JOINT FISCAL COMMITTEE – SPECIAL AGENDA
State House, Room 103
Concord, NH
Monday, March 10, 2014

MEMBERS PRESENT:

Rep. Cindy Rosenwald
Rep. Sharon Nordgren
Rep. Peter Leishman
Rep. Ken Weyler
Rep. Dan Eaton
Sen. President Chuck Morse
Sen. Jeanie Forrester, Vice-Chair
Sen. Bob Odell
Sen. Sylvia Larsen
Sen. Andy Sanborn

(Meeting convened at 2:33 p.m.)

(1) Item tabled at the February 14, 2014 meeting - FIS 14-014 Insurance Department

VICE-CHAIRWOMAN FORRESTER: So you all should have gotten the letter from the Commissioner on the Fiscal 14-014. I think probably what will be helpful is to have the Commissioner come up and speak to us.

SEN. SANBORN: Madam Chair, should we vote to take it off the table?

REP. ROSENWALD: I think we need to take it off the table.

** REP. EATON: Move to remove from the table.

VICE-CHAIRWOMAN FORRESTER: Second?

REP. ROSENWALD: Second.

VICE-CHAIRWOMAN FORRESTER: All in favor? Opposed?

***** (MOTION ADOPTED** to remove the item off the table.)

VICE-CHAIRWOMAN FORRESTER: Commissioner.

ROGER SEVIGNY, Commissioner, Department of Insurance: Thank you, Madam Chair, and thank you for the opportunity to come back before you this afternoon.

I'm Roger Sevigny, Insurance Commissioner, and I have Michael Wilkey who's our Director of Compliance with me. Michael is probably the most familiar with the work that will be done by the consultants that we would hire if we were permitted to accept this grant. And it, frankly, has to do for whether New Hampshire is going to have more plans in the marketplace, health insurance plans, more competition and more consumer choice. In order for us to have that -- now let me backup just a little bit.

Last year, as you all know, we had one carrier with 11 plans on the exchange and a number of plans off of the exchange and that was Anthem. This year, Harvard Pilgrim has expressed an interest in coming onto the exchange. We expect that they're going to file plans with us that are going to be on the exchange. We just licensed -- oh, pardon me. I just approved licensure of Minuteman that -- whose license takes effect on the 7th of April this year. They've expressed an interest in having plans on the marketplace, on the exchange. I've also spoken with all three of the MCOs. All three have expressed interest in coming onto the exchange, although I don't think that that would be for products in 2015, but they do want to start to work with us.

In order for us to be able to review and approve last year -- now let me go back to last year -- even just Anthem, we needed the assistance that this Committee allowed us to have by accepting the grant in order to review the plans in a timely fashion by enhancing the staff that we had. And this year, if we are going to have increased competition and more consumer choice, be able to review more plans, I -- I'm here to tell you that I can't do it with the staff that I have in place right

now. And Michael can certainly add significantly more to that process because Michael directly oversees or directly oversaw what the consultants did last year and would do the same thing this year.

VICE-CHAIRWOMAN FORRESTER: Questions.

SEN. SANBORN: Please. A couple, if I may, Madam Chair. Thank you. Gentlemen, thanks so much for coming. I appreciate it. Obviously, part of our conversation today will be kind of surrounding back to some of the conversations we had in the Health Care Oversight Committee last week. And, Mike, I forgot, so I apologize, remind me, how many plans did MVP have? They're pulling out by next year; correct?

MICHAEL WILKEY, Director, Life, Accident, and Health Division, Department of Insurance: MVP has already discontinued this plan.

SEN. SANBORN: They already have.

MR. WILKEY: Discontinued in New Hampshire and it operated a few plans in the small group market. They did not operate in an individual market.

SEN. SANBORN: Follow-up, if I may, ma'am?

VICE-CHAIRWOMAN FORRESTER: Yes.

SEN. SANBORN: So where I am struggling is and, again, we talked about this, your agency has about an $11 million budget, and we had a good discussion last week to the extent that you guys review about 5,000 plans on an annual basis.

MR. WILKEY: I'd like to correct that number. It's closer to 7,000 for the last 12 months.

SEN. SANBORN: See, now you're going to mess my math all up. So even if it was 7,000 plans last year and we talk about, Commissioner, you say all the time you do a phenomenal job that,

you know, protecting capital and solvencies, the number one issue of the insurance agent. You guys do a great job at it. But when I look at how you have to protect capital and protect solvency, and what you do for compliance and what you do to get into those unfortunate situations where some different types of insurance companies might not be performing well and that you're still reviewing five or now 7,000 plans a year. Even at 5,000 plans if you took half of the money in your budget means it's costing you about a thousand dollars a plan to review. If you didn't do anything else, anything at all, and only reviewed and accepted plans, it cost you $2,000 a plan.

So when I compare that to a $2 million grant, which is 20% of your annual budget, and I'm being told that's just to produce plans. And, for example, if I take the example of Anthem, they had 11 plans, but let's use ten 'cause it makes my math easier, if you have Harvard and one other firm come in that will be 20 plans on a $2 million budget. So you're spending $100,000 per plan to review when you're doing it right now for something less than a thousand a plan.

And so when I go through that intellectual equation, and then back it up to the extent that you accepted about $900,000 when the ACA first started off, I think that's what Jenny had testified to. So having never done this, never had to look inside, never had to comply with CMS, never had to comply with the new essential benefits, you're able to create all the tools you needed was the testimony, you have to do everything you needed to do on an $865,000 grant.

Now that you're here and you should be up and running, and as Representative Hunt so clearly said, this is what you do, which is plan and compliance and approval, I struggle that you're going to be spending $100,000 per plan when you're doing it for a grand, and can you help me understand where $2 million is going to go, 'cause it just seems like something's not adding up right for me.

MR. WILKEY: Well --

MR. SEVIGNY: If I might start, Michael. With all due respect, and then I'm going to let Michael answer it, but your logic is a bit flawed, because it's not -- there isn't a linear equation that you could take off the shelf and say apply this to what it costs per filing. When Michael talks about the number of filings that we get to review, he's talking not only about health, he's talking about life, he's taking about annuities, he's talking about auto filings. He's talking about filing renewals. An auto carrier, for example, a filing could be that they've added a small component that might take an hour to review and that's considered a filing.

SEN. SANBORN: Okay.

MR. SEVIGNY: A health filing now, and I'll let Michael explain it because I'm going to start to get into territory that's not where I have a lot of expertise, a health filing, especially a health filing having to do with being able to comply with what is in the ACA, and that's all health filings that are filed, not just those on the exchange, is significant. The rules have all changed, as you're well aware.

SEN. SANBORN: Sure.

MR. SEVIGNY: So we are not using the same rules that we used in the past to review those plans. The rules are -- continue to be dynamic. They're continually changing, even now, with regard to how we review these plans, and these plans are significantly more complex. And I'll let Michael talk to the complexity of these plans as compared to what we used to review and I'll stick to health, just so we don't get into what goes into an auto filing and all that sort of thing, but I'll stick to health. And, Michael, if you might go into that, please.

MR. WILKEY: I will. As the Commissioner indicated, you know, the 7,000, you know, it represents a particular average. Health care filings that are that comprehensive in nature are at the highest end of all the filings in terms of complexity, and this is even prior to the Affordable Care Act being passed. It

is rare that, you know, any submission by any insurance carrier even, again, I'll speak pre and then go into the current situation under the Affordable Care Act, would take, you know, 60 days at a minimal. This is reviewing the basic filing, reviewing the rates, going through the processes, having dialogues back and forth with the insurance carrier to make sure that the language, make sure that the provisions are, in fact, in compliance with the laws and rules associated with insurance here in the State of New Hampshire. Along comes the ACA and a couple things happen.

First of all, everything moves to a January 1st time frame. We're subject to the various time commitments from CMS with respect to when we have to make a recommendation as a plan management partner for the certification to CMS for operating on the exchange for 2014, last year, coming up for 2015. That deadline is around August 10th for this particular year. As of this point in time, we're still getting guidance. So along comes the ACA. Complexity associated was already at the highest end of the spectrum, probably increased about three-fold.

In talking to my staff last week and going through it trying to get a really good feel as to capacity, trying to get a good feel as what can be done, we figured the complexity associated with the review of the Federal guidelines, the review associated with our own State guidelines increased complexity, again, three-fold. We are taking this and now putting it into a shorter period of time.

The average submission that we looked at, we found this out through Right-to-Know requests and actually found out there's about 6,000 pages per filing that goes into the Affordable Care Act. Again, we don't look at every single page but a lot of the stuff comes with documentation, but the magnitude of even the submission itself is mind-boggling.

Within that there are different requirements with the filings that weren't required pre-ACA. Things, like, looking and make sure to see where they are from a certification perspective as far as all be ready NCQA. We look at network adequacy on a

prospective basis. That takes us quite a bit of research and time.

If the Committee, you recall, network adequacy currently is a rule for reporting retrospectively. We have had to take this and adopt this and look at it with each and every filing in order to make our recommendation to CMS. So when it all gets put together associated with what we have in a very short time frame is a very, very complex, very detailed filing that has to be reviewed. And on the life, accident, health side, the staff in the Insurance Department, we have three individuals that are full-time working it to work all filings associated with the accounts. We have an administrator who reports to me who supervises the life, accident, health side, as well as the property and casualty side of the house for compliance.

One of the many things that an outside consultant can do for us is to be able to help, you know, be able to interpret the guidance, help be able to participate in the many, many conference calls that take place with the NAAC, takes place with CMS, it takes place, also, with the multi-state entity which is the Office of Personnel Management, OPM. If nothing else, that is tremendous amount of time where they're able to participate in those calls, take notes, give us information, and be able to then turnaround and be able to discuss with us to make decisions at the State level as to how to interpret some of the federal guidelines, how to apply it to our particular carriers. In addition, they serve as a resource from which to be able to train the staff.

Commissioner Sevigny mentioned as far as competition coming in, we have been in discussion with two carriers who have intended -- who have indicated that they're coming into the exchange this year. We are in conversation with them weekly. We have met with them already a number of times and that amount of time that we'd be spending going forward will increase dramatically as they learn what to do in the State of New Hampshire having filed in this planned partnership for the first time. These are some of the things that, you know, a consultant such as PCG provides for us.

In addition, we are also required to be able to have policy and procedure manuals in place, to identify the work flows, to be able to provide future training materials so we can go forward and to make sure those are currently up-to-date. They also serve as a great resource for managing the day-to-day activities.

To give you some idea, one Anthem plan, you know, Commissioner mentioned there were 11 plans, we have gotten early indications that that number, the 2,000 for 2015, is going to be well over 20 just for that one carrier coming to the marketplace on the exchange. Another difference post-ACA. Before the ACA, we could look at a particular plan that a carrier could file variable, you know, material. In other words, an out-of-pocket amount or deductible amount could, in fact, just be filed and say here's our range and this is variable. Under the Affordable Care Act, since ultimately the consumer experience is going to be going on HealthCare.gov, we have to look at each variation as its own. Again, not all 6,000 pages, not each piece, but we have to review the rates, we have to quality control the inputs, the templates that ultimately will be shared through CMS's system HIOS, H-I-O-S, that will, in essence, be what the consumer sees at the end of the day of the experience. So an invaluable resource to us from all those aspects.

Additionally, again, to the capacity concern, they also sit with us, they also sit and they review ACA filings. So they will take a particular piece of the filing, they may look at, say, the prescription drug card plan for us. They'll work with the tools. They'll help us teach us the tools now to be able to make that particular assessment so we can, ultimately, either recommend for certification or not recommend for certification to CCIIO a Qualified Health Plan.

Additionally, what's happened here now is that everybody is trying to get to the marketplace for 1/1. So even those health and dental carriers that want to be on the marketplace, they're submitting them in at the same time. They want to be QHP, a Qualified Health Plan. So with the exception potentially of just

not sending that information up to CCIIO and CMS, what we are doing is we are doing that extra volume of work that has to be done for the carriers for they, too, can compete on the marketplace against the open enrollment periods as provided for under the exchange. So everything now has changed its focus. Everything now is tied to January 1st. Everything is tied to, in fact, a Qualified Health Plan status, putting additional responsibilities onto the Department and its staff. So I don't know if that answered your question or not.

SEN. SANBORN: Madam Chair, follow-up, if I may?

VICE-CHAIRWOMAN FORRESTER: Yes.

SEN. SANBORN: Thank you. For the edification of the other members of Fiscal that might not have been in Health Oversight last week, and don't follow the ACA as close as some of us seem to be following it these days, although the plan's set to open up January 1st, your requirements under ACA, no question, it's made a disruption in your business that every health care plan is due to your agency by May 1st. And where they could come in at any time, I understand there's a truncation of you all accepting plans on May 1st. We know that we just got support of your agency that you feel you'll be able to have most things done within about six weeks if we are going to -- if this piece of legislation passes and have public hearings six weeks after submission of the plans. You have to send your reports to CMS on August 10th, and they essentially have to be available for the public middle of October. They just pushed it off to November. So, granted, you've got about a six-week window, maybe even an eight-week window for you to receive these plans and review them.

It still kind of gets me back to the struggle that, again, Representative Hunt who, obviously, knows your business much better than I do, continues to talk about everything you mentioned is absolutely accurate, but it's what your agency does today for a living. It's looking at plans and being in compliance and reaching out to CMS and doing subscription charts and doing a dental thing, that's the role of the Department of

Insurance today. And when I continue to go back and do the math and see that at every way I can try and calculate it, even last year, the first year you had to do this, and I'm sure you built tools, and I'm sure you'll build processes by which to be able to review plans, both last year and going forward, you did it for a moderate amount of money compared to what this grant does today. And so as a frugal guy, it continues to make me concern because a thousand dollars a plan, 5,000, 10,000, $20,000 to review a plan, kind of pales to $100,000 a plan which is what this grant looks to do. It seems like a tremendous amount of money and if your -- if your role of the Department of Insurance today is plan compliance and management, why do we want to, A, advocate that to some other out-of-state entity, because I don't think they do it better than we do. And, B, I'm still struggling with where is the money going because it's so much money compared to what you spent to do the job last year?

MR. SEVIGNY: You know, like I said to John, I'm glad you brought John Hunt's name up, 'cause like I said to John, you were there last week, you either trust what we're telling you how it is and how it works. I also offered John to come in and sit down and go to work with my people for some period of time to learn, in fact, by sitting down and understanding. And if you don't trust what we're telling you as being accurate and try to do it with using a linear equation, then I don't know how much more I can tell you. I mean, I can show you. I can have you come in and spend some good quality time with the folks that do this work. But I'm not sure how else to explain to you that not being able to have the grant money and hire the consultants to supplement -- supplement my staff and what they do, in particular with plan management and plans filed to be sold as compliant with the ACA, then if you think my staff can do it on their own, then I don't --

SEN. SANBORN: Follow-up.

MR. SEVIGNY: -- I don't know what else to tell you.

SEN. SANBORN: Thank you, Mr. Commissioner. I appreciate it. Part of my struggle with this is, as we know, this Committee

said no to a large $5 million grant last year and next thing we know it kind of went around behind our back, and it's those types of actions that make me suspect and make me concerned. It makes me ask questions because I feel this Committee weighed in on a policy perspective and, yet, this -- our government went around and we got that money out the door. So I'm concerned. I'm concerned how much money, and I'm concerned where it's going because the numbers just are not adding up to me.

MR. WILKEY: If I may? The amount of dollars that we're seeking on the plan management for the consultants pretty much parallels that of last year. It's not a significant change. Part of the 2.1 million is also, you know, funds from which to explore, you know, the continuity of care options that was pointed out at the Joint Oversight meeting that we talked about.

I've managed many operations in my career for various companies, and one of the things that makes it so very difficult is the compression of time and the complexity associated with it. And it's very difficult to manage for your next during the course of the year, but this is one gigantic blip. And so what happens is what you do is typically when you have this in a typical organization, you would be able to pull in other resources in the Department from which to be able to, you know, assist to get you through a backlog or a particular hurdle. That capacity doesn't exist within the Insurance Department. The skill level and the skill set associated with being able to review at a level of such, you can't just pick up somebody from the street or re-train somebody overnight. Even if I were to hire additional staff today from which to attempt to manage that blip in production one would, you know, it be a year out before those people would really be a value to be able to handle something of this complexity. So it's, you know, we don't have that particular depth with the Insurance Department. We have got three individuals and to be able to draw upon other people, even though people are more than willing to help out, want to help out, and will do anything that we ask of them, the reality is that at the end of the day it does not exist within the Department and the only place that you can get that really is by way of consultants.

SEN. SANBORN: Thank you. Thank you, sir. Thank you, Madam Chair.

VICE-CHAIRWOMAN FORRESTER: Senator Larsen.

SEN. LARSEN: We've been concentrating on numbers. And I am hearing you say you have three staff people who currently review life, accident, and health now. We've just heard that you're going to have as many as 20 plans from Anthem alone, and you're saying the average plan is 6,000 pages; 120,000 plans that have a deadline to be reviewed.

MR. WILKEY: I did. Yes.

SEN. LARSEN: A short deadline.

MR. WILKEY: That's a short deadline. Again, a lot of it is backup detail that we don't necessarily go to unless we have a particular issue. Some of it is some of the rate support on requirements that is done from the actuarial. So when I say three people it's, really, on the compliance, non-rate side, David Sky is our actuary and does the rate review pieces of it. A lot of the interfaces are integrated to one another, you know, as our submission is up to CMS.

The big difference associated with it for folks is, again, taking it from when it was kind of a general type variable filing now into a very, very specific detailed one, because when somebody goes onto HealthCare.gov, again, the experience is what gets -- what they see has been, in essence, gone through at the New Hampshire Insurance Department and loaded up. Carriers provide it to us, we review it, we have to modify it, we have to certify it, and it's that information that goes up into the final loading of our website at the Federal level.

SEN. LARSEN: So if you don't get this grant, you have between May and August to review 120,000 pages with three people.

MR. WILKEY: Well, it's --

MR. SEVIGNY: And add to that the plans that we -- that we anticipate coming in with Harvard Pilgrim, as well as Minuteman. But I'm telling you that without additional resources, we are not going to be able to do it.

MR. WILKEY: A lot of the time, you know, there is some synergies. We have all looked at that and I've anticipated that, you know, there are, obviously, we have gone up a learning curve from last year. You know, we should be able to do things more efficiently than we did the previous year, despite the number of plans that are coming in. So we are hopeful on that front.

As I indicated, we are aware that the number of plans, even for the one carrier, will probably increase. And we are talking saving a lot time in the hopes of improving the competition within the state and improving the choice for the consumers of New Hampshire. A new carrier coming in who's never operated in New Hampshire, say a Minuteman Health or something like this, it doesn't just happen. A lot of time is being spent with us already. A lot of time will be spent between now and August in going through the details of what has to be done, how it needs to look, what New Hampshire laws are, their interpretation. They're very different from Massachusetts in its application.

Harvard, you know, is an experienced carrier. If they come in and as they indicated as well, they're going to be expanding, you know. So there's increased plans and increased marketplace. Plus, they're going to revamp everything that's off the marketplace because they want it to be lined up to what they would want to have on the exchange. So even though they haven't talked much about it, I'm anticipating that not only are we going to get exchange from these carriers, we are going to get off exchange from these carriers that are going to cause additional work to be done. Even with the consultants, it would be very, very tight. Without them, I'm not sure how it could be done.

SEN. LARSEN: Thank you.

VICE-CHAIRWOMAN FORRESTER: Representative Rosenwald, did you have a question?

REP. ROSENWALD: Thank you, Madam Chair. I was also at the Joint Health Care Reform Committee meeting last week. And as Senator Sanborn said, we did have a long discussion about this grant, what went into it, exactly what it did, what it didn't do. And at the end of that discussion, Senator Bradley made a motion that I thought was good which was that we would recommend to Fiscal Committee we should accept this grant with two important conditions. One is to provide follow-up written detail on exactly how the grant would be spent, and I think as important, at least, is to assure this Committee that none of these funds would be co-mingled or spent on consumer assistance, which was the other grant that Senator Sanborn referred to. And I think we all have a letter from Commissioner Sevigny that does fulfill those two things. Well, it commits to providing quarterly reports that none of this plan management grant would be put to consumer assistance. But that was the end of the Health Reform Oversight Committee the recommendation was that Fiscal should accept this grant.

** REP. EATON: Move approval.

SEN. LARSEN: Second.

REP. ROSENWALD: I'll second it.

VICE-CHAIRWOMAN FORRESTER: So --

REP. WEYLER: Who you naming as the second?

VICE-CHAIRWOMAN FORRESTER: Rosenwald. Any further discussion?

REP. LEISHMAN: I have one quick question, Madam Chair.

VICE-CHAIRWOMAN FORRESTER: Yes.

REP. LEISHMAN: For the Commissioner. As far as the public consulting group that you've retained, is there any penalty provisions in the agreement that you've got with them as far as not meeting the timeline as you've outlined in your letter to us of March 7th?

MR. SEVIGNY: May I enlist some additional assistance? Al. Al is our grant manager. Probably he can speak.

AL COUTURE, Insurance Company Examiner II, Department of Insurance: First of all, my name is Al Couture. We have not retained anybody yet. The contract went out to -- for an RFP. We have selected a vendor and we are hoping if this goes well here that we'll be able to get that contract approved next -- this coming Wednesday at G & C, you know. So it goes through a process of -- bidding process for various vendors and we select those vendors that meet our requirements.

MR. SEVIGNY: And the contract isn't come and work for us and we hand you the money.

REP. LEISHMAN: No, I understand that.

MR. SEVIGNY: No, what I mean is if they don't do the work, they don't get paid; but that's the bottom line.

MR. COUTURE: Right.

REP. LEISHMAN: Okay. Thanks.

VICE-CHAIRWOMAN FORRESTER: Any other questions?

SEN. SANBORN: So discussion amongst the Committee Members. As you've heard, I remain skeptical knowing how many grants we have seen come before this Committee and the decisions this Committee has made and other decisions that were made outside this Committee to go back and retake the same type of money that this Committee turned down. I remain skeptical not in the capacity of the Department of Insurance to do their work, because this is their work. This is what they do. But seeing

that they were able to get the job done last year with dramatically less money, and in conversations with the Health Care Oversight Committee, part of what Senator Bradley brought his motion up for to make sure that this grant application and the utilization of the proceeds of the funds was so whittled down and required in his request to have it continued to be brought back to Fiscal, 'cause there is a feeling amongst us or some of us at that Committee that there's more money on the table than I think the Department needs to do this specific job. You know, for me, you've heard 7,000 grants. If it's 5,000 last time, sure, some of them are a cursory review and quick sign off. But others of them with new insurance carriers and all types of new policies that we have takes significant amount of work. Again, I'm not suggesting they don't do great work. I'm suggesting five and 7,000 plans which they're getting done with just a few million dollars, and now we are going to be looking at roughly 20 plus or minus plans for $2 million, with the acknowledgement by the Department that there could be extra funds there. They would send back what they didn't use. It makes me concerned that every time the Federal Government is throwing money on the table that we so willingly run out and grab it when it might be more than we need and it might be, you know, with our responsibility for the taxpayer to be judicious in how we're spending their money. I think this is a hurdle that's too high for me.

VICE-CHAIRWOMAN FORRESTER: Senator Morse.

SEN. PRESIDENT MORSE: Commissioner, I just want to make sure I got this straight. Last year you had an Item 13-075 which was $409,000. Is that the same item we're talking about today, the $2 million number?

MR. SEVIGNY: The 400, whatever it is, was half of what we got with regard to the plan management. The other part of it was in our budget.

SEN. PRESIDENT MORSE: Was in the budget. But the reason that I voted against the 409,000 last year was because I was against partnership exchanges. Wouldn't that be the reason that

I voted against it? I mean, I didn't believe the Committee that was reviewing this that said going forward with partnership exchanges was right. I thought we should not be accepting this money and I didn't think New Hampshire should be in partnership. Now that New Hampshire has decided to go in partnerships that's the money you're talking about in the 409 in the budget and the 2 million. I'm going to stay consistent with how I voted. But reality is that was because I didn't think New Hampshire should be in a partnership exchange, not because of this debate about what the money is doing or anything.

MR. SEVIGNY: Yeah.

SEN. PRESIDENT MORSE: So I want to make that clear because when I voted on that item that's why I believed I was voting against it at that time. Putting in the budget and doing everything else, ship had left, and, you know, there's a lot of things you can't re-arrange in the budget. But the reality is, I just want you to know that I looked up what I did on the item, and I voted no at the time and it was because I was against partnerships. I want to stay consistent with that.

Accepting Federal money in the State of New Hampshire is a reality. I mean, it's a reality in the budget, and I don't -- I'm not going to vote on it for that reason. But the fact that we got into a partnership, I thought the Federal Government should have handled this. And so --

VICE-CHAIRWOMAN FORRESTER: And I would just second that, Commissioner. We had a conversation and that was my feeling the first time around when I voted against it and I will remain consistent with that at this time.

SEN. SANBORN: Madam Chair, if I remain, I still stand committed that this state has never voted to enter into a partnership at this time still. The Health Care Oversight Committee did vote to move forward to review a Memorandum of Understanding which was never provided to that Committee so many of us in that Committee still stand firm today. The State of

New Hampshire has never voted as to whether or not to enter into a state/federal partnership.

VICE-CHAIRWOMAN FORRESTER: Further discussion?

REP. ROSENWALD: Thank you. We talked about, too, just for clarity, we talked about two different kinds of partnerships. One was the consumer assistance which we have not moved forward with in the budget, but the other one was plan management which my understanding is that we have moved forward with so that the Insurance Department could do its regular job of regulating the insurance industry and that's not a new task for us. Am I right?

MR. SEVIGNY: Yes. And I think you'll find that reflected in the report to the Legislature by the Oversight Committee last year. I think you'll find it in there.

VICE-CHAIRWOMAN FORRESTER: We have a motion and a second. Are we ready to call a vote? All in favor? Opposed?

(Senator Forrester, Senate President Morse, Senator Sanborn and Representative Weyler opposed the motion.)

REP. WEYLER: Six to four.

VICE-CHAIRWOMAN FORRESTER: Motion passes 6 to 4.

***** {MOTION ADOPTED}**

****** SEN. PRESIDENT MORSE: Motion to adjourn.

REP. EATON: Second.

VICE-CHAIRWOMAN FORRESTER: All in favor? Opposed?

***** {MOTION TO ADJOURN ADOPTED}**

(Committee adjourned at 3:06 p.m.)

CERTIFICATION

I, Cecelia A. Trask, a Licensed Court Reporter-Shorthand, do hereby certify that the foregoing transcript is a true and accurate transcript from my shorthand notes taken on said date to the best of my ability, skill, knowledge and judgment.

Cecelia A. Trask

Cecelia A. Trask, LSR, RMR, CRR
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