

ANNUAL REPORT

Joint Health Care Reform Oversight Committee

**HB 601, Chapter 264, Laws of 2011
RSA 420-N**

December 1, 2018

MEMBERS

Rep. John B. Hunt, Chairman
Rep. Frank Kotowski
Rep. Edward Butler

Sen. Jeb Bradley
Sen. Kevin Avard
Sen. Martha Fuller Clark

BACKGROUND AND CHARGE

The 2010 Health Insurance Reform Oversight Committee was established with the adoption of SB 455 (Chapter 243, Laws of 2010; RSA 420-L). Pursuant to this law, the Insurance Commissioner was required to make periodic reports to the initial Oversight Committee relative to the department's federal insurance reform implementation plans and initiatives. This committee met in September and in October of 2010, but did not issue a report. A sunset clause included in the 2010 law repealed the oversight committee on July 1, 2011.

A new Joint Health Care Reform Oversight Committee ("the Oversight Committee") was established in 2011, effective July 1, 2011, with the adoption of HB 601 (Chapter 264, Laws of 2011; RSA 420-N). Pursuant to RSA 420-N:3, III, the Oversight Committee is responsible for providing legislative oversight, policy direction, and recommendations for legislation with respect to the Patient Protection and Affordable Care Act of 2009 (the ACA), as it determines appropriate. The Oversight Committee is also required to review existing rules, bulletins, or policies adopted pursuant to Chapter 243, Laws of 2010 and may require the repeal of such rules, bulletins, or policies. The Oversight Committee has filed annual reports every year since 2011.

The Oversight Committee has continued to meet with representatives from the state Departments of Insurance and Health and Human Services to receive reports on ongoing developments on both the state and federal levels with regard to the ACA. This report summarizes the discussions and actions taken by the Oversight Committee this year.

The Oversight Committee has met twice since filing its 2017 annual report.

MEETING

July 18 –

Health and Human Services Commissioner Jeff Meyers informed the committee that the department would like to apply for a Medicaid waiver from the Centers for Medicare & Medicaid Services (CMS) in order to implement the work or community engagement requirement of the Granite Advantage Health Care Program adopted this year (SB 313, Laws of 2018). The deadline for waiver approval is December 1, 2018 and the commissioner expects this timeframe to be met.

The committee voted to approve the Granite Advantage Health Program waiver. Adopted, vote 4-1.

November 14 -

Commissioner Meyers presented proposed interim rules necessary to implement the work or community engagement requirement in SB 313 (2018). He explained the components of the rules including the forms necessary to document an individual's status as exempt from the requirement. He has been assured that the waiver will be granted by the December 1 deadline. His intent is to begin implementation on January 1, 2019. He anticipates initially hiring employees in temporary positions to implement the program

The commissioner described the status of work requirements that have been adopted in other states such as Arkansas, Wisconsin, and Kentucky. He also answered questions about the anticipated impact on NH citizens.

The committee voted to approve the filing of the proposed interim rules presented. Adopted, vote 5-0.

Action taken in 2018

- Approved filing for a waiver to the Granite Advantage Health Program in order to implement the work or community engagement requirement in SB 313 (2018).
- Approved the filing of proposed interim rules by the Department of Health and Human Services necessary to implement the work or community engagement requirement in SB 313 (2018).

Respectfully submitted,
Rep. John B. Hunt, Chairman