

May 11, 1999

No. 30

STATE OF NEW HAMPSHIRE

Legislative

SENATE CALENDAR

REPORTS, HEARINGS, MEETINGS & NOTICES

**THE SENATE WILL MEET IN SESSION ON THURSDAY, MAY 13, 1999, AT
10:00 A.M.**

L Aid ON THE TABLE

HJR 1, requesting that the federal government prohibit the U.S. Fish and Wildlife Service or other federal agency from introducing wolf populations to the northeastern United States, especially New Hampshire.

CACR 20, relating to the election of governor and senators. Providing that beginning with the 2002 general election, and every 4 years thereafter, the governor and senators shall be elected.

HB 64, relative to changes of registration for undeclared voters.

HB 112, increasing the tobacco tax and imposing the tax on all types of tobacco products.

SB 20, limiting the price for resale of tickets to motor sports events at the New Hampshire International Speedway to the original purchase price.

SB 50-FN-A-L, relative to the state's responsibility to provide an adequate education.

SB 51-FN-A-L, establishing a referendum for a new taxation plan to fund public education.

SB 52, requiring insurance coverage for infertility treatments.

SB 72, exempting certain portions of Seabrook Beach Village District and certain portions of Hampton Beach from certain provisions of the excavating, filling, and construction permit laws.

SB 82, relative to the termination of employees.

SB 94, relative to absentee voter affidavits.

SB 179-FN, allowing for motor vehicle license suspension or revocation for certain minors.

SB 194-FN-A, dedicating certain sums in the moose management fund for the payment for damage done by moose to certain trees.

REPORTS

EDUCATION

SB 191, relative to the New Hampshire higher educational and health facilities authority. Vote 9-0

Ought to pass with amendment, Senator Larsen for the committee.

ENVIRONMENT

HB 340, establishing a committee to study mercury source reduction and recycling issues. Vote 5-0

Ought to Pass, Senator Cohen for the committee.

HB 431, establishing a committee to study methods and processes necessary to retain the traditional uses of White Mountain National Forest land, the impact of any change in designation, and relative to promoting the continual multiple use management of such land. Vote 5-0

Ought to pass with amendment, Senator Below for the committee.

SB 132, requiring the removal of the telecommunications tower on Mount Kearsarge. Vote 6-0

Rereferred to Committee, Senator Below for the committee.

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

HB 223, relative to waiver of filing fees and petitions for candidates for federal offices. Vote 6-0

Inexpedient to Legislate, Senator Brown for the committee.

HB 292, relative to ballot procedures for constitutional amendments. Vote 4-0

Ought to Pass, Senator Roberge for the committee.

HB 325, prohibiting "cramming" in telecommunications billing. Vote 4-0

Ought to Pass, Senator D'Allesandro for the committee.

SB 217-FN, relative to nonresident real estate brokers doing business in this state. Vote 5-0

Ought to pass with amendment, Senator D'Allesandro for the committee.

SB 226-FN, relative to the real estate practice act and the powers and duties of the real estate commission. Vote 5-0

Rereferred to Committee, Senator Trombly for the committee.

FINANCE

HB 245-FN, relative to fees and appropriations to the division of safety services. Vote 7-0

Ought to Pass, Senator Klemm for the committee.

SB 62-FN-A-L, relative to the acquisition of Umbagog Lake Campground in Cambridge, New Hampshire, and making an appropriation therefor. Vote 7-0

Ought to Pass, Senator F. King for the committee.

SB 88-FN, relative to penalties for third driving while intoxicated offenses. Vote 5-2

Ought to Pass, Senator F. King for the committee.

SB 131-FN-A, appropriating funds to the office of travel and tourism. Vote 7-0

Ought to pass with amendment, Senator Hollingworth for the committee.

SB 178-FN-A, relative to appropriations to the port authority for dredging projects. Vote 7-0

Ought to Pass, Senator Hollingworth for the committee.

SB 183-FN-A, establishing a New Hampshire health access corporation and continually appropriating a special fund and making an appropriation therefor, requiring the department of health and human services to make a biennial report on the health status of New Hampshire residents, relative to certain transfers to the health care fund, and relative to rates for pharmaceutical services. Vote 5-2

Ought to Pass, Senator Squires for the committee.

SB 189-FN, relative to the establishment of a civil rights act. Vote 7-0

Ought to pass with amendment, Senator Hollingworth for the committee.

SB 195-FN-A, appropriating funds for sludge testing. Vote 7-0

Ought to Pass, Senator F. King for the committee.

SB 198-FN, relative to certification of persons installing and servicing propane gas and heating oil equipment. Vote 7-0

Ought to Pass, Senator McCarley for the committee.

SB 205-FN, expanding medical coverage to pay dental assistance for adults on medicaid. Vote 7-0

Ought to Pass, Senator F. King for the committee.

SB 212-FN, requiring the insurance department to develop a plan to address the needs of persons with chronic illnesses and disabilities. Vote 7-0

Ought to Pass, Senator Hollingworth for the committee.

INSURANCE

SCR 2, urging the President and Congress to strengthen the finances of Social Security. Vote 5-1-1

Ought to pass with amendment, Senator J. King for the committee.

SB 95, relative to uninsured motor vehicle coverage. Vote 7-0

Inexpedient to Legislate, Senator Fraser for the committee.

SB 96, relative to pre-approval of payment of medical services by workers' compensation insurers. Vote 7-0

Rereferred to Committee, Senator Fraser for the committee.

SB 147, relative to self-referrals for chiropractic care under managed care organizations. Vote 4-3

Ought to pass with amendment, Senator Wheeler for the committee.

SB 162, establishing the voluntary small employer health insurance purchasing alliance. Vote 6-1

Ought to pass with amendment, Senator Fraser for the committee.

SB 166, requiring insurance coverage for certain physical, occupational, and speech therapies. Vote 7-0

Ought to pass with amendment, Senator Squires for the committee.

SB 167, relative to off-label prescription drugs. Vote 7-0

Ought to pass with amendment, Senator Hollingworth for the committee.

SB 175-FN, requiring insurance coverage for prescription contraceptive drugs and devices and for contraceptive services. Vote 6-1

Ought to pass with amendment, Senator Wheeler for the committee.

SB 228-FN, relative to spousal benefits upon the death of certain retired group II members of the New Hampshire retirement system. Vote 7-0

Ought to pass with amendment, Senator J. King for the committee.

INTERNAL AFFAIRS

HB 258, establishing Gold Star Mother's Day honoring mothers who lost sons or daughters while on duty in the armed forces. Vote 3-0

Ought to Pass, Senator D'Allesandro for the committee.

HB 583, extending the reporting date for the committee studying the issue of updating New Hampshire laws related to fences. Vote 3-0

Ought to Pass, Senator Francoeur for the committee.

JUDICIARY

HB 215, placing restrictions on name changes for certain felons. Vote 5-1

Ought to pass with amendment, Senator Brown for the committee.

HB 236-FN-L, relative to felonious disarming of a law enforcement officer. Vote 5-0

Ought to Pass, Senator Fernald for the committee.

HB 272-FN, relative to the use of laser pointing devices. Vote 5-0

Ought to pass with amendment, Senator Fernald for the committee.

HB 357, establishing a committee to study and investigate issues related to investigations, trials, convictions, and sentencing of sex offenders. Vote 6-0

Ought to Pass, Senator Pignatelli for the committee.

SB 66, relative to structured settlements. Vote 6-0

Rereferred to Committee, Senator Pignatelli for the committee.

SB 126, requiring approval of the superior court or, in the case of workers' compensation, the labor commissioner, as a precondition to transfer of any structured settlement payment rights. Vote 6-0

Rereferred to Committee, Senator Pignatelli for the committee.

SB 151, relative to assignment of judges. Vote 5-0

Inexpedient to Legislate, Senator Wheeler for the committee.

SB 158-FN, relative to indecent exposure. Vote 5-0

Ought to pass with amendment, Senator Trombly for the committee.

SB 172, relative to representation by a citizen in a court proceeding. Vote 5-0

Ought to pass with amendment, Senator Wheeler for the committee.

SB 201-FN, reclassifying non-support as a felony under certain circumstances. Vote 5-0

Ought to Pass, Senator Pignatelli for the committee.

SB 227-FN, establishing a gambling business felony. Vote 6-0

Ought to pass with amendment, Senator Fernald for the committee.

TRANSPORTATION

HB 651, revising the speed limit law. Vote 3-0

Ought to Pass, Senator Gordon for the committee.

WAYS AND MEANS

SB 31-L, allowing property taxpayers to choose whether to participate in the funding of nonprofit organizations through their property taxes. Vote 6-1

Ought to Pass, Senator Fernald for the committee.

SB 73, relative to eligibility for off-premise liquor licenses. Vote 6-1

Ought to Pass, Senator Fraser for the committee.

SB 76-L, allowing certain municipalities to offer tax exemptions to foster commercial and industrial construction. Vote 7-0

Ought to pass with amendment, Senator F. King for the committee.

SB 127-FN-A-L, establishing a local property tax education homestead allowance against school taxes on residential real estate, establishing a fund to reimburse municipalities for such exemptions, and making an appropriation therefor. Vote 7-0

Rereferred to Committee, Senator Brown for the committee.

SB 153-FN-A, requiring that a percentage of gross revenues from liquor sales be placed into and continually appropriated to a special fund for an alcohol education and abuse prevention programs. Vote 6-1

Ought to pass with amendment, Senator Below for the committee.

SB 184-FN-A, repealing the tax on nuclear station property. Vote 7-0

Inexpedient to Legislate, Senator Fraser for the committee.

AMENDMENTS

PROPOSED SENATE RULES AMENDMENT

Every Senate Bill, Joint Or Concurrent Resolution, Except The General Appropriation Bill (budget) And The Capital Budget Bill, Must Be Acted On By The Senate No Later Than May 20, 1999.

Senate Education

May 3, 1999

1999-1062s

04/10

Amendment to SB 191

Amend the bill by replacing section 19 with the following:

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

Environment

May 7, 1999

1999-1123s

08/09

Amendment to HB 431

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

AN ACT establishing a committee to study methods and processes necessary to retain and enhance uses of the White Mountain National Forest, the impact of any change in designation or uses, and relative to promoting the continual multiple use management of such land.

Amend the bill by replacing section 1 with the following:

1 Committee Established. There is established a committee to study the advantages of and methods and processes necessary for the retention and enhancement of uses of the White Mountain National Forest, consistent with its continued use as a national forest.

Amend the bill by replacing section 3 with the following:

3 Duties. The committee shall explore any and all methods necessary to retain multiple use management of White Mountain National Forest land, and the impact of any considered change in designation or uses of the White Mountain National Forest.

1999-1123s

AMENDED ANALYSIS

This bill establishes a committee to study the advantages of and methods and processes necessary for the retention and enhancement of uses of the White Mountain National Forest, consistent with its continued use as a national forest. The committee will also explore the impact of any considered change in designation or uses of the White Mountain National Forest.

This bill also requires the commissioner of the department of resources and economic development to consult and work with the United States Department of Agriculture Forest Service to promote continual multiple use management of White Mountain National Forest land.

Senate Executive Departments and Administration

April 22, 1999

1999-0964s

10/01

Amendment to SB 217-FN

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

AN ACT relative to real estate brokers of other jurisdictions doing business in this state.

Amend the bill by replacing section 1 with the following:

1 New Section; Practice by Brokers of Other Jurisdictions. Amend RSA 331-A by inserting after section 22 the following new section:

331-A:22-a Practice by Brokers of Other Jurisdictions.

I. No broker licensed in another jurisdiction shall list, offer, attempt, or agree to list real estate in this state for sale or lease unless the broker has acquired a license pursuant to RSA 331-A:22.

II. A broker licensed in another jurisdiction representing a buyer or tenant who is not licensed under this chapter may be actively involved in a real estate transaction in this state only if the broker has entered into a cooperative brokerage agreement with a broker licensed under this chapter who shall represent the buyer or tenant according to this chapter.

III. No broker licensed in another jurisdiction who is not licensed under this chapter may act as a broker with a buyer or tenant unless the broker is working on behalf of and under the license of a broker licensed under this chapter.

1999-0964s

AMENDED ANALYSIS

This bill requires a real estate broker licensed in another jurisdiction doing certain real estate business in this state to have a license under the real estate practice act or to work under a New Hampshire licensed broker.

Senate Finance

May 10, 1999

1999-1138s

08/09

Amendment to SB 131-FN-A

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

AN ACT updating the name of the office of vacation travel to the office of travel and tourism in nonconforming RSA sections.

Amend the bill by deleting section 1 and renumbering the original sections 2 and 3 to read as 1 and 2, respectively.

1999-1138s

AMENDED ANALYSIS

The bill changes the name of the office of vacation travel to the office of travel and tourism in certain RSA sections not yet updated.

Senate Finance

April 22, 1999

1999-0959s

01/09

Amendment to SB 189-FN

Amend RSA 354-B:2 as inserted by section 1 of the bill by replacing it with the following:

354-B:2 Civil Action by Attorney General.

I. Whenever the attorney general has probable cause to believe that any person has violated any provision of this chapter, the attorney general may bring a civil action for injunctive or other appropriate equitable relief.

II. The civil action brought by the attorney general shall be filed in the superior court or, in the case of a minor, either in superior court or the district court in the county or judicial district where the alleged violator resides or where the alleged conduct occurred.

III. Testimony given during civil proceedings held under this chapter by a person alleged to have violated any provision of this chapter shall not be admissible in a criminal proceeding against that person when the criminal proceeding is based on the same event.

Insurance

May 11, 1999

1999-1199s

05/09

Amendment to SCR 2

Amend the resolution by replacing all after the resolving clause with the following:

That the President of the United States and Congress preserve and perpetuate Social Security for future generations of Americans without raising the normal retirement age or reducing other guaranteed benefits; and

That copies of this resolution, signed by the president of the senate and the speaker of the house, be forwarded by the senate clerk to the President of the United States, to the President of the United States Senate, to the Speaker of the United States House of Representatives, and to each member of the New Hampshire congressional delegation.

Insurance

May 11, 1999

1999-1196s

01/09

Amendment to SB 147

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

1 New Section; Chiropractic Care. Amend RSA 415 by inserting after section 18-h the following new section:

415:18-i Comparable Fees Required. Every insurer regulated under this chapter that covers care by doctors of chiropractic shall provide benefit payments at least equal to and consistent with the benefit payments to other health care providers. No insurer regulated under this chapter shall restrict the use of diagnostic code or current procedural terminology (CPT) codes for any provider group if those procedures are allowed for in the group's scope of practice and are deemed medically or chiropractically necessary.

2 New Sections; Chiropractic Care. Amend RSA 420-A by inserting after section 17-b the following new sections:

420-A:17-c Self-referrals for Chiropractic Care. A health service corporation under this chapter offering chiropractic benefits shall provide benefits to a subscriber who utilizes services of a chiropractic provider, only by a licensed chiropractor (doctor of chiropractic) by self-referral under the following conditions:

I. A subscriber may utilize the services of a doctor of chiropractic within the subscriber's health plan without discrimination relative to scope of practice, access, and fees.

II. The health service corporation shall fully disclose to the subscriber in clear and understandable language the exact terms and conditions of each option that the subscriber has purchased along with the co-payments or other cost-sharing features of each option. The commissioner of insurance shall adopt rules, under RSA 541-A, within 120 days, regarding presentation of these terms and conditions to facilitate the comparison by the subscriber of the terms and conditions of each option.

III. Within 10 working days of the first visit or consultation the doctor of chiropractic shall send to the health service corporation, or its designee, the chiropractic case findings. This shall be sufficient documentation for the initial 12 visits or the first 4 weeks of care, whichever comes first.

IV. If the chiropractic provider recommends care beyond 12 visits or 4 weeks, the participating doctor of chiropractic shall send to the health service corporation, or its designee, documentation containing information on the subscriber's progress and necessity of care as well as a care plan for extended chiropractic care up to 6 additional weeks or a maximum of 12 additional visits, whichever occurs first. This is recommended to provide the patient with 24 visits or 10 weeks of care without pre-certification or pre-approval and to provide the health service corporation or its designee with a more detailed record of the patient's chiropractic care status. If the doctor of

chiropractic fails to provide the required documentation, the health service corporation or its subscriber shall not be liable to the chiropractic provider for any unpaid fees.

V. After a maximum of 24 visits, a subscriber who is continuing chiropractic care shall receive prior authorization, if required, from the health service corporation or its designee for the purpose of continued care by a provider of the same or similar specialty. Without the approval of the health service corporation, or its designee, and the establishment of chiropractic necessity of care, the subscriber shall not receive benefits for more than 24 visits for the same condition to a participating doctor of chiropractic in a 12-month period.

VI. The capitation rates shall not be less than the sum equivalent of the prevailing fees relative to the designated number of visits.

VII. The patient shall retain the right to choose chiropractic care on an elective, self-pay, fee-for-service basis.

420-A:17-d Comparable Fees Required. Every health service corporation regulated under this chapter that covers care by doctors of chiropractic shall provide benefit payments at least equal to and consistent with the benefit payments to other health care providers. No health service corporation regulated under this chapter shall restrict the use of diagnostic code or current procedural terminology (CPT) codes for any provider group if those procedures are allowed for in the group's scope of practice and are deemed medically or chiropractically necessary.

3 New Sections; Chiropractic Care. Amend RSA 420-B by inserting after section 26 the following new sections:

420-B:27 Self-referrals for Chiropractic Care. A health maintenance organization under this chapter offering chiropractic benefits shall provide benefits to an enrollee who utilizes services of a chiropractic provider, only by a licensed chiropractor (doctor of chiropractic) by self-referral under the following conditions:

I. An enrollee may utilize the services of a doctor of chiropractic within the enrollee's health maintenance organization without discrimination relative to scope of practice, access, and fees.

II. The health maintenance organization shall fully disclose to the enrollee in clear and understandable language the exact terms and conditions of each option that the enrollee has purchased along with the co-payments or other cost-sharing features of each option. The commissioner shall adopt rules, under RSA 541-A, within 120 days, regarding presentation of these terms and conditions to facilitate the comparison by the enrollee of the terms and conditions of each option.

III. Within 10 working days of the first visit or consultation the doctor of chiropractic shall send to the health maintenance organization, or its designee, the chiropractic case findings. This shall be sufficient documentation for the initial 12 visits or the first 4 weeks of care, whichever comes first.

IV. If the chiropractic provider recommends care beyond 12 visits or 4 weeks, the participating doctor of chiropractic shall send to the health maintenance organization, or its designee, documentation containing information on the enrollee's progress and necessity of care as well as a care plan for extended chiropractic care up to 6 additional weeks or a maximum of 12 additional visits, whichever occurs first. This is recommended to provide the patient with 24 visits or

10 weeks of care without pre-certification or pre-approval and to provide the health maintenance organization or its designees with a more detailed record of the patient's chiropractic care status. If the doctor of chiropractic fails to provide the required documentation, the health maintenance organization or its enrollee shall not be liable to the chiropractic provider for any unpaid fees.

V. After a maximum of 24 visits, an enrollee who is continuing chiropractic care shall receive prior authorization, if required, from the health maintenance organization or its designee for the purpose of continued care by a provider of the same or similar specialty. Without the approval of the health maintenance organization, or its designee, and the establishment of chiropractic necessity of care, the enrollee shall not receive benefits for more than 24 visits for the same condition to a participating doctor of chiropractic in a 12-month period.

VI. The capitation rates shall not be less than the sum equivalent of the prevailing fees relative to the designated number of visits.

VII. The patient shall retain the right to choose chiropractic care on an elective, self-pay, fee-for-service basis.

420-B:28 Comparable Fees Required. Every health maintenance organization, indemnity provider, or third party payor regulated under this chapter that covers care by doctors of chiropractic shall provide benefit payments at least equal to and consistent with the benefit payments to other health care providers. No health maintenance organization regulated under this chapter shall restrict the use of diagnostic code or current procedural terminology (CPT) codes for any provider group if those procedures are allowed for in the group's scope of practice and are deemed medically or chiropractically necessary.

4 Effective Date. This act shall take effect 60 days after its passage.

Insurance

May 11, 1999

1999-1194s

01/09

Amendment to SB 162

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

AN ACT providing for the licensure and regulatory oversight of voluntary small employer health insurance purchasing alliances.

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

1 New Chapter; The Voluntary Small Employer Health Insurance Purchasing Alliance Act.
Amend RSA by inserting after chapter 420-J the following new chapter:

CHAPTER 420-K

The Voluntary Small Employer Health Insurance Purchasing Alliance Act

420-K:1 Purpose. The purpose and intent of this chapter is to:

I. Increase the affordability, efficiency, and fairness of health insurance coverage for small employers by providing for the licensure and oversight of voluntary purchasing alliances through which small employers and their employees may purchase health coverage in the manner of large employer groups.

II. Allow small employers and their employees to obtain better value in purchasing health insurance by consolidating purchasing responsibilities and resources, thereby increasing bargaining power and purchasing expertise and reducing the administrative cost of health plan contracting, enrollment, premium collection and payment for multiple employers.

III. Provide small employers and their employees a meaningful choice of health carriers and health benefit plans through an open and fair process in which qualified carriers compete to provide health coverage to alliance members.

IV. Foster competition based on value by:

(a) Providing consumers with clear information about health carriers and coverages, including performance measurement and consumer satisfaction data;

(b) Requiring carriers to offer standardized coverages for meaningful comparison; and

(c) Reducing the incentive and opportunity for health carriers to engage in risk selection and cost-shifting from other purchasers.

V. Avoid jurisdictional confusion and unnecessary and expensive bureaucracy within a purchasing alliance and state government by clarifying the respective roles and jurisdiction of existing regulatory agencies and a purchasing alliance and in this manner to avoid creating an undue burden on small employers seeking to purchase health care coverage through a purchasing alliance.

420-K:2 Definitions. In this chapter:

I. "Commissioner" means the insurance commissioner.

II. "Eligible dependent" means "eligible dependents" as defined in RSA 420-G:2, V.

III. "Eligible employee" means "eligible employees" as defined in RSA 420-G:2, VI.

IV. "Employee enrollee" means an eligible employee, self-employed individual or an eligible dependent of an eligible employee who is enrolled in a health benefit plan offered through an alliance by a participating carrier.

V. "Health benefit plan" means "health coverage" as defined in RSA 420-G:2, IX.

VI. "Health carrier" means "health carrier" as defined in RSA 420-G:2, VIII.

VII. "Member small employer" means a small employer who enrolls in an alliance.

VIII. "Participating carrier" means a carrier deemed by an alliance as meeting the requirements of RSA 420-K:6 and in contract with the alliance.

IX. "Purchasing alliance" or "alliance" means a non-risk bearing, nonprofit corporation licensed pursuant to this chapter that provides, on a voluntary basis, health insurance coverage through multiple unaffiliated participating carriers to member small employers and their employees within a defined service area authorized by the commissioner.

X. "Small employer" means "small employer" as defined in RSA 420-G:2, XVI.

420-K:3 Jurisdiction of the Commissioner; Penalties.

I. The commissioner shall have the authority to regulate the establishment and conduct of purchasing alliances authorized under this chapter.

II. No person or entity may market, sell, offer, or arrange for a package of one or more health benefit plans underwritten by two or more carriers to two or more small employers or their eligible employees without first being licensed by the commissioner pursuant to this chapter.

III. A person or entity not licensed by the commissioner as a purchasing alliance and engaged in the purchase, sale, marketing or distribution of health insurance or health care benefit plans shall not hold itself out as an alliance, health insurance purchasing alliance, purchasing alliance, health insurance purchasing cooperative or purchasing cooperative or otherwise use a confusingly similar name.

IV. Nothing in this chapter shall be deemed to be in conflict with or limit the powers granted to the commissioner under the laws of this state.

V. Purchasing alliances shall report to the commissioner any suspected or alleged law violations.

VI. Violations of any of the provisions of this chapter shall be subject to an administrative fine not to exceed \$2,500 per violation. The commissioner may also deny, nonrenew, suspend or revoke the license or certificate of authority of an alliance for any violation of this chapter or the failure to comply with an order of the commissioner issued under this chapter.

420-K:4 Purchasing Alliance Application, Licensing and Continuing Review Process.

I. An application, in a form designed by the commissioner, shall be completed and filed with the commissioner by an authorized representative of the board of the nonprofit corporation established as a precursor to being granted a purchasing alliance license. An application shall not be

deemed filed until all information necessary to properly process the application has been received by the commissioner. Upon filing, the commissioner shall make a determination concerning the application and shall provide notice of the determination to the applicant. If approved, a copy of a license, in a form designed by the commissioner, shall be provided to the purchasing alliance. The license shall serve as authorization to operate pursuant to this chapter.

II. Each applicant shall file with the commissioner the following information or documents:

(a) A business plan for approval by the commissioner. The business plan shall consist of a detailed, written plan of operations explaining how the applicant intends to fulfill the purposes and requirements of this chapter. The business plan shall be a written commitment by the alliance. Material changes in policy or operations of the business plan are subject to the prior approval of the commissioner on the same basis as the original business plan. The business plan shall include, but not be limited to, the following information:

(1) The specific steps planned to increase affordability, efficiency and fairness of health insurance coverage, allow small employers and their employees to obtain better value in purchasing health insurance, provide small employers and their employees meaningful choice of health carriers and health benefit plans, and foster competition based on value.

(2) The scope of services to be offered in the proposed service area and the resources and expertise to be used to implement and administer those services. The business plan shall affirmatively demonstrate that the alliance will have the technical expertise and physical capacity to serve a significant group of small employers and their eligible employees over a wide territory. An alliance shall demonstrate the technical and physical capacity to provide service quality throughout the entire service area.

(b) The applicant's nonprofit articles of incorporation, bylaws and other formation and business operation documents. An applicant shall demonstrate to the satisfaction of the commissioner that its corporate governance makes it an appropriate and effective representative of small employers and their eligible employees' interests within the proposed service area. An applicant shall demonstrate that it is not merely a marketing or distribution channel for a single product or the products of a single carrier and that it will organize and facilitate meaningful competition between multiple unaffiliated carriers.

(c) A list of officers and directors of the applicant and the contract administrator, if one is employed, and personal biographical information or firm descriptions for each. The personal biographical information and firm descriptions shall demonstrate that those involved in the operation of the alliance have the expertise, experience, and character to effectively and professionally represent small employers and their eligible employees in a fiduciary capacity.

(d) Evidence of adequate security and prudence in the accounting, deposit, collection, handling, and transfer of moneys. An applicant shall affirmatively demonstrate adequate financial controls to the satisfaction of the commissioner as a condition of licensure.

(e) A description of the proposed service area.

(f) Disclosure of any preexisting oral or written agreements.

(g) Any other information required by the commissioner and deemed pertinent to the policies and operation of the alliance.

III. Each duly licensed purchasing alliance shall file with the commissioner the following information or documents on a periodic basis to enable the commissioner to perform his or her oversight function:

(a) Quarterly financial statements and annual reports showing that the alliance is fulfilling the purposes and requirements of this chapter, is adequately representing the interests of small employers and their eligible employees, is operating in a sound financial fashion, is not a risk-bearing entity, is utilizing sound financial controls and money management, and is not mismanaging or misappropriating funds either through neglect or malfeasance.

(b) Proposed material changes in the policy or operations of the business plan. Such proposed changes are subject to approval by the commissioner prior to implementation by the alliance.

(c) Any other information required by the commissioner and deemed pertinent to the policies and operation of the alliance.

IV. The commissioner may conduct financial and performance audits or examinations of an alliance on a regular basis. The commissioner may require audited financial statements from an alliance. Reasonable costs of examinations or audits are to be paid by the alliance.

V. The commissioner may approve all assessments made upon member small employers by the alliance for costs incurred or anticipated in connection with the operation of the alliance.

VI. The following constitute grounds for denial, nonrenewal, suspension or revocation of an application or existing license, following notice and an opportunity for hearing:

(a) Failure to comply with any of the provisions of this chapter.

(b) Failure to disclose a preexisting oral or written agreement during the alliance application process.

(c) Failure to comply with and carry out the purchasing alliance business plan filed with the commissioner.

(d) Failure to have adequate controls or failure to follow approved procedures.

(e) Failure to meet minimum standards in a financial or performance audit or examination.

(f) Failure to extend alliance health benefit plan coverage to a significant group of small employers and their eligible employees.

(g) Failure to comply with a lawful order of the commissioner.

(h) Engaging in an unfair or deceptive act or practice.

(i) Filing any necessary form with the commissioner that contains fraudulent information or omissions.

(j) Misappropriation, conversion, illegal withholding, or refusal to pay over upon proper demand any moneys that belong to a person or participating carrier and that have been entrusted to the alliance in its fiduciary capacity.

VII. As an alternative to the denial, nonrenewal, suspension or revocation of an application or existing license, the commissioner may impose conditions on licensure, or continued licensure. For example, the commissioner may require the removal and replacement of managerial or marketing staff or third party contractors to remedy compliance or performance problems.

VIII. In the event the alliance becomes insolvent, the commissioner may place the alliance in receivership for the purpose of protecting the interests of alliance enrollees.

420-K:5 Powers and Duties of and Restrictions on Purchasing Alliances.

I. A purchasing alliance shall:

(a) Offer health benefit plans that are available to all small employers in the alliance's service area.

(b) Establish administrative and accounting procedures for operating the alliance, for providing services to member small employers and enrollees and for preparing an annual budget.

(c) Develop standard enrollment procedures for enrolling small employers and their eligible employees and dependents.

(d) Establish procedures for annual or rolling open enrollment periods.

(e) Establish procedures and mechanisms for billing and collection of premiums from member small employers, including any share of the premium paid by employee enrollees.

(f) Establish conditions of participation for small employers that conform to the requirements of this chapter and RSA 420-G and include, but are not limited to, the following:

(1) Assurances that the member small employer is a valid small employer group and is not formed for the purpose of securing health benefits coverage.

(2) Prepayment of premiums or other mechanisms to assure that payment will be made for coverage.

(g) Provide that each eligible employee is permitted to enroll in any health benefit plan offered by any participating carrier so long as the health benefit plan provides coverage where he or she works or lives.

(h) Establish conditions of participation for participating carriers.

(i) Develop model contracts which detail for potential contractors the requirements of the alliance and provide a copy of the contract to interested carriers.

(j) Develop and make available a list of objective criteria that shall be met by participating carriers in order to be eligible to participate in the alliance.

(k) Establish conditions of participation for agents or brokers.

(l) Define a set of standardized health benefit plans which the alliance will contract to purchase from participating carriers. A participating carrier contracting to provide one or more such benefit plans through the alliance shall be deemed to be in compliance with the guaranteed issue and renewability requirements in RSA 420-G:6, III with respect to such benefit plan or plans so long as it actively markets, issues, and renews such plan or plans to all eligible employees of all member small employers of the alliance.

(m) Except as provided herein, contract, through an open and fair competitive process, with at least 3 unaffiliated participating carriers in each regional service area of the state to ensure that enrollees have a choice from among a reasonable number of differing types of competing carriers and health benefit plans. The alliance may contract with less than 3 participating carriers in a given service area if the commissioner determines that it is impracticable or otherwise inconsistent with the interests of enrollees to attempt to contract with 3 or more participating carriers.

(n) Place into its contracts between the alliance and member small employers the following:

(1) A provision stating that, for administrative purposes, the alliance shall be the policyholder or contract holder of the health benefit plan on behalf of member small employers, their eligible employees and eligible dependents; and

(2) A provision stating that the participating carrier shall issue a certificate of coverage, or equivalent document, specifying the essential features of the health benefit plan's coverage to each enrolled eligible employee.

(o) Provide to alliance members clear, standardized information on each participating carrier and the qualified health benefit plans offered by each participating carrier, including information on price, benefits, enrollee costs, quality, patient satisfaction, enrollment, grievance procedures and rights and responsibilities. Furthermore, the alliance shall provide qualified health benefit plan comparison sheets to participating members and their employees with information regarding coverage that may be obtained through the participating carriers.

(p) Transmit enrollment and eligibility information to participating carriers on a timely basis.

(q) Develop uniform standards for data to be provided by participating carriers. In formulating such standards, the alliance shall strive for consistency with health care data collection activities underway in New Hampshire and nationally.

(r) Specify in contracts with participating carriers how all premiums shall be transmitted and the frequency of that transmission, along with appropriate language for penalties and grace periods on late payments of premiums.

(s) Maintain a trust account or accounts for deposit of all moneys received and collected for the operation of the alliance. The alliance, its board members, employees and agents shall have a fiduciary duty with respect to all moneys received or owed to it to assure payments of its obligations and a full accounting to its members and the commissioner.

(t) Assure the offering of the same premiums and prices on negotiated health care coverage to all member classes equally, and treat all members within a class equally with regard to membership and administrative fees and benefits of membership.

(u) Review information and recommendations from consumers, employers, participating carriers or health care providers and other sources and, as appropriate, issue periodic reports or recommendations to the commissioner to improve the delivery of health services and the purchasing of health coverage.

(v) Submit to the commissioner, on a periodic basis as determined by the commissioner, quarterly financial statements, annual reports, proposed material changes in the policy or operations of the business plan, and any other information required by the commissioner regarding the policies and operation of the alliance.

II. A purchasing alliance may:

(a) Receive, review, and act, as appropriate, on grievances against participating carriers by member small employers or enrollees.

(b) Undertake any activity necessary to administer the alliance, including marketing and publicizing the alliance, and assuring that participating carriers, contractors, participating small employers, and enrollees are in compliance with alliance requirements.

(c) Establish contracts with participating carriers to provide health coverage to alliance members. The alliance shall not be required to specify the amounts encumbered for each contract, but may allocate funds to each contract based on projected and actual subscriber enrollments. The alliance may establish performance standards for specific contractual elements and penalties for failure to fulfill contractual obligations.

(d) Establish contracts with small employer members.

(e) Contract with qualified, independent third parties for services necessary to carry out the powers and duties of the alliance.

(f) Enter into all other contracts as are necessary to carry out the powers and duties of the alliance.

(g) Appoint a beneficiary advisory council to evaluate alliance functions and the performance of participating carriers in order to assess the efficacy of the operations for member small employers and enrollees.

(h) Appoint advisory committees, as necessary, to provide technical assistance in the operation of the program and in carrying out the purposes of this chapter.

(i) Assess member small employers a reasonable fee for costs incurred or anticipated in connection with the operation of the alliance.

(j) Require as a condition of membership that all employers include all their eligible employees or a minimum percentage of employees in coverage purchased through the alliance. The alliance may require an employer making membership application to the purchasing alliance that would entail entering fewer than 100 percent of the employer's eligible employees or

dependents to demonstrate that the resultant membership will not result in an adverse selection group being brought into the alliance or that the action would otherwise function as a form of risk selection or risk avoidance.

(k) Reject or allow a carrier to reject an employer from membership or drop or allow a carrier to drop a member small employer if the member employer or any of its eligible employees fail to pay premiums or engage in fraud or material misrepresentation in connection with a health benefit plan purchased through the alliance. If a member small employer or enrollee is dropped from coverage, the enrollee shall be entitled to continuation and conversion coverage to the extent provided for under applicable state and federal continuation laws and the state conversion law.

(l) Contract with licensed insurance agents or brokers to market and service coverage made available through the alliance to its members. Compensation for agents and brokers may not vary based on the actual or expected health status or medical utilization of the group to which coverage is sold.

(m) Exclude a carrier or freeze enrollment in a carrier for failure to achieve established quality, access or information reporting standards of the alliance.

(n) Require that member employers and their eligible employees continue to pay administrative fees that are part of the contract with the alliance if a member employer or enrollee cancels prior to completion of a contract period.

(o) Negotiate with participating carriers the premium rates charged for coverage offered through the alliance consistent with RSA 420-K:6.

(p) Request such information from participating carriers as is necessary to carry out the powers and duties of this chapter.

(q) Sue or be sued, including taking action necessary for securing legal remedies on behalf of the alliance, member small employers, or enrollees.

(r) Apply for loans or loan guarantees from the New Hampshire business finance authority under RSA 162-A for the purpose of funding startup costs.

(s) Receive and accept loans, grants, funds, or anything of value from a public or private entity. This shall include:

- (1) Employer premiums;
- (2) Employer participation fees;
- (3) Employer late fees;
- (4) Employer reinstatement fees;
- (5) Agent and broker fees paid by the employer;
- (6) Interest earned on accounts;

effort;

(7) Funds paid by the participating carriers for a pooled marketing

or

(8) Public sector and private sector grants, gifts, loans or donations;

(9) Other lawful sources.

(t) The alliance may also receive and accept contributions from a legitimate source of property, labor, or any other thing of value.

(u) Expend funds to pay:

(1) Participating carriers under their contracts.

(2) Third parties for services provided under contract.

(3) Employer billing adjustments.

(4) Agent and broker fees.

(5) The alliance's administrative expenses.

(6) All other expenditures duly authorized by the board.

(v) Exercise all powers reasonably necessary to carry out the powers and duties granted or imposed under this chapter.

III. A purchasing alliance shall not:

(a) Purchase health care services, assume risk for the cost or provision of health care services, or otherwise contract with health care providers for the provision of health care services to enrollees.

(b) Exclude from membership in the alliance a small employer, eligible employee or eligible dependent of an eligible employee who is in the service area of the alliance and who agrees to pay fees for membership and the premium for health coverage through the alliance and who abides by the bylaws and rules of the alliance.

(c) Prohibit the participation of small employers, or differentiate classes of membership, based on industry type, experience, gender, family status, education, health status, income, or other means in conflict with the rating methodology specified in RSA 420-G:4.

(d) Charge a fee not directly related to the operation of the alliance or for non-health coverage related activities.

(e) As a condition of membership, require a small employer, eligible employee, or eligible dependent to subscribe to limited health coverage or non-health coverage related products or services.

(f) Engage in any competitive act or practice that results in the selection of member small employers and enrollees based on industry type, experience, gender, family status, education, health status, income, small employer size, or other factors in conflict with the rating methodology specified in RSA 420-G:4.

(g) Require or take any action inconsistent or in conflict with state laws or regulations.

420-K:6 Requirements for Participating Carriers.

I. In order to qualify as a participating carrier, a carrier must be able to satisfactorily demonstrate all the following operating characteristics to the alliance:

(a) The carrier is licensed and in good standing with the department of insurance.

(b) The ability to administer health coverage, to provide adequate service, and to comply with all contractual requirements of the alliance.

(c) The ability to provide enrollees with reasonable access to covered services.

(d) The ability to provide coverage for enrollees in any service area in which the carrier plans to participate through the alliance.

(e) The ability to arrange and pay for the appropriate quality, level, and type of health care services.

(f) The ability to provide standard data required by the alliance, in a manner prescribed by the alliance, including information on plan performance, enrollee satisfaction, provider payment and incentive structures, and such other standard surveys as may be prescribed by the alliance, and to meet reasonable satisfaction measures as may be established by the alliance.

(g) The ability to meet quality of care standards established by government and industry authorities.

(h) A strong financial condition.

(i) Adequate administrative management.

(j) A procedure to address enrollee grievances and appeals.

(k) The ability to achieve satisfactory enrollment levels within the service area in which the carrier is licensed.

(l) All other criteria established by the alliance.

II. In evaluating which carriers may participate in the alliance, the alliance shall consider, among other factors:

(a) Minimum geographic service area and participation requirements, maximum thresholds for premium rates, and standards for determining whether a carrier operates efficiently.

(b) The ability of a carrier to provide high quality services within a service area.

(c) Pricing and the competitiveness of each bid from a carrier.

(d) The effect of contracting with additional carriers on the administrative costs of the alliance and member small employers, the efficiency of the alliance, and the competitiveness of the premiums that will be paid to participating carriers.

III. Participating carriers that contract with or employ health care providers shall have mechanisms to accomplish all of the following, in a manner satisfactory to the alliance, in consultation with the carrier's licensing agency:

(a) Review the quality of care covered.

(b) Review the appropriateness of care covered.

(c) Provide accessible health care services.

IV. Every participating carrier shall:

(a) Meet the standards established by the alliance pursuant to this chapter.

(b) Provide data and information as required by the alliance.

(c) Comply with all laws and regulations regarding underwriting, rating, claims handling, sales, solicitation, licensing, fair marketing, unfair trade practices, the provisions of this chapter, and other applicable state statutes.

(d) Enroll and dis-enroll individuals in the manner specified by the alliance.

(e) Comply with other requirements established by the alliance pursuant to this chapter.

V. Nothing in this chapter shall prohibit participating carriers from contracting with particular health care providers or types, classes, or categories of health care providers, or setting reimbursement methodology.

VI. Notwithstanding anything to the contrary in RSA 420-G:6, in the event the participating carrier elects to terminate its contract with the alliance, the participating carrier shall:

(a) Provide advance notice of its decision to the alliance; and

(b) Provide notice of the decision at least 180 days prior to the nonrenewal of health coverage to the member small employers and employee enrollees. A participating carrier that elects not to renew a health benefit plan with the alliance shall be prohibited from writing new business through the alliance for a period of 3 years from the date of the notice to the alliance or

until the alliance, with the concurrence of the commissioner invites the former participating carrier to renew participation, whichever is sooner.

420-K:7 Marketing Health Benefit Plans.

I. The alliance shall establish marketing standards for use by participating carriers.

II. Any marketing, advertisement, or educational material for health coverage sold through the alliance shall be approved by the alliance prior to its use. The alliance shall review all materials submitted to it and the materials shall be deemed approved if not disapproved within 30 days. The alliance may, through its contracts with participating carriers, deem certain classes of materials to be approved.

III. The alliance shall make approved marketing materials available to member small employers in an efficient and standardized manner. These materials shall include, but not be limited to, an accurate summary of benefit plans, rates, cost, and accreditation information relating to the offerings of the participating carrier.

IV. This section shall not be construed to prohibit or to compel the alliance or a participating carrier from using the services of an agent or broker.

V. A participating carrier, agent, broker, contractor, or producer of a participating carrier, or independent insurance agent, broker, contractor, or producer shall not engage, directly or indirectly, in an activity or marketing practice that would encourage member small employers or eligible employees to:

(a) Refrain from enrolling in a health benefit plan offered through the alliance because of their health status or claims experience;

(b) Seek coverage from other participating carriers because of their health status or claims experience; or

(c) Enroll or fail to enroll in the alliance because of their health status or claims experience.

VI. Alliance members shall be encouraged to notify the commissioner of marketing practices or materials that are contrary to the provisions of this section. The commissioner shall monitor compliance with this section and investigate possible violations of the provisions of this section or other related unfair trade practices.

420-K:8 Risk Adjustment Mechanism. In order to reduce the incentive for risk selection and to improve fairness and efficiency, and in the absence of a risk adjustment mechanism established by regulation or order for the entire small group market, an alliance may establish a payment mechanism to adjust payments to participating carriers prospectively or retrospectively based on the amount of risk covered by each participating carrier. To establish such a mechanism, the alliance may appoint an advisory committee composed of individuals that have risk adjustment and actuarial expertise to help establish the risk adjusters.

420-K:9 Conflict of Interest. No officer or board member or director or contract administrator of an alliance or members of their households may be employed by, be a consultant for, be a member of the board of directors of, or be affiliated with, an agent of, or otherwise be a representative of a

carrier or other insurer or an agent or broker. This provision shall not preclude an officer or board member or director or contract administrator of an alliance from purchasing health coverage through the alliance.

420-K:10 Purchasing Alliance Distinguished From Multiple Employer Welfare Arrangement. Purchasing alliances shall not bear risk, and therefore, pursuant to RSA 415-E:2, II, shall not be subject to the requirements of RSA 415-E.

420-K:11 Minimum Participation Requirements. The provisions of RSA 420-G:9 permitting carriers to impose minimum participation requirements on small employer groups shall not be applicable to the alliance or to member small employers, and health carriers may not impose minimum participation requirements on an employer-by-employer basis as a condition of becoming a participating carrier.

420-K:12 Purchasing Alliance Evaluation. Purchasing alliances shall make an annual report to the commissioner which shall include at least the following:

I. The progress achieved in making affordable health care coverage available to employees of member small employers.

II. The progress achieved in assuring choice of health carriers and health care coverage to employees of member small employers.

III. The need, if any, for financial incentives or other mechanisms to increase participation in the alliance.

IV. Other changes in the law or procedure needed to accomplish the goals set out in RSA 420-K:1.

2 Effective Date. This act shall take effect 60 days after its passage.

1999-1194s

AMENDED ANALYSIS

This bill sets standards for the licensure and regulatory oversight of voluntary small employer purchasing alliances that will provide, on a voluntary basis, health insurance coverage through multiple unaffiliated participating carriers to member small employers and their employees in New Hampshire.

Insurance

May 11, 1999

1999-1198s

08/09

Amendment to SB 166

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

AN ACT establishing a committee to study insurance coverage for certain physical, occupational, and speech therapies.

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

1 Committee Established. There is established a committee to study insurance coverage for certain physical, occupational, and speech therapies.

2 Membership and Compensation.

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

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

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

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 value and viability of ensuring that those individuals with developmental and acquired disabilities are treated with parity in health care benefit coverage similar to pharmaceutical benefits available to individuals with chronic illnesses by requiring certain health care insurers to provide coverage for physical, occupational, and speech therapies.

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 senate member. The first meeting of the committee shall be held within 45 days of the effective date of this section.

5 Report. The committee shall report its findings and any recommendations for proposed legislation to the senate president, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before November 1, 1999.

6 Effective Date. This act shall take effect 60 days after its passage.

1999-1198s

AMENDED ANALYSIS

This bill establishes a committee to study the value and viability of requiring certain health care insurers to provide coverage for physical, occupational, and speech therapies.

Insurance

May 11, 1999

1999-1206s

01/09

Amendment to SB 167

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

1 Statement of Purpose.

I. Off-label use of a prescription drug occurs when a physician prescribes a medicine for a use other than what is approved for the product label by the Food and Drug Administration (FDA). Medically appropriate off-label use of FDA-approved drugs occurs when a physician makes a clinical judgment that is supported by studies in the medical literature. Off-label coverage has been approved by the federal government since 1993 for federal health programs.

II. In the current health care environment, there is significant pressure to control costs. The most important changes are occurring in how patients get access to prescription drugs. It is essential to preserve the integrity of the physician's right to select a prescription drug that he or she believes most appropriately meets the needs of a patient. This bill supports the right of a physician to make a therapeutic decision that is fully supported by peer-reviewed clinical data.

2 New Section; Off-Label Prescription Drugs. Amend RSA 415 by inserting after section 6-f the following new section:

415:6-g Off-Label Prescription Drugs.

I. No insurer that issues or renews any individual policy of accident or health insurance providing benefits for medical or hospital expenses and providing coverage for prescription drugs shall exclude coverage for any such drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if:

(a) Such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association (AMA) policies; or

(b) Such drug is recognized by the commissioner of health and human services in accordance with RSA 415:18-i.

II. No such insurer providing coverage for prescription drugs shall exclude from coverage any drug for the treatment of cancer on the grounds that such drug has not been approved

by the Food and Drug Administration for the treatment of that specific type of cancer, provided that such drug is recognized for the treatment of that specific type of cancer in one of the standard research compendia or in the medical literature.

III. Any coverage of a drug required by this section shall also include medically necessary services associated with the administration of the drug.

IV. This section shall not be construed to:

(a) Alter existing law with regard to provisions limiting the coverage of drugs that have not been approved by the FDA.

(b) Require coverage for any drug when the FDA has determined its use to be contra-indicated.

(c) Require coverage for experimental drugs not otherwise approved for any indication by the FDA.

V. In this section:

(a) "Medical literature" means at least 2 articles from major peer-reviewed medical journals that have recognized the drug's safety and effectiveness for treatment of the type of cancer for which it has been prescribed, unless 2 articles from major peer-reviewed medical journals have concluded that the drug is unsafe or ineffective or that the drug's safety and effectiveness cannot be determined for the treatment of the type of cancer for which it has been prescribed. Each article shall meet the uniform requirements for manuscripts submitted to biomedical journals established by the International Committee of Medical Journal Editors or be published in a journal specified by the United States Secretary of Health and Human Services pursuant to 42 U.S.C. 139X(t)(2)(b), as amended, as acceptable peer-reviewed medical literature. Each article must use generally accepted scientific standards and must not use case reports to satisfy this criterion. Medical literature shall not include publications or supplements that are sponsored to a significant extent by a pharmaceutical manufacturing company or a health carrier.

(b) "Off-label use of drugs" means when drugs are prescribed for treatments other than those stated in the labeling approved by the Food and Drug Administration.

(c) "Standard research compendia" means the United States Pharmacopoeia Drug Information and the American Hospital Formulary Drug Service Information.

3 New Section; Off-Label Prescription Drugs. Amend RSA 415 by inserting after section 18-h the following new section:

415:18-i Off-Label Prescription Drugs; Review Panel Established.

I. No insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses and providing coverage for prescription drugs shall exclude coverage for any such drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if:

(a) Such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association (AMA) policies; or

(b) Such drug is recognized by the commissioner of health and human services pursuant to paragraph IV.

II. No such insurer providing coverage for prescription drugs shall exclude from coverage any drug for the treatment of cancer on the grounds that such drug has not been approved by the Food and Drug Administration for the treatment of that specific type of cancer, provided that such drug is recognized for the treatment of that specific type of cancer in one of the standard research compendia or in the medical literature.

III. Any coverage of a drug required by this section shall also include medically necessary services associated with the administration of the drug.

IV. The commissioner of the department of health and human services shall establish a panel to review off-label uses of drugs whenever a particular dispute about payment for such off-label use is brought to the commissioner. This 6 member panel shall include:

(a) One oncologist, appointed by the New Hampshire Oncology Society.

(b) One cardiologist, appointed by the New Hampshire chapter of the American College of Cardiology.

(c) Two physicians specializing in internal medicine, appointed by the New Hampshire Medical Society.

(d) One pediatrician, appointed by the New Hampshire Pediatric Society.

(e) One advanced registered nurse practitioner, appointed by the New Hampshire board of nursing.

V. In this section:

(a) "Medical literature" means at least 2 articles from major peer-reviewed medical journals that have recognized the drug's safety and effectiveness for treatment of the type of cancer for which it has been prescribed, unless 2 articles from major peer-reviewed medical journals have concluded that the drug is unsafe or ineffective or that the drug's safety and effectiveness cannot be determined for the treatment of the type of cancer for which it has been prescribed. Each article shall meet the uniform requirements for manuscripts submitted to biomedical journals established by the International Committee of Medical Journal Editors or be published in a journal specified by the United States Secretary of Health and Human Services pursuant to 42 U.S.C. 139X(t)(2)(b), as amended, as acceptable peer-reviewed medical literature. Each article must use generally accepted scientific standards and must not use case reports to satisfy this criterion. Medical literature shall not include publications or supplements that are sponsored to a significant extent by a pharmaceutical manufacturing company or a health carrier.

(b) "Off-label use of drugs" means when drugs are prescribed for treatments other than those stated in the labeling approved by the Food and Drug Administration.

(c) "Standard research compendia" means the United States Pharmacopoeia Drug Information and the American Hospital Formulary Drug Service Information.

4 Off-Label Prescription Drugs; Health Service Corporation. Amend RSA 420-A:2 to read as follows:

420-A:2 Applicable Statutes. Every health service corporation shall be governed by this chapter and the relevant provisions of RSA 161-H, and shall be exempt from this title except for the provisions of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 415-A, RSA 415-F, RSA 415:6, II(4), ***RSA 415:6-g***, RSA 415:18, V, RSA 415:18, VII(g), RSA 415:18, VII-a, RSA 415:18-a, ***RSA 415:18-i***, RSA 415:22, RSA 417, RSA 417-E, RSA 420-J, and all applicable provisions of title XXXVII wherein such corporations are specifically included. Every health service corporation and its agents shall be subject to the fees prescribed for health service corporations under RSA 400-A:29, VII.

5 Off-Label Drugs; Health Maintenance Organizations. Amend RSA 420-B:20, III to read as follows:

III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, ***RSA 415:6-g***, RSA 415:18, VII(g), RSA 415:18, VII-a, ***RSA 415:18-i***, RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to health maintenance organizations.

6 Effective Date. This act shall take effect 60 days after its passage.⁷

Insurance

May 11, 1999

1999-1197s

01/09

Amendment to SB 175-FN

Amend the bill by replacing all after section 1 with the following:

1 New Section; Coverage for Prescription Contraceptive Drugs and Devices and for Contraceptive Services. Amend RSA 415 by inserting after section 18-h the following new section:

415:18-i Coverage for Prescription Contraceptive Drugs and Devices and for Contraceptive Services. Each insurer that issues or renews any group or blanket policy of accident or health insurance providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide to each group, or to the portion of each group comprised of certificate holders of such insurance who are residents of this state, coverage for outpatient contraceptive services under

the same terms and conditions as for other outpatient services. "Outpatient contraceptive services" means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods to prevent pregnancy which has been approved by the U.S. Food and Drug Administration. Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses which provides a prescription rider shall cover all prescription contraceptive drugs and devices approved by the U.S. Food and Drug Administration under the same terms and conditions as other prescription drugs. The benefits included in this section shall not be subject to any greater deductible than any other benefits provided by the insurer. The coinsurance required by the enrolled participant may not exceed the amount allowed under the contract for the reasonable and customary charge for the service provided. Insurers are prohibited from:

I. Providing monetary payments or rebates to a covered person to encourage such covered person to accept less than the minimum protections available under this section.

II. Penalizing or otherwise reducing or limiting the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services in accordance with this section.

III. Providing incentives to a health care professional to induce such professional to withhold from a covered person contraceptive drugs, devices, or services.

IV. Substituting an alternative contraceptive method, device, or drug that has not been prescribed by the provider.

2 New Section; Coverage for Prescription Contraceptive Drugs and Devices and for Contraceptive Services. Amend RSA 420-A by inserting after section 17-b the following new section:

420-A:17-c Coverage for Prescription Contraceptive Drugs and Devices and for Contraceptive Services. Every health service corporation and every other similar corporation licensed under the laws of another state that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide to each group, or to the portion of each group comprised of certificate holders of such insurance who are residents of this state, coverage for outpatient contraceptive services under the same terms and conditions as for other outpatient services. "Outpatient contraceptive services" means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods to prevent pregnancy which has been approved by the U.S. Food and Drug Administration. Each health service corporation and every other similar corporation licensed under the laws of a different state that issues or renews any group or blanket policy of accident or health insurance providing benefits for medical or hospital expenses which provides a prescription rider shall cover all prescription contraceptive drugs and devices approved by the U.S. Food and Drug Administration under the same terms and conditions as other prescription drugs. The benefits included in this section shall not be subject to any greater deductible than any other benefits provided by the insurer. The coinsurance required by the enrolled participant may not exceed the amount allowed under the contract for the reasonable and customary charge for the service provided. Insurers are prohibited from:

I. Providing monetary payments or rebates to a covered person to encourage such covered person to accept less than the minimum protections available under this section.

II. Penalizing or otherwise reducing or limiting the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services in accordance with this section.

III. Providing incentives to a health care professional to induce such professional to withhold from a covered person contraceptive drugs, devices, or services.

IV. Substituting an alternative contraceptive method, device, or drug that has not been prescribed by the provider.

3 New Section; Coverage for Prescription Contraceptive Drugs and Services and for Contraceptive Services. Amend RSA 420-B by inserting after section 8-g the following new section:

420-B:8-gg Coverage for Prescription Contraceptive Drugs and Devices and for Contraceptive Services. Every health maintenance organization and every other similar corporation licensed under the laws of another state that issues or renews any policy of group or blanket health insurance providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide to each group, or to the portion of each group comprised of certificate holders of such insurance who are residents of this state, coverage for outpatient contraceptive services under the same terms and conditions as for other outpatient services. "Outpatient contraceptive services" means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods to prevent pregnancy which has been approved by the U.S. Food and Drug Administration. Each health maintenance organization and every other similar corporation licensed under the laws of another state that issues or renews any group or blanket health insurance providing benefits for medical or hospital expenses which provides a prescription rider shall cover all prescription contraceptive drugs and devices approved by the U.S. Food and Drug Administration under the same terms and conditions as other prescription drugs. The benefits included in this section shall not be subject to any greater deductible than any other benefits provided by the insurer. The coinsurance required by the enrolled participant may not exceed the amount allowed under the contract for the reasonable and customary charge for the service provided. Insurers are prohibited from:

I. Providing monetary payments or rebates to a covered person to encourage such covered person to accept less than the minimum protections available under this section.

II. Penalizing or otherwise reducing or limiting the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services in accordance with this section.

III. Providing incentives to a health care professional to induce such professional to withhold from a covered person contraceptive drugs, devices, or services.

IV. Substituting an alternative contraceptive method, device, or drug that has not been prescribed by the provider.

4 Effective Date. This act shall take effect 60 days after its passage.

1999-1197s

AMENDED ANALYSIS

This bill requires group insurance coverage for prescription contraceptive drugs and devices and for contraceptive services.

Insurance

May 10, 1999

1999-1144s

10/09

Amendment to SB 228-FN

Amend the bill by replacing sections 1 and 2 with the following:

1 New Paragraph; Benefits Upon Member's Death After Retirement. Amend RSA 100-A:12 by inserting after paragraph I the following new paragraph:

I-a. In addition to any other provision of this section, upon the death of a currently retired group II member of the New Hampshire retirement system or any predecessor system, who retired with a full service or ordinary disability retirement allowance prior to April 1, 1987, there shall be paid to the member's spouse at the time of retirement, if surviving, an allowance to continue until the spouse's death or remarriage equal to 50 percent of the service or ordinary disability retirement allowance payable to the retired member prior to the member's death. The total cost of terminally funding the benefits provided by this paragraph shall be funded from the special account established under RSA 100-A:16, II(h).

2 Right to Elect Optional Retirement Allowance; Certain Group II Retired Members. Notwithstanding any provision of RSA 100-A:13 to the contrary, any currently retired group II member of the New Hampshire retirement system or a predecessor system, who retired prior to April 1, 1987 with a full service or ordinary disability allowance and who originally elected and are receiving the 100 percent joint and survivor option, or 100 percent option, will be allowed to elect a 50 percent joint survivor, 50 percent pop up option, or no option, prospectively. Those members who elected and are receiving a 50 percent joint survivor or 50 percent pop up option may continue their option or no option, prospectively, as provided by RSA 100-A:13. The optional allowance shall be of equal actuarial value to the allowance the retiree is receiving as of July 1, 1999. The total benefit payable to a survivor shall not exceed the amount payable to the member.

Senate Judiciary

May 6, 1999

1999-1109s

05/10

Amendment to HB 215

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

AN ACT placing restrictions on name changes for certain felons and imposing a duty to notify certain law enforcement agencies when changes are made.

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

1 Change of Name. Amend RSA 547:3-i to read as follows:

547:3-i Change of Name.

I. The probate court may grant the petition of any person to change the name of that person or the name of another person, ***with the exception of a person serving a prison sentence or on probation or parole, or required to register as a sexual offender or an offender against children pursuant to RSA 651-B.*** The court shall not require the petitioner to obtain consents to the name change. ***Except as provided in paragraph II,*** the court may proceed with or without notice, in accordance with RSA 550:4.

II. The court may override the exception under paragraph I only if the petitioner makes a compelling showing that a name change is necessary.

III. Before the probate court may grant a change of name pursuant to this section, the person petitioning for a name change shall serve a copy of the petition on the department of corrections if the person is incarcerated, or on probation or parole, or on the department of safety if the person is required to register as a sexual offender or an offender against children and is no longer subject to supervision by the department of corrections.

2 Change of Address; Duty to Inform. Amend RSA 651-B:5 to read as follows:

651-B:5 Change of ***Name or Alias, or*** Address; Duty to Inform. When any person required to be registered under this chapter changes residence, ***or their name or alias,*** the person shall give written notification of the person's new address ***name, or alias*** to the local law enforcement agency to which he last reported under RSA 651-B:4 within 10 days of such change of residence, ***name, or alias.*** Such notice shall not relieve the person of the duty to report under RSA 651-B:4 at the new place of residence. The local law enforcement agency receiving such notice shall forward a copy to the division within 3 days after receipt. The division shall notify the local law enforcement agency at the new place of residence, or the appropriate out-of-state law enforcement agency if the new place of residence is outside New Hampshire, and shall include such change-of-address ***or change-of-name*** information in the LENS system.

3 Effective Date. This act shall take effect January 1, 2000.

Senate Judiciary

May 7, 1999

1999-1125s

05/09

Amendment to HB 272-FN

1 New Section; Conduct Involving Laser Pointing Devices. Amend RSA 631 by inserting after section 3 the following new section:

631:3-a Conduct Involving Laser Pointing Devices.

I. Any person who knowingly shines the beam of a laser pointing device at an occupied motor vehicle, window, or person shall be guilty of a violation and the laser pointing device shall be forfeited upon conviction.

II. Notwithstanding the provisions of paragraph I, any person who knowingly shines the beam of a laser pointing device at a law enforcement officer or law enforcement vehicle shall be guilty of a class A misdemeanor and the laser pointing device shall be forfeited upon conviction.

III. It shall be an affirmative defense under this section if the laser pointing device was used in an organized meeting or training class by the instructor or speaker. Nothing in this section shall be construed so as to limit the use of medical lasers by qualified medical personnel or laser devices utilized by law enforcement personnel in the performance of their official duties.

2 Effective Date. This act shall take effect January 1, 2000.

1999-1125s

AMENDED ANALYSIS

This bill criminalizes certain uses of laser pointing devices.

Senate Judiciary

May 6, 1999

1999-1106s

05/10

Amendment to SB 158-FN

Amend RSA 645:1, I(b) as inserted by section 1 of the bill by replacing it with the following:

(b) Purposely performs any act of sexual penetration or sexual contact on himself or herself or another in the presence of a child who is at least 13 years of age and less than 16 years of age.

Amend RSA 645:1, II(a) as inserted by section 1 of the bill by replacing it with the following:

(a) Such person purposely performs any act of penetration or sexual contact on himself or herself or another in the presence of a child 12 years of age or younger.

Senate Judiciary

May 6, 1999

1999-1108s

04/01

Amendment to SB 172

Amend RSA 311:1 as inserted by section 1 of the bill by replacing it with the following:

311:1 Right to Appear, etc. A party in any cause or proceeding may appear, plead, prosecute or defend in his or her proper person, that is, pro se, or by any citizen of good character. ***For the purposes of this section, a citizen shall be presumed to be of good character unless demonstrated otherwise.***

Senate Judiciary

May 5, 1999

1999-1098s

08/09

Amendment to SB 227-FN

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

1 New Paragraph; Business Conducting Illegal Gambling. Amend RSA 647:2 by inserting after paragraph I the following new paragraph:

I-a.(a) A person is guilty of a misdemeanor if such person conducts, finances, manages, supervises, directs, or owns all or part of a business and such person knowingly and unlawfully permits gambling on the premises of the business.

(b) A person is guilty of a class B felony if such person knowingly and unlawfully conducts, finances, manages, supervises, or directs any gambling activity which:

(1) Has had gross revenue of \$2,000 in any single day;

(2) Has been or remains in substantially continuous operation for a period in excess of 10 days; or

(3) Accepts wagers exceeding \$5,000 during any 30 day period on future contingent events.

2 Forfeiture. Amend RSA 647:2, III to read as follows:

III. **Any** ~~all~~ implements, equipment, and apparatus used ***in violation of this section, and any money or proceeds wagered or gained*** in violation of this section, shall be forfeited.

3 Effective Date. This act shall take effect January 1, 2000.

1999-1098s

AMENDED ANALYSIS

This bill:

I. Makes it a misdemeanor for a person to knowingly and unlawfully permit gambling on the premises of a business conducted, financed, managed, supervised, directed, or owned by such person.

II. Makes it a felony for a person to knowingly and unlawfully conduct, finance, manage, supervise, or direct any gambling activity of a certain magnitude or duration.

III. Requires persons convicted of illegal gambling operations to forfeit any property including money or proceeds wagered or gained by such gambling operations.

Ways and Means

April 30, 1999

1999-1040s

08/10

Amendment to SB 76-LOCAL

Amend the bill by replacing all after section 1 with the following:

2 New Subdivision; Commercial and Industrial Construction Exemption. Amend RSA 72 by inserting after section 72 the following new subdivision:

Commercial and Industrial Construction Exemption

72:73 Definitions.

I. In this subdivision:

(a) "Commercial uses" shall include all retail, wholesale, service and similar uses.

(b) "Eligible municipality" shall mean any city or town which meets 2 of the following 3 criteria as established by the director of the office of state planning:

(1) Is within the lowest 30 percent of municipalities based on equalized taxable valuation per person for the most recent year available prior to the vote taken pursuant to RSA 72:75;

(2) Is within the highest 30 percent of municipalities based on unemployment rate for the average of the 3 most recent years available prior to the vote taken pursuant to RSA 72:75;

(3) Is within the lowest 30 percent of municipalities based on population growth for the most recent five-year-period available prior to the vote taken pursuant to RSA 72:75.

(c) "Industrial uses" shall include all manufacturing, production, assembling, warehousing, or processing of goods or materials for sale or distribution, research and development activities, or processing of waste materials.

II. An eligible municipality adopting a tax exemption pursuant to RSA 72:74 may, in lieu of the definitions in this section, adopt by reference the definitions of similar terms as may be contained in that town or city's zoning ordinances.

72:74 Property Tax Exemption. An eligible municipality may, by vote of the local legislative body pursuant to RSA 72:75, adopt a new construction property tax exemption for commercial or industrial uses, or both. The exemption shall apply only for property taxes assessed by the municipality which shall exclude state education property taxes under RSA 76:3 and shall be a specified percentage on an annual basis of the increase in assessed value attributable to construction of new structures, and additions, renovations or improvements to existing structures. The exemption may run for a maximum period of 10 years following the new construction; provided, however, that the exemption for all years shall cumulatively not exceed 500 percent of the increased assessed value. Once adopted by the local legislative body, the percentage rate and duration of the exemption shall be granted uniformly within that municipality to all new construction for which a proper application is filed.

72:75 Procedure for Adoption. A municipality desiring to adopt the provisions of RSA 72:74 shall do so in the following manner:

I. In a town which is an eligible municipality, the question shall be placed on the warrant of a special or annual town meeting, by the governing body or by petition pursuant to RSA 39:3, and shall be voted upon by official ballot if that town has adopted the official ballot for the election of officers. A public hearing shall be held at least 15 but not more than 60 days prior to the vote.

II. In a city which is an eligible municipality, the legislative body may consider and act upon the question in accordance with its normal procedures for passage of resolutions, ordinances, and other legislation. In the alternative, the legislative body of such city may vote to place the question on the official ballot for any regular municipal election.

III. The vote shall specify the percentage of new assessed value to be exempted, the number of years duration of the exemption following new construction, and a reference to zoning use category definitions, if applicable. The exemption shall take effect in the tax year beginning April 1 following its adoption.

IV. A vote adopting RSA 72:74 shall remain in effect for a maximum of 2 tax years; provided, however, that for any application which has already been granted prior to expiration of such 2 tax-year period, the exemption shall continue to apply at the rate and for the duration in effect at the time it was granted.

72:76 Application for Exemption.

I. On or before March 1 following the date of notice of tax under RSA 72:1-d for any year for which the exemption is claimed, a person qualified for an exemption under RSA 72:74 shall file an application with the selectmen or assessors, on an application form prepared by them, signed by the applicant under penalty of perjury, which contains adequate information to demonstrate that the applicant is qualified for the exemption.

II. The selectmen or assessors shall notify the applicant of their decision on or before July 1 following the date of notice of tax under RSA 72:1-d. The decision shall specify the amount of the exemption, that it is effective beginning the prior April 1, and the number of years for which the exemption applies to qualified construction. The decision of the selectmen or assessors may be appealed in the manner set forth in RSA 72:34-a.

III. An owner may apply for the exemption prior to construction, but in no case more than 12 months before the beginning of the tax year for which the exemption is sought. In such cases the selectmen or assessors may anticipatorily grant the exemption, subject to adjustment when the actual increase in assessed value becomes known. If construction is partially complete on April 1 of any year, the exemption for that year shall be based on the increased assessed value attributable to the partial construction, but the duration of the exemption shall be adjusted such that the cumulative amount of exemptions received, based on the construction as completed, is proportional to that received by other eligible properties.

IV. The selectmen or assessors may request such additional or updated information as is necessary to determine eligibility. If they are satisfied that the applicant has willfully made any false statement, or has refused to provide information after such a request, they may refuse to grant the exemption.

V. If the municipality completes a revaluation during the period for which an exemption has been granted, the amount of the exemption shall be adjusted by the difference in equalization ratios applicable in the municipality before and after the revaluation.

72:77 Filings. The director of the office of state planning shall file a report containing the data used in establishing the criteria contained in RSA 72:73, II with the president of the senate, speaker of the house and governor by January 1 in each year.

3 Repeal. RSA 72:73 - RSA 72:77, relative to a program allowing economically depressed municipalities to offer tax exemptions to foster commercial and industrial construction, are repealed.

4 Effective Date.

I. Section 3 of this act shall take effect April 1, 2005.

II. The remainder of this act shall take effect April 1, 2000.

1999-1040s

AMENDED ANALYSIS

This bill allows economically depressed municipalities to offer tax exemptions applicable to non-statewide property taxes to foster growth in new and existing commercial and industrial construction.

The provisions of the bill shall sunset five years after adoption.

Ways and Means

May 11, 1999

1999-1167s

03/10

Amendment to SB 153-FN-A

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

AN ACT requiring that a percentage of profits derived by the liquor commission be placed into and continually appropriated to a special fund for alcohol education and abuse prevention and treatment programs.

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

1 New Subparagraph; State Treasurer and State Accounts; Application of Receipts; General Revenue Exceptions; Alcohol Abuse Prevention and Treatment Fund. Amend RSA 6:12, I by inserting after subparagraph (www) the following new subparagraph:

(xxx) Moneys deposited in the alcohol abuse prevention and treatment fund established in RSA 176-A:1.

2 Alcoholic Beverages; The Liquor Commission; Funds; Exception Added. Amend RSA 176:16 to read as follows:

176:16 Funds.

I. Except as provided in paragraph II, all gross revenue derived by the commission from the sale of liquor, or from license fees, shall be deposited into the general funds of the state. The expenses of administration and all other expenditures provided for in this title shall be paid by the state treasurer on warrants of the governor with the advice and consent of council.

II. Fifty percent of the amount by which the current year gross profit exceed fiscal year 1999 actual gross profit, but not more than 5 percent of the current year gross profits derived by the commission from the sale of liquor and other revenues, shall be deposited into the alcohol abuse prevention and treatment fund established by RSA 176-A:1.

3 New Chapter; Alcohol Abuse Prevention and Treatment Fund. Amend RSA by inserting after chapter 176 the following new chapter:

CHAPTER 176-A

Alcohol Abuse Prevention and Treatment Fund

176-A:1 Alcohol Abuse Prevention and Treatment Fund.

I. There is hereby established an alcohol abuse prevention and treatment fund to fund alcohol education and abuse prevention and treatment programs.

II. The fund shall be nonlapsing and continually appropriated for the purposes of funding alcohol education and abuse prevention and treatment programs. The state treasurer shall invest the moneys deposited in the fund as provided by law. Interest earned on moneys deposited in the fund shall be deposited into the fund.

III. Moneys shall be disbursed from the fund upon the authorization of the alcohol and drug abuse prevention advisory commission established pursuant to RSA 172:2-b. At least 1/2 of the money disbursed from the fund shall be used primarily for alcohol education and abuse prevention activities.

4 Effective Date. This act shall take effect July 1, 1999.

1999-1167s

AMENDED ANALYSIS

This bill requires that a percentage of the profits derived by the liquor commission be placed into and continually appropriated to a special fund for alcohol education and abuse prevention and treatment programs.

HEARINGS

WEDNESDAY, MAY 12, 1999

BANKS, Room 103, LOB

8:30 a.m. **HB 322**, relative to funds provided by a mortgagee at real estate closings.

9:00 a.m. **HB 373**, making technical corrections to the securities laws.

● **PLEASE NOTE THE FOLLOWING HEARING WAS ORIGINALLY SCHEDULED FOR APRIL 21ST**

EDUCATION, Room 105-A, SH

8:30 a.m. **SB 219-FN-L**, establishing a procedure for providing educational improvement assistance to local school districts.

FINANCE, Room 103, SH

AGENCY BUDGET PRESENTATIONS ON GOVERNOR'S PROPOSED BUDGET:

ADMINISTRATION OF JUSTICE AND PUBLIC PROTECTION

9:00 a.m. ADJUTANT GENERAL **PG 163**
9:30 a.m. OFFICE OF EMERGENCY MANAGEMENT **PG 224**
9:45 a.m. PARI-MUTUEL COMMISSION **PG 243**
10:00 a.m. HIGHWAY SAFETY **PG 247**
10:15 a.m. JUDICIAL COUNCIL **PG 385**

MARITAL MEDIATOR BOARD

10:45 a.m. LABOR DEPARTMENT **PG 252**
11:15 a.m. HUMAN RIGHTS COMMISSION **PG 388**
11:30 a.m. DEPARTMENT OF EMPLOYMENT SECURITY **PG 383**

NOON BREAK

1:00 p.m. DEPARTMENT OF CORRECTIONS **PG 330**
2:00 p.m. BANK COMMISSION **PG 214**
2:30 p.m. JUDICIAL BRANCH **PG 155**
3:00 p.m. AGRICULTURE, MARKETS AND FOOD **PG 184**

VETERINARY EXAMINERS BOARD **PG 196**

3:30 p.m. PUBLIC UTILITIES COMMISSION **PG 272**
4:00 p.m. PUC - CONSUMER ADVOCATE
4:15 p.m. DEPARTMENT OF SAFETY **PG 278**

ELECTRICIANS BOARD

4:45 p.m. LIQUOR COMMISSION **PG 259**

JUDICIARY, Room 102, LOB

10:15 a.m. **HB 306**, relative to discoverability of environmental audit reports.

- 10:30 a.m. **HB 324**, repealing certain grounds for granting a divorce for cause.
- 10:45 a.m. **HB 420**, relative to orders for spousal support in domestic relations cases.
- 11:00 a.m. **HB 367**, relative to requesting certifying scientists to appear at DWI hearings.

PUBLIC AFFAIRS, Room 104, LOB

- 1:00 p.m. **HB 736**, ratifying the 1999 Allenstown annual town meeting.
- 1:05 p.m. **HB 251**, relative to official ballot procedures.
- 1:25 p.m. **HB 562**, relative to the date of decision for appeals of zoning matters.
- 1:45 p.m. **HB 689**, establishing a committee to study campaign contributions and expenditures.

WILDLIFE & RECREATION, Room 101, LOB

- 2:45 p.m. **HB 362**, relative to dam safety program violations.
- 3:00 p.m. **HB 225**, relative to the definitions of the terms "farm," "agriculture," and "farming."
- 3:15 p.m. **HB 552**, relative to the issuance of crossbow permits to persons with a permanent physical disability.

THURSDAY, MAY 13, 1999

FINANCE, Room 103, SH

EDUCATION

- 1:00 p.m. POSTSECONDARY EDUCATION COMMISSION **PG. 832**

GENERAL GOVERNMENT

- 1:30 p.m. REGULATORY BOARDS AND COMMISSIONS

BOARD OF ACCOUNTANCY **PG 217**

BOXING AND WRESTLING COMMISSION **PG 221**

JOINT BOARD - ARCHITECTS, ENGINEERS, LAND SURVEYORS,

NATURAL SCIENTISTS AND FORESTERS **PG 219**

PUBLIC EMPLOYEE LABOR RELATIONS BOARD **PG 222**

BOARD OF MANUFACTURED HOUSING **PG 223**

ADMINISTRATION OF JUSTICE AND PUBLIC PROTECTION

3:00 p.m. INSURANCE DEPARTMENT PG 849

HEALTH AND SOCIAL SERVICE

4:00 p.m. DEPARTMENT OF YOUTH DEVELOPMENT SERVICES PG 817

EXECUTIVE SESSION ON PENDING LEGISLATION TO FOLLOW

INTERNAL AFFAIRS, Room 103, LOB

2:45 p.m. HB 388, relative to telephone number conservation and area code implementation.

3:15 p.m. HB 538, establishing a committee to study the new construction and repair of New Hampshire commemorative monuments at certain Civil War battle sites.

ENVIRONMENT, Room 104, LOB

1:00 p.m. HB 410, relative to enforcement authority of the department of environmental services.

1:15 p.m. HB 421, relative to penalty provisions for the law regarding control of marine pollution, exotic aquatic weeds and other aquatic growth.

1:30 p.m. HB 379, setting up a study committee to study issues pertaining to the Sullivan county regional refuse disposal district.

1:45 p.m. HB 291, establishing a study committee for seed sterilization technology or "terminator" technology.

FRIDAY, MAY 14, 1999

THE JOINT COMMITTEE ON ADDRESS (HA 1) Room 206-208, LOB

9:00 a.m. All Day Public Hearing HA 1, For The Removal OF David A. Brock, Chief Justice Of The New Hampshire Supreme Court From His Said Office.

MONDAY, MAY 17, 1999

FINANCE, Room 103, SH

AGENCY BUDGET PRESENTATIONS ON GOVERNOR'S PROPOSED BUDGET:

HEALTH AND SOCIAL SERVICES

9:00 a.m. HEALTH AND HUMAN SERVICES

OFFICE OF THE COMMISSIONER PG 629

OFFICE OF ADMINISTRATION **PG 791**

OFFICE OF PROGRAM SUPPORT **PG 796**

OFFICE OF INFORMATION SYSTEMS **PG 794**

OFFICE OF COMMUNITY AND PUBLIC HEALTH **PG 637**

OFFICE OF FAMILY SERVICES

DIVISION OF CHILDREN, YOUTH AND FAMILIES **PG 671**

DIVISION OF FAMILY ASSISTANCE **PG 697**

DIVISION OF BEHAVIORAL HEALTH **PG 707**

DIVISION OF DEVELOPMENTAL SERVICES **PG 748**

DIVISION OF ELDERLY AND ADULT SERVICES **PG 755**

NOON BREAK

1:30 p.m. VETERANS COUNCIL **PG 812**

2:00 p.m. VETERANS HOME **PG 807**

2:30 p.m. ADMINISTRATIVELY ATTACHED BOARDS AND COMMISSIONS: **PG 770**

ACUPUNCTURE BOARD

CHIROPRACTIC BOARD

COSMETOLOGY AND BARBERS BOARD

DENTAL BOARD

ELECTROLYSIS BOARD

FUNERAL DIRECTORS AND EMBALMERS BOARD

MEDICINE

TRANSPORTATION

3:30 p.m. DEPARTMENT OF TRANSPORTATION **PG 561**

TUESDAY, MAY 18, 1999

ENERGY & ECONOMIC DEVELOPMENT, Room 105A, SH

2:45 p.m. **HB 535**, establishing a committee to study the department of resources and economic development.

3:05 p.m. **HJR 3**, urging ISO-New England to adopt policies furthering the state's interest in electric utility restructuring.

EXECUTIVE SESSION TO FOLLOW ON PENDING LEGISLATION

EXECUTIVE DEPARTMENTS AND ADMINISTRATION, Room 101, LOB

1:00 p.m. **HB 313-FN**, relative to the regulation of the practice of optometry.

2:00 p.m. **HB 448**, relative to the board of dental examiners and the regulation of dentists and dental hygienists.

PUBLIC INSTITUTIONS, HEALTH AND HUMAN SERVICES, Room 102, LOB

1:00 p.m. **HB 441**, relative to a mother's right to breast-feed.

1:15 p.m. **HB 624-FN**, establishing a committee relative to health care quality.

1:30 p.m. **HB 619-FN**, requiring the commissioner of health and human services to produce certain annual reports.

TRANSPORTATION, Room 104, LOB

3:00 p.m. **HB 573**, clarifying the status of class VI highways.

3:15 p.m. **HB 593-FN-L**, relative to the classification of class VI roads which have been maintained by a town.

3:30 p.m. **HB 541**, establishing a committee to study the upgrade of Routes 11 and 140.

3:45 p.m. **HB 463-L**, relative to local regulation of junk yards and altering the definition of federal aid primary system for purposes of the laws regarding highway regulations, protection and control regulations.

WEDNESDAY, MAY 19, 1999

JUDICIARY, Room 102, LOB

10:15 a.m. **HB 205**, relative to the requirement for posting of bond by an applicant for a writ of replevin.

10:30 a.m. **HB 278**, relative to scheduling of district court sessions.

10:50 a.m. **HB 345-FN**, relative to harassment via the computer.

11:10 a.m. **HB 714-FN**, changing the potential penalties for certain acts of solicitation and conspiracy to commit murder and attempted murder to life in prison.

PUBLIC AFFAIRS, Room 104, LOB

1:00 p.m. **HB 736**, ratifying the 1999 Allentown annual town meeting.

1:05 p.m. **HB 251**, relative to official ballot procedures.

1:25 p.m. **HB 562**, relative to the date of decision for appeals of zoning matters.

1:45 p.m. **HB 689**, establishing a committee to study campaign contributions and expenditures.

THURSDAY, MAY 20, 1999

ENVIRONMENT, Room 104, LOB

1:00 p.m. **HJR 9**, urging the United States Congress and federal Environmental Protection Agency to eliminate federal requirements for oxygenate additives for gasoline.

1:20 p.m. **HJR 2**, urging that federal air pollution programs not punish early adopters of air pollution control technology.

1:40 p.m. **HB 727-FN**, establishing a committee to study the problems and possible regulation of outdoor lighting.

2:00 p.m. **HB 561-FN**, reducing lab analysis fees of chemical analyses of water.

FRIDAY, MAY 21, 1999

FINANCE, Room 103, SH

11:00 a.m. **HB 492-FN-A-L**, reducing the state bond guarantee limit for wastewater projects.

11:30 a.m. **HB 494-FN-A**, making an appropriation to the department of cultural resources for the purpose of funding participation of the state in the Smithsonian Festival of American Folklife.

WAYS AND MEANS, Room 103, SH

9:00 a.m. **HB 572-FN-A**, relative to the apportionment provisions of the business profits tax.

TUESDAY, MAY 25, 1999

EXECUTIVE DEPARTMENTS AND ADMINISTRATION, Room 101, LOB

1:00 p.m. **HB 527**, relative to the duties of the public utilities commission.

1:45 p.m. **HB 318**, relative to recovery of costs in utility proceedings and relative to the appointment of public utilities commissioners.

2:30 p.m. **HB 397**, establishing a 4-year term for the commissioner of the department of corrections, and clarifying the process of appointing personnel under the commissioner.

● **PLEASE NOTE THE ADDITION OF HB 369 & HB 408 TO THE FOLLOWING HEARING:**

PUBLIC INSTITUTIONS, HEALTH AND HUMAN SERVICES, Room 102, LOB

1:00 p.m. **HB 438**, relative to certain changes to the membership of the advisory committee on childcare.

1:20 p.m. **HB 650-FN-A**, establishing a committee to study the structure of alcohol and drug abuse prevention services.

1:40 p.m. **HB 369**, establishing a committee on educational programs on tobacco use for minors.

2:00 p.m. **HB 408**, relative to drug formularies under managed care entities.

TRANSPORTATION, Room 104, LOB

3:00 p.m. **HB 639-FN**, relative to motor vehicle registration fees for antique motor vehicles and motorcycles.

3:15 p.m. **HB 559-FN-A**, authorizing vanity plates or decals for OHRV registrations.

MEETINGS

WEDNESDAY, MAY 12, 1999

THE DEPARTMENT OF TRANSPORTATION Belmont Town Hall

8:45 a.m. Resource Agency Field Review (Belmont, NH 140 Bypass)

THE DEPARTMENT OF TRANSPORTATION Hinsdale Town Hall, 11 Main Street, Hinsdale

7:00 p.m. Public Information/Officials (Hinsdale, Route 63/Kilburn Brk.)

THE DEPARTMENT OF TRANSPORTATION Western School Gymnasium, 1066 Hanover Street, Manchester

7:00 p.m. Public Hearing Commission (Manchester, Candia Road)

THURSDAY, MAY 13, 1999

THE DEPARTMENT OF TRANSPORTATION City Hall Auditorium, Nashua

4:00-8:00 Scoping Workshop (Nashua-Hudson Circumferential Highway)

MONDAY, MAY 17, 1999

THE DEPARTMENT OF TRANSPORTATION Ossipee Town Hall

6:30 p.m. Land Use Regulation Workshop (Ossipee Pilot Study)

THURSDAY, MAY 20, 1999

THE DEPARTMENT OF TRANSPORTATION Gorham Middle/High School, 120 Main Street, Gorham

7:00 p.m. Public Informational Meeting (NH Route 16 Rock Removal)

FRIDAY, MAY 21, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

BOARD OF MANUFACTURED HOUSING (RSA 205-A:25,I) Room 201, LOB

1:00 p.m. Complaint Hearing

MONDAY, MAY 24, 1999

OIL FUND DISBURSEMENT BOARD (RSA 146-D:4) Room 305, LOB

9:30 a.m. Regular Meeting

NATURAL, CULTURAL & HISTORICAL RESOURCE CONSERVATION COMMISSION (SB 493, Chapter 161:2, 1998) Room 308, LOB

1:00-4:00 p.m. Meeting

THE DEPARTMENT OF TRANSPORTATION Rye Town Hall, 10 Central Road, Rye

6:30 p.m. Public Informational Meeting (Foyes Corner Intersection)

THE DEPARTMENT OF TRANSPORTATION Ossipee Town Hall

6:30 p.m. Land Use Regulation Workshop (Visitor Center Workshop)

TUESDAY, MAY 25, 1999

THE DEPARTMENT OF TRANSPORTATION Vic Geary Center, 18 Greenough Road, Plaistow

7:00 p.m. Public Informational Meeting (Replacement of the NH 121 Bridge Over B&M Railroad)

WEDNESDAY, MAY 26, 1999

THE DEPARTMENT OF TRANSPORTATION Northwood Town Hall

6:00 p.m. Combined Selectman's Meeting Northwood & Nottingham (Intersection US 4/NH 152)

THURSDAY, MAY 27, 1999

THE DEPARTMENT OF TRANSPORTATION Sheraton Wafayer Inn, Bedford

8:00 a.m. Statewide Bike/Ped Meeting

THE DEPARTMENT OF TRANSPORTATION Auburn Town Hall, 47 Chester Road, Auburn

7:00 p.m. Public Informational Meeting (Auburn, Replacement Of NH Bypass Bridge Over Lake Massabesic)

WEDNESDAY, JUNE 2, 1999

FISCAL COMMITTEE OF THE GENERAL COURT (RSA 14:30-a,I) Room 210-211, LOB

9:00 a.m. Regular Business

9:30 a.m. Audit: State Of New Hampshire, Liquor Commission, Audit Report For The Year Ended June 30, 1998

THE DEPARTMENT OF TRANSPORTATION Vic Geary Center, 18 Greenough Road, Plaistow

7:00 p.m. Public Informational Meeting (Replacement of the Kingston Bridge Over B&M Railroad)

THURSDAY, JUNE 3, 1999

THE DEPARTMENT OF TRANSPORTATION Green Acres School, Gymnasium, 10 Aurora Avenue, Off Mammoth Road, Manchester

7:00 p.m. Combined Public Officials Meeting/Public Informational Meeting (Rehabilitation of I-293 Including New Bridges Over Brown Avenue)

FRIDAY, JUNE 4, 1999

WORKER'S COMPENSATION ADVISORY COUNCIL (RSA 281-A:62) Room 306, LOB

9:00 a.m. Regular Meeting

OSTEOPOROSIS EDUCATION & ADVISORY COUNCIL (RSA 126-I:3) Room 205, LOB

9:00-12:00 Meeting

MONDAY, JUNE 7, 1999

NEW Hampshire COLLEGE TUITION SAVINGS PLAN ADVISORY COMMISSION (RSA 195-H:2) Room 103, SH

9:30-12:00 Regular Meeting

TUESDAY, JUNE 8, 1999

NUCLEAR DECOMMISSIONING FINANCE COMMITTEE (RSA 162-F:15) Selectman's Meeting Room ,Town Office Building, Route 1, Seabrook

7:00-9:00 Hearing

THE DEPARTMENT OF TRANSPORTATION James R. Morrill Municipal Building (Gym), NH Route 10, Haverhill

7:30 p.m. Combined Public Officials Meeting (Haverhill, Improvements To NH Route 16)

WEDNESDAY, JUNE 9, 1999

THE DEPARTMENT OF TRANSPORTATION Exeter Town Hall, Nowak Room, Exeter

7:00 p.m. Combined Public Officials Meeting (Exeter, Rail Platform/Parking)

THE DEPARTMENT OF TRANSPORTATION Nottingham West Elementary School Cafeteria, Hudson

7:30 p.m. Public Hearing (Hudson, NH Route 3A)

FRIDAY, JUNE 11, 1999

BOARD OF CLAIMS (RSA 541-B:3) Room 202, LOB

8:30-5:00 Regular Meeting

SATURDAY, JUNE 12, 1999

THE DEPARTMENT OF TRANSPORTATION Tamworth Elementary School, Tamworth

9:00 a.m. Tamworth Pilot Study

MONDAY, JUNE 14, 1999

NATURAL, CULTURAL & HISTORICAL RESOURCE CONSERVATION COMMISSION (SB 493, Chapter 161:2, 1998) Room 308, LOB

1:00-4:00 p.m. Meeting

FRIDAY, JUNE 18, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

FRIDAY, JULY 2, 1999

OSTEOPOROSIS EDUCATION & ADVISORY COUNCIL (RSA 126-I:3) Room 205, LOB

9:00-12:00 Meeting

FRIDAY, JULY 16, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

FRIDAY, AUGUST 6, 1999

OSTEOPOROSIS EDUCATION & ADVISORY COUNCIL (RSA 126-I:3) Room 205, LOB

9:00-12:00 Meeting

FRIDAY, AUGUST 20, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

FRIDAY, SEPTEMBER 3, 1999

OSTEOPOROSIS EDUCATION & ADVISORY COUNCIL (RSA 126-I:3) Room 205, LOB

9:00-12:00 Meeting

FRIDAY, SEPTEMBER 10, 1999

BOARD OF CLAIMS (RSA 541-B:3) Room 202, LOB

8:30-5:00 Regular Meeting

FRIDAY, SEPTEMBER 17, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

FRIDAY, OCTOBER 1, 1999

OSTEOPOROSIS EDUCATION & ADVISORY COUNCIL (RSA 126-I:3) Room 205, LOB

9:00-12:00 Meeting

FRIDAY, OCTOBER 15, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

FRIDAY, NOVEMBER 5, 1999

OSTEOPOROSIS EDUCATION & ADVISORY COUNCIL (RSA 126-I:3) Room 205, LOB

9:00-12:00 Meeting

FRIDAY, NOVEMBER 19, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

FRIDAY, DECEMBER 3, 1999

OSTEOPOROSIS EDUCATION & ADVISORY COUNCIL (RSA 126-I:3) Room 205, LOB

9:00-12:00 Meeting

FRIDAY, DECEMBER 17, 1999

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2) Room 306-308, LOB

9:00 a.m. Meeting

FISCAL NOTES NOW AVAILABLE IN THE SENATE CLERK'S OFFICE:

HB 108, HB 109, HB 116, HB 118, HB 119, HB 120, HB 124, HB 200, HB 224, HB 237, HB 245, HB 274, HB 395, HB 412, HB 453, HB 477, HB 479, HB 494, HB 495, HB 522, HB 537, HB 546, HB 549, HB 565, HB 574, HB 579, HB 616, HB 624, HB 625, HB 639, HB 641, HB 650, HB 652, HB 655, HB 672, HB 676, HB 685, HB 692, HB 693, HB 694, HB 695, HB 696, HB 715, HB 719, HB 722, HB 733, HB 734, HB 735, HB 738, HB 740, SB 15, SB 45, SB 46, SB 47, SB 48, SB 49, SB 50, SB 70, SB 71, SB 113, SB 114, SB 122, SB 167, SB 170, SB 176, SB 178, SB 187, SB 207, SB 212, SB 213, SB 217, SB 226, SB 227, SB 228, SB 409

NOTICES

The Office Of Legislative Services Has A Number Of Extra Copies Of Softbound Volumes Of 1997 Session Laws. They Will Be Available To House And Senate Members On A First Come, First Serve Basis, In Room 109 Of The State House.

Senator Clesson Blaisdell

WEDNESDAY, MAY 12, 1999

For Many Years, Chubb Life Insurance Company Has Hosted A Cocktail Party For Legislators At The Historical Society, And Jefferson Pilot Financial Insurance Company Would Like To Continue That Tradition. May 12th Has Been Selected As The Date, From 5:00-7:00 p.m. Senior Jefferson Pilot Executives Are Planning To Attend, And We Hope Very Much That You And Your Colleagues Will Find The Time To Join Them.

Senator Clesson Blaisdell

WEDNESDAY, MAY 19, 1999

All Legislators, Staff And Friends Are Invited To The NH Women's Lobby's "Spring Celebs '99 Awards Celebration" On Wednesday, May 19th From 4:30 To 6:30 p.m. At The Holiday Inn, Concord. The NH Women's Lobby Will Be Honoring Representative Sandra Balomenos Keans, Recipient Of The Meritorious Service Award; Mary Ann Manoogin, Recipient Of The Volunteer Award; New Hampshire Public Radio, Recipient Of The Media Award For Its Work On The "NH Tax Challenge", And Kathy Bogle Shields For Her Work On The Providian Child Care Initiative And The Governor's Commission On Child Care And Early Education. Tickets Are Available From Representative Marjorie Smith, Senator Katie Wheeler, Or Other Lobby Members. Also For Additional Information Call The Lobby Office At 224-9105.

Senator Katie Wheeler

THURSDAY, MAY 20, 1999

The Arthritis Foundation, Northern New England Chapter, In Conjunction With National Arthritis Awareness Week, Will Hold An Arthritis Information Day For Legislators On Thursday, May 20th

From 8:30 a.m.-1:30 p.m. In The Basement Of The Legislative Office Building. Become Aware Of The Resources And Programs Available For People With Arthritis. Light Refreshments. Please Stop By.

Senator Lou D'Allesandro

MONDAY, JUNE 21, 1999

The Bill White Memorial 26th Annual Legislative Golf Tournament Is Scheduled For Monday, June 21, 1999, At The White Mountain Country Club In Ashland, NH. The Entry Fee For This Annual Tourney Is \$60.00 Per Person And Includes Greens Fee, Cart, Dinner And Prizes. A Shotgun Start Is Scheduled For 9:00 a.m. The Format Is "Captain And Crew." Sign-ups As A Foursome Or Sign-up By Yourself And Be Placed In A Foursome. A Maximum Of 120 Players Will Be Allowed. Please Return Your Entry And Payment No Later Than June 8th To Sandy Wheeler At The LOB Lobby Desk. Please Make Checks Payable To Legislative Golf Tournament c/o David S. Saltmarsh.

Senator Clesson Blaisdell