

HOUSE RECORD

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Contains: Corrected Committee Report.

ADDENDUM TO HOUSE CALENDAR NO. 22 REGULAR CALENDAR – PART I

HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS CORRECTED COMMITTEE REPORT

HB 271, stating that New Hampshire will not accept expanded Medicaid. **MAJORITY: INEXPEDIENT TO LEGISLATE. MINORITY: OUGHT TO PASS.**

Rep. Laurie Harding for **Majority** of Health, Human Services and Elderly Affairs: The primary reason that the committee voted HB 271 inexpedient to legislate was because passage of this bill would close the door on further discussion related to Medicaid expansion. It was clear from the public hearing that those testifying (45-50 people) at the very least expected the legislature to continue to explore Medicaid expansion as an option for not only increasing the number of individuals in New Hampshire with health care coverage but also because it would be a vehicle for bringing hundreds of millions of federal dollars into the state. In fact, the federal law is clear that the federal financing / matching rate is: 100% for calendar years 2014, 2015, and 2016; 95% for calendar year 2017; 94% for 2018; 93% for 2019; and 90% for calendar year 2020 and each year thereafter. Section 1905(y)(1) of the Social Security Act, codified at 42 USC § 1396d(y)(1). The Medicaid expansion and its federal financing / matching rate are enshrined in federal law. Changing either of these federal government obligations would require an Act of Congress. In addition, the expansion is entirely voluntary; states can decide when to come into the expansion and they can decide when to leave. During the hearing, the committee heard from business people, representatives from insurance companies, hospitals, physicians, nurses, those suffering from and providers treating people with substance use disorders, as well as many others supporting Medicaid expansion. The ongoing themes of public testimony were related to: doing what is right by working people who are uninsured and have no regular access to health care, helping business owners who can't afford to offer coverage to their low-income employees, addressing the concerns of health care providers who now receive no compensation for treating people without health coverage and reducing the pressure on insurers to shift these uncompensated care costs onto all who pay for private health insurance premiums. The committee thinks that the conversation about Medicaid expansion is just beginning. An ITL vote on HB 271 allows the dialogue to continue. **Vote 13-6.**

Rep. Richard Meaney for the **Minority** of Health, Human Services and Elderly Affairs: This bill is needed to prevent Medicaid expansion in New Hampshire. Medicaid expansion is unaffordable. Medicaid rolls in New Hampshire would swell to include nearly one in every six New Hampshire residents. Even thousands of county and state inmates will be covered under expanded Medicaid, hamstringing current efforts to provide cost-efficient care. Many businesses that now provide private insurance will cease providing such insurance due to expensive federal mandates. The "\$2.5 billion federal dollars between 2014-2019" that would be coming to New Hampshire is a pretense and an expensive one at that. Every federal dollar spent today requires 42 cents of borrowing. "Federal dollars" are taxpayer dollars, many of which come from New Hampshire. New Hampshire residents will pay increased taxes and fees to support expanded Medicaid. The state budget will require at least \$15 million annually from 2014-2019 and subsequently an additional \$50-\$100 million annually to service the Medicaid pretense. If the federal promise to provide 90% of NH's expanded Medicaid costs is fulfilled in a manner similar to the fulfillment of the Special Education promise (feds promised 40%, are delivering 17%), we will see NH's expanded Medicaid costs reach a quarter of a billion dollars per year. In the absence of cost controls and reform, we simply can't put more people into a broken system that doesn't work.