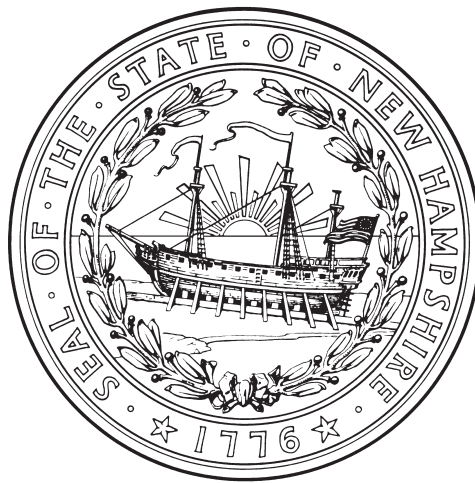


March 11, 2020
Nos. 5-6

STATE OF NEW HAMPSHIRE

Web Site Address: www.gencourt.state.nh.us



**Second Year of the 166th Session of the
New Hampshire General Court**

Legislative Proceedings

SENATE JOURNAL

**ADJOURNMENT – MARCH 5, 2020 SESSION
COMMENCEMENT – MARCH 11, 2020 SESSION**

SENATE JOURNAL 5 *(continued)*

March 5, 2020

INTRODUCTION OF LEGISLATION

Senator Feltes offered the following Resolution:

RESOLVED, That in accordance with the list in the possession of the Senate Clerk, the following legislation shall be by this Resolution read a first and second time by the therein listed title and referred to the therein designated committee. Adopted.

First and Second Reading and Referral

20-3066

SB 762-FN, establishing an opioid abatement trust fund. (Soucy, Dist 18; Morse, Dist 22; Shurtleff, Merr. 11; Hinch, Hills. 21; Finance)

HOUSE MESSAGE

The House of Representatives has passed Bills with the following titles, in the passage of which it asks the concurrence of the Senate:

HB 677-FN-A, relative to discipline of students, addressing students' behavioral needs, and making an appropriation therefor.

HB 705-FN, (New Title) relative to the rights of victims of crime, increasing the cap on assistance for victims of crime, and establishing a committee to study the needs of crime victims and enforcement of statutes governing crime victims' rights.

HB 1112-FN, (New Title) establishing a committee to study programs for female parolees.

HB 1221, relative to privacy for an employee's personal financial and credit information.

HB 1224-FN-A-LOCAL, making an appropriation to the lakeshore redevelopment planning commission.

HB 1234-FN-A, (New Title) relative to the heating of certain state-owned buildings in Concord and making an appropriation therefor.

HB 1290-FN, (New Title) relative to voting by a public employee organization.

HB 1292-FN, revising certain benefit provisions in the city of Manchester employees contributory retirement system.

HB 1322, prohibiting university system funds from being spent to oppose the formation of unions and collective bargaining units.

HB 1372, relative to the election of Carroll county commissioners.

HB 1399, relative to the establishment of public employee bargaining units.

HB 1408, relative to license plate covers.

HB 1505, relative to compensation of college athletes.

HB 1629-FN, relative to training and procedures for zoning and planning boards.

HB 1664-FN, (New Title) establishing greenhouse gas emission reduction goals for the state and establishing a climate action plan.

HB 1699-FN-A, relative to a tax on electronic cigarettes.

HOUSE MESSAGE

The House of Representatives concurs with the Senate in the passage of the following entitled Bill, with amendment, in the passage of which amendment the House asks the concurrence of the Senate:

SB 7-FN-LOCAL, establishing the secure modern accurate registration act (SMART ACT).

March 6, 2020

2020-1115-EBA

01/04

Enrolled Bill Amendment to SB 684-FN

The Committee on Enrolled Bills to which was referred SB 684-FN

AN ACT relative to Medicaid to schools.

Having considered the same, report the same with the following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to SB 684-FN

This enrolled bill amendment makes a technical correction.

Enrolled Bill Amendment to SB 684-FN

Amend RSA 326-F:3-a, III as inserted by section 36 of the bill by replacing line 1 with the following:

III. The office of professional licensure and certification shall exempt licensees licensed in accordance

Senator Soucy moved adoption of the Enrolled Bill Amendment. Adopted.

REPORT OF COMMITTEE ON ENROLLED BILLS

The committee on Enrolled Bills has examined and found correctly Enrolled the following entitled House and/or Senate Bills:

SB 684-FN, relative to Medicaid to schools.

Senator Soucy moved adoption of the Report of Committee on Enrolled Bills. Adopted.

Out of Recess. Call the Senate to Order.

MOTION TO ADJOURN FROM LATE SESSION

Senator Feltes moved that the Senate adjourn from the Late Session.

Adopted. Adjournment from the Late Session.

SENATE JOURNAL 6

March 11, 2020

The Senate reconvened at 3:00 p.m., a quorum being present.

The Reverend Jon Hopkins, chaplain to the Senate, offered the following prayer:

Let us pray.

As the days grow warmer, let our hearts grow warmer with tenderness. Let us not grow tired of offering mercy and forgiveness. As the days grow brighter, let our light shine with service to our community. Let us not grow tired of lending a helping hand to all those who suffer. As the flowers begin to bloom, let our lives blossom with love. Let us not grow tired of speaking to others with words of kindness. As the sun grows closer to us, let our spirits be restored. Let us not grow tired of speaking words that are true, fair, beneficial and that build good will. We give thanks today for those who serve the New Hampshire State Senate. May their decisions here be warm with tenderness, bright with service, blossom with love and always benefit others above themselves. Amen.

Senator Hennessey led the Pledge of Allegiance.

Without Objection, SB 710-FN is ordered to be considered at the present time. Adopted.

MOTION OF RECONSIDERATION

Senator Fuller Clark, having voted on the prevailing side, moved to reconsider the following action taken by the body on SB 710-FN, establishing a homeowners' association act.: Inexpedient to Legislate. Adopted.

The question is on the adoption of the motion of Inexpedient to Legislate. Failed.

Senator Fuller Clark moved Refer to Interim Study.

The question is on the adoption of the motion of Interim Study. Adopted.

CONSENT CALENDAR REPORTS REMOVED

COMMERCE

SB 685-FN, SB 739-FN, SB 759-FN, by Senator Morse

EDUCATION AND WORKFORCE DEVELOPMENT

SB 733-FN, by Senator Kahn

JUDICIARY

SB 468-FN, SB 572-FN, by Senator Carson

SPECIAL ORDER

Without objection, all bills on Senate Calendar #10, that are not acted on Wednesday, March 11, 2020 will be taken up on Thursday, March 12, 2020. Adopted.

SPECIAL ORDER

Without objection, the following bill is special ordered to Thursday, March 19, 2020. Adopted.

EDUCATION AND WORKFORCE DEVELOPMENT

SB 733-FN, relative to penalties for schools that fail to file certain reports with the department of education.

FN REPORT FOR MARCH 11/12, 2020

Senator D'Allesandro recommends the waiver of referral to the Finance Committee, Senate Rule 4-5, for the following bills with a fiscal note or an appropriation of funds:

CONSENT CALENDAR:

COMMERCE

SB 708-FN, relative to treatment alternatives to opioids.

SB 739-FN, relative to mental health and substance use disorder insurance coverage.

SB 756-FN-L, relative to insurance coverage for emergency volunteers.

SB 759-FN, relative to employers provision of reasonable accommodations for pregnant employees.

EDUCATION AND WORKFORCE DEVELOPMENT

SB 711-FN-L, relative to child sexual abuse prevention education and training.

SB 733-FN, relative to penalties for schools that fail to file certain reports with the department of education.

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SB 729-FN, relative to the board of medical imaging and radiation therapy.

JUDICIARY

SB 439-FN, relative to penalties for violations of privacy.

SB 468-FN, relative to prohibited sexual contact involving persons in a position of authority.

SB 572-FN, relative to prohibited sexual contact involving persons in a position of authority.

SB 605-FN, relative to violations of privacy involving an unmanned aerial vehicle.

SB 648-FN, relative to fees for the services of sheriffs and deputy sheriffs.

SB 677-FN, relative to protective orders for vulnerable adults.

SB 734-FN, relative to exemptions from prosecution for victims of human trafficking.

REGULAR CALENDAR:

COMMERCE

SB 486-FN, relative to insurance plans that cover maternity benefits.

SB 603-FN, relative to financial assistance for biomass and forest product workers.

SB 620-FN, relative to coverage for certain biologically-based mental illnesses.

SB 622-FN, establishing minimum standards for insurance claim review and settlement practices.

SB 623-FN, requiring insurance coverage for PFAS and PFC blood tests.

SB 686-FN, relative to rebates paid to pharmacy benefits managers.

SB 687-FN, relative to transparency in prescription drug pricing and establishing a New Hampshire prescription drug affordability board.

SB 688-FN, prohibiting price gouging in the sale of prescription drugs.

SB 689-FN, relative to the pharmacy anti-steering law.

SB 750-FN-A, providing for premium-free insurance to persons who donate a kidney.
SB 760-FN, relative to criminal background checks for school bus drivers.

EDUCATION AND WORKFORCE DEVELOPMENT

SB 726-FN, relative to programs to aid veterans' access to employment, entrepreneurship, housing, health care and college degrees.
SB 727-FN-L, relative to Holocaust and genocide studies legislation.

ELECTION LAW AND MUNICIPAL AFFAIRS

SB 586-FN, relative to certain expenditures by candidates and candidate committees.
SB 631-FN, authorizing online voter registration.
SB 695-FN, relative to sharing voter registration information.

ENERGY AND NATURAL RESOURCES

SB 462-FN, relative to state energy management.
SB 588-FN, relative to wanton waste of an animal and prohibiting wildlife killing contests.
SB 626-FN, removing the fee to file certain administrative petitions with the site evaluation committee.
SB 692-FN, relative to certain costs of the public utilities commission for participation in regional activities.

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SB 637-FN, relative to fraud and errors in records of the retirement system.

HEALTH AND HUMAN SERVICES

SB 758-FN, relative to banning kratom.

JUDICIARY

SB 436-FN, relative to the penalties for various motor vehicle violations.
SB 649-FN, relative to commercial drivers' licenses and driving under the influence while driving certain commercial motor vehicles.
SB 705-FN, relative to fraudulent online duplication of a social networking account.
SB 732-FN, prohibiting the sharing of location data.
HB 1660-FN, establishing a protective order for vulnerable adults.

Senator D'Allesandro recommends the following bills be ordered to the Finance Committee upon being found Ought to Pass/Ought to Pass with Amendment:

CONSENT CALENDAR:

COMMERCE

SB 685-FN, establishing a wholesale prescription drug importation program.

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SB 576, revising the authority of boards and commissions for technical and health professions regulated by the office of professional licensure and certification.

REGULAR CALENDAR:

EDUCATION AND WORKFORCE DEVELOPMENT

SB 683-FN, establishing a New Hampshire innovation program in the department of business and economic affairs and making an annual appropriation therefor.

ELECTION LAW AND MUNICIPAL AFFAIRS

SB 694-FN-A, relative to minimal cybersecurity standards for municipalities and making appropriations therefor.

ENERGY AND NATURAL RESOURCES

SB 629-FN, establishing the solid waste reduction management fund and establishing a solid waste disposal surcharge.

HEALTH AND HUMAN SERVICES

SB 718-FN-A, relative to the New Hampshire state health improvement plan and making an appropriation therefor.
SB 754-FN, establishing a dental benefit under the state Medicaid program.

JUDICIARY

SB 679-FN, relative to policies on sexual assault in higher education institutions.

Without objection, the FN Report is adopted.

CONSENT CALENDAR

Senator Feltes moved that the Consent Calendar, with the relevant amendments as printed in the day's Calendar be adopted and that all such bills found Ought-to-Pass be ordered as follows:

FN bills not waived under Senate Rule 4-5, to the Committee on Finance; non-FN bills approved for referral to Finance by the day's FN report, to the Committee on Finance; and all other bills, to Third Reading.

COMMERCE

SB 708-FN, relative to treatment alternatives to opioids.

Ought to Pass, Vote 5-0. Senator French for the committee.

This bill provides patients suffering from pain with non-opioid alternatives, such as chiropractic or acupuncture treatments. The intent of this bill, especially with the ongoing opioid crisis, is to reach patients before they have become addicted. Other states like West Virginia have implemented similar legislation.

Senator Cavanaugh is in favor of the motion of Ought to Pass.

SB 756-FN-L, relative to insurance coverage for emergency volunteers.

Interim Study, Vote 5-0. Senator Cavanaugh for the committee.

This bill came from recommendations made by an HHS oversight subcommittee. Senator Fuller Clark stated that this bill addresses an important issue; however, after meeting with stakeholders, it's not ready to move forward. At Senator Fuller Clark's request, the committee adopted a motion of interim study, so that additional time could be used to incorporate suggestions and improve the language of the bill.

Senator Cavanaugh is in favor of the motion of Interim Study.

EDUCATION AND WORKFORCE DEVELOPMENT

SB 711-FN-L, relative to child sexual abuse prevention education and training.

Ought to Pass with Amendment, Vote 5-0. Senator Kahn for the committee.

This bill as amended requires employing school administration units, school districts, and chartered public schools to provide employees and volunteers who require a criminal history records check with materials concerning sexual abuse prevention. This may include online or in person training and will help protect the state's most vulnerable citizens, its children.

Education and Workforce Development

March 3, 2020

2020-1040s

06/04

Amendment to SB 711-FN-LOCAL

Amend RSA 189:13-a, XII as inserted by section 1 of the bill by replacing it with the following:

XII. The employing school administrative unit, school district, or chartered public school shall provide every school employee whose position requires a criminal background check under this section with informational materials, training, or other education, either online or in person, concerning child sexual abuse prevention, sexual assault and harassment policy training, warning signs of child abuse, and reporting mandates. For the purposes of this paragraph, school employees include coaches and those enumerated in RSA 189:13-a, I(a), VI, and IX(a). Such training shall be completed within 30 days of employment and renewed every 2 years for all employees.

SB 746, relative to the charter for Brewster Academy.

Ought to Pass, Vote 5-0. Senator Ward for the committee.

This bill will amend the charter of Brewster Academy by increasing the membership on the Brewster Academy board of trustees. The bill also allows Brewster Academy to amend its charter in accordance with the provisions of RSA 292:7, governing the powers of voluntary corporations. This will provide efficiency for the Academy in not having to go to the Legislature when updates are needed.

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SB 521, relative to prohibiting legislator participation or advocacy in matters directly related to their employment. Ought to Pass with Amendment, Vote 5-0. Senator Chandley for the committee.

The bill, as introduced, added to statute a conflict of interest prohibition. Legislators would be barred from introducing legislation, testifying, voting, participating in, or influencing any legislative matter directly related to the legislator's employment. Recognizing the importance of legislative ethics, the complexity of the issue, and the need for full discussion, the committee amended the bill to create a study committee with bipartisan representation from both chambers to examine the matter and recommend a course of action.

Senate Executive Departments and Administration
March 5, 2020
2020-1105s
10/06

Amendment to SB 521

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

AN ACT establishing a committee to study and make recommendations for changes to RSA 14-B and RSA 14-C and the ethics guidelines governing conflicts of interest by members of the general court.

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

1 Findings; Purpose. The general court hereby finds:

I. That part II, article 7 of the New Hampshire constitution states: "No member of the general court shall take fees, be of counsel, or act as advocate, in any cause before either branch of the Legislature; and upon due proof thereof, such member shall forfeit his seat in the Legislature."

II. That the general court has adopted principles of public service including the principle requiring "independent, objective judgment in performing a legislator's duties and deciding all matters on the merits free from conflicts of interest and both real and apparent improper influences."

III. That the New Hampshire general court, consistent with RSA 14-B:3, has adopted guidelines prohibiting legislators from engaging in certain activities.

IV. That in order to comply with New Hampshire's constitutional requirements, to satisfy statutory requirements, and to maintain the confidence of the New Hampshire citizenry, the general court should review current conflict of interest provisions and make recommendations for changes, including whether recusal from participation in legislative matters when there is a conflict of interest is sometimes required.

2 Committee Established. There is hereby established a committee to study and make recommendations for changes to the laws and ethics guidelines governing conflicts of interest by members of the general court.

3 Membership and Compensation.

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

(a) Two members of the senate, each of whom is a current member of the legislative ethics committee, and 2 additional members of the senate who shall not be of the same political party, appointed by the president of the senate.

(b) Two members of the house of representatives, each of whom is a current member of the legislative ethics committee, and 2 additional members of the house of representatives who shall not be of the same political party, appointed by the speaker of the house of representatives.

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

4 Duties. The committee shall have the following duties:

I. The committee shall study the current laws for legislative ethics under RSA 14-B and RSA 14-C, and the Ethics Guidelines, as they relate to conflicts of interest and financial disclosure by legislators.

II. Review the conflict of interest laws governing legislatures in other states.

III. Make recommendations for changes to the laws, rules, guidelines, and procedures as they relate to conflicts of interest.

5 Administrative Support. The executive administrator of the legislative ethics committee, the senate legal counsel, and the house legal counsel shall provide administrative support to the committee.

6 Meetings and Report.

I. The members of the committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named senate member. Five members of the committee shall constitute a quorum.

II. The committee shall submit a final report of its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2020. The committee may issue an interim report.

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

2020-1105s

AMENDED ANALYSIS

This bill establishes a committee to study and make recommendations for changes to RSA 14-B and RSA 14-C and the ethics guidelines governing conflicts of interest by members of the general court.

SB 576, revising the authority of boards and commissions for technical and health professions regulated by the office of professional licensure and certification.

Ought to Pass with Amendment, Vote 5-0. Senator Carson for the committee.

This bill makes changes to the statutory provisions governing the regulatory boards and commissions for technical professions and health professions in order to conform to oversight and administration by the Office of Professional Licensure and Certification (OPLC). There has been a lot of disorder and confusion at OPLC since its inception, but SB 576 is a step in the right direction of bringing OPLC into order. The committee amendment makes changes to the schedule of renewal of pharmacy licenses. The committee respectfully recommends that the Chair of the Senate Committee on Finance review this bill for a potential fiscal impact, especially that of the committee amendment.

Senate Executive Departments and Administration

March 5, 2020

2020-1104s

10/06

Amendment to SB 576

Amend the bill by replacing section 180 with the following:

180 Pharmacy Board; Permit; Fees. Amend RSA 318:38, II and III to read as follows:

II. All pharmacy permits shall expire when there is a change of ownership of the pharmacy or at midnight on December 31 [~~biennially in each odd-numbered year~~] **annually**. Every pharmacy that wishes to continue to operate as such shall renew its permit no later than December 15 [~~biennially in odd-numbered years~~] **annually** or immediately when the permit expires for any other reason. It shall be deemed a violation of the provisions of this chapter for any pharmacy to be open or operated beyond the expiration date of its permit.

III. All applicants for a pharmacy permit shall pay a reasonable fee as established by the [~~board~~] **office of professional licensure and certification** for each original pharmacy permit and for each renewal thereof.

Amend the bill by replacing section 308 with the following:

308 Effective Date. This act shall take effect September 1, 2020.

SB 597, relative to licensure of physician assistants.

Ought to Pass with Amendment, Vote 5-0. Senator Rosenwald for the committee.

This bill clarifies the licensure of physician assistants and provides for biennial renewal of physician assistant licenses. The committee amendment ensures that individuals practicing as a physician assistant are licensed by the State of New Hampshire and meet our licensure criteria. The committee amendment also clarifies that the fees collected from physician assistant licenses are paid to, and set by, the Office of Professional Licensure and Certification rather than the Board of Medicine and provides for a transition period for a move to biennial licensing.

Senate Executive Departments and Administration
 March 4, 2020
 2020-1084s
 10/11

Amendment to SB 597

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

1 Physician Assistants; Licensure. Amend RSA 328-D:2 to read as follows:

328-D:2 License Required.

I. No person shall practice as ~~[or hold himself out to be]~~ a physician assistant ~~[or use any letters designating himself as a physician assistant]~~ **in the state of New Hampshire** unless he **or she** is licensed **by the board of medicine** in accordance with this chapter.

II. This section shall not be construed to prohibit students enrolled in physician assistant training programs approved by the board, from performing work incidental to their respective courses of study or supervised clinical work while under the supervision of a ~~[physician]~~ **designated preceptor**.

III. The board shall license each applicant who satisfies the requirements under RSA 328-D:3. Upon payment of a license fee, the board shall issue to such person a license, which shall be prima facie evidence of the right to practice as a physician assistant. ~~[A licensed physician assistant may use the letters "P.A." in connection with his name to denote his licensure under this chapter.]~~

2 Physician Assistants; License Renewal. Amend RSA 328-D:5 to read as follows:

328-D:5 Renewal of Licenses. Every person licensed to practice under this chapter shall apply to the board for ~~[annual]~~ **biennial** renewal of license on forms provided by the ~~[board]~~ **office of professional licensure and certification** and shall pay a renewal fee as established by the ~~[board]~~ **office of professional licensure and certification**. Applications for renewal shall be filed no later than December 31 of ~~[each]~~ **every other** year and shall include ~~[a photocopy]~~ **proof** of the applicant's current national certification ~~[card]~~. A license issued under this chapter shall not expire until the board has taken final action upon the application for renewal.

3 Physician Assistants; Transition of License Renewals. For the transition from annual to biennial renewal under RSA 328-D:5 as amended by this act, licensees who were initially licensed in odd-numbered years prior to 2021 shall renew by December 31, 2021 and every 2 years thereafter, and licensees who were initially licensed in even-numbered years shall renew by December 31, 2022 and every 2 years thereafter. The office of professional licensure and certification shall prorate the renewal fee for those who receive a one-year renewal during this transition. Notwithstanding RSA 318-B:40, those who receive a one-year renewal during this transition shall only be required to obtain 1.5 contact hours of continuing education in pain management and addiction disorder as a condition of the renewal during the transition.

4 Effective Date.

I. Section 2 of this act shall take effect January 1, 2021.

II. The remainder of this act shall take effect 60 days after its passage.

SB 729-FN, relative to the board of medical imaging and radiation therapy.
 Ought to Pass with Amendment, Vote 5-0. Senator Carson for the committee.

This bill adds cardiac electrophysiology specialist and cardiovascular invasive specialist to the licenses administered by the Medical Imaging and Radiation Therapy (MIRT) Board. The bill also adds a requirement for a criminal history records check for medical imaging and radiation therapy license applicants and modifies procedures for the Board. This will ensure that the terms used by the MIRT Board best align with the practices of the medical imaging field. The committee amendment addresses concerns raised by the Office of Professional Licensure and Certification, the MIRT Board, and the hospital community.

Senate Executive Departments and Administration
 March 4, 2020
 2020-1083s
 10/11

Amendment to SB 729-FN

Amend the section heading of section 2 of the bill by replacing it with the following:

2 Board; Quorum. Amend RSA 328-J:6 to read as follows:

Amend RSA 328-J:7-a, I as inserted by section 3 of the bill by replacing it with the following:

I. The board of medical imaging and radiation therapy shall require criminal background checks for initial licensure, reinstatement of licensure or temporary licensure using a criminal history record release form, as provided by the New Hampshire division of state police which authorizes the release of his or her criminal history record, if any, to the board of medical imaging and radiation therapy.

(a) The applicant shall submit with the release form a complete set of fingerprints taken by a qualified law enforcement agency or an authorized employee of the department of safety. In the event that the first set of fingerprints is invalid due to insufficient pattern, a second set of fingerprints shall be necessary in order to complete the criminal history records check. If, after 2 attempts, a set of fingerprints is invalid due to insufficient pattern, the board of medical imaging and radiation therapy may, in lieu of the criminal history records check, accept police clearances from every city, town or county where the person has lived during the past 5 years.

(b) The board of medical imaging and radiation therapy shall submit the criminal history records release form and fingerprint form to the division of state police which shall conduct a criminal history records check through its records and through the Federal Bureau of Investigation. Upon completion of the records check, the division of state police shall release copies of the public conviction criminal history records to the board of medical imaging and radiation therapy.

Amend the bill by replacing section 5 with the following:

5 Applications; Temporary Licensure. Amend RSA 328-J:13 to read as follows:

328-J:13 Applications; Temporary License.

I. Applications for licensure or for a temporary license shall be ~~[on forms]~~ **in the manner** prescribed ~~[and furnished by the board]~~ **by the office of professional licensure and certification**, shall contain statements made under oath, showing the applicant's education and a detailed summary of the applicant's technical work. The ~~[board]~~ **office of professional licensure and certification** shall establish fees for application and any examination required under this chapter. If the board denies the issuance of a license or a temporary permit to any applicant, any initial fee deposited shall be retained as an application fee.

II. The board may issue a temporary license to any person whose certification and registration is pending ~~[or when issuance is for the purpose of providing medical imaging or radiation therapy services to medically underserved areas as determined by the board]~~ **for a period not to exceed 120 days**. A temporary license shall be issued only if the board finds that it will not violate the purpose of this chapter or endanger the public health and safety. ~~[A temporary license shall expire 90 days after the date of the next examination if the applicant is required to take an examination. If the applicant does not take the examination on the scheduled date, the temporary license shall expire. In all other cases, a temporary license shall expire when the determination is made either to issue or deny the applicant a regular license. A temporary license shall not be issued for a period longer than 180 days.]~~

II-a. If an applicant is required to take an examination, the board may issue a temporary license for a period not to exceed 90 days after the date of the next examination. If the applicant does not take the examination on the scheduled date, the temporary license shall expire.

II-b. In all other cases, a temporary license shall expire when the determination is made either to issue or deny the applicant a regular license.

III. New graduates awaiting national certification and registration may be issued a temporary license for employment purposes for a period not to exceed one year.

IV. Any person issued a license under this chapter shall display the official license document or a verified copy in each place of regular employment.

SB 744, establishing a commission to review drug overdose fatality information and data.
Ought to Pass with Amendment, Vote 5-0. Senator Chandley for the committee.

This bill establishes the New Hampshire drug overdose fatality review commission to review information and data related to drug overdose fatalities in New Hampshire. This will put in statute a commission that was created by Executive Order of Governor Hassan. With the opioid crisis gripping New Hampshire, it is important to understand the factors that lead to an overdose fatality. The committee amendment makes several clerical adjustments.

Senate Executive Departments and Administration
March 4, 2020
2020-1077s
01/06

Amendment to SB 744

Amend RSA 126-BB:1, I as inserted by section 2 of the bill by inserting after subparagraph (s) the following new subparagraph:

(t) A suicide prevention specialist, appointed by NAMI-New Hampshire.

Amend RSA 126-BB:1, II as inserted by section 2 of the bill by replacing it with the following:

II.(a) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

(b) A member of the commission appointed under subparagraphs I(a)-(g) or (s) shall serve a term conterminous with their term in office. A member appointed under subparagraph I(h)-(r) or (t) shall serve a 6-year term, provided that initial appointments shall be for staggered terms of one to 6 years.

(c) Members of the commission shall sign confidentiality statements that prohibit any unauthorized dissemination of information except when disclosures may be necessary to enable the commission to carry out its duties under this subdivision. No material shall be used for reasons other than for which it was intended.

Amend RSA 126-BB:1, III(b) as inserted by section 2 of the bill by replacing it with the following:

(b)(1) Upon the request of the chairperson of the commission and as necessary to carry out the commission's duties, the chairperson shall be provided, within 5 days excluding weekends and holidays, with access to information and records regarding a drug overdose fatality that is being reviewed by the commission or regarding the person who overdosed on drugs. The commission may request the information and records from any of the following:

(A) A provider of medical, dental or behavioral health care.

(B) Any state or a political subdivision of this state that might assist the commission in reviewing the fatality.

(2) A law enforcement agency, with the approval of the prosecuting attorney, may withhold from a review team investigative records that may interfere with a pending criminal investigation or prosecution.

Amend RSA 126-BB:1, V(d) as inserted by section 2 of the bill by replacing it with the following:

(d) Review all overdose fatalities except for fatalities of children under 18 years of age and fatalities related to women while pregnant or with one year of the end of pregnancy.

(e) Complete an annual statistical report on the incidence and causes of overdose fatalities in this state during the past fiscal year and submit a copy of this report, including its recommendations for proposed legislation and actions, to the governor, the senate president, and the speaker of the house of representatives. The commission shall submit the report on or before December 15 of each year commencing on December 15, 2021.

Amend RSA 126-BB:1, VI(a) as inserted by section 2 of the bill by replacing it with the following:

(a) Call witnesses or take testimony from individuals who have been identified by the department of justice as potential witnesses in any criminal prosecution arising from an overdose death until the completion of such prosecution.

Amend RSA 126-BB:1, VIII as inserted by section 2 of the bill by replacing it with the following:

VIII.(a) The commission shall maintain the confidentiality of all records pursuant to RSA 169-C:25, RSA 170-G:8-a, and all other related confidentiality laws.

(b) The information and records obtained and created in execution of the commission's official functions shall be exempt from disclosure pursuant to RSA 91-A and shall be privileged and exempt from use or disclosure in any criminal or civil matter or administrative proceeding. No person who participates in the official functions of the commission shall be compelled to testify or produce evidence in any judicial or administrative proceeding with respect to any matter involving exercise of his or her official duties.

(c) Commission members, their agents and employees, shall not be subject to, and shall be immune from, claims, suits, liability, damages or any other recourse, civil or criminal, arising from any act, proceeding, decision or determination undertaken or performed or recommendation made, provided such persons acted in good faith and without malice in carrying out their responsibilities authority, duties, powers and privileges of the offices conferred by this subdivision upon them.

(d) No organization, institution, or person furnishing information, data, reports, or records to the commission shall be liable in damages to any person or subject to any other recourse, civil or criminal.

(e) Any person who knowingly discloses case records or other information obtained from commission proceedings shall be guilty of a misdemeanor.

SB 752, relative to the authority of the department of administrative services, division of personnel. Ought to Pass with Amendment, Vote 5-0. Senator Cavanaugh for the committee.

This bill clarifies the authority of the Department of Administrative Services, Division of Personnel to administer positions within the executive branch and issue personnel standards, practices and procedures, including technical assistance manuals for state agencies, and is a request of the Department. This bill is a housekeeping bill and should have been included in the budget process.

Senate Executive Departments and Administration
March 4, 2020
2020-1076s
05/11

Amendment to SB 752

Amend the bill by replacing section 3 with the following:

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

SB 753, renaming a wing in the New Hampshire veterans' home. Interim Study, Vote 5-0. Senator Carson for the committee.

This bill renames the life enhancement dementia unit in the New Hampshire Veterans' Home the Barry E. Conway Unit. There are several groups involved with the Veterans' Home, including the Board of Managers, who were not consulted about this bill before its introduction. The Committee felt it was best to hold off on this bill until after all relevant groups could be consulted.

JUDICIARY

SB 439-FN, relative to penalties for violations of privacy. Ought to Pass with Amendment, Vote 5-0. Senator French for the committee.

As amended, this bill modifies the penalties for certain nonconsensual violations of privacy. Individuals have the right to privacy in private places and amending the penalties in relation to the severity of the offense in these instances will give law enforcement the tools they need to combat this unlawful behavior.

Senate Judiciary
March 3, 2020
2020-1050s
04/11

Amendment to SB 439-FN

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

1 Violation of Privacy. Amend RSA 644:9, I to read as follows:

I. A person is guilty of ~~[a class A misdemeanor if such person unlawfully and without the consent of the persons entitled to privacy therein, installs or uses]~~:

(a) **A class B felony if such person unlawfully and without the consent of the persons entitled to privacy therein, installs or uses** any device for the purpose of observing, photographing, recording, amplifying, broadcasting, or in any way transmitting images or sounds of the private body parts of a person including the genitalia, buttocks, or female breasts, or a person's body underneath that person's clothing; or

(b) **A class A misdemeanor, if such person unlawfully and without the consent of the persons entitled to privacy therein, installs or uses**, in any private place, any device for the purpose of observing, photographing, recording, amplifying, or broadcasting, or in any way transmitting images or sounds in such place; or

(c) *A class B misdemeanor, if such person unlawfully and without the consent of the persons entitled to privacy therein, installs or uses*, outside a private place, any device for the purpose of hearing, recording, amplifying, broadcasting, observing, or in any way transmitting images, location, movement, or sounds originating in such place which would not ordinarily be audible, visible, or comprehensible outside such place.

2 Effective Date. This act shall take effect January 1, 2021.

2020-1050s

AMENDED ANALYSIS

This bill amends the penalties for certain nonconsensual violations of privacy.

SB 605-FN, relative to violations of privacy involving an unmanned aerial vehicle.
Ought to Pass with Amendment, Vote 5-0. Senator Hennessey for the committee.

As amended, this bill establishes a criminal penalty for interference with the enjoyment of a dwelling place and a civil cause of action for injury resulting from such interference. Enacting this legislation will ensure that individuals who violate the privacy of a home, with or without the use of a mechanical or electronic device such as a drone, can be held accountable for those actions. The Committee amended the bill to clarify the language and ensure that it adapts to the rapidly changing technological landscape of our society.

Senate Judiciary
March 3, 2020
2020-1052s
04/10

Amendment to SB 605-FN

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

AN ACT relative to interference with the enjoyment of a dwelling place.

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

1 New Section; Wilful Trespass; Interference With the Enjoyment of a Dwelling Place. Amend RSA 539 by inserting after section 9 the following new section:

539:10 Interference With the Enjoyment of a Dwelling Place. Any person who knowingly uses any device, including a mechanical or electronic device, in such a way as to unreasonably disturb the peaceful enjoyment of another person's dwelling place or its curtilage, or any person who aids in such act, shall be guilty of a misdemeanor. Any person injured by a violation of this section shall have a right of action in the superior court to enforce this section and shall be awarded actual damages or \$1,000, whichever is greater, and reasonable attorney's fees and court costs.

2 Effective Date. This act shall take effect January 1, 2021.

2020-1052s

AMENDED ANALYSIS

This bill establishes a criminal penalty for interference with the enjoyment of a dwelling place and a civil cause of action for injury resulting from such interference.

SB 648-FN, relative to fees for the services of sheriffs and deputy sheriffs.
Ought to Pass with Amendment, Vote 5-0. Senator Carson for the committee.

This bill increases fees for certain services of sheriffs and deputy sheriffs. Sheriff's fees have not been increased in more than ten years, and this modest change will assist in covering the increased costs of business for written services including, fuel, wages, mail, cruisers, and more. The Committee amended the bill to ensure mileage is paid only once when a service is requested by one party to multiple individuals in the same physical location and when those multiple services can be reasonably made in one trip.

Senate Judiciary
March 3, 2020
2020-1049s
08/04

Amendment to SB 648-FN

Amend RSA 104:31, IV as inserted by section 1 of the bill by replacing it with the following:

IV. In every county for actual travel to serve any writ, notice, subpoena, process, or execution, to be reckoned from the place of service to the sheriff's office or substation, and for travel to attend any court by the order thereof, to be reckoned from the sheriff's office or substation to the court, each mile, each way, at the current federal rate. ***Mileage shall be paid only once when service requested by the same party on multiple individuals related to the same case or matter living at the same address, building, or complex can be reasonably made on the same trip.***

SB 677-FN, relative to protective orders for vulnerable adults.
Interim Study, Vote 5-0. Senator Hennessey for the committee.

This bill would establish a procedure for protective orders for vulnerable adults. As the majority of the Committee has made the recommendation to support the passage of HB1660-FN, which also addresses protective orders for vulnerable adults, the Committee recommends placing SB677-FN in Interim Study.

SB 734-FN, relative to exemptions from prosecution for victims of human trafficking.
Ought to Pass, Vote 5-0. Senator Levesque for the committee.

This bill exempts victims of human trafficking from prosecution for certain criminal offenses and establishes procedures for vacating a conviction, adjudication of delinquency, or diversion agreement resulting from human trafficking. This change will bring New Hampshire in line with many other states in the nation regarding laws for human trafficking victims. These survivors are arrested for a variety of reasons related to being trafficked and enacting this legislation will help them move forward in their lives in a positive manner.

TRANSPORTATION

SB 526, relative to disposal of abandoned cars.
Ought to Pass, Vote 5-0. Senator Birdsell for the committee.

This bill makes certain modifications to the requirements for disposal of motor vehicles by storage companies and clarifies when certain information relative to motor vehicle owners may be shared with tow companies. It allows any records requested by the state police to owners of towed or impounded vehicles to be shared with local law enforcement agencies and authorized representatives of tow companies. It clarifies towing to add whether from an accident, arrest, parking violation, or abandonment. It increases the number of days the owner of an abandoned vehicle has to claim the vehicle from a storage facility from 20 days to 45 days. It also deletes language relative to the age of the vehicle and increases the value of the vehicle from \$1,000 to \$2,500 relative to when a storage facility may dispose of a vehicle without notice.

The question is on the adoption of the Consent Calendar. Adopted.

REGULAR CALENDAR

COMMERCE

SB 486-FN, relative to insurance plans that cover maternity benefits.
Ought to Pass, Vote 3-2. Senator Cavanaugh for the committee.
Senator Birdsell offered a Floor Amendment.

Sen. Birdsell, Dist 19
March 9, 2020
2020-1135s
01/04

Floor Amendment to SB 486-FN

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

AN ACT relative to insurance plans that cover maternity benefits and establishing the born alive protection act.

Amend the bill by inserting after section 2 the following and renumbering the original section 3 to read as 5:

3 Statement of Finding. The general court hereby finds that it is the purpose of the state of New Hampshire to assert a compelling state interest in protecting the life of any infant born alive as a legal person for all purposes under the laws of the state of New Hampshire, and entitled to all the protections of such laws, including the right to medically appropriate and reasonable care and treatment.

4 New Chapter; Born Alive Infant Protection Act. Amend RSA by inserting after chapter 132-A the following new chapter:

CHAPTER 132-B

BORN ALIVE INFANT PROTECTION ACT

132-B:1 Title. This chapter may be known and cited as the Born Alive Infant Protection Act.

132-B:2 Definitions. In this chapter:

I. "Abortion" has the same meaning as RSA 132:32, I.

II. "Born alive" means the complete expulsion or extraction from the mother of a human infant, at any stage of development, who, after such expulsion or extraction, breathes, has a beating heart, or has definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, Cesarean section, induced abortion, or other method.

III. "Health care provider" means any individual who may be asked to participate in any way in a health care service or procedure, including but not limited to, the following: a physician, physician's assistant, nurse, APRN, nurse's aide, medical assistant, hospital employee, medical facility employee, or reproductive health care facility employee.

IV. "Medical facility" means any public or private hospital, clinic, center, medical school, medical training institute, health care facility, physician's office, infirmary, dispensary, ambulatory surgical treatment center, or other institution or location wherein medical care or treatment is provided to any person.

V. "Reproductive health care facility" has the same meaning as RSA 132:37, I.

132-B:3 Born Alive Infant Protection.

I. Any born alive infant, including one born in the course of an abortion, shall be treated as a legal person under the laws of this state, with the same rights to medically appropriate and reasonable care and treatment.

II. Any health care provider present at the time the infant is born shall take all medically appropriate and reasonable actions to the preserve the life and health of the born alive infant.

132-B:4 Mandatory Reporting. Any health care provider, medical facility, reproductive health care facility, or employee or volunteer of a medical facility or reproductive health care facility that has knowledge of a failure to comply with the provisions of this chapter shall immediately report the failure to an appropriate law enforcement agency.

132-B:5 Criminal Penalties. Any health care provider who intentionally or knowingly violates this chapter shall be guilty of a class A felony.

2020-1135s

AMENDED ANALYSIS

This bill requires insurance plans which cover maternity benefits to provide coverage for emergency or elective abortion services.

This bill also establishes the born alive infant protection act which provides that a person shall not deny or deprive an infant of nourishment with the intent to cause or alter the death of an infant during an abortion.

The question is on the adoption of the Floor Amendment.

A roll call was requested by Senator Birdsell, seconded by Senator Giuda.

The following Senators voted Yes: Starr, Giuda, Bradley, Gray, French, Ward, Carson, Reagan, Birdsell, Morse.

The following Senators voted No: Watters, Hennessey, Dietsch, Kahn, Chandley, Levesque, Rosenwald, Feltes, Cavanaugh, D'Allesandro, Fuller Clark, Morgan, Sherman, Soucy.

Roll Call, Yeas: 10 - Nays: 14. Failed.

Senator Giuda moved to Lay on the Table.

The question is on the adoption of the motion to Lay on the Table.

A roll call was requested by Senator Birdsell, seconded by Senator Giuda.

The following Senators voted Yes: Starr, Giuda, Bradley, Gray, French, Ward, Carson, Reagan, Birdsell, Morse.

The following Senators voted No: Watters, Hennessey, Dietsch, Kahn, Chandley, Levesque, Rosenwald, Feltes, Cavanaugh, D'Allesandro, Fuller Clark, Morgan, Sherman, Soucy.

Roll Call, Yeas: 10 - Nays: 14. Failed.

The question is on the adoption of the motion of Ought to Pass.

A roll call was requested by Senator Rosenwald, seconded by Senator Birdsell.

The following Senators voted Yes: Watters, Hennessey, Dietsch, Kahn, Chandley, Levesque, Rosenwald, Feltes, Cavanaugh, D'Allesandro, Fuller Clark, Morgan, Sherman, Soucy.

The following Senators voted No: Starr, Giuda, Bradley, Gray, French, Ward, Carson, Reagan, Birdsell, Morse.

Roll Call, Yeas: 14 - Nays: 10. Adopted, bill ordered to Third Reading.

ANNOUNCEMENTS

PRESIDENT SOUCY: I neglected to mention earlier, but I did want to announce to all of you a couple of things. In light of the COVID-19 and coronavirus situation we are all in we are obviously all here as are our counter parts on the other side. I want to let you know that the chief operation officer has worked with the cleaning crew and they are all on special assignment, we are following all of the recommendations from DHHS. The chambers were both deep cleaned and disinfected, they will be every day from this point forward. The tours that are conducted at the State House will not allow any of the students or anyone to enter the chambers so they will maintain their cleanliness. They will be able to go in the gallery. And in addition, we are going to be bring on an infectious disease specialist to do an evaluation of the building and to further advise how we might continue to ensure that all of us are in a safe environment. In addition, in all of your draws you should have Purell for each individual member as well as tissues. If those are not there please let us know. I should've announced that at the beginning. I do apologize. But we are taking steps to ensure everyone's safety and trying to make sure that we are doing the right thing by everyone.

SB 603-FN, relative to financial assistance for biomass and forest product workers.

Ought to Pass, Vote 3-2. Senator Morgan for the committee.

The question is on the adoption of the motion of Ought to Pass.

A roll call was requested by Senator Giuda, seconded by Senator Feltes.

The following Senators voted Yes: Watters, Hennessey, Kahn, Chandley, Levesque, Rosenwald, Feltes, Cavanaugh, D'Allesandro, Fuller Clark, Morgan, Sherman, Soucy.

The following Senators voted No: Starr, Giuda, Bradley, Gray, French, Ward, Dietsch, Carson, Reagan, Birdsell, Morse.

Roll Call, Yeas: 13 - Nays: 11. Adopted, bill ordered to Third Reading.

SB 620-FN, relative to coverage for certain biologically-based mental illnesses.

Ought to Pass with Amendment, Vote 3-2. Senator Morgan for the committee.

Commerce

March 3, 2020

2020-1056s

01/05

Amendment to SB 620-FN

Amend the bill by replacing section 1 with the following:

1 New Paragraph; Coverage for Certain Biologically-Based Mental Illnesses; Reimbursement Parity Required. Amend RSA 417-E:1 by inserting after paragraph V-a the following new paragraph:

V-b.(a) Health insurers, health service corporations, and health maintenance organizations shall include in their contracts with participating providers as defined under 420-J:3, reimbursement terms for mental health and substance use disorder treatment services that are on average, at least as favorable as those in their contracts with primary care providers. Reimbursement rates paid to mental health and substance use disorder treatment providers shall meet the required standard if the relative percentage of what Medicare pays for the same service, is on average, equal to or greater than that paid to primary care providers. Services considered in the comparison shall include both physician and non-physician in-network professional providers located in New Hampshire.

(b) Compliance with subparagraph (a) shall not constitute compliance with the Mental Health Parity and Addiction Equity Act in 42 U.S.C. 300gg-26 and its implementing and related regulations in 45 C.F.R. 146.136, 45 C.F.R. 147.160, and 45 C.F.R. 156.115(a)(3). Health insurers, health service corporations, and health maintenance organizations shall, pursuant to 45 C.F.R. 146.136(c)(4)(i) and 45 C.F.R. 146.136(c)(4)(ii), ensure that when setting reimbursement rates for mental health and substance use disorder treatment providers, as written and in effect, any processes, strategies, evidentiary standards, or other factors used in establishing such reimbursement rates are comparable to, and are applied no more stringently than, any processes, strategies, evidentiary standards, or other factors used in establishing reimbursement rates for medical/surgical providers in the classification of benefits.

The question is on the adoption of the Committee Amendment. Adopted.

The question is on the adoption of the motion of Ought to Pass with Amendment. Adopted, bill ordered to Third Reading.

Senator Cavanaugh is in favor of the motion of Ought to Pass with Amendment.

SB 622-FN, establishing minimum standards for insurance claim review and settlement practices. Ought to Pass with Amendment, Vote 3-2. Senator Cavanaugh for the committee.

Commerce
March 3, 2020
2020-1057s
01/04

Amendment to SB 622-FN

Amend RSA 415-A:7-a as inserted by section 2 of the bill by replacing it with the following:

415-A:7-a Private Right of Action. Any person injured by an action or unfair claim settlement practice declared unlawful under this chapter may bring an action for damages and for such equitable relief, including an injunction, as the court deems necessary and proper. If the court finds for the plaintiff, recovery shall be in the amount of actual damages or \$1,000, whichever is greater. If the court finds that the use of the method of competition or the act or practice was a willful or knowing violation of this chapter, it shall award as much as 3 times, but not less than 2 times, such amount. In addition, a prevailing plaintiff shall be awarded the costs of the suit and reasonable attorney's fees, as determined by the court. Any attempted waiver of the right to the damages set forth in this paragraph shall be void and unenforceable. Injunctive relief shall be available to private individuals under this chapter without bond, subject to the discretion of the court. Upon commencement of any action brought under this section, the clerk of the court shall mail a copy of the complaint or other initial pleadings to the insurance commissioner and, upon entry of any judgment or decree in the action, shall mail a copy of such judgment or decree to the commissioner.

Amend the bill by deleting section 3 and renumbering the original section 4 to read as 3.

The question is on the adoption of the Committee Amendment. Adopted.

The question is on the adoption of the motion of Ought to Pass with Amendment.

A division vote was requested.

Yeas: 14 - Nays: 10. Adopted, bill ordered to Third Reading.

Senator Cavanaugh is in favor of the motion of Ought to Pass with Amendment.

SB 623-FN, requiring insurance coverage for PFAS and PFC blood tests. Ought to Pass, Vote 5-0. Senator Morgan for the committee.

The question is on the adoption of the motion of Ought to Pass.

A roll call was requested by Senator Birdsell, seconded by Senator Bradley.

The following Senators voted Yes: Giuda, Bradley, Watters, Hennessey, Gray, French, Ward, Dietsch, Kahn, Chandley, Levesque, Rosenwald, Carson, Feltes, Cavanaugh, Reagan, Birdsell, D'Allesandro, Fuller Clark, Morse, Morgan, Sherman, Soucy.

The following Senators voted No: Starr.

Roll Call, Yeas: 23 - Nays: 1. Adopted.

Recess. Out of recess.

MOTION OF RECONSIDERATION

Senator Bradley, having voted on the prevailing side, moved to reconsider the following action taken by the body on SB 623-FN, requiring insurance coverage for PFAS and PFC blood tests.: Ought to Pass. Adopted.

The question is on the adoption of the motion of Ought to Pass.

A roll call was requested by Senator Birdsell, seconded by Senator Feltes.

The following Senators voted Yes: Starr, Giuda, Bradley, Watters, Hennessey, Gray, French, Ward, Dietsch, Kahn, Chandley, Levesque, Rosenwald, Carson, Feltes, Cavanaugh, Reagan, Birdsell, D'Allesandro, Fuller Clark, Morse, Morgan, Sherman, Soucy.

The following Senators voted No: (None)

Roll Call, Yeas: 24 - Nays: 0. Adopted, bill ordered to Third Reading.

SB 686-FN, relative to rebates paid to pharmacy benefits managers.

Ought to Pass with Amendment, Vote 3-2. Senator Morgan for the committee.

Commerce

March 4, 2020

2020-1063s

01/04

Amendment to SB 686-FN

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

AN ACT relative to prescription drug benefits paid by health plans and establishing the New Hampshire prescription drug competitive marketplace.

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

1 New Chapter; Health Plans That Provide Prescription Drug Benefits. Amend RSA by inserting after chapter 402-N the following new chapter:

CHAPTER 402-O

HEALTH PLANS THAT PROVIDE PRESCRIPTION DRUG BENEFITS

402-O:1 Definitions. In this chapter:

I. "Average wholesale price" means the average wholesale price of a prescription drug as identified by a national drug pricing source selected by a health insurer. The average wholesale price must be identified by the 11-digit national drug code, as amended from time to time, for the prescription drug dispensed for the quantity dispensed.

II. "Brand-name drug" means a prescription drug marketed under a proprietary name or registered trademark name, including a biological product.

III. "Commissioner" means the insurance commissioner.

IV. "Compensation" means any direct or indirect financial benefit, including, but not limited to, rebates, discounts, credits, fees, grants, charge-backs or other payments or benefits of any kind.

V. "Contracted pharmacy" means "contracted pharmacy" as defined in RSA 420-J:3, X-a.

VI. "Cost-sharing amount" means the amount paid by a covered person as required under the covered person's health plan for a prescription drug at the point of sale.

VII. “Covered person” means “covered person” as defined in RSA 420-J:3, XII.

VIII. “Dispensing fee” means the professional fee incurred at the point of sale or service that pays for pharmacy costs, in excess of ingredient cost, associated with ensuring that possession of the appropriate prescription drug is transferred to a covered person.

IX. “Formulary” means a list of prescription drugs covered by a health benefit plan and any tier levels applicable to a prescription drug.

X. “Generic drug” means a prescription drug, whether identified by its chemical, proprietary or non-proprietary name, that is not a brand-name drug and is therapeutically equivalent to a brand-name drug in dosage, safety, strength, method of consumption, quality, performance and intended use. “Generic drug” includes a biosimilar product.

XI. “Health carrier” means “health carrier” as defined in RSA 420-J:3, XXIII.

XII. “Health benefit plan” means “health benefit plan” as defined in RSA 420-J:3, XIX.

XIII. “Ingredient cost” means the actual amount paid to a pharmacy provider by a carrier or the carrier’s pharmacy benefits manager for a prescription drug, not including the dispensing fee or cost-sharing amount.

XIV. “Mail order pharmacy” means “mail order pharmacy” as defined in RSA 318:1, VII-b.

XV. “Maximum allowable cost” means the maximum amount a health insurer will pay for a generic drug or brand-name drug that has at least one generic alternative available.

XVI. “Pharmacy” means “pharmacy” as defined in RSA 318:1, XI.

XVII. “Pharmacy and therapeutics committee” means a committee, board or equivalent body established by a health carrier to develop and maintain formularies.

XVIII. “Pharmacy benefits manager” means a person who performs pharmacy benefits management services, including a person acting on behalf of a pharmacy benefits manager in a contractual or employment relationship in the performance of pharmacy benefits management services for a covered entity. “Pharmacy benefits manager” shall include a health insurer licensed in this state if the health insurer or its subsidiary is providing pharmacy benefits management services exclusively to its own insureds. “Pharmacy benefits manager” shall not include a private single employer self-funded plan that provides such benefits or services directly to its beneficiaries. “Pharmacy benefits management” means the administration of prescription drug benefits provided by a covered entity under the terms and conditions of the contract between the pharmacy benefits manager and the covered entity and the provision of mail order pharmacy services.

XIX. “Pharmacy provider” means a retail pharmacy, mail order pharmacy, or licensed pharmacist.

XX. “Retail pharmacy” means a chain pharmacy, a supermarket pharmacy, a mass merchandiser pharmacy, an independent pharmacy or a network of independent pharmacies that is licensed as a pharmacy by this state and that dispenses medications to the public.

402-O:2 Oversight and Contracting Responsibilities.

I. A health insurer shall ensure that oversight and management of its prescription drug benefits, whether managed and administered directly by the insurer, or by a pharmacy benefits manager under contract with the insurer, meets the requirements of this chapter.

II. A health carrier that contracts with a pharmacy benefits manager to perform any activities related to the health carrier’s prescription drug benefits is responsible for ensuring that, under the contract, the pharmacy benefits manager acts as the health carrier’s agent and owes a fiduciary duty to the health carrier in the pharmacy benefits manager’s management of activities related to the health carrier’s prescription drug benefits.

III. A health carrier shall not enter into a contract or agreement or allow a pharmacy benefits manager or any person acting on the health carrier’s behalf to enter into a contract or agreement that prohibits a pharmacy provider from:

(a) Providing a covered person with the option of paying the pharmacy provider’s cash price for the purchase of a prescription drug and not filing a claim with the covered person’s health carrier if the cash price is less than the covered person’s cost-sharing amount; or

(b) Providing information to a state or federal agency, law enforcement agency, or the commissioner when such information is required by law.

IV.(a) A health carrier or pharmacy benefits manager shall not require a covered person to make a payment at the point of sale for a covered prescription drug in an amount greater than the least of:

(1) The applicable cost-sharing amount for the prescription drug.

(2) The amount a covered person would pay for the prescription drug if the covered person purchased the prescription drug without using a health plan or any other source of prescription drug benefits or discounts.

(3) The total amount the pharmacy will be reimbursed for the prescription drug from the pharmacy benefits manager or carrier, including the cost-sharing amount paid by a covered person.

(4) The amount a health carrier or pharmacy benefits manager would pay for the prescription drug if the carrier or pharmacy benefits manager paid the pharmacy the full amount for the drug, with no cost sharing due.

(b) When calculating the cost-sharing for any prescription subject to a co-insurance, a health carrier or pharmacy benefits manager shall use the amount the pharmacy will be reimbursed for the prescription drug from the health carrier or pharmacy benefits manager minus any cost-sharing to be paid by a covered person.

V. A health carrier shall provide a reasonably adequate retail pharmacy network for the provision of prescription drugs for its covered persons. A mail order pharmacy shall not be included in determining the adequacy of a retail pharmacy network.

402-O:3 Prescription Drug Pricing; Maximum Allowable Cost.

I. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall use a single maximum allowable cost list to establish the maximum amount to be paid by a health plan to a pharmacy provider for a generic drug or a brand-name drug that has at least one generic alternative available. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall use the same maximum allowable cost list for each pharmacy provider.

II. A maximum allowable cost may be set for a prescription drug, or a prescription drug may be allowed to continue on a maximum allowable cost list, only if that prescription drug:

(a) Is rated as “A” or “B” in the most recent version of the United States Food and Drug Administration’s (FDA) “Approved Drug Products with Therapeutic Equivalence Evaluations,” also known as “the Orange Book,” or an equivalent rating from a successor publication, or is rated as “NR” or “NA” or a similar rating by a nationally recognized pricing reference; and

(b) Is not obsolete and is generally available for purchase in New Hampshire from a national or regional wholesale distributor by pharmacies having a contract with the pharmacy benefits manager.

III. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall provide a reasonable administrative appeal procedure, including a right to appeal that is limited to 14 days following the initial claim, to allow pharmacies with which the health carrier or pharmacy benefits manager has a contract to challenge maximum allowable costs for a specified drug.

IV. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall respond to, investigate, and resolve an appeal under paragraph III within 14 days after the receipt of the appeal. The health carrier or pharmacy benefits manager shall respond to an appeal as follows:

(a) If the appeal is upheld, the health carrier or pharmacy benefits manager shall make the appropriate adjustment in the maximum allowable cost and permit the challenging pharmacy or pharmacist to reverse and rebill the claim in question; or

(b) If the appeal is denied, the health carrier or pharmacy benefits manager shall provide the challenging pharmacy or pharmacist the national drug code from national or regional wholesalers of a comparable prescription drug that may be purchased at or below the maximum allowable cost.

V. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall use the average wholesale price to establish the maximum payment for a brand-name drug for which a generic equivalent is not available or a prescription drug not included on a maximum allowable cost list. In order to use the average wholesale price of a brand-name drug or prescription drug not included on a maximum allowable cost

list, a health carrier, or a pharmacy benefits manager under contract with a health carrier, shall use only one national drug pricing source during a calendar year, except that a health carrier, or a pharmacy benefits manager under contract with a health carrier, may use a different national drug pricing source if the original pricing source is no longer available. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall use the same national drug pricing source for each pharmacy provider and identify on its publicly accessible website the name of the national drug pricing source used to determine the average wholesale price of a prescription drug not included on the maximum allowable cost list.

VI. This paragraph governs payments between a health carrier or a health carrier's pharmacy benefits manager and a pharmacy provider.

(a) The amount paid by a health carrier or a health carrier's pharmacy benefits manager to a pharmacy provider under contract with the health carrier or the health carrier's pharmacy benefits manager for dispensing a prescription drug shall be the ingredient cost plus the dispensing fee less any cost-sharing amount paid by a covered person.

(b) The ingredient cost may not exceed the maximum allowable cost or average wholesale price, as applicable, and shall be disclosed by the health carrier's pharmacy benefits manager to the carrier.

(c) Only the pharmacy provider that dispensed the prescription drug may retain the payment described in this paragraph.

(d) A pharmacy provider shall not be denied payment or be subject to a reduced payment retroactively unless the original claim was submitted fraudulently or in error.

402-O:4 Prescription Drug Formularies; Pharmacy and Therapeutics Committee.

I. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall establish a pharmacy and therapeutics committee. A health carrier shall require its pharmacy and therapeutics committee or the pharmacy and therapeutics committee of the health carrier's pharmacy benefits manager to use one or more formularies.

II. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall not allow a person with a conflict of interest, as described in subparagraphs (a) and (b), to be a member of its pharmacy and therapeutics committee. A person shall not serve as a member of a pharmacy and therapeutics committee if the person:

(a) Is employed, or was employed within the preceding year, by a pharmaceutical manufacturer, developer, labeler, wholesaler, or distributor; or

(b) Receives compensation, or received compensation within the preceding year, from a pharmaceutical manufacturer, developer, labeler, wholesaler, or distributor.

III. A health carrier, or a pharmacy benefits manager under contract with a health carrier, shall prohibit its pharmacy and therapeutics committee or any member of the committee from receiving any compensation from a pharmaceutical manufacturer, developer, labeler, wholesaler, or distributor.

402-O:5 Treatment of Pharmacy Benefits Manager Compensation.

I. In this section:

(a) "Anticipated loss ratio" means the ratio of the present value of the future benefits payments to the present value of the future premiums of a policy form over the entire period for which rates are computed to provide health insurance coverage.

(b) "Pharmacy benefits manager compensation" means the difference between:

(1) The value of payments made by a health carrier of a health plan to its pharmacy benefits manager; and

(2) The value of payments made by the pharmacy benefits manager to dispensing pharmacists for the provision of prescription drugs or pharmacy services with regard to pharmacy benefits covered by the health benefit plan.

II.(a) If a health carrier uses a pharmacy benefits manager to administer or manage prescription drug benefits provided for the benefit of covered persons, for purposes of calculating a carrier's anticipated loss ratio, any pharmacy benefits manager compensation:

(1) Constitutes an administrative cost incurred by the carrier in connection with a health benefit plan; and

(2) May not constitute a benefit provided under a health benefit plan.

(b) A health carrier shall claim only the amounts paid by the pharmacy benefits manager to a pharmacy or pharmacist as an incurred claim.

III. Each rate filing submitted by a health carrier with respect to a health benefit plan that provides coverage for prescription drugs or pharmacy services that is administered or managed by a pharmacy benefits manager shall include:

(a) A memorandum prepared by a qualified actuary describing the calculation of the pharmacy benefits manager compensation; and

(b) Such records and supporting information as the commissioner reasonably determines is necessary to confirm the calculation of the pharmacy benefits manager compensation.

IV. Upon request, a health carrier shall provide any records to the commissioner that relate to the calculation of the pharmacy benefits manager compensation.

V. A pharmacy benefits manager shall provide any necessary documentation requested by a health carrier that relates to pharmacy benefits manager compensation in order to comply with the requirements of this section.

2 Managed Care Law. Amend RSA 420-J:8, XV(b)(3) to read as follows:

(3) Review and make necessary adjustments to the maximum allowable cost for every drug for which the price has changed at least every ~~[14]~~ 7 days.

3 New Subdivision; New Hampshire Prescription Drug Competitive Marketplace. Amend RSA 21-I by inserting after section 95 the following new subdivision:

New Hampshire Prescription Drug Competitive Marketplace

21-I:96 Purpose and Intent. The purpose and intent of this subdivision is to authorize the commissioner of the department of administrative services, with the approval of the governor and the executive council, to establish the New Hampshire prescription drug competitive marketplace in accordance with this subdivision. The objective of this subdivision is to optimize prescription drug savings by the state of New Hampshire through the following:

I. Adoption of a dynamically competitive reverse auction process for the state health plan selection of pharmacy benefit managers (PBM).

II. Ongoing, real-time electronic review and validation of PBM claims invoices as the foundation for reconciling pharmacy bills.

III. Conduct of market checks using technology driven evaluation of the incumbent PBM's prescription drug pricing based on benchmark comparators.

21-I:97 Definitions. In this subdivision:

I. "Department" means the department of administrative services.

II. "Pharmacy benefits manager" means a person, business, or other entity, including a wholly or partially owned or controlled subsidiary of a pharmacy benefits manager, that, pursuant to a contract with the health carrier or self-funded health benefit plan, manages the prescription drug coverage provided by the health carrier or self-funded health benefit plan, including, but not limited to, providing claims processing services for prescription drugs, performing drug utilization review, processing drug prior authorization requests, adjudication of grievances or appeals related to prescription drug coverage, contracting with network pharmacies, and controlling the cost of covered prescription drugs.

III. "PBM reverse auction" means an automated, transparent, and dynamically competitive bidding process conducted online that starts with an opening round of bids and allows qualified PBM bidders to counter-offer a lower price for as many rounds of bidding as determined by the department of administrative services or its authorized representative conducting the reverse auction for a multiple health plan prescription drug purchasing group.

IV. "Price" means the projected cost of a PBM proposal or "bid" for providing prescription drug benefits pursuant to this part, to enable "apples-to-apples" comparison of the costs of competing PBM proposals over the duration of the PBM services contract.

V. "Real-time" means within no more than 12 hours.

VI. "PBA" means a participant bidding agreement entered into by all participants in the PBM reverse auction prior to participation therein.

21-I:98 New Hampshire Prescription Drug Competitive Marketplace.

I. Notwithstanding any provision of law to the contrary, a contract for the services of a PBM for the administration of benefits under this subdivision may be procured by the department, at its sole discretion, in a transparent, online competitive process, or "PBM reverse auction" as set forth in this subdivision. If the department, acting in its discretion, opts to conduct such a process, it shall procure, through the solicitation of proposals from qualified professional services vendors, the following products and services based upon price, capabilities, and other factors as determined by the department:

(a) Technical assistance from a technology operator with respect to all of the following:

(1) Evaluating the qualifications of PBM bidders.

(2) Conducting online-automated reverse auction services to support the department or its authorized representatives in comparing the pricing for the PBM procurement.

(3) Providing related professional services.

(b) Technology platform with the required capabilities for conducting a PBM reverse auction, along with the related services of a technology operator, as described in subparagraph (a). The technology platform shall, at a minimum, possess the capacity to do the following:

(1) Conduct an automated, online, reverse auction of PBM services.

(2) Automate repricing of diverse and complex PBM prescription drug pricing proposals to enable "apples-to-apples" comparisons of the price of PBM bids utilizing 100 percent of annual prescription drug claims data available for state-funded health plans or a multiple health plan prescription drug purchasing group and using code-based classification of drugs from nationally accepted drug sources.

(3) Produce an automated report and analysis of PBM bids, including the ranking of PBM bids based on the comparative costs and qualitative aspects thereof within a 48-hour time period following the close of each round of reverse auction bidding.

(4) Perform real-time, electronic, line-by-line, claim-by-claim review of 100 percent of invoiced PBM prescription drug claims, and identify all deviations from the specific terms of the PBM services contract resulting from the reverse auction process.

(c) The contract for procurement of the technology platform and technology operator services shall not be awarded to any of the following:

(1) A vendor that is a PBM.

(2) A vendor that is a subsidiary or affiliate of a PBM.

(3) A vendor that is managed by a PBM or receives remuneration from a PBM for aggregating clients into a contractual relationship with a PBM.

(d) The vendor shall not outsource any part of the PBM reverse auction or the automated, real-time, electronic, line-by-line, claim-by-claim review of invoiced PBM prescription drug claims.

(e) With technical assistance and support provided by the technology operator, the department or its authorized representative shall specify the terms of the PBA. The terms of the PBA shall not be modified except by specific consent of the department of administrative services or its authorized representatives.

II. When and if procured, the technology platform used to conduct the reverse auction shall be repurposed over the duration of the PBM services contract as an automated pharmacy claims adjudication engine to perform real-time, electronic, line-by-line, claim-by-claim review of 100 percent of invoiced PBM prescription drug claims, and identify all deviations from the specific terms of PBM services contracts.

III. An entity may request in writing and subject to the approval of the commissioner to participate in a joint purchasing group with the state employee and retiree group insurance program for procuring for PBM services through a PBM reverse auction or otherwise. All entities participating in a joint purchasing group shall share proportionally in the cost of procurement including all support services.

IV. If the department opts, at its discretion, to conduct a transparent, online competitive PBM selection process, as set forth in this subdivision, the processes and procedures set forth in this section shall apply to prescription drug coverage in connection with the state employee health plan for benefits under this part including for state employees, retirees, spouses, and eligible dependents in accordance with the provisions of RSA 21-I:30 and any applicable collective bargaining agreements. Any other state-funded health plan or self-funded municipal employee or other local government employee health plan, public school employee health plans, operating individually or collectively, and the health plans of the university system of New Hampshire and the community college system of New Hampshire may utilize the processes and procedures set forth in this section individually or collectively or as a joint purchasing group with the state employee health plan.

V. After completion of a first PBM reverse auction by the department for the administration of benefits under the state employee health plan, and at the discretion of the department, self-funded private sector employer or multi-employer health plans with substantial participation by New Hampshire employees and their dependents may be permitted to participate in a joint purchasing pool with state employees for conduct of subsequent PBM reverse auctions provided that such participation shall comply with and shall be consistent with all applicable state and federal law and requirements of ERISA.

VI. The state employee health plan and any self-funded public or private sector health plans that may be permitted to participate with the state in a joint PBM reverse auction purchasing pool shall retain full autonomy over determination of their respective prescription drug formularies and pharmacy benefit designs and shall not be required to adopt a common drug formulary or common prescription pharmacy benefit design. Any such entity or purchasing group shall agree, before participating in the PBM reverse auction, to accept the prescription drug pricing plan that is selected through the PBM reverse auction process.

VII. Any PBM providing services to the department or a self-funded health plan as described in paragraphs IV and V, shall provide the department and the plan the complete pharmacy claims data necessary to conduct the reverse auction and carry out their administrative and management duties.

VIII. The department may adopt rules, pursuant to RSA 541-A, to implement the provisions of this subdivision.

4 Severability. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

5 Effective Date.

I. Sections 1 and 2 of this act shall take effect January 1, 2021.

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

2020-1063s

AMENDED ANALYSIS

This bill regulates the maximum allowable cost for prescription drug benefits paid by health insurers or pharmacy benefit managers.

This bill also establishes the New Hampshire prescription drug competitive marketplace.

Senator Carson moved to divide the question: Committee Amendment 2020-1063s: Sections 1, 2, and 5 I, and Sections 3, 4, and 5, II.

Recess. Out of recess.

Senator Carson withdraws her request to divide the question.

The question is on the adoption of the Committee Amendment. Adopted.

The question is on the adoption of the motion of Ought to Pass with Amendment.

A roll call was requested by Senator Bradley, seconded by Senator Giuda.

The following Senators voted Yes: Watters, Hennessey, Dietsch, Kahn, Chandley, Levesque, Rosenwald, Feltes, Cavanaugh, D'Allesandro, Fuller Clark, Morgan, Sherman, Soucy.

The following Senators voted No: Starr, Giuda, Bradley, Gray, French, Ward, Carson, Reagan, Birdsell, Morse.

Roll Call, Yeas: 14 - Nays: 10. Adopted, bill ordered to Third Reading.

SB 687-FN, relative to transparency in prescription drug pricing and establishing a New Hampshire prescription drug affordability board.

Ought to Pass with Amendment, Vote 3-2. Senator Cavanaugh for the committee.

Commerce

March 4, 2020

2020-1062s

10/05

Amendment to SB 687-FN

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

1 New Chapter; Prescription Drug Affordability Board. Amend RSA by inserting after chapter 126-AA the following new chapter:

CHAPTER 126-BB

NEW HAMPSHIRE PRESCRIPTION DRUG AFFORDABILITY BOARD

126-BB:1 Definitions. In this chapter:

- I. "Board" means the New Hampshire prescription drug affordability board.
- II. "Brand-name drug" means a prescription drug marketed under a proprietary name or registered trademark name, including a biological product.
- III. "Generic drug" means a prescription drug, whether identified by its chemical, proprietary, or non-proprietary name, that is not a brand-name drug and is therapeutically equivalent to a brand-name drug in dosage, safety, strength, method of consumption, quality, performance, and intended use. "Generic drug" includes a biosimilar product.
- IV. "Manufacturer" means a manufacturer of prescription drugs that are distributed in the state.
- V. "Pricing unit" means the smallest dispensable amount of a prescription drug that could be dispensed.
- VI. "Public payor" means any division of state, county, or municipal government that administers a health plan for its employees or an association of state, county, or municipal employers that administers a health plan for its employees.
- VII. "Wholesale acquisition cost" means a manufacturer's listed price for sale to a wholesale drug distributor or other entity that purchases a prescription drug directly from the manufacturer, not including any price concessions.

126-BB:2 New Hampshire Prescription Drug Affordability Board Established. There is established the New Hampshire prescription drug affordability board to carry out the purposes of this chapter.

I. The board shall consist of 5 members with expertise in health care economics or clinical medicine, who shall not be, or be directly related to, anyone affiliated with, employed by, or representing the interests of a public payor, pharmaceutical or pharmacy company, pharmacy benefits management company, or health insurance provider and who have completed a conflict of interest statement. They shall be appointed as follows:

(a) Two members by the president of the senate. The president of the senate shall also appoint one alternate board member who will participate in deliberations of the board in the event a member appointed by the president of the senate elects to be recused as provided in RSA 126-BB:3.

(b) Two members by the speaker of the house of representatives. The speaker of the house of representatives shall also appoint one alternate board member who will participate in deliberations of the board in the event a member appointed by the speaker of the house of representatives elects to be recused as provided in RSA 126-BB:3.

(c) One member by the governor. The governor shall also appoint one alternate board member who shall participate in deliberations of the board in the event the member appointed by the governor elects to be recused as provided in RSA 126-BB:3.

II. Members shall be appointed to 5-year terms. Of the initial appointees, the member appointed by the governor shall serve an initial term of 5 years, one member appointed by the president of the senate and one member appointed by the speaker of the house of representatives shall serve an initial term of 4 years and one member appointed by the president of the senate and one member appointed by the speaker of the house of representatives shall serve an initial term of 3 years.

III. A majority of board members shall constitute a quorum.

IV. The chair of the board shall be elected by an affirmative vote of at least 4 of the 5 members of the board.

V. Beginning no later than March 1, 2021, the board shall meet in public session at least every 12 weeks to review prescription drug information and to make recommendations pursuant to RSA 126-BB:5. The first meeting shall be called by the first-named appointee of the senate president.

(a) Each public meeting shall be announced 2 weeks in advance, and materials for the meeting shall be made public at least one week in advance.

(b) Each public meeting shall provide opportunity for comment from the public in attendance at the meeting, and the board shall provide the opportunity for the public to submit written comments on pending decisions.

(c) The board may allow expert testimony at public meetings and any meeting conducted in executive session as permitted by subparagraph (d).

(d) Notwithstanding requirements of RSA 91-A, the board may meet in executive session, except that any decision of the board shall be made in public.

VI. The board shall be administratively attached to the department of health and human services. The board may employ an executive director who shall be a classified employee.

126-BB:3 Conflicts of Interest. The following provisions govern any conflict of interest for a member of the board, a member of the advisory council established in RSA 126-BB:4 or any staff member or contractor of the board.

I. When appointing a member of the board or the advisory council, the appointing authority shall consider any conflict of interest disclosed by the prospective member. A member shall elect to be recused from any board activity in the case in which the member or an immediate family member of the member has a conflict of interest. For the purposes of this paragraph, "conflict of interest" means an association, including a financial or personal association, that has the potential to bias or have the appearance of biasing an individual's decisions in matters related to the board or the conduct of the board's activities.

II. A board member or staff or contractor of the board with a conflict of interest shall elect to be recused. For purposes of this paragraph, "conflict of interest" means any instance in which a member of the board or an immediate family member of the member has received or could receive either of the following:

(a) A direct financial benefit of any amount deriving from the results or findings of a study or determination by or for the board; or

(b) A financial benefit from individuals or companies that own or manufacture prescription drugs, services, or items to be studied by the board that in the aggregate exceeds \$5,000 per year. For purposes of this subparagraph, "financial benefit" includes honoraria, fees, stock, or other financial benefit and the current value of the member's or immediate family member's already existing stock holdings, in addition to any direct financial benefit deriving from the results or findings conducted under this section.

(c) A conflict of interest shall be disclosed in the following manner:

(1) By the board in the employment of board senior staff.

(2) By the governor, president of the senate, or speaker of the house of representatives when appointing members to the board and advisory council.

(3) By the board in describing any recusals as part of any final decision relating to a prescription drug.

(4) By the 5th day after a conflict is identified or, if a public meeting of the board will occur within that 5-day period, in advance of the public meeting.

(d) Conflicts of interest shall be publicly posted on the website of the board. The information disclosed shall include the type, nature, and magnitude of the interests of the individual involved, except to the extent that the individual elects to be recused from participation in any activity with respect to which the potential conflict exists.

(e) The board, the advisory council, a member of the board or staff, or a contractor of the board may not accept gifts, bequests, or donations of services or property that suggest a conflict of interest or have the appearance of creating bias in the work of the board or advisory council.

(f) A member of the advisory council who accepts a gift, bequest, or donation of services or property that suggests a conflict of interest or has the appearance of creating bias in the work of the advisory council shall disclose the gift, bequest, or donation publicly.

126-BB:4 Advisory Council. A 12-member advisory council is established to advise the board on establishing annual spending targets pursuant to RSA 126-BB:5, I and determining methods for meeting those spending targets pursuant to RSA 126-BB:5, III. The advisory council shall consist of the following members:

- I. The governor, or designee.
- II. The commissioner of the department of administrative services, or designee.
- III. The commissioner of the department of corrections, or designee.
- IV. The commissioner of department of health and human services, or designee.
- V. The attorney general, or designee.
- VI. The director of the division of risk and benefits, department of administrative services, or designee.
- VII. The president of the New Hampshire State Employees Association, or designee.
- VIII. The president of the New Hampshire Education Association, or designee.
- IX. The executive director of the New Hampshire Municipal Association or designee.
- X. The chancellor of the university system of New Hampshire, or designee.
- XI. The chancellor of the New Hampshire community college system, or designee.
- XII. A representative of consumer interests, appointed by the governor, who shall serve a 3-year term.

126-BB:5 Powers and Duties of the Board. The board has the following powers and duties:

I.(a) Beginning with the year 2022 and in consultation with the advisory council, the board shall identify strategies that optimize spending by public payors for pharmaceutical products while reasonably ensuring subscriber access to needed pharmaceutical products. To achieve this goal, the board shall determine annual spending targets for prescription drugs purchased by public payors based upon a 10-year rolling average of the medical care services component of the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index, medical care services index, plus a reasonable percentage for inflation and minus a spending target for pharmacy savings as determined by the board.

(b) The board shall determine spending targets on specific prescription drugs that may cause affordability challenges to enrollees in a public payor health plan. Such targets shall consider any medical cost offsets achieved by utilization of the drug.

(c) The board shall determine which public payors are likely to exceed the spending targets determined under subparagraph (a).

II. The board may consider the following data to accomplish its duties under this section:

(a) A public payor's prescription drug spending data, which the 3rd-party administrator or insurer for the public payor's health plan shall provide to the board on behalf of the public payor upon request notwithstanding any provision of law to the contrary, including:

- (1) Expenditures and utilization data for prescription drugs for each plan offered by a public payor.

(2) The formulary for each plan offered by a public payor and prescription drugs common to each formulary.

(3) Pharmacy benefit management services and other administrative expenses of the prescription drug benefit for each plan offered by a public payor.

(4) Enrollee cost sharing for each plan offered by a public payor.

(5) Aggregate net spending on the prescription drug benefit.

(b) Data compiled by the department of health and human services. Prescription drug spending data provided to the board under this subparagraph is confidential to the same extent it is confidential while in the custody of the entity that provided the data to the board.

III. Based upon the prescription drug spending data received under paragraph II, the board, in consultation with a representative of each public payor shall determine methods for the public payor to meet the spending targets established under paragraph I. While continuing to ensure adequate access by subscribers to needed prescribed pharmaceutical products, the board shall determine whether the following methods reduce costs to individuals purchasing prescription drugs through a public payor and allow public payors to meet the spending targets established under paragraph I:

(a) Negotiating specific rebate amounts on the prescription drugs that contribute most to spending that exceeds the spending targets.

(b) Changing a formulary when sufficient rebates cannot be secured under subparagraph (a).

(c) Establishing a common prescription drug formulary for all public payors.

(d) Prohibiting health insurance carriers in the state administering benefits for a public payor from offering on their formularies prescription drugs when the method described in subparagraph (b) is implemented.

(e) Purchasing prescription drugs in bulk or through a single purchasing agreement for use among public payors.

(f) Collaborating with other states and state prescription drug purchasing consortia to purchase prescription drugs in bulk or to jointly negotiate rebates.

(g) Allowing health insurance carriers providing coverage to small businesses and individuals in the state to participate in the public payor prescription drug benefit for a fee.

(h) Procuring common expert services for public payor, including but not limited to pharmacy benefit management services and actuarial services.

IV. By November 1, 2020 and annually thereafter, the board shall report its recommendations, including prescription drug spending targets, their strategies for optimization of affordability of prescription drugs for the state and all of its residents, the progress of implementing those recommendations, as well as the annual net spending by public payors on prescription pharmaceutical products as a measure of the efficacy of implementation of those recommendations to date, to the standing committees of the general court with jurisdiction over health coverage and insurance matters and to the governor. This report shall also contain the following information about prescription drugs, both brand name and generic:

(a) The 25 most frequently prescribed drugs in the state;

(b) The 25 costliest drugs as determined by the total amount spent on those drugs in the state; and

(c) The 25 drugs with the highest year-over-year cost increases as determined by the total amount spent on those drugs in the state.

V. The board may apply for and receive funds, grants, or contracts from public and private sources.

126-BB:6 Rulemaking. The board shall adopt rules under RSA 541-A for the following:

I. Procedures for drug price transparency as required under RSA 126-BB:7.

II. The adoption of all fees under RSA 126-BB:8.

III. Proceedings for assessing civil fines under RSA 126-BB:10.

IV. Any other matter required to implement this chapter.

126-BB:7 Drug Price Transparency; Non-disclosure Requirements.

I. The board shall develop and implement policies and procedures for its collection, processing, storage, and analysis of clinical, financial, quality restructuring and prescription drug price data for the following purposes:

- (a) To use, build, and improve upon and coordinate existing data sources and measurement efforts through the integration of data systems and standardization of concepts.
- (b) To coordinate the development of a linked public and private sector information system.
- (c) To emphasize data that is useful, relevant, and not duplicative of existing data.
- (d) To minimize the burden on those providing data.
- (e) To preserve the reliability, accuracy, and integrity of collected data.

II. The board shall adopt rules to ensure that:

(a) Payors, providers, prescription drug manufacturers, wholesale drug distributors, and pharmacy benefits managers file data as required by RSA 126-BB:9.

(b) Users that obtain health data and information from the board safeguard the identification of patients and health care practitioners.

(c) Payors, providers, prescription drug manufacturers, wholesale drug distributors, and pharmacy benefits managers pay all assessments as required by RSA 126-BB:8.

(d)(1) Only the board and employees assigned to the board may access the information received pursuant to this chapter and only for purpose of effectuating the powers and duties granted the board by this chapter. The board shall limit access to any information that it receives pursuant to this chapter to the smallest number of employees and other personnel possible; and all such individuals shall, as a condition of employment, be required to execute non-disclosure agreements under which they are restricted from disclosing any information they may receive in connection with this chapter during their employment term and in perpetuity post-employment.

(2) If the board, its members, employees, or personnel willfully shares or discloses for unauthorized purposes information that is trade secret information, confidential, commercial or proprietary information, or information designated as "confidential" by the owner of the information, the board or the individual who made the unauthorized disclosure may be subject to any penalties available under federal and state laws, including trade secret misappropriation laws, to the extent permitted by law.

126-BB:8 Funding; Assessment of Fees.

I. The expenses and cost of operation of the board shall be funded by reasonable user fees and assessments determined in rules adopted by the board.

(a) Fees may be charged for the reasonable costs of duplicating, mailing, publishing, and supplies.

(b) Reasonable user fees shall be charged on a sliding scale for the right to access and use the health data and information available from the board. Fees may be charged for services provided to the department on a contractual basis. Fees may be reduced or waived for users that demonstrate a plan to use the data or information in research of general value to the public health or inability to pay the scheduled fees, as provided by rules adopted by the board.

(c) Annual assessments of not less than \$100 assessed against the following entities:

(1) Health insurance carriers and health maintenance organizations on the basis of the total annual health care premium.

(2) Third-party administrators.

(3) Health carriers that provide only administrative services for a plan sponsor.

(4) Pharmacy benefits managers that process and pay claims on the basis of claims processed or paid for each plan sponsor.

(d) Health care policies issued for specified disease, accident, injury, hospital indemnity, disability, long-term care or other limited benefit health insurance policies are not subject to assessment under subparagraph (c). For purposes of this paragraph, policies issued for dental services are not considered to be limited benefit health insurance policies.

(e) Annual assessments of not less than \$500 assessed by the board against prescription drug manufacturers, wholesale drug distributors, and pharmacy benefits managers.

II. The aggregate level of annual assessments under subparagraphs (c) and (e) shall be an amount sufficient to meet the board's expenditures authorized. The board may waive assessments otherwise due under subparagraphs (c) and (e) when a waiver is determined to be in the interests of the board and the parties to be assessed.

126-BB:9 Drug Price Notifications and Disclosures; Confidentiality; Registration.

I. No later than January 30, 2021 and annually thereafter, a manufacturer shall notify the board when the manufacturer has during the prior calendar year:

(a) Increased the wholesale acquisition cost of a brand-name drug by more than 20 percent per pricing unit;

(b) Increased the wholesale acquisition cost of a generic drug that costs at least \$10 per pricing unit by more than 20 percent per pricing unit; or

(c) Introduced a new drug for distribution in this state when the wholesale acquisition cost is greater than the amount that would cause the drug to be considered a specialty drug under the Medicare Part D program. For the purposes of this section, "Medicare Part D" means prescription drug benefit in accordance with the requirements of the federal Medicare Prescription Drug Improvement and Modernization Act of 2003.

II.(a) To develop the report under paragraph VIII, the board shall first assess public information that is readily available. To the extent there is no public information or not enough public information readily available to the board to produce its report, the board may request information from:

(1) The manufacturer that provided notice to the board pursuant to paragraph I;

(2) A pharmacy benefit manager or health insurance carrier providing services involving the drug that is the subject of the notification provided pursuant to paragraph I.

(b) Once the board requests information of a manufacturer, pharmacy benefit manager, or health insurance carrier, the entity shall have 60 days to produce the requested information regarding the prescription drug that is the subject of the request. If, after a complete review of all information and data available to the board or as received from the entities, the board makes a determination that additional data is required for a particular prescription drug to produce the report under paragraph VIII, the board may request that additional information from wholesale drug distributors that distribute the prescription drug that is the subject of the report. Once the board requests information of a wholesale drug distributor, it shall have 60 days to produce information regarding the prescription drug that is the subject of the request.

III.(a) Upon receipt of a request from the board relating to a specific prescription drug for which notice was provided pursuant to paragraphs I and II, a manufacturer shall provide to the board, in a form and manner specified by the board, (i) a written, narrative description, suitable for public release, of all factors that caused the increase in the wholesale acquisition cost of the listed outpatient prescription drug, and (ii) aggregate, company-level research and development costs and such other capital expenditures that the board, in its discretion, deems relevant for the most recent year for which final audited data are available.

(b) The data that a pharmaceutical manufacturer submits to the board under this section may be limited to the information and data that the pharmaceutical manufacturer includes in such pharmaceutical manufacturer's annual consolidated report on Securities and Exchange Commission Form 10-K, or any other public disclosure.

(c) The board shall establish a standardized form for reporting information and data pursuant to this section after consulting with pharmaceutical manufacturers. The form shall be designed to minimize the administrative burden and cost of reporting on the office and pharmaceutical manufacturers.

(d) Upon a request from the board relating to a specific prescription drug for which notice was provided pursuant to paragraphs I and II, a pharmacy benefit manager or wholesaler shall provide:

(1) The dollar amount of all rebates or fees concerning the drug collected from the manufacturer that were covered by such health carriers during such calendar year; and

(2) The dollar amount of all rebates and fees, excluding any portion of the rebates or fees received by health carriers, concerning the drug collected from the manufacturer.

(e) The board shall establish a standardized form for reporting information pursuant to subparagraph (d) after consultation with pharmacy benefits managers and wholesalers. The form shall be designed to minimize the administrative burden and cost of reporting on pharmacy benefits managers and wholesalers.

IV. Information provided to the board as required by this section by a manufacturer, wholesale drug distributor, or pharmacy benefits manager that has not been publicly reported is confidential and not a public record under RSA 91-A, except that the board may share information:

(a) With the insurance department, to the extent necessary for the department to enforce insurance laws, as long as any information shared is kept confidential; and

(b) As long as it is not released in a manner that represents a breach of confidential information provided by a manufacturer, wholesale drug distributor, or pharmacy benefits manager.

V. Beginning January 1, 2021, a manufacturer, pharmacy benefits manager, and wholesale drug distributor subject to this section shall register annually with the board in a manner prescribed by the board.

VI. A manufacturer, wholesale drug distributor, or pharmacy benefits manager that submits a notification or report to the board pursuant to this section shall submit with the notification or report a signed written certification of the notification's or report's accuracy. Any confidential or proprietary information contained within such notification or report shall be clearly identified as such. Any breach of confidential information not so identified shall not be subject to RSA 126-BB:7, II(d).

VII.(a) The board may audit the data submitted by a manufacturer, wholesale drug distributor, or pharmacy benefits manager pursuant to this section. The costs of the audit shall be paid for by the manufacturer, wholesale drug distributor, or pharmacy benefits manager.

(b) The board may require a manufacturer, wholesale drug distributor, or pharmacy benefits manager subject to this section to develop a corrective action plan to correct any deficiencies the board finds with the manufacturer's, wholesale drug distributor's, or pharmacy benefits manager's compliance with this section.

VIII. Beginning November 1, 2021 and annually thereafter, the board shall produce and post on its publicly accessible website an annual report, including information developed from the notifications and disclosures received pursuant to this section on trends in the cost of prescription drugs, analysis of manufacturer prices and price increases, the major components of prescription drug pricing along the supply chain and the impacts on insurance premiums and cost sharing, and any other information the board determines is relevant to providing greater consumer awareness of the factors contributing to the cost of prescription drugs in the state. The report may not disclose information attributable to any particular manufacturer, wholesale drug distributor, or pharmacy benefits manager subject to this section and may not make public any information that is confidential. The board shall submit the report required by this section to the standing committees of the general court with jurisdiction over health data reporting and prescription drug matters and the governor.

126-BB:10 Civil Penalties. When a person or entity that is a health care facility payor, prescription drug manufacturer, wholesale drug distributor, or pharmacy benefits manager violates any requirement of this chapter, that person or entity commits a civil violation for which a fine of not more than \$1,000 per day may be imposed. A fine imposed under this paragraph may not exceed \$25,000 for any one occurrence.

2 Effective Date. This act shall take effect July 1, 2020.

The question is on the adoption of the Committee Amendment. Adopted.

The question is on the adoption of the motion of Ought to Pass with Amendment. Adopted, bill ordered to Third Reading.

Senator Cavanaugh is in favor of the motion of Ought to Pass with Amendment.

SB 688-FN, prohibiting price gouging in the sale of prescription drugs.

Ought to Pass with Amendment, Vote 3-2. Senator Cavanaugh for the committee.

Commerce
March 4, 2020
2020-1065s
01/04

Amendment to SB 688-FN

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

AN ACT relative to the pricing of generic prescription drugs.

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

1 Consumer Protection: Acts Unlawful. Amend RSA 358-A:2, XIV to read as follows:

XIV. Pricing of goods or services in a manner that tends to create or maintain a monopoly, or otherwise harm competition, ***including the pricing of generic prescription drugs.***

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

2020-1065s

AMENDED ANALYSIS

This bill clarifies the pricing of generic prescription drugs under the law governing consumer protection. The question is on the adoption of the Committee Amendment. Adopted.

The question is on the adoption of the motion of Ought to Pass with Amendment.

A roll call was requested by Senator Feltes, seconded by Senator Rosenwald.

The following Senators voted Yes: Watters, Hennessey, Dietsch, Kahn, Chandley, Levesque, Rosenwald, Feltes, Cavanaugh, D'Allesandro, Fuller Clark, Morgan, Sherman, Soucy.

The following Senators voted No: Starr, Giuda, Bradley, Gray, French, Ward, Carson, Reagan, Birdsell, Morse.

Roll Call, Yeas: 14 - Nays: 10. Adopted, bill ordered to Third Reading.

SB 689-FN, relative to the pharmacy anti-steering law.

Ought to Pass with Amendment, Vote 3-2. Senator Morgan for the committee.

Commerce
March 4, 2020
2020-1067s
10/05

Amendment to SB 689-FN

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

1 Findings. The general court finds that the referral of a patient to a pharmacy with a mutually beneficial financial relationship not limited to but including investment in or ownership with a health carrier or pharmacy benefit manager for pharmacy care represents a potential conflict of interest. These referral practices may limit or eliminate competitive alternatives in the health care services market, may result in overutilization of health care services, may increase costs to the health care system, may adversely affect the quality of health care, may disproportionately harm patients in rural and medically underserved areas, and are against the public policy of this state.

2 New Subdivision; Pharmacy Anti-Steering and Transparency. Amend RSA 318 by inserting after section 66 the following new subdivision:

Pharmacy Anti-Steering and Transparency

318:67 Definitions. In this subdivision:

I. "Affiliate" means a person or entity licensed as a health carrier as defined in RSA 420-J:3, XXIII or registered as pharmacy benefit manager as defined in RSA 402-N:1, VIII, which, either directly or indirectly through one or more intermediaries:

(a) Has a significant financial relationship with or an investment or ownership interest in a pharmacy licensed in this state;

(b) Shares common ownership with a pharmacy licensed in this state; or

(c) Has as an investor or ownership interest holder a pharmacy licensed in this state.

II.(a) "Referral" means:

(1) Ordering of a patient to a pharmacy by an affiliate either orally or in writing, including online messaging;

(2) Offering or implementing plan designs that require or incentivize patients to utilize affiliated pharmacies; or

(3) Patient or prospective patient specific advertising, marketing, or promotion of a pharmacy by an affiliate.

(b) The term "referral" shall not include a pharmacy's inclusion by an affiliate in communications to patients, including patient and prospective patient specific communications, regarding network pharmacies and prices, provided that the affiliate includes information regarding eligible nonaffiliate pharmacies in such communications and the information provided is accurate.

318:68 Pharmacy Anti-Steering and Transparency.

I. A pharmacy shall be prohibited from presenting a claim for payment to any individual, third-party payor, affiliate, or other entity for a service furnished pursuant to a referral from an affiliate; provided, however, that this shall not apply to referrals from an affiliate for limited distribution prescription drugs or specialty prescription drugs, unless the pharmacy is a Utilization Review Accreditation Commission (URAC), Accreditation Commission for Health Care (ACHC), or the Center for Pharmacy Practice Accreditation (CPPA) accredited specialty pharmacy, in which case such prohibition shall apply.

II. This section shall not be construed to prohibit a pharmacy from entering into an agreement with an affiliate to provide pharmacy care to patients, provided that the pharmacy does not receive referrals in violation of paragraph I and the pharmacy provides the disclosures required in paragraph III.

III. If a pharmacy has an affiliate, it shall annually file with the board a disclosure statement identifying all such affiliates.

IV. In addition to any other remedy provided by law, a violation of this section by a pharmacy shall be grounds for disciplinary action by the board.

V. This section shall not apply to any hospital or related entity, or to any referrals by an affiliate for pharmacy services and prescriptions to patients in skilled nursing facilities, intermediate care facilities, continuing care facilities, home health agencies, or hospices, or to requirements for pharmacy benefits in affiliate's health plans for its own employees.

3 Effective Date. This act shall take effect January 1, 2021.

The question is on the adoption of the motion of Ought to Pass with Amendment. Adopted, bill ordered to Third Reading.

Senator Cavanaugh is in favor of the motion of Ought to Pass with Amendment.

SB 750-FN-A, providing for premium-free insurance to persons who donate a kidney.
Interim Study, Vote 5-0. Senator French for the committee.

The question is on the adoption of the motion of Interim Study. Adopted.

Senator Cavanaugh is in favor of the motion of Interim Study.

SB 760-FN, relative to criminal background checks for school bus drivers.
Ought to Pass, Vote 5-0. Senator Cavanaugh for the committee.

Senator Cavanaugh offered a Floor Amendment.

Sen. Cavanaugh, Dist 16

Sen. Soucy, Dist 18

March 10, 2020

2020-1189s

08/06

Floor Amendment to SB 760-FN

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

1 Background Check; School Bus Drivers. Amend RSA 189:13-a, VI to read as follows:

VI. This section shall apply to any employee, selected applicant for employment, designated volunteer, or volunteer organization which contracts with a school administrative unit, school district, chartered public school, or public academy to provide services, including but not limited to cafeteria workers, ~~[school bus drivers;]~~ custodial personnel, or any other service where the contractor or employees of the contractor provide services directly to students of the district, chartered public school, or public academy. The employing school administrative unit, school district, or chartered public school shall be responsible for completing the criminal history records check on the people identified in this paragraph. The cost for criminal history records checks for employees or selected applicants for employment with such contractors shall be borne by the contractor. ***School bus drivers and transportation monitors shall be exempt from the requirements of this section.***

2 New Paragraph; Commissioner of Education; School Bus Driver Background Checks. Amend RSA 21-N:4 by inserting after paragraph IX the following new paragraph:

X. Providing a clearing house for school bus driver and transportation monitor background checks to towns, cities, or other organizations paying for school bus transportation.

3 Department of Education; Rulemaking Certification Standards; School Bus Drivers and Transportation Monitors. Amend RSA 21-N:9, II(s) to read as follows:

(s) Certification standards for educational personnel, and educator certification fees for granting credentials to educational personnel, including teachers, paraprofessionals, superintendents, assistant superintendents, special education administrators, business administrators, principals, vocational directors, coordinators of comprehensive health education and services, directors of pupil personnel services, guidance directors, guidance counselors, school psychologists, associate school psychologists, speech-language specialists, social workers, health educators, physical education teachers, consumer and family science teachers, elementary teachers, specialists in assessment of intellectual functioning, ***school bus drivers and transportation monitors***, media supervisors, media generalists, and master teachers as authorized by RSA 186:8 and RSA 186:11, X, professional credentials including beginning educator credentials, experienced educator credentials, and intern licenses, and other classifications of educators, administrators, specialists, and paraprofessionals necessary to address educational needs as determined by the state board upon the recommendation of the professional standards board pursuant to RSA 186:60.

4 Effective Date. This act shall take effect January 1, 2021.

2020-1189s

AMENDED ANALYSIS

This bill:

I. Exempts school bus drivers and transportation monitors from certain background checks.

II. Requires the department of education to be a clearing house for certain background checks for school bus drivers.

III. Requires the department of education to make rules relative to the certification standards for school bus drivers and transportation monitors.

Recess. Out of recess.

The question is on the adoption of the Floor Amendment. Adopted.

The question is on the adoption of the motion of Ought to Pass with Amendment. Adopted, bill ordered to Third Reading.

Senator Cavanaugh is in favor of the motion of Ought to Pass with Amendment.

SPECIAL ORDER

The following bills remained on Senate Calendar #10 and will be taken up on Thursday, March 12, 2020.

EDUCATION AND WORKFORCE DEVELOPMENT

SB 683-FN, establishing a New Hampshire innovation program in the department of business and economic affairs and making an annual appropriation therefor.

SB 726-FN, relative to programs to aid veterans' access to employment, entrepreneurship, housing, health care and college degrees.

SB 727-FN-L, relative to Holocaust and genocide studies legislation.

ELECTION LAW AND MUNICIPAL AFFAIRS

SB 476, relative to parking restrictions at public access to public waters.

SB 586-FN, relative to certain expenditures by candidates and candidate committees.

SB 631-FN, authorizing online voter registration.

SB 694-FN-A, relative to minimal cybersecurity standards for municipalities and making appropriations therefor.

SB 695-FN, relative to sharing voter registration information.

ENERGY AND NATURAL RESOURCES

SB 462-FN, relative to state energy management.

SB 588-FN, relative to wanton waste of an animal and prohibiting wildlife killing contests.

SB 591, establishing a statewide solid waste disposal reduction goal.

SB 626-FN, removing the fee to file certain administrative petitions with the site evaluation committee.

SB 629-FN, establishing the solid waste reduction management fund and establishing a solid waste disposal surcharge.

SB 692-FN, relative to certain costs of the public utilities commission for participation in regional activities.

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SB 637-FN, relative to fraud and errors in records of the retirement system.

FINANCE

SB 730-FN-L, establishing the granite state paid family leave plan.

HB 712-FN, relative to a family and medical leave insurance program.

HEALTH AND HUMAN SERVICES

SB 672, relative to behavioral health services for children and certain revisions to notifications of discharge for individuals found incompetent to stand trial and nonemergency involuntary admissions revocation of conditional discharge.

SB 698, relative to the Interstate Compact on Child Placement.

SB 699, relative to the interstate compact on child placement 2009.

SB 702, relative to contracting requirements for certain providers of child welfare services with the department of health and human services.

SB 718-FN-A, relative to the New Hampshire state health improvement plan and making an appropriation therefor.

SB 754-FN, establishing a dental benefit under the state Medicaid program.

SB 758-FN, relative to banning kratom.

JUDICIARY

SB 436-FN, relative to the penalties for various motor vehicle violations.

SB 649-FN, relative to commercial drivers' licenses and driving under the influence while driving certain commercial motor vehicles.

SB 679-FN, relative to policies on sexual assault in higher education institutions.

SB 705-FN, relative to fraudulent online duplication of a social networking account.

SB 732-FN, prohibiting the sharing of location data.

HB 1660-FN, establishing a protective order for vulnerable adults.

TRANSPORTATION

SB 610, establishing a commission to evaluate the transportation climate initiative framework for a draft memorandum of understanding and associated modeling and scenarios.

SB 615, relative to small unmanned aircraft.

CONSENT CALENDAR REPORTS REMOVED

COMMERCE

SB 685-FN, establishing a wholesale prescription drug importation program.

SB 739-FN, relative to mental health and substance use disorder insurance coverage.

SB 759-FN, relative to employers provision of reasonable accommodations for pregnant employees.

JUDICIARY

SB 468-FN, relative to prohibited sexual contact involving persons in a position of authority.

SB 572-FN, relative to prohibited sexual contact involving persons in a position of authority.

MOTION TO ADJOURN FROM EARLY SESSION

Senator Feltes moved that the Senate adjourn from the Early Session, that the business of the Late Session be in order at the present time, that all bills and resolutions ordered to Third Reading be, by this resolution, read a third time, all titles be the same as adopted, and that they be passed at the present time.

Adopted. Adjournment from the Early Session.

LATE SESSION
ANNOUNCEMENTS

(The Chair recognized Senator D'Allesandro.)

SENATOR D'ALLESANDRO: Thank you, Madam President. To my colleagues who have been around here for a while, I think Senator Morse will remember her. But Katie Dunn was our Director of Medicaid. Katie passed away after a battle with cancer. Katie was a remarkable public servant. She ran the Medicaid program over at Health and Human Services, and did a really remarkable job. We were in very good shape when she was there. She left us because of her physical problems, suffered for the last two or three years with cancer, and eventually succumbed to the disease. Katie was an example, again, a real prideful example of what good state employees do. She ran a difficult program, during a very difficult time. A very, very difficult time. And Medicaid's always been a problem with us here in New Hampshire, the management of that program. It's a broad extensive program, that deals with a lot of people. Katie was magnificent in terms of her dedication to work. She was there all the time. Anytime you called, believe it or not she answered the phone. Which is damned unbelievable, in this environment. She answered the phone and gave you the kind of information that you needed, to make good decisions. She was a young woman. Katie was in her sixties. It's a real, real tragedy but indeed, those of us who worked with her; and I don't know how many of us worked closely with Katie Dunn, but I think Cindy did, and Cindy knows what kind of a person Katie Dunn was. Always willing to get back to you, always willing to work hard to get you an answer. A great example for all of us, but certainly a great example of what a quality state employee is. So, I hope all of us will think of her. Her service is Saturday. And if you didn't know her, I just say to you, she was a great example and somebody that we should remember for the quality of her work. Thank you, Madam President.

PRESIDENT SOUCY: I would just advise that the Senate Chamber will be secured to the extent you wish to leave your binders or your papers here. Nothing will be thrown out. It will be left here as you've place it on your desk, so feel free to do so, if you're comfortable in doing that. If you want to take it with you, and do some arm lifting or whatever, feel free to do that as well.

Without objection, all personal privileges and unanimous consent shall be entered into the permanent *Journal of the Senate*. (Rule 2-16 and Rule 2-17). Adopted.

LATE SESSION
Third Reading and Final Passage

SB 439-FN, relative to penalties for violations of privacy.

SB 486-FN, relative to insurance plans that cover maternity benefits.

SB 521, establishing a committee to study and make recommendations for changes to RSA 14-B and RSA 14-C and the ethics guidelines governing conflicts of interest by members of the general court.

SB 526, relative to disposal of abandoned cars.

SB 597, relative to licensure of physician assistants.

SB 603-FN, relative to financial assistance for biomass and forest product workers.

SB 605-FN, relative to interference with the enjoyment of a dwelling place.

SB 620-FN, relative to coverage for certain biologically-based mental illnesses.

SB 622-FN, establishing minimum standards for insurance claim review and settlement practices.

SB 623-FN, requiring insurance coverage for PFAS and PFC blood tests.

SB 648-FN, relative to fees for the services of sheriffs and deputy sheriffs.

SB 686-FN, relative to prescription drug benefits paid by health plans and establishing the New Hampshire prescription drug competitive marketplace.

SB 687-FN, relative to transparency in prescription drug pricing and establishing a New Hampshire prescription drug affordability board.

SB 688-FN, relative to the pricing of generic prescription drugs.

SB 689-FN, relative to the pharmacy anti-steering law.

SB 708-FN, relative to treatment alternatives to opioids.

SB 711-FN-LOCAL, relative to child sexual abuse prevention education and training.

SB 729-FN, relative to the board of medical imaging and radiation therapy.

SB 734-FN, relative to exemptions from prosecution for victims of human trafficking.

SB 744, establishing a commission to review drug overdose fatality information and data.

SB 746, relative to the charter for Brewster Academy.

SB 752, relative to the authority of the department of administrative services, division of personnel.

SB 760-FN, relative to criminal background checks for school bus drivers.

MOTION TO RECESS TO CALL OF THE CHAIR

Senator Feltes moved that the business of the day being completed, that the Senate recess to the Call of the Chair for the purposes of introducing legislation, referring bills to committee, scheduling hearings, sending and receiving messages, and processing enrolled bill reports and amendments and when we recess, we recess to the Call of the Chair.

Adopted. The Senate is in recess to the Call of the Chair.