

CHAPTER 35
HB 157 - FINAL VERSION

7Apr2021... 0488h

2021 SESSION

21-0242
05/10

HOUSE BILL **157**

AN ACT relative to the state health improvement plan and the state health assessment and state health improvement plan advisory council.

SPONSORS: Rep. Edwards, Rock. 4; Rep. M. Pearson, Rock. 34

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill revises components of the state health improvement plan and revises the membership and duties of the state health assessment and state health improvement plan advisory council.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to the state health improvement plan and the state health assessment and state health improvement plan advisory council.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 35:1 State Health Improvement Plan; State Health Assessment and State Health Improvement
2 Plan Advisory Council. RSA 126-A:87 and RSA 126-A:88 are repealed and reenacted to read as
3 follows:

4 126-A:87 State Health Improvement Plan.

5 I. The commissioner of the department of health and human services shall, in consultation
6 with the state health assessment and state health improvement plan advisory council established in
7 RSA 126-A:88, and others, develop a state health assessment and a state health improvement plan.

8 II. The state health assessment shall:

9 (a) Describe the status of health and well-being in New Hampshire, access to critical
10 healthcare services including maternity care, the cost of healthcare and insurance coverage, and the
11 fiscal stability and sustainability of critical services to ensure sufficient and equitable access
12 throughout the state.

13 (b) Utilize input from state and local level stakeholders obtained through public forums.

14 (c) Identify disparities in social determinants that may impact health, health outcomes,
15 and access to care.

16 (d) Map health care service delivery, utilization, inter-entity collaboration, and
17 identification of gaps or redundancies.

18 (e) Describe the role of state agencies in supporting the public health system in New
19 Hampshire.

20 (f) Utilize existing data and plan for future data to support statewide and local planning.

21 (g) Identify priorities for the state health improvement plan.

22 III. The state health improvement plan shall guide the department in assessing, planning,
23 implementing, and monitoring improvement in the health and well-being of New Hampshire's
24 population.

25 IV. The state health improvement plan shall focus on strategies to:

26 (a) Improve the overall health and wellness of populations; improve the quality and
27 experience of care and reduce cost both to individuals and overall to the healthcare system.

28 (b) Improve specific health outcomes and reduce inequities in measurable ways; and

29 (c) Optimize the public health and human service delivery systems.

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1 V. The state health improvement plan shall identify priorities and evidence-based practices,
2 recommend integration of services, and encourage the leveraging of resources across the state.

3 VI. The department shall make publicly available through an Internet website an analysis
4 pertaining to state health assessment indicators, identification of state health priorities, goals, and
5 the development of the state health improvement plan.

6 VII. The information made available shall be maintained as a public resource for centralized
7 and decentralized decision making and policy analysis by state and local health and human service
8 entities, housing developers, municipalities, policy makers, the public, and other entities as they
9 consider health improvement planning and health in all policies.

10 VIII. The information may also be used by the department to align planning, integrate
11 services, and leverage resources across the department.

12 IX. The commissioner, in consultation with the state health assessment and state health
13 improvement plan advisory council, shall release to the public, the state health assessment no later
14 than 12 months after the effective date of this section and the state health improvement plan no
15 later than 24 months after the effective date of this section. The plan shall be reviewed annually
16 and updated every 5 years, or earlier if determined necessary by the commissioner.

17 126-A:88 State Health Assessment and State Health Improvement Plan Advisory Council
18 Established.

19 I. There is hereby established a state health assessment and state health improvement plan
20 advisory council. The council should be diverse with respect to race, ethnicity, geography, ideology,
21 and age, and shall be comprised of the following members:

22 (a) Two members of the house of representatives, one of whom shall be appointed by the
23 speaker of the house of representatives and one of whom shall be appointed by the minority leader.

24 (b) Two members of the senate, one of whom shall be a member of the minority party,
25 appointed by the senate president.

26 (c) The commissioner of the department of health and human services, or designee.

27 (d) The commissioner of the department of education, or designee.

28 (e) The commissioner of the insurance department, or designee.

29 (f) The commissioner of the department of safety, or designee.

30 (g) The commissioner of the department of corrections, or designee.

31 (h) The attorney general, or designee.

32 (i) The director of the division of public health services, department of health and human
33 services, or designee.

34 (j) The chairperson of state commission on aging, or designee.

35 (k) The director of the Manchester health department, or designee.

36 (l) A representative from the New Hampshire Public Health Association, appointed by
37 the association.

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1 (m) A representative of the New Hampshire Alliance for Healthy Aging, appointed by
2 the alliance.

3 (n) A representative of the North Country Health Consortium, appointed by the
4 consortium.

5 (o) A representative of the New Hampshire Fiscal Policy Institute, appointed by the
6 institute.

7 (p) Two representatives from housing entities, one appointed by the New Hampshire
8 Housing Finance Authority, and one appointed by the New Hampshire Housing Authorities
9 Corporation.

10 (q) Three representatives of hospitals located in New Hampshire, One from an academic
11 medical center, one from a community hospital which is not a critical access hospital, and one from a
12 critical access hospital, appointed by the New Hampshire Hospital Association.

13 (r) A representative of a federally qualified community health center, appointed by the
14 Bi-State Primary Care Association.

15 (s) A psychiatrist or psychologist licensed in New Hampshire, appointed by the
16 commissioner of the department of health and human services.

17 (t) A physician, appointed by the New Hampshire Medical Society.

18 (u) An advanced practice nurse practitioner licensed in New Hampshire, appointed by
19 the New Hampshire Nurse Practitioners Association.

20 (v) A representative of municipal government, appointed by the New Hampshire
21 Municipal Association.

22 (w) A school superintendent, appointed by the New Hampshire School Administrators
23 Association.

24 (x) A representative of a peer recovery program, appointed by the commissioner of the
25 department of health and human services.

26 (y) An environmental health researcher from a New Hampshire college or university,
27 appointed by the commissioner of the department of health and human services.

28 (z) A representative of a philanthropic organization, appointed by the commissioner of
29 the department of health and human services.

30 (aa) A substance use disorder treatment provider, appointed by the NH Providers
31 Association.

32 (bb) A community action program representative, appointed by the New Hampshire
33 Community Action Partnership.

34 (cc) The director of the Nashua health department, or designee.

35 (dd) A health officer, appointed by the New Hampshire Health Officers Association.

36 (ee) The commissioner of the department of business and economic affairs, or designee.

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1 (ff) A representative from Community Support Network, Inc. (CSNI), appointed by
2 CSNI.

3 (gg) A representative from New Hampshire Community Behavioral Health Association,
4 appointed by association.

5 (hh) The director of the office of health equity, department of health and human
6 services, or designee.

7 (ii) The director of the Josiah Bartlett Center for Public Policy, or designee.

8 II. The council may solicit information and participation from any person or entity
9 determined necessary by the council in the performance of its duties. The council shall be
10 administratively attached to the department.

11 III. Members of the council appointed under subparagraphs I(a) through (j) shall serve a
12 term coterminous with their term in office. The members appointed pursuant to subparagraphs I(k)
13 through (ii) shall serve 6-year terms provided that initial appointments shall be for staggered terms
14 of one to 6 years. Legislative members shall receive mileage at the legislative rate when attending
15 to the duties of the council. The first-named senate member shall convene the organizational
16 meeting of the council within 45 days of the effective date of this section for the purpose of electing
17 officers. The chairperson shall be elected upon a majority vote of the council. Twenty members shall
18 constitute a quorum.

19 IV. The chairperson may establish subcommittees upon majority vote of the council.
20 Membership of the subcommittees shall be established by the chairperson upon majority vote of the
21 council. If any member of the council is absent without previously being excused by the chairperson
22 for 3 or more regular meetings, the member may be removed upon a majority vote of the council.

23 V. The council shall be subject to the provision of RSA 91-A.

24 VI. The commissioner, in collaboration with the council, shall submit an annual report to the
25 president of the senate, the speaker of the house of representatives, the governor, the chairpersons of
26 the house and senate committees having jurisdiction over finance and health and human services,
27 and chairperson of the oversight committee on health and human services, established under RSA
28 126-A:13, by November 1 of each year, commencing on November 1, 2021, on the council's activities
29 and including the council's recommendations for legislation to include estimated cost and benefit
30 summary based on existing resources.

35:2 Effective Date. This act shall take effect upon its passage.

Approved: May 17, 2021

Effective Date: May 17, 2021