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Contains: Floor Amendments to SSHB 1

ADDENDUM TO HOUSE CALENDAR NO. 66

THURSDAY, NOVEMBER 21

REGULAR CALENDAR

(LISTED IN NUMERICAL ORDER)

Floor Amendment to SS HB 1-FN-A

(2013-2415h)

Proposed by Rep. C. McGuire

Amend the bill by replacing all after section 8 with the following:

9 Repeal. RSA 420-N:7, I and IV, relative to prohibition on a state exchange, are repealed.

10 Effective Date. This act shall take effect upon its passage.

Floor Amendment to SS HB 1-FN-A

(2013-2419h)

Proposed by Reps. D. McGuire, Kurk, L. Ober, Worsman, Cebrowski

Amend RSA 126-A:72, IV as inserted by section 2 of the bill by replacing it with the following:

IV. The individual premium assistance program shall not commence until such time when there are no fewer than 3 health insurance companies offering QHPs, at least one of which is a managed care organization.

Amend the bill by deleting section 8 and renumbering the original sections 9-13 to read as 8-12 respectively.

Amend the bill by replacing all after section 10 with the following:

11 Federal Health Care Reform; Reference Deletion. Amend RSA 420-N:9, III to read as follows:

III. The commissioner of health and human services may adopt rules, pursuant to RSA 541-A ~~[and subject to oversight committee approval under RSA 161:11]~~, as necessary to fulfill the purposes of this subdivision.

12 Repeal. The following are repealed:

I. RSA 420-N:2, III, relative to an oversight committee.

II. RSA 420-N:3, relative to the joint health care reform oversight committee.

III. RSA 420-N:4, relative to implementation of the Act.

IV. RSA 161:11, relative to requiring the commissioner of health and human services to seek certain approval from the joint health care reform oversight committee.

13 Effective Date. This act shall take effect upon its passage.

AMENDED ANALYSIS

This bill establishes the New Hampshire access to health coverage act to provide health insurance to the newly eligible population as provided under Section 1905(y) of the Social Security Act of 1935. The bill grants the commissioner of the department of health and human services rulemaking authority for the purposes of the bill.

Floor Amendment to SS HB 1-FN-A

(2013-2420h)

Proposed by Rep. D. McGuire

Amend RSA 126-A:72, IV as inserted by section 2 of the bill by replacing it with the following:

IV. The individual premium assistance program shall not commence until such time as there are no fewer than 2 health insurance companies offering QHPs.

**Floor Amendment to SS HB 1-FN-A
(2013-2421h)**

Proposed by Rep. Umberger

Amend RSA 126-A:68, VII as inserted by section 2 of the bill by replacing it with the following:

VII. "Essential health benefits" means essential health benefits as defined in 42 U.S.C. section 18022(b), as amended, which shall include at least the following general categories and the items and services covered within the categories:

- (a) Ambulatory patient services.
- (b) Emergency services.
- (c) Hospitalization.
- (d) Maternity and newborn care.
- (e) Mental health and substance use disorder services, including behavioral health treatment.
- (f) Prescription drugs.
- (g) Rehabilitative and habilitative services and devices.
- (h) Laboratory services.
- (i) Preventive and wellness services and chronic disease management.
- (j) Pediatric services, including oral and vision care.

**Floor Amendment to SS HB 1-FN-A
(2013-2422h)**

Proposed by Rep. Umberger

Amend the bill by replacing all after section 11 with the following:

12 Repeal. The following are repealed:

- I. RSA 420-N:2, III, relative to an oversight committee.
- II. RSA 420-N:3, relative to the joint health care reform oversight committee.
- III. RSA 420-N:4, relative to implementation of the Act.
- IV. RSA 420-N:7, I and IV, relative to prohibition on a state exchange.
- V. RSA 161:11, relative to requiring the commissioner of health and human services to seek certain approval from the joint health care reform oversight committee.
- VI. RSA 126-A:69, IV, relative to reimbursement for the New Hampshire access to health plan.

13 Effective Date.

- I. Paragraph VI of section 12 of this act shall take effect December 31, 2016.
- II. The remainder of this act shall take effect upon its passage.

**Floor Amendment to SS HB 1-FN-A
(2013-2426h)**

Proposed by Rep. D. McGuire

Amend the bill by inserting after section 11 the following and renumbering the original sections 12-13 to read as 13-14, respectively:

11 Committee to Study the Healthy Indiana Plan.

- I. There is established a committee to study the Healthy Indiana Plan.
- II. The members of the committee shall be as follows:
 - (a) Three members of the house of representatives, appointed by the speaker of the house of representatives.
 - (b) One member of the senate, appointed by the president of the senate.
- III. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.
- IV. The committee shall study the Healthy Indiana Plan, including:
 - (a) Costs of the Healthy Indiana Plan and the estimated costs if a similar plan were implemented in New Hampshire.
 - (b) The number of people covered by Healthy Indiana Plan compared to the number covered by Medicaid expansion.
 - (c) How to modify the waiver received by Indiana so that a similar program could be implemented in New Hampshire.
- V. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Three members of the committee shall constitute a quorum.
- VI. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2014.

**Floor Amendment to SS HB 1-FN-A
(2013-2528h)**

Proposed by Rep. Hess

Amend the bill by replacing all after section 11 with the following:

12 Repeal. The following are repealed:

I. RSA 420-N:4, relative to the authority of the commissioner of health and human services and the joint health care reform oversight committee relating to the implementation of the Patient Protection and Affordable Care Act.

II. RSA 126-A:77, relative to the health and human services waiver advisory commission.

13 Applicability. Sections 1-11 of this act, excluding RSA 126-A:71, I, RSA 126-A:72, II, and RSA 126-A:75 as inserted by section 2 of this act, shall take effect on the date the commissioner of the department of health and human services notifies the secretary of state, the governor, the speaker of the house of representatives, the president of the senate, and the director of legislative services that all waivers, or state plan amendments, or both which are necessary to implement the provisions of this act have been approved by the Centers for Medicare and Medicaid Services.

14 Effective Date.

I. Sections 1-11 of this act, excluding RSA 126-A:71, I, RSA 126-A:72, II, and RSA 126-A:75 as inserted by section 2 of this act, shall take effect as provided in section 13 of this act.

II. Paragraph II of section 12 of this act shall take effect December 31, 2014.

III. The remainder of this act shall take effect upon its passage.

AMENDED ANALYSIS

This bill establishes the New Hampshire access to health coverage act to provide health insurance to the newly eligible population as provided under Section 1905(y) of the Social Security Act of 1935, deletes the prohibition on a state-based health benefit marketplace, and grants the commissioner of the department of health and human services rulemaking authority for the purposes of the bill. The bill also requires approval of all necessary waivers or state plan amendments prior to the implementation of the act.

**Floor Amendment to SS HB 1-FN-A
(2013-2429h)**

Proposed by Rep. Hoell

Amend RSA 126-A:69 as inserted by section 2 of the bill by inserting after paragraph IV the following new paragraph:

V. Notwithstanding any provision of law to the contrary, any individual who is otherwise eligible to receive health benefits under this subdivision and who is unemployed shall be referred to the department of employment security for the purpose of helping him or her find suitable employment.

**Floor Amendment to SS HB 1-FN-A
(2013-2430h)**

Proposed by Rep. Steven Smith

Amend the title of the bill by replacing it with the following:

AN ACT relative to access to health insurance coverage and requiring an insurer participating in the health exchange to include access to at least one hospital in each county of the state.

Amend the bill by inserting after section 11 the following and renumbering the original sections 12-13 to read as 13-14, respectively:

12 New Section; Health Exchange; Access to Hospital Required. Amend RSA 420-N by inserting after section 8 the following new section:

420-N:8-a Access to Hospitals Required. An insurer participating in the exchange under this chapter shall include access for its enrolled participants to at least one hospital, licensed under RSA 151, within each county of the state.

AMENDED ANALYSIS

This bill establishes the New Hampshire access to health coverage act to provide health insurance to the newly eligible population as provided under Section 1905(y) of the Social Security Act of 1935, deletes the prohibition on a state-based health benefit marketplace, and grants the commissioner of the department of health and human services rulemaking authority for the purposes of the bill.

The bill also requires insurers participating in the health exchange to include access to at least one hospital in each county of the state.

**Floor Amendment to SS HB 1-FN-A
(2013-2431h)**

Proposed by Rep. Hoell

Amend the bill by inserting after section 12 the following and renumbering the original section 13 to read as 14:
13 New Paragraph; Administrative Services; Medical and Surgical Benefits. Amend RSA 21-I:30 by inserting after paragraph I-a the following new paragraph:

I-b. No medical benefit plan to which the state pays a premium shall make any payments to any physician unless he or she accepts Medicaid payments.

**Floor Amendment to SS HB 1-FN-A
(2013-2432h)**

Proposed by Rep. Hoell

Amend the bill by deleting section 1 and renumbering the original sections 2 through 13 to read as 1 through 12, respectively.

Amend paragraph I as inserted by section 3 of the bill by replacing it with the following:

I. Coverage for the newly eligible population under the New Hampshire access to health coverage program established in section 1 of this act shall commence on January 1, 2014 or as soon thereafter as practicable.

Amend paragraph I as inserted by section 5 of the bill by replacing it with the following:

I. A sum equal to 5 percent of premium tax revenue collected in accordance with RSA 400-A:32 is hereby appropriated to the department of health and human services in state fiscal years 2014 and 2015 to fund the costs of implementing and administering the New Hampshire access to health coverage program established in section 1 of this act. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.

Amend the bill by replacing section 6 with the following:

6 Department of Health and Human Services; Medicaid Breast and Cervical Cancer Program.

I. Enrollment in the Medicaid breast and cervical cancer program, under 42 U.S.C. section 1396a(aa), shall be suspended 90 days following the commencement of the New Hampshire access to health coverage program, established in section 1 of this act. Any individual covered under the Medicaid breast and cervical cancer program prior to such date for suspension shall continue to be covered for the program unless his or her medical treatment has concluded, or until the next redetermination of his or her eligibility by the department, whichever event occurs later; whereas after, the individual's eligibility for the Medicaid expansion group shall be determined by the department pursuant to RSA 126-A:5, XXII. Commencing January 1, 2014, administrative rule He-W 641.09 shall be limited in its application to only those individuals enrolled in the Medicaid breast and cervical cancer program receiving treatment prior to the date of suspension of the program as provided herein.

II. If a termination of the New Hampshire access to health coverage program occurs pursuant to paragraph II of section 3 of this act, the Medicaid breast and cervical cancer program shall be reinstated under the current Medicaid program.

Amend paragraph I as inserted by section 12 of the bill by replacing it with the following:

I. Paragraph VI of section 11 of this act shall take effect December 31, 2014.

**Floor Amendment to SS HB 1-FN-A
(2013-2434h)**

Proposed by Rep. Kurk

Amend section 2 of the bill by inserting after RSA 126-A:77 the following new section:

126-A:78 Termination for Increase in Net State Costs. The New Hampshire access to health coverage program shall terminate no later than 180 days following a certification by the legislative budget assistant under RSA 14:31, VII that net state costs for the program for the most recent fiscal biennium exceeded the costs for the previous biennium by more than 12 percent. The commissioner of the department of health and human services shall notify the secretary of state, the governor, the speaker of the house of representatives, the president of the senate, and the director of legislative services of any termination of the program under this section.

Amend the bill by replacing all after section 11 with the following:

12 New Paragraph; Office of Legislative Budget Assistant; General Duties. Amend RSA 14:31 by inserting after paragraph VI the following new paragraph:

VII. Beginning July 1, 2017, the legislative budget assistant shall compare the net state costs for the New Hampshire access to health coverage program, as defined in RSA 126-A:68, XIII, for the most recent fiscal biennium with the next previous fiscal biennium. If the legislative budget assistant finds that net state costs for the most recent fiscal biennium exceeded the costs for the previous biennium by more than 12 percent, the legislative budget assistant shall certify his or her finding to the commissioner of the department of health

and human services. In this section, “net state costs” means the total costs of the New Hampshire access to health coverage program minus the sum of federal funds received to pay for the program and increased state revenue attributable to the program from Medicaid premiums and the Medicaid enhancement tax.

13 Repeal. The following are repealed:

- I. RSA 420-N:2, III, relative to an oversight committee.
- II. RSA 420-N:3, relative to the joint health care reform oversight committee.
- III. RSA 420-N:4, relative to implementation of the Act.
- IV. RSA 420-N:7, I and IV, relative to prohibition on a state exchange.
- V. RSA 161:11, relative to requiring the commissioner of health and human services to seek certain approval from the joint health care reform oversight committee.
- VI. RSA 126-A:77, relative to the health and human services waiver advisory commission.

14 Effective Date.

- I. Paragraph VI of section 13 of this act shall take effect December 31, 2014.
- II. The remainder of this act shall take effect upon its passage.

**Floor Amendment to SS HB 1-FN-A
(2013-2436h)**

Proposed by Rep. Beadoin

Amend the introductory paragraph of RSA 126-A:71, III as inserted by section 2 of the bill by replacing it with the following:

III. The department shall negotiate and conclude an amendment to one or more of its existing contracts with managed care organizations to provide a new private managed care insurance plan known as the New Hampshire access to health plan for all newly eligible consistent with this subdivision, provided that no health benefits for newly eligible under this subdivision shall be provided by a hospital or medical facility which is not a participant in the network of such managed care organization under the health care marketplace. In addition, the following shall apply:

**Floor Amendment to SS HB 1-FN-A
(2013-2437h)**

Proposed by Rep. Sylvia

Amend the bill by replacing all after section 11 with the following:

12 Repeal. The following are repealed:

- I. RSA 420-N:2, III, relative to an oversight committee.
- II. RSA 420-N:3, relative to the joint health care reform oversight committee.
- III. RSA 420-N:4, relative to implementation of the Act.
- IV. RSA 420-N:7, I and IV, relative to prohibition on a state exchange.
- V. RSA 161:11, relative to requiring the commissioner of health and human services to seek certain approval from the joint health care reform oversight committee.
- VI. RSA 126-A:69, IV, relative to reimbursement for the New Hampshire access to health plan.
- VII. RSA 126-A:77, relative to the health and human services waiver advisory commission.

13 Effective Date.

- I. Paragraph VI of section 12 of this act shall take effect December 31, 2016.
- II. Paragraph VII of section 12 of this act shall take effect December 31, 2014
- III. The remainder of this act shall take effect upon its passage.

**Floor Amendment to SS HB 1-FN-A
(2013-2438h)**

Proposed by Rep. Cordelli

Amend the bill by replacing section 5 with the following:

5 Study of Potential Innovations Required. No later than January 1, 2015, the department of health and human services and the department of insurance shall submit to the general court a detailed study of potential innovations that would support the goals of this chapter and further integrate coverage for the newly eligible population with that available on the marketplace and in private health insurance markets generally. The study shall address topics including, but not limited to:

- I. Incentives for managed care organizations to participate in the health insurance marketplace.
- II. Incentives for employers to continue offering coverage to newly eligible individuals.
- III. The potential to develop a program that utilizes private market forces to address churn in the population above 133 percent of the federal poverty level.
- IV. The potential to develop payment reform initiatives that are linked to improvements in health care delivery systems and improved efficiencies.

V. The potential for the implementation of health savings accounts (HSAs) for use by the population above 100 percent of the federal poverty level and plan for a pilot program.

VI. Options for implementing any recommended innovations, including potentially seeking an innovation waiver under 42 USC section 18052 for implementation of innovations that would begin on or after January 1, 2017.

Floor Amendment to SS HB 1-FN-A

(2013-2439h)

Proposed by Rep. Weyler

Amend section 2 of the bill by deleting RSA 126-A:76 and renumbering RSA 126-A:77 to read as 126-A:76.

Amend paragraph VI as inserted by section 12 of the bill by replacing it with the following:

VI. RSA 126-A:76, relative to the health and human services waiver advisory commission.

Floor Amendment to SS HB 1-FN-A

(2013-2440h)

Proposed by Reps. Notter, Peterson, LeBrun

Amend RSA 126-A:69, I as inserted by section 2 of the bill by replacing it with the following:

I. The newly eligible may enroll and receive health benefits under the New Hampshire access to health coverage program provided that the individual:

(a) Provides all information regarding residency, financial eligibility, citizenship or immigration status, and insurance coverage to the department of health and human services in accordance with rules adopted under RSA 541-A;

(b) Is determined to be eligible for participation in the program; and

(c) Participates in and passes a drug test conducted by the department for illicit or contraband drugs scheduled under RSA 318-B within 7 days prior to participation in the access to health coverage program under this subdivision or as randomly directed during each year such newly eligible receives health benefits under this subdivision. The commissioner shall provide the method of testing and require such drug testing of applicants and participants in the access to health coverage program under this subdivision.

Floor Amendment to SS HB 1-FN-A

(2013-2441h)

Proposed by Rep. Jones

Amend RSA 126-A:68, IV as inserted by section 2 of the bill by replacing it with the following:

IV. "Eligible," "newly eligible," or "newly eligible population" means individuals who:

(a) Are defined under section 1902(A)(10)(A)(i)(VIII) of the Social Security Act of 1935, as amended (42 U.S.C. section 1902(A)(10)(A)(i)(VIII)), for whom increased FMAP is provided for under section 1905(y)(2)(A) of the Social Security Act of 1935, as amended (42 U.S.C. section 1396d(y)(2)(A));

(b) Are residents of the state of New Hampshire;

(c) Satisfy all applicable federal income, citizenship, and immigration requirements; and

(d) Satisfy the provisions of 126-A:69, V.

Amend RSA 126-A:69 as inserted by section 2 of the bill by inserting after paragraph IV the following new paragraph:

V. Beginning July 1, 2014 and each fiscal year thereafter, the commissioner of the department of health and human services shall estimate the total state general fund expenditures for the New Hampshire access to health coverage program. The commissioner shall reduce the current federal poverty level income percentage required for the newly eligible for the access to health coverage program by one percentage point for every increment of \$2,000,000 of state general fund expenditures in which the access to health coverage program exceeds \$50,000,000 in state general fund expenditures in the fiscal year.

Floor Amendment to SS HB 1-FN-A

(2013-2442h)

Proposed by Rep. Boehm

Amend RSA 126-A:72, IV as inserted by section 2 of the bill by replacing it with the following:

IV. The individual premium assistance program shall not commence until such time as there are no fewer than 3 health insurance companies offer QHPs, at least one of which is a managed care organization. Amend the bill by replacing section 8 with the following:

8 New Section; New Hampshire Health Benefit Marketplace. Amend RSA 420-N by inserting after section 10 the following new section:

420-N:11 Ambulatory Services. Each health plan offered on a federally-facilitated exchange shall, as a condition of participation in such exchange, offer to each federally-qualified health center, as defined in sec-

tion 1905(I)(2)(B) of the Social Security Act 42 U.S.C. section 1396d(l)(2)(B), providing services in geographic areas served by the plan, the opportunity to contract with such plan to provide to the plan's enrollees all ambulatory services that are covered by the plan that the center offers to provide and shall reimburse each such center for such services as provided in the act. Provider payments, under this section shall be no less than before the effective date of this section.

Amend the bill by replacing all after section 8 with the following:

9 Repeal. RSA 126-A:77, relative to the health and human services waiver advisory commission, is repealed.
10 Effective Date.

I. Section 9 of this act shall take effect December 31, 2014.

II. The remainder of this act shall take effect upon its passage.

AMENDED ANALYSIS

This bill establishes the New Hampshire access to health coverage act to provide health insurance to the newly eligible population as provided under Section 1905(y) of the Social Security Act of 1935. The bill grants the commissioner of the department of health and human services rulemaking authority for the purposes of the bill.

Floor Amendment to SS HB 1-FN-A (2013-2443h)

Proposed by Rep. Baldasaro

Amend the title of the bill by replacing it with the following:

AN ACT relative to access to health insurance coverage and the study of access to health services for veterans.

Amend the bill by replacing all after section 11 with the following:

12 Study of Health Services for Veterans. No later than January 1, 2015, the department of health and human services shall submit to the speaker of the house of representatives and the president of the senate a detailed study of potential innovations that shall address topics including, but not limited to:

I. Organizing veteran focus groups to help identify barriers and opportunities to reduce stigma facing veterans and service members.

II. Targeting community mental health centers, hospitals and private practitioners in its outreach to increase education, training and coordination between military and civilian providers. Ensuring that veterans administration eligibility is included in all trainings.

III. Providing oversight and coordination of a public awareness campaign that increases education and awareness among providers and the general public.

IV. Engaging veterans administration medical centers, veteran's centers, national guard and community providers in establishing a coordinated and collaborative continuum of care that improves access to care, transfer of care and quality of care for veterans, service members and their families.

V. Organizing veteran focus groups to help in identifying the barriers and opportunities that impact the access of care, transfer of care and quality of care for veterans and service members.

VI. Developing a peer navigation network among state, federal and local partners that can help veterans and their families navigate the system and access the help they need. Natural navigators already exist in the below organizations:

- (a) American Legion.
- (b) Disabled American Veterans.
- (c) New Hampshire state police.
- (d) New Hampshire Deployment Cycle Support Program.
- (e) New Hampshire office of veteran services.
- (f) New Hampshire Vet to Vet Program.
- (g) Aging and Disability Resource Center.
- (h) VA Medical Centers.
- (i) Veterans of Foreign Wars.

VII. Building the capacity of New Hampshire's nationally recognized neuro-resource facilitation program to provide specialized veteran brain injury neuro-resource facilitation for both veterans and their families living with traumatic brain injury.

VIII. Providing in-state bed space for veterans.

IX. Providing inpatient and outpatient services for veterans with no cap on treatment.

X. Providing in-state bed space and mental health counseling for all homeless veterans.

XI. Treating all veterans with post traumatic stress disorder and traumatic brain injury with no cap on treatment and no costs to the veteran.

XII. Paying 100 percent of the cost of prosthetics.

13 Repeal. The following are repealed:

- I. RSA 420-N:2, III, relative to an oversight committee.
- II. RSA 420-N:3, relative to the joint health care reform oversight committee.
- III. RSA 420-N:4, relative to implementation of the Act.
- IV. RSA 420-N:7, I and IV, relative to prohibition on a state exchange.
- V. RSA 161:11, relative to requiring the commissioner of health and human services to seek certain approval from the joint health care reform oversight committee.
- VI. RSA 126-A:77, relative to the health and human services waiver advisory commission.

14 Effective Date.

- I. Paragraph VI of section 13 of this act shall take effect December 31, 2014.
- II. The remainder of this act shall take effect upon its passage.

AMENDED ANALYSIS

This bill establishes the New Hampshire access to health coverage act to provide health insurance to the newly eligible population as provided under Section 1905(y) of the Social Security Act of 1935. The bill also deletes the prohibition on a state-based health benefit marketplace. The bill grants the commissioner of the department of health and human services rulemaking authority for the purposes of the bill. The bill requires the department of health and human services to study the access to health services for veterans.

Floor Amendment to SS HB 1-FN-A (2013-2444h)

Proposed by Rep. Hansen

Amend RSA 126-A:69 as inserted by section 2 of the bill by inserting after paragraph IV the following new paragraph:

III. Any employee of the state whose income and assets would otherwise qualify such employee for participation in the New Hampshire Medicaid program as modified by this subdivision shall no longer be eligible for participation in the state-sponsored health care insurance coverage, but such employee may participate in the New Hampshire Medicaid program. After the effective date of this subdivision, all collective bargaining agreements to which the state is a party shall be consistent with this paragraph.

Floor Amendment to SS HB 1-FN-A (2013-2445h)

Proposed by Rep. Beaudoin

Amend RSA 126-A:69, I(b) as inserted by section 2 of the bill by replacing it with the following:

(b) Is determined to be eligible for participation in the program, and certifies each quarter as provided in paragraph V.

Amend RSA 126-A:69 as inserted by section 2 of the bill by inserting after paragraph IV the following new paragraph:

V. An individual enrolled in the access to health coverage program shall certify each quarter, according to procedures determined by the commissioner, that he or she, and his or her family members sharing the same abode, do not have assets or income greater than the minimum the Centers for Medicare and Medicaid Services allows for a state to impose on Medicaid recipients. For any individual determined to have assets or income greater than such amount, the individual shall be liable to the department for the amount of such excess assets and income during the quarter. The department shall file with the register of deeds of the county in which the enrolled individual owns real property, notice of a lien for recovery of the amount determined by the department. All such liens shall continue until released by the department. The register of deeds shall keep a suitable record of such notices of lien without charging any fee therefor and enter on the record an acknowledgment of satisfaction or release upon written request from the department.

Floor Amendment to SS HB 1-FN-A (2013-2446h)

Proposed by Reps. Tucker, Baldasaro, C. McGuire

Amend RSA 126-A:69, II as inserted by section 2 of the bill by inserting after subparagraph (d) the following new subparagraph:

(e) All newly eligible individuals who receive emergency room care services through the access to health coverage program shall be subject to a required payment of a \$25 copay for each emergency room visit.

Floor Amendment to SS HB 1-FN-A (2013-2447h)

Proposed by Rep. D. McGuire

Amend RSA 126-A:72, IV as inserted by section 2 of the bill by replacing it with the following:

IV. The individual premium assistance program shall not commence until such time as there are no fewer than 3 health insurance companies offer QHPs, at least one of which is a managed care organization. Amend paragraph II of section 4 of the bill by replacing it with the following:

II. If at any time the federal match rate received for any program under RSA 126-A:67 – RSA 126-A:77 between January 1, 2014 – December 31, 2016 is less than 100 percent, RSA 126-A:67-126-A:77 shall immediately be repealed upon notification by the commissioner of the department of health and human services to the secretary of state and the director of legislative services.

Amend the bill by replacing section 8 with the following:

8 New Section; New Hampshire Health Benefit Marketplace. Amend RSA 420-N by inserting after section 10 the following new section:

420-N:11 Ambulatory Services. Each health plan offered on a federally-facilitated exchange shall, as a condition of participation in such exchange, offer to each federally-qualified health center, as defined in section 1905(I)(2)(B) of the Social Security Act 42 U.S.C. section 1396d(l)(2)(B), providing services in geographic areas served by the plan, the opportunity to contract with such plan to provide to the plan's enrollees all ambulatory services that are covered by the plan that the center offers to provide and shall reimburse each such center for such services as provided in the act. Provider payments, under this section shall be no less than before the effective date of this section.

Amend the bill by replacing all after section 8 with the following:

9 Repeal. RSA 126-A:77, relative to the health and human services waiver advisory commission, is repealed.
10 Effective Date.

I. Section 9 of this act shall take effect December 31, 2014.

II. The remainder of this act shall take effect upon its passage.

AMENDED ANALYSIS

This bill establishes the New Hampshire access to health coverage act to provide health insurance to the newly eligible population as provided under Section 1905(y) of the Social Security Act of 1935. The bill grants the commissioner of the department of health and human services rulemaking authority for the purposes of the bill.

Floor Amendment to SS HB 1-FN-A (2013-2449h)

Proposed by Rep. L. Ober

Amend section 6 of the bill by replacing paragraph I with the following:

I. The sum of \$2,500,000 for the fiscal year ending June 30, 2014 and the sum of \$2,500,000 for the fiscal year ending June 30, 2015 are hereby appropriated to the department of health and human services to fund the costs of implementing and administering the New Hampshire access to health coverage program established in section 2 of this act. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.

Floor Amendment to SS HB 1-FN-A (2013-2450h)

Proposed by Rep. W. O'Brien

Amend the title of the bill by replacing it with the following:

AN ACT establishing a committee to study the expansion of the welfare state through the adoption of Obamacare Medicaid expansion.

Amend the bill by replacing all after the enacting clause with the following:

1 Committee Established. There is established a committee to study the expansion of the welfare state through the adoption of Obamacare Medicaid expansion to determine if the delay announced by President Obama in implementing compliant mandatory individual private health plans will cause more people to choose a Medicaid option, thereby throwing the funding out of balance.

2 Membership and Compensation.

I. The members of the committee shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house of representatives.

(b) Three members of the senate, appointed by the president of the senate.

II. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

3 Duties. The committee shall study the expansion of the welfare state through the adoption of Obamacare Medicaid expansion.

4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Four members of the committee shall constitute a quorum.

5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 4, 2014.

6 Effective Date. This act shall take effect upon its passage.

AMENDED ANALYSIS

This bill establishes a committee to study the expansion of the welfare state through the adoption of Obam-acare Medicaid expansion.

Floor Amendment to SS HB 1-FN-A

(2013-2451h)

Proposed by Rep. W. O'Brien

Amend paragraph II of section 4 of the bill by replacing it with the following:

II.(a) The New Hampshire access to health coverage program shall terminate no later than 180 days following a change in federal law to reduce the enhanced FMAP in any year as enacted under section 1905(y) of the Social Security Act of 1925, as amended (42 U.S.C. section 1396d(y)). The commissioner of the department of health and human services shall notify the secretary of state, the governor, the speaker of the house of representatives, the president of the senate, and the director of legislative services of any termination of the program under this paragraph. For the purposes of this paragraph, "enhanced FMAP" means the federal medical assistance percentage for the newly eligible population as provided under section 1905(y)(1) of the Social Security Act of 1935, which is 100 percent reimbursement for calendar years 2014, 2015, and 2016.

(b) The New Hampshire access to health coverage program shall terminate immediately upon the enactment of any federal law that allows private insurers to continue to sell medical or health insurance policies in the individual (non-group) insurance market that are not in compliance with the Patient Protection and Affordable Care Act of 2009, Public Law 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152, including any federal regulations, interpretations, standards, or guidance issued thereunder, if such federal law is the same or similar to the proposed in House Resolution 3350, the Keep Your Health Plan Act of 2013, sponsored by Rep. Fred Upton and which passed the United States House of Representatives on November 13, 2013.

Floor Amendment to SS HB 1-FN-A

(2013-2452h)

Proposed by Rep. Peterson

Amend section 2 of the bill by inserting after RSA 126-A:77 the following new RSA section:

126-A:78 United States Citizenship Required. Any individual who applies for the New Hampshire Medicaid program under this subdivision shall establish through a photographic identification or, if under the age of 19 years or over the age of 75 years, by such other means as shall satisfy the state, that he or she is a citizen of the United States and has been a resident of New Hampshire for the 6 contiguous months preceding such application.

AMENDED ANALYSIS

This bill establishes the New Hampshire access to health coverage act to provide health insurance to the newly eligible population as provided under Section 1905(y) of the Social Security Act of 1935. The bill also deletes the prohibition on a state-based health benefit marketplace. The bill grants the commissioner of the department of health and human services rulemaking authority for the purposes of the bill. This bill also requires United States citizenship for participation in the New Hampshire access to health coverage program.

Floor Amendment to SS HB 1-FN-A

(2013-2453h)

Proposed by Rep. F. Rice

Amend RSA 126-A:71, I as inserted by section 2 of the bill by replacing it with the following:

I. The department shall submit and apply for such waivers and state plan amendments as are necessary to implement the requirements of this subdivision, including without limitation, a waiver and/or state plan amendment for the implementation of a health insurance premium program that requires participation of those newly eligible with access to employer-sponsored insurance that is determined to be cost effective. The department shall apply for and obtain the waiver for mandatory HIPP by January 2, 2015.

Amend RSA 126-A:73, II as inserted by section 2 of the bill by replacing it with the following:

II. The department shall also report bi-annually, commencing June 1, 2015, to the oversight committee on health and human services, established in RSA 126-A:13, on the impact and effectiveness of the New Hampshire access to coverage program established in this subdivision.

Amend RSA 126-A:77, II as inserted by section 2 of the bill by replacing it with the following:

II. On or before March 1, 2015, the commissioner shall make an initial report on the status of the department's work on an 1115 Medicaid demonstration waiver application to the fiscal committee of the general court, and shall report on the waiver application and approval process at each meeting of the fiscal committee thereafter until the waiver application is acted upon by CMS.

Amend paragraph I as inserted by section 4 of the bill by replacing it with the following:

I. Coverage for the newly eligible population under the New Hampshire access to health coverage program established in section 2 of this act shall commence on January 2, 2015 or as soon thereafter as practicable.

Amend the introductory paragraph of section 5 of the bill by replacing it with the following:

5 Study of Potential Innovations Required. No later than January 1, 2016, the department of health and human services and the department of insurance shall submit to the general court a detailed study of potential innovations that would support the goals of this chapter and further integrate coverage for the newly eligible population with that available on the marketplace and in private health insurance markets generally. The study shall address topics including, but not limited to:

Amend paragraph I as inserted by section 6 of the bill by replacing it with the following:

I. A sum equal to 5 percent of premium tax revenue collected in accordance with RSA 400-A:32 is hereby appropriated to the department of health and human services in state fiscal year 2014 to fund the costs of implementing and administering the New Hampshire access to health coverage program established in section 2 of this act. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.

Amend paragraph I as inserted by section 7 of the bill by replacing it with the following:

I. Enrollment in the Medicaid breast and cervical cancer program, under 42 U.S.C. section 1396a(aa), shall be suspended 90 days following the commencement of the New Hampshire access to health coverage program, established in section 2 of this act. Any individual covered under the Medicaid breast and cervical cancer program prior to such date for suspension shall continue to be covered for the program unless his or her medical treatment has concluded, or until the next redetermination of his or her eligibility by the department, whichever event occurs later; whereas after, the individual's eligibility for the Medicaid expansion group shall be determined by the department pursuant to RSA 126-A:5, XXII. Commencing January 2, 2015, administrative rule He-W 641.09 shall be limited in its application to only those individuals enrolled in the Medicaid breast and cervical cancer program receiving treatment prior to the date of suspension of the program as provided herein.

Amend the bill by replacing section 13 with the following:

13 Effective Date.

I. Paragraph VI of section 12 of this act shall take effect December 31, 2016.

II. The remainder of this act shall take effect January 2, 2015.