperson of the house health, human services and elderly affairs committee, chairperson of the  
37 senate health and human services committee, and chairperson of the fiscal committee of the general

1 court by March 1 of each year regarding the current state of drug [~~abuse~~] *misuse*, prevention,  
2 treatment *including reduction of societal and individual harm*, and recovery. The commission  
3 shall include a dashboard of the following, both in the interim and the annual report as required in  
4 RSA 12-J:4, II, that includes but is not limited to:

5 (1) *A summary of known prevention programs to include the general type*  
6 *and approaches being followed.*

7 (1-a) The number of known drug overdoses, broken out by drug involved.

8 (2) The number of deaths attributable to overdoses, as reported by the chief medical  
9 examiner, broken out by drug involved.

10 (3) The number of people known to be in treatment or recovery programs supported  
11 by commission funding.

12 (4) The accessibility and availability of treatment programs, including waitlists.

13 (5) The number of individuals in drug court programs, as reported by the judicial  
14 branch.

15 (6) The number of individuals in diversion programs, as reported by the judicial  
16 branch.

17 (7) The number of convictions for drug related offenses, as reported by the judicial  
18 branch.

19 (8) The number of persons incarcerated for drug related offenses as reported by the  
20 department of corrections.

21 (9) Funds expended and balances remaining, programs and strategies created or  
22 sustained by the funds, and an estimate of the number of individuals served by these funds.

23 (10) Barriers to data access and availability, with proposed strategies to develop or  
24 enhance data capacity.

25 (11) Performance outcomes pursuant to National Outcomes Measurement Standards  
26 (NOMS) as required with federal funding sources.

27 (12) Any other information requested by the governor or general court.

28 (c) All data required in subparagraph (b) shall be presented in the aggregate to protect  
29 the privacy of the individual. The commission shall delete any data required in those paragraphs  
30 that enables the personal identification of an individual.

31 IV. In the reports submitted by the commission to the governor, speaker of the house of  
32 representatives, president of the senate, chairpersons of the house and senate finance committees,  
33 chairperson of the house health, human services and elderly affairs committee, chairperson of the  
34 senate health and human services committee, and chairperson of the fiscal committee of the general  
35 court, the report shall include outcome data and/or research citations about the efficacy of funded  
36 programs based upon evidence of program results.

Amendment to HB 2-FN-A-LOCAL

- Page 8 -

1       2 Report on Cost-Effectiveness and Outcomes of Programs Required. Amend RSA 12-J:5, I(a)(2)  
2 to read as follows:

3               (2) Prevention programs, *including reduction of societal and individual harm.*

4       3 New Section; Substance Use Disorder Access Points. Amend RSA 126-A by inserting after  
5 section 98 the following new section:

6       126-A:99 Substance Use Disorder Access Points Established.

7               I. With the availability of sufficient federal funding, the department of health and human  
8 services shall establish and administer statewide access points for delivery of substance use services  
9 and supports. The access points shall provide information and referrals for screening and  
10 evaluation; treatment, including medications for substance use disorders; prevention, and treatment  
11 including naloxone; supports and services to assist in long-term recovery; and peer recovery support  
12 services.

13              II. The commissioner of the department of health and human services shall include the  
14 administration and operation of the access points in the department's report to the governor's  
15 commission on alcohol and other drug misuse prevention, treatment, and recovery under RSA 12-J:4,  
16 III.

17              III. The program shall be funded through the state opioid response grant from the  
18 Substance Abuse and Mental Health Services Administration. In addition, the department may  
19 accept funds from any source, including state appropriations, federal funds, and private gifts, grants,  
20 or donations to operate and sustain the access points.

21       4 Syringe Service Programs; Activities. Amend RSA 318-B:43, II(b) to read as follows:

22               (b) Coordinate and collaborate with other local agencies, *including law enforcement*  
23 *agencies*, organizations, and providers involved in comprehensive prevention programs for people  
24 who inject drugs to minimize duplication of effort.

25       5 New Subparagraph; Syringe Service Programs; Activities. Amend RSA 318-B:43, II by  
26 inserting after subparagraph (b) the following new subparagraph:

27               (b-1) Consult and inform municipal law enforcement agencies concerning syringe service  
28 program and harm reduction activities.

29       6 New Section; Controlled Drug Act; Syringe Service Programs. Amend RSA 318-B by inserting  
30 after section 43 the following new section:

31       318:43-a Syringe Service Programs; Authorized Activities and Funding Sources.

32               I. Notwithstanding any other law to the contrary, any person authorized under RSA 318-  
33 B:43 to operate a syringe service program may engage in eligible activities, as defined in paragraph  
34 IV.

35               II. State funds including, but not limited to, funds received by the state in the New  
36 Hampshire opioid litigation settlement may be used to support the activities of syringe service  
37 programs as permitted under this section and RSA 318-B:43.

Amendment to HB 2-FN-A-LOCAL

- Page 9 -

1 III. No person shall be prohibited from using federal funds for eligible activities and syringe  
2 service programs as authorized in RSA 318-B:43, so long as the use of the federal funds is consistent  
3 with federal law and any rules governing use of the funds.

4 IV. In this section:

5 (a) "Drug checking" means the process of identifying, analyzing, or detecting the  
6 composition of a drug or the presence or composition of an unexpected substance within the drug.

7 (b) "Drug checking equipment" means equipment, products, or materials used, designed  
8 for use, or intended for use to perform drug checking, including materials and items used by the  
9 person operating the equipment or products to store, measure, or process samples for analysis.  
10 Drug checking equipment includes fentanyl test strips, other immunoassay drug testing strips,  
11 colorimetric reagents, spectrometers such as Fourier Transform Infrared and Raman spectrometers,  
12 and equipment that uses high-performance liquid chromatography, gas chromatography, mass  
13 spectrometry, and nuclear magnetic resonance techniques. Drug checking equipment does not  
14 include the substances being analyzed, drug packaging, or drug supplies.

15 (c) "Drug supplies" means hypodermic needles, syringes, preparation containers, cotton,  
16 filters, alcohol wipes, water, saline, tourniquets, disposal containers, wound care items, pipes,  
17 bubbles, snorting straws, pipe covers, and other items used in the consumption of drugs;

18 (d) "Eligible activities" means:

19 (1) Purchasing, obtaining, providing, transporting, distributing, using, or evaluating  
20 the use of drug checking equipment;

21 (2) Training, both initial and ongoing, about drug checking equipment, the process  
22 of drug checking, and the purpose of drug checking;

23 (3) Technical assistance concerning drug checking equipment, the process of drug  
24 checking, and the purpose of drug checking; and

25 (4) Providing drug supplies.

26 7 New Paragraph; Controlled Drug Act; Definition of Drug Misuse Added. Amend RSA 318-B:1  
27 by inserting after paragraph X-b the following new paragraph:

28 X-c. "Drug misuse" means the use of a substance for a purpose that is not consistent with  
29 legal or medical guidelines.

30 8 Effective Date. Sections 1-7 shall take effect 30 days after its passage.

2025-1191h

AMENDED ANALYSIS

ADD:

1. Defines harm reduction and drug misuse for purposes of alcohol and drug misuse treatment and prevention and establishes a substance use disorder access point program.

UNAPPROVED

Rep. Edwards, Rock. 31  
March 21, 2025  
2025-1218h  
09/05

Amendment to HB 2-FN-A-LOCAL

- 1       1 Repeal. The following are repealed:
- 2           I. RSA 161:2, XIII-a, relative to SNAP incentive programs.
- 3           II. RSA 161:4-a, XI-a, relative to rulemaking regarding SNAP incentive programs.

PROPOSED

2025-1218h

AMENDED ANALYSIS

ADD:

1. Repeals the duty to implement and make rules for SNAP incentive programs.

UNAPPROVED

Rep. Edwards, Rock. 31  
March 21, 2025  
2025-1260h  
07/08

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing section 96 with the following:

2

3 96 New Paragraph; Gifts to the State. Amend RSA 4:8 by inserting after paragraph II the  
4 following new paragraph:

5 III. Notwithstanding paragraph I, the commissioner of the department of health and human  
6 services may accept gifts of personal property valued at \$250,000 or less for the benefit of the  
7 department. The commissioner shall distribute unrestricted gifts based on his or her assessment of  
8 departmental needs. The commissioner shall file an annual report to the fiscal committee of the  
9 general court and the governor on or before November 1, disclosing the nature and value of all gifts  
10 received by the department and how those gifts were allocated.

2025-1260h

AMENDED ANALYSIS

Replace:

39. Permits the department of health and human services to accept gifts for the benefit of the department.

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Rep. Edwards, Rock. 31  
March 23, 2025  
2025-1273h  
06/11

Amendment to HB 2-FN-A-LOCAL

1        1 Youth Detention Center; Construction Funds. Amend 2023, 79:443 to read as follows:  
2        79:443 Youth Detention Center; Construction Funds. Notwithstanding any other act of the  
3 legislature or law to the contrary, any secured treatment facility constructed to replace the current  
4 Sununu Youth Services Center shall be funded entirely with federal discretionary funds  
5 appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, including any funds which  
6 have previously been allocated by the governor but which have not been expended. No state general  
7 funds shall be appropriated for the purpose of constructing the replacement facility and any funds  
8 appropriated to the project shall not be transferred or used for any other purpose. *The use of*  
9 *general funds or federal discretionary funds which may become available, may be utilized*  
10 *to support activities or infrastructure to integrate facilities or operations between*  
11 *Hampstead Hospital and the replacement facility. The department shall undertake an*  
12 *initiative to consider establishment of a new permanent name for the Youth Development*  
13 *Center.*

2025-1273h

AMENDED ANALYSIS

Add:

I. Allows general funds to be used to support activities and infrastructure at a facility that replaces the Sununu Youth Services Center.

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Rep. Edwards, Rock. 31  
March 23, 2025  
2025-1280h  
07/05

Amendment to HB 2-FN-A-LOCAL

1           1 Public Health; Department of Health and Human Services; Commissioner of Health and  
2 Human Services. The commissioner of the department of health and human services shall prepare  
3 and submit a report on area agencies' practices regarding funds allocated to service recipients that  
4 have been unspent at the end of each fiscal year. Said report shall contain a review of the end of  
5 each of the 3 most recently completed fiscal years and the reasons allocated funds are unspent, and  
6 the extent to which area agencies retain unspent funds or return them to the state. The  
7 commissioner shall submit the report to the chairs of the senate finance and house finance  
8 committees on or before January 1, 2027.

2025-1280h

AMENDED ANALYSIS

ADD:

1. Requires the commissioner of the department of health and human services to submit a report to the general court concerning funds allocated to area agency service recipients.

DRAFT PROVISION

Rep. Edwards, Rock. 31  
March 20, 2025  
2025-1170h  
11/02

Amendment to HB 2-FN-A-LOCAL

- 1 Amend the bill by deleting section 112, relative to an additional appropriation to department of
- 2 health and human services if such funds are required to prevent a waitlist for child care
- 3 scholarships.

AMENDED ANALYSIS

2025-1170h

Delete:

50. Authorizes an additional appropriation to department of health and human services if such funds are required to prevent a waitlist for child care scholarships.



Rep. Edwards, Rock. 31  
March 20, 2025  
2025-1179h  
02/06

Amendment to HB 2-FN-A-LOCAL

1       1 Residential Care and Health Facility Licensing; License or Registration Required. Amend  
2 RSA 151:4-a, II(a) to read as follows:

3           II.(a) Any person or entity proposing to establish [~~an ambulatory surgical center, emergency~~  
4 ~~medical care center,~~] a hospital[, ~~birthing center, drop-in or walk-in care center, dialysis center, or~~  
5 ~~special health care service]~~ within a radius of 15 miles of the primary physical location of a New  
6 Hampshire hospital certified as a critical access hospital pursuant to 42 C.F.R 485.610(b) and (c),  
7 shall give written notice of the intent to establish a health care facility within a 15 mile radius with  
8 a description of the facility [~~or special health care service]~~ to the chief executive officer of the hospital  
9 by certified mail.

10       2 Effective Date. Section 1 of this act shall take effect 60 days after its passage.

AMENDED ANALYSIS

ADD:

1. Exempts ambulatory surgical centers, emergency medical care centers, birthing centers, drop-in or walk-in care centers, dialysis centers, and special health care services from the notice and consent requirements for establishment within 15 miles of a critical access hospital.

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Amendment to HB 2-FN-A-LOCAL

1       1 Residential Care and Health Facility Licensing; License or Registration Required;  
2 Moratorium; Exception for Membership-Based and Direct Payment Facilities. Amend RSA 151:2,  
3 VI(a)(1) to read as follows:

4               (1) No new license shall be issued for, and there shall be no increase in licensed  
5 capacity of, any nursing home, skilled nursing facility, intermediate care facility, or rehabilitation  
6 facility, including rehabilitation hospitals and facilities offering comprehensive rehabilitation  
7 services. This moratorium shall not apply to *any facility under this chapter that operates on a*  
8 *membership-based business model or exclusively provides services to persons who make*  
9 *direct payment for services, or any rehabilitation facility whose sole purpose is to treat*  
10 *individuals for substance use disorder or mental health issues or to any continuing care facility for*  
11 *which a certificate of authority has been issued by the insurance commissioner pursuant to RSA 420-*  
12 *D:2.*

13       2 Patients' Bill of Rights; Definitions; Direct Payment and Membership-Based Facilities.  
14 Amend RSA 151:19, II to read as follows:

15               II. "Facility" means any hospital, building, residence, or other place or part thereof, licensed  
16 under the provisions of RSA 151:2. For the purposes of RSA 151:21, RSA 151:25, and RSA 151:26,  
17 "facility" shall not include home health care providers, or private homes where home care services  
18 are provided. *For the purposes of RSA 151:21, "facility" shall not include direct payment and*  
19 *membership-based facilities.*

20       3 Patients' Bill of Rights; Definitions; Direct Payment and Membership-Based Facilities.  
21 Amend RSA 151:19, VI to read as follows:

22               VI. "Patients' rights" or "rights" means those rights established under RSA 151:21 ~~[or]~~ RSA  
23 151:21-b, *or RSA 151:21-c*, as applicable.

24       4 Residential Care and Health Facility Licensing; Policies Required. Amend RSA 151:2-f to read  
25 as follows:

26       151:2-f Policies Required for Health Facilities and Special Health Care Service Licenses.

27               I. Every facility licensed under RSA 151:2, I(a) or (d) and every person holding a special  
28 health care service license under RSA 151:2-e shall:

29               ~~I.~~(a) Adopt and enforce a written policy to assure that the facility provides its services to  
30 all persons who require the services the facility provides regardless of the source of payment for the  
31 services provided to any person;

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1           ~~II.~~(b) Adopt, publicize, and apply an assistance plan for persons who are uninsured or who  
2 do not have the financial resources to pay for the facility's services due to financial hardship;

3           ~~III.~~(c) Provide data to the commissioner of the department of health and human services  
4 regarding the volume, cost and outcomes of services provided in the facility; and

5           ~~IV.~~(d) Pay fees under RSA 151:2-e, III to the commissioner of the department to cover the  
6 costs of administering the licensing of special health care services, the administration of the quality  
7 and patient safety requirements of this section, and the collection and analysis of the data collected  
8 under this section.

9           II. *Subparagraphs I(a) and (b) shall not apply to any nursing home, skilled  
10 nursing facility, intermediate care facility, or rehabilitation facility, including  
11 rehabilitation hospitals and facilities offering comprehensive rehabilitation services  
12 facilities, that operate on a membership-based business model or exclusively provide  
13 services to persons who make direct payment for services. For the purpose of this  
14 paragraph, a direct payment is one that is paid directly by the patient and is not  
15 reimbursed or otherwise paid by a third party.*

16           5 New Section; Residential Care and Health Facility Licensing; Patients' Bill of Rights for  
17 Direct Payment and Membership-Based Facilities. Amend RSA 151 by inserting after section 21-b  
18 the following new section:

19           151:21-c Patients' Bill of Rights for Direct Payment and Membership-Based Facilities. The  
20 policy describing the rights and responsibilities of each patient admitted to a facility that operates on  
21 a membership-based business model or exclusively provides services to persons who make direct  
22 payment for services as defined in RSA 151:2-f, II, except those admitted by a home health care  
23 provider, shall include, as a minimum, the following:

24           I. The patient shall be treated with consideration, respect, and full recognition of the  
25 patient's dignity and individuality, including privacy in treatment and personal care and including  
26 being informed of the name, licensure status, and staff position of all those with whom the patient  
27 has contact, pursuant to RSA 151:3-b.

28           II. The patient shall be fully informed of a patient's rights and responsibilities and of all  
29 procedures governing patient conduct and responsibilities. This information shall be provided orally  
30 and in writing before or at admission, except for emergency admissions. Receipt of the information  
31 shall be acknowledged by the patient in writing. When a patient lacks the capacity to make  
32 informed judgments the signing shall be by the person legally responsible for the patient.

33           III. The patient shall be fully informed in writing in language that the patient can  
34 understand, before or at the time of admission and as necessary during the patient's stay, of the  
35 facility's basic per diem rate and of those services included and not included in the basic per diem  
36 rate.

Amendment to HB 2-FN-A-LOCAL

- Page 3 -

1 IV. The patient shall be fully informed by a health care provider of his or her medical  
2 condition, health care needs, and diagnostic test results, including the manner by which such results  
3 will be provided and the expected time interval between testing and receiving results, unless  
4 medically inadvisable and so documented in the medical record, and shall be given the opportunity  
5 to participate in the planning of his or her total care and medical treatment, to refuse treatment, and  
6 to be involved in experimental research upon the patient's written consent only. For the purposes of  
7 this paragraph "health care provider" means any person, corporation, facility, or institution either  
8 licensed by this state or otherwise lawfully providing health care services, including, but not limited  
9 to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical  
10 therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course  
11 and scope of employment or agency related to or supportive of health care services.

12 V. The patient shall be transferred or discharged after appropriate discharge planning only  
13 for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to  
14 operate, or for nonpayment for the patient's stay.

15 VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise  
16 the patient's rights as a patient and citizen. The patient may voice grievances and recommend  
17 changes in policies and services to facility staff or outside representatives free from restraint,  
18 interference, coercion, discrimination, or reprisal.

19 VII. The patient shall be permitted to manage the patient's personal financial affairs. If the  
20 patient authorizes the facility in writing to assist in this management and the facility so consents,  
21 the assistance shall be carried out in accordance with the patient's rights under this subdivision and  
22 in conformance with state law and rules.

23 VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and  
24 from exploitation, neglect, corporal punishment and involuntary seclusion.

25 IX. The patient shall be free from chemical and physical restraints except when they are  
26 authorized in writing by a physician for a specific and limited time necessary to protect the patient  
27 or others from injury. In an emergency, restraints may be authorized by the designated professional  
28 staff member in order to protect the patient or others from injury. The staff member shall promptly  
29 report such action to the physician and document same in the medical records.

30 X. The patient shall be ensured confidential treatment of all information contained in the  
31 patient's personal and clinical record, including that stored in an automatic data bank, and the  
32 patient's written consent shall be required for the release of information to anyone not otherwise  
33 authorized by law to receive it. Medical information contained in the medical records at any facility  
34 licensed under this chapter shall be deemed to be the property of the patient. The patient shall be  
35 entitled to a copy of such records upon request. The charge for the copying of a patient's medical  
36 records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided,

Amendment to HB 2-FN-A-LOCAL

- Page 4 -

1 that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a  
2 reasonable cost.

3 XI. The patient shall not be required to perform services for the facility. Where appropriate  
4 for therapeutic or diversional purposes and agreed to by the patient, such services may be included  
5 in a plan of care and treatment.

6 XII. The patient shall be free to communicate with, associate with, and meet privately with  
7 anyone, including family and resident groups, unless to do so would infringe upon the rights of other  
8 patients. The patient may send and receive unopened personal mail. The patient has the right to  
9 have regular access to the unmonitored use of a telephone.

10 XIII. The patient shall be free to participate in activities of any social, religious, and  
11 community groups, unless to do so would infringe upon the rights of other patients.

12 XIV. The patient shall be free to retain and use personal clothing and possessions as space  
13 permits, provided it does not infringe on the rights of other patients.

14 XV. The patient shall be entitled to privacy for visits and, if married, to share a room with  
15 his or her spouse if both are patients in the same facility and where both patients consent, unless it  
16 is medically contraindicated and so documented by a physician. The patient has the right to reside  
17 and receive services in the facility with reasonable accommodation of individual needs and  
18 preferences, including choice of room and roommate, except when the health and safety of the  
19 individual or other patients would be endangered.

20 XVI. The patient shall not be denied appropriate care on the basis of age, sex, gender  
21 identity, sexual orientation, race, color, marital status, familial status, disability, religion, national  
22 origin, source of income, or profession.

23 XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject  
24 to reasonable rules and regulations of the facility regarding the facility's credentialing process.

25 XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or  
26 next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit  
27 the facility, without restriction, if the patient is considered terminally ill by the physician  
28 responsible for the patient's care.

29 XIX. The patient shall be entitled to receive representatives of approved organizations as  
30 provided in RSA 151:28.

31 6 Department of Health and Human Services; Legislative Reporting Requirement. The  
32 commissioner of the department of health and human services shall conduct a study to examine the  
33 impact of direct pay models on the health care system of New Hampshire, with special attention  
34 given to the impact of implementation of the direct primary care law, RSA 329:1-e and 2019, 330  
35 (HB 508). The department shall provide the results of the study to the speaker of the house of  
36 representatives, the senate president, the house clerk, and the senate clerk, on or before June 30,  
37 2026.

Amendment to HB 2-FN-A-LOCAL  
- Page 5 -

1 7 Effective Date. Sections 1-6 shall take effect 60 days after its passage.

PROPOSED

2025-1176h

AMENDED ANALYSIS

ADD:

1. Exempts direct-pay health care facilities from certain licensing requirements and policies in RSA 151:2-f as well as the moratorium on licensing and bed capacity in RSA 151:2, VI(a), and establishes a patient's bill of right for direct-pay facilities and directs the department of health and human services to study direct-pay models.

NOT APPROVED

Rep. Edwards, Rock. 31  
March 21, 2025  
2025-1220h  
11/06

Amendment to HB 2-FN-A-LOCAL

1       1 New Paragraph; Medicaid to Schools Program; Termination. Amend RSA 186-C:25 by  
2 inserting after paragraph VII the following new paragraph:

3           VIII. The program shall terminate statewide if the federal government or state adopts any  
4 policy contrary to a policy requiring parental control of all medical services provided to children. If a  
5 local school district adopts such a contrary policy, the program shall terminate for that school only.

AMENDED ANALYSIS

ADD:

1. Provides for the termination of the Medicaid to schools program under certain circumstances.

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Amendment to HB 2-FN-A-LOCAL

1       1 Pharmacists and Pharmacies; Pharmacies; Substituting Biological Products. Amend RSA  
2 318:47-dd to read as follows:

3       318:47-dd Pharmacies; Substituting Biological Products.

4       I. In this section:

5           (a) "Biological product" means a virus, therapeutic serum, toxin, antitoxin, vaccine,  
6 blood, blood component or derivative, allergenic product, protein (except any chemically synthesized  
7 polypeptide), or analogous product, or arsphenamine or derivative of arsphenamine (or any other  
8 trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or  
9 condition of human beings.

10          (b) "Proper name" means the nonproprietary name for a biological product designated by  
11 the federal Food and Drug Administration license for use upon each package of the product.

12          (c) "Interchangeable biological product" means a biological product that the federal Food  
13 and Drug Administration:

14           (1) Has licensed and determined meets the standards for interchangeability  
15 pursuant to 42 U.S.C. section 262(k)(4); or

16           (2) Has determined *does not require an interchangeable study to be* [is]  
17 therapeutically equivalent as set forth in the latest edition of or supplement to the federal Food and  
18 Drug Administration's Approved Drug Products with Therapeutic Equivalence Evaluations.

19       II. The board shall maintain a link on its website to the federal Food and Drug  
20 Administration's Lists of Licensed Biological Products with Reference Product Exclusivity and  
21 Biosimilarity or Interchangeability Evaluations.

22       III. A pharmacist may substitute a biological product [~~pursuant to this section only if it has~~  
23 ~~been licensed by the federal Food and Drug Administration as an interchangeable biological product~~]  
24 for the prescribed biological product *when it meets the definition of interchangeable biological*  
25 *product.*

26       IV. When a pharmacist dispenses an interchangeable biological product for the prescribed  
27 biological product, the pharmacist or his or her designee shall inform the patient.

28       V. A pharmacist shall not substitute an interchangeable biological product pursuant to this  
29 section if:

30           (a) The prescriber indicates that substitution is not authorized by specifying on the  
31 prescription "medically necessary" on a paper prescription, or uses electronic indications when

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 transmitted electronically, or gives instructions when transmitted orally that the biological product  
2 prescribed is medically necessary; or

3 (b) *The patient informs the pharmacist that he or she does not wish to receive*  
4 *an interchangeable biological product.*

5 VI.(a) Within 3 business days following the dispensing of a biological product, the dispensing  
6 pharmacist or the pharmacist's designee shall make an entry of the specific product provided to the  
7 patient, including the name of the product and the manufacturer. The communication shall be  
8 conveyed by making an entry that is electronically accessible to the prescriber through:

- 9 (1) An interoperable electronic medical records system;  
10 (2) An electronic prescribing technology; or  
11 (3) A pharmacy benefit management system; or  
12 (4) A pharmacy record.

13 (b) Entry into an electronic records system as described in this paragraph is presumed to  
14 provide notice to the prescriber. Otherwise, the pharmacist shall communicate the biological product  
15 dispensed to the prescriber using facsimile, telephone, electronic transmission, or other prevailing  
16 means, provided that the communication shall not be required where:

- 17 (1) There is no federal Food and Drug Administration-approved interchangeable  
18 biological product for the biological product prescribed; or  
19 (2) A refill prescription is not changed from product dispensed on the prior filling of  
20 the prescription.

21 VII. The label of all biological products dispensed by a pharmacist shall include the proper  
22 name and the name of the manufacturer of the product.

23 2 Effective Date. Section 1 of this act shall take effect 60 days after its passage.

Amendment to HB 2-FN-A-LOCAL

1       1 Directive to Study Committee; Recommendations. The committee to study restoration of  
2 competency, established in RSA 135:49, shall submit any additional recommendations for legislative  
3 proposals, as identified in its November 1, 2024 report, to the president of the senate, the speaker of  
4 the house of representatives, the senate clerk, the house clerk, and the governor, on or before July 1,  
5 2025.

6       2 Statement of Findings and Purpose. The general court finds that:

7           I. Individuals with severe mental illness are at increased risk of interacting with the probate  
8 court on civil commitments as well as with the criminal justice system in 2 important areas: trial  
9 competency and competency restoration.

10          II. As is evidenced by the number of individuals ordered for competency evaluations, the  
11 need for these evaluations has increased substantially over the last 5 years, with some state  
12 jurisdictions reporting 70 to 100 percent increases. Accordingly, New Hampshire experienced a 75  
13 percent increase in the number of competency orders since 2015. In 2019, there was an average of  
14 66 court orders for trial competency evaluations each month. With increases of the numbers of  
15 competency evaluations, there are more individuals court ordered for competency restoration. An  
16 individual ordered into competency restoration is expected to improve and return to court to face his  
17 or her charges upon restoration of his or her competency. Analysis of 56 published studies from 1975  
18 to 2013 showed that nationwide, 81 percent of individuals ordered to inpatient competency  
19 restoration treatment were able to return to court.

20          III. In New Hampshire, there is no formal, existing system to provide treatment for  
21 individuals found incompetent to stand trial. In stark contrast to these national numbers, fewer  
22 than half of the individuals ordered into a competency restoration period are able to return to court  
23 and complete their criminal cases. Specifically, in 2019, only 44 percent of individuals were found to  
24 have their competency restored.

25          IV. It is imperative that the state improve the efficiency and effectiveness of the competency  
26 restoration process in New Hampshire by establishing a forensic liaison pilot program in one judicial  
27 jurisdiction as recommended by the committee to study restoration of competency as created under  
28 RSA 135:49.

29       3 New Subdivision; Forensic Liaison and Competency Restoration Pilot Program. Amend RSA  
30 135 by inserting after section 49 the following new subdivision:

31                   Forensic Liaison and Competency Restoration Pilot Program

32                   135:50 Forensic Liaison and Competency Restoration Pilot Program Established.

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 I. In this section, "parties" means the prosecution, the defense, and the office of the forensic  
2 examiner.

3 II. The department of health and human services shall establish a 2-year pilot program  
4 creating the position of one or more forensic liaisons (FL) and contracting for all services necessary  
5 for competency restoration not otherwise covered by a third-party payer. The FL shall operate as  
6 neutral entities between the parties and the court in instances when competency is raised as an  
7 issue in a criminal case. The FL shall operate in the superior court in Merrimack or Strafford  
8 county and in the circuit courts district division in the county that is selected. The commissioner of  
9 the department of health and human services shall be responsible for designating an employee of the  
10 department to hire, train, and supervise the FL, or shall contract with another entity to provide such  
11 services and any services necessary for competency restoration not covered by a third-party payer.  
12 The FL shall hold at least a bachelor's level degree in social work, psychology, criminal justice, or  
13 sociology, or have a minimum of 2 years of work experience in a relevant field, as determined by the  
14 department or contracted entity.

15 III. The duties of the FL shall include the following, unless provided by an existing case  
16 manager or other provider in an effort to avoid the duplication of services:

17 (a) Facilitating the defendant's attendance at the initial competency evaluation with the  
18 office of the forensic examiner.

19 (b) Assisting the defendant in obtaining the proper evaluations to determine the services  
20 necessary for competency restoration.

21 (c) Providing recommendations to the parties and the court in writing as to the most  
22 appropriate treatment or service to restore a defendant's competency based on the evaluations in  
23 subparagraph (b) above.

24 (d) Assisting the defendant in obtaining and receiving any recommended services for  
25 competency restoration or that would facilitate competency restoration services.

26 (e) Assisting the defendant in reducing barriers to accessing and maintaining treatment  
27 and services.

28 (f) Sharing information with the parties and the court regarding the defendant's  
29 progress in and adherence to treatment.

30 (g) Sharing information with the parties and the court relating to changes in the  
31 defendant's condition relative to competency, restorability, or dangerousness.

32 (h) Receiving and disseminating treatment information from all mental health  
33 treatment facilities and providers with the parties and the court.

34 (i) Providing updates to the parties and the court as outlined in RSA 135:17 and RSA  
35 135:17-a on the progression of competency restoration.

36 (j) Communicating and coordinating care with court-ordered providers.

37 (k) Performing any other appropriate duties as assigned by the department.

Amendment to HB 2-FN-A-LOCAL

- Page 3 -

1 IV. The FL is entitled to all past and present relevant records and information relating to  
2 the defendant's competency. The defendant shall provide authorization for the FL to obtain all  
3 necessary mental health records. If the defendant does not provide the FL with relevant records or  
4 access to records, the FL shall notify the parties who may petition the court for an order requiring  
5 the provision of such records. All materials received by the FL shall be confidential and exempt from  
6 disclosure under RSA 91-A. The FL shall provide access to relevant records to the parties and the  
7 court for the sole purpose of assessment and evaluation of competency. Such records shall be kept  
8 confidential by the parties and the court and shall not be used for any purpose other than  
9 determination of competency, except that in the case of a person deemed not competent, not  
10 restorable, and dangerous per RSA 135:17-a, V, in which case the records shall be available to the  
11 state for the purpose of initiating a guardianship or involuntary admission. Information provided by  
12 the FL to the parties and the court regarding the defendant's treatment, or adherence thereto, shall  
13 be sealed. The court may unseal such records or updates at its discretion.

14 V. The FL may be ordered to appear in any proceeding in which the court determines the FL  
15 is necessary. In all cases, the parties and the court are entitled to file motions based upon reports  
16 made to them by the FL.

17 VI. For each year of the pilot program, the FL shall report to the department the number of  
18 cases received, the number of cases in which competency restoration was effectuated, and any  
19 recommendations to improve the competency restoration system in New Hampshire. The  
20 department shall present this report to the health and human services oversight committee.

21 VII. The department shall not be required to implement the pilot program established in  
22 paragraph II until such date that the program is sufficiently funded to meet the requirements of this  
23 section.

2025-1223h

AMENDED ANALYSIS

ADD:

1. Directs the committee to study restoration of competency to submit any additional proposals on or before July 1, 2025.

2. Requires, once adequate funding is received, the department of health and human services to establish a 2-year pilot program to create the position of one or more forensic liaisons, who will assist in competency proceedings of criminal defendants.

UNAPPROVED

Rep. Edwards, Rock. 31  
March 21, 2025  
2025-1247h  
05/02

Amendment to HB 2-FN-A-LOCAL

1           1 Lapse Extension; Department of Health and Human Services; Granite United Way. Amend  
2 2023, 79:559 to read as follows:  
3           79:559 Appropriation; Department of Health and Human Services. There is hereby  
4 appropriated to the department of health and human services, the sum of \$2,054,360 for the fiscal  
5 year ending June 30, 2023, which shall not lapse until June 30, [2025] 2027, for the purpose of  
6 Granite United Way administering the Recovery Friendly Workplace Initiative, which promotes  
7 individual wellness for Granite Staters by empowering workplaces to provide support for people  
8 recovering from substance use disorder. The governor is authorized to draw a warrant for said sum  
9 out of any money in the treasury not otherwise appropriated.

2025-1247h

AMENDED ANALYSIS

1. Extends a prior appropriation to the department of health and human services for administration of a substance use disorder recovery initiative by Granite United Way.

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Rep. Edwards, Rock. 31  
March 23, 2025  
2025-1290h  
07/02

Amendment to HB 2-FN-A-LOCAL

- 1       1 New Subparagraph; The State and Its Government; Governor's Commission on Alcohol and
- 2 Drug Abuse Prevention, Treatment, and Recovery; Meetings and Reports. Amend RSA 12-J:4, II by
- 3 inserting after subparagraph (i) the following new subparagraph:
- 4               (j) Specify and itemize funds spent on prevention, treatment and reduction of societal
- 5 and individual harm, recovery, and program monitoring and evaluation services and programs.

2025-1290h

AMENDED ANALYSIS

Add:

1. Requires the governor's commission on alcohol and drug abuse prevention, treatment, and recovery to specify and itemize funds spent on prevention, treatment and reduction of societal and individual harm, recovery, and program monitoring and evaluation services and programs.

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Rep. Edwards, Rock. 31  
March 24, 2025  
2025-1330h  
07/05

Amendment to HB 2-FN-A-LOCAL

1           1 New Paragraph; Public Health; Department of Health and Human Services; General  
2 Provisions. Amend RSA 126-A:3 by inserting after paragraph V the following new paragraph:

3           V-a.(a) When deemed medically necessary and cost effective by the department of health  
4 and human services' chief medical officer, a standing order may be issued by the chief medical officer  
5 for certain Medicaid covered over-the-counter (non-legend) medications, medical supplies, and  
6 laboratory tests. Such standing order shall be reviewed annually by the chief medical officer for  
7 continuation or discontinuation of the standing order.

8           (b) No health care professional, acting in good faith and with reasonable care, who issues  
9 a standing order, or who dispenses, or distributes over-the-counter (non-legend) medications,  
10 medical supplies, or laboratory tests by standing order shall be subject to any criminal or civil  
11 liability, or any professional disciplinary action, for any action authorized by this paragraph or any  
12 outcome resulting from an action authorized by this paragraph.

2025-1330h

AMENDED ANALYSIS

Add:

1. Allows the department of health and human services' chief medical officer to place standing orders for certain Medicaid covered over-the-counter (non-legend) medications, medical supplies, and laboratory tests.

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