Rep. Edwards, Rock. 31 March 21, 2023 2023-1128h 07/05

Amendment to HB 2-FN-A-LOCAL

1	Insert the following new sections:
2	
3	1 Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite
4	Advantage Health Care Program. RSA 126-AA:4 is repealed and reenacted to read as follows:
5	126-AA:4 Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite
6	Advantage Health Care Program.
7	I. There is hereby established a commission to evaluate the effectiveness and future of the
8	New Hampshire granite advantage health care program.
9	(a) The members of the commission shall be as follows:
10	(1) Three members of the senate, appointed by the president of the senate, one of
11	whom shall be a member of the minority party.
12	(2) Three members of the house of representatives, appointed by the speaker of the
13	house of representatives, one of whom shall be a member of the minority party.
14	(3) The commissioner of the department of health and human services, or designee.
15	(4) The commissioner of the department of insurance, or designee.
16	(5) A representative of each managed care organization awarded contracts as
17	vendors under the Medicaid managed care program, appointed by the governor.
18	(6) A representative of a hospital that operates in New Hampshire, appointed by the
19	New Hampshire Hospital Association.
20	(7) A public member, who has health care expertise, appointed by the senate
21	president.
22	(8) A public member, who currently receives coverage through the program,
23	appointed by the speaker of the house of representatives.
24	(9) A public member representing the interests of small businesses in New
25	Hampshire, appointed by the New Hampshire Association of Chamber of Commerce Executives.
26	(10) A representative of the medical care advisory committee, department of health
27	and human services, appointed by the commissioner of the department of health and human
28	services.
29	(11) A licensed physician, appointed by the New Hampshire Medical Society.
30	(12) A licensed mental health professional, appointed by the National Alliance on
31	Mental Illness New Hampshire.

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1	(13) A licensed substance use disorder professional, appointed by the New
2	Hampshire Alcohol and Drug Abuse Counselors Association.
3	(14) An advanced practice registered nurse (APRN), appointed by the New
4	Hampshire Nurse Practitioner Association.
5	(15) The chairperson of the governor's commission on alcohol and drug abuse
6	prevention, treatment, and recovery, or designee.
7	(b) Legislative members of the commission shall receive mileage at the legislative rate
8	when attending to the duties of the commission.
9	(c) The limitation on commission membership in RSA 14:49, II(c) shall not apply to this
10	commission.
11	II.(a) The commission shall evaluate the effectiveness and future of the program.
12	Specifically the commission shall:
13	(1) Review the program's financial metrics.
14	(2) Review the program's product offerings.
15	(3) Review the program's impact on insurance premiums for individuals and small
16	businesses.
17	(4) Make recommendations for future program modifications, including, but not
18	limited to, whether the program is the most cost-effective model for the long term versus a return to
19	private market managed care.
20	(5) Review up-to-date information regarding changes in the level of uncompensated
21	care through shared information from the department, the department of revenue administration,
22	the insurance department, and provider organizations and the program's impact on insurance
23	premium tax revenues and Medicaid enhancement tax revenue.
24	(6) Evaluate reimbursement rates to determine if they are sufficient to ensure access
25	to and provider capacity for all behavioral health services.
26	(7) Review the reasons beneficiaries are not re-enrolled in the program.
27	(8) Review the program's provider reimbursement rates and overall financing
28	structure to ensure it is able to provide a stable provider network and sustainable funding
29	mechanism that serves patients, communities, and the state of New Hampshire.
30	(b) The commission shall solicit information from any person or entity the commission
31	deems relevant to its study.
32	(c) The commission shall meet at least annually.
33	III. The members of the commission shall elect a chairperson from among the members.
34	Eight members of the commission shall constitute a quorum.
35	IV. On or before November 1, the commission shall make annual recommendations for any
36	proposed legislation to the president of the senate, the speaker of the house of representatives, the
37	senate clerk, the house clerk, and the governor, as appropriate.

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Alcohol Abuse Prevention and Treatment Fund; Reference to Funds Transfer Removed.
 Amend RSA 176-A:1, III to read as follows:

3 III. Moneys received from all other sources other than the liquor commission pursuant to 4 RSA 176:16, III, including any community benefit contribution made by New Hampshire's hospitals, $\mathbf{5}$ shall be disbursed from the fund upon the authorization of the governor's commission on alcohol and 6 drug abuse prevention, treatment, and recovery established pursuant to RSA 12-J:1 and shall not be 7diverted for any other purposes. Funds disbursed shall be used for alcohol and other drug abuse 8 prevention, treatment, and recovery services, and other purposes related to the duties of the 9 commission under RSA 12-J:3[; provided, however, that funds received from any source other than 10the liquor commission, pursuant to RSA 176:16, III, shall not be used to support the New Hampshire 11 granite advantage health care program and shall not be deposited into the fund established in RSA

12 126-AA:3].

13 3 Individual Health Insurance Market; Plan of Operation for the High Risk Pool. Amend RSA
404-G:5-a, IV(d) to read as follows:

15 (d) An amount not to exceed the lesser of the remainder amount, as defined in RSA 126-16 AA:1, V, or the amount [of revenue transferred from the alcohol abuse prevention and treatment 17 fund pursuant to RSA 176-A:1, IV and] specified in RSA 126-AA:1, V(a) plus taxes attributable to 18 premiums written for medical and other medical-related services for the newly eligible Medicaid 19 population. The association shall transfer all amounts collected pursuant to this subparagraph to 18 the New Hampshire granite advantage health care trust fund established pursuant to RSA 126-21 AA:3.

4 New Hampshire Granite Advantage Health Care Program; Definition of Remainder Amount.
 Amend RSA 126-AA:1, V(a) to read as follows:

(a) An amount equal to the amount of revenue transferred from the alcohol abuse
prevention and treatment fund [pursuant to RSA 176 A:1, IV] in the state fiscal year ending
June 30, 2023, adjusted annually by the percentage change in the Consumer Price Index for
All Urban Consumers, Northeast Region as published by the Bureau of Labor Statistics,
United States Department of Labor. The first such annual adjustment shall be made
during the fiscal year ending June 30, 2024. The annual adjustment shall not exceed 5
percent in any fiscal year;

5 Repeal; Commission. RSA 126-AA:4, relative to reestablishing the commission to evaluate the effectiveness and future of the New Hampshire granite health care advantage program, is repealed.

6 Extension of the Prospective Repeal of the Granite Health Care Advantage Program. Amend
2018, 342:25, II to read as follows:

35 II. Paragraphs III and VII of section 24 of this act shall take effect December 31, [2023]
 36 2025.

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1 7 Repeal; Revenue from Alcohol Abuse Prevention and Treatment Fund. The following are 2 repealed:

- 3 I. RSA 176-A:1, IV, relative to the transfer of funds from the alcohol abuse prevention and 4 treatment fund to the New Hampshire granite advantage health care trust fund.
- 5 II. RSA 126-AA:3, I(a), relative to the transfer of funds from the alcohol abuse prevention 6 and treatment fund to the New Hampshire granite advantage health care trust fund.

8 Department of Health and Human Services; New Hampshire Granite Advantage Health Care
8 Program; The New Hampshire Granite Advantage Health Care Trust Fund. Amend the
9 introductory paragraph of RSA 126-AA:3, I to read as follows:

10I. There is hereby established the New Hampshire granite advantage health care trust fund which shall be accounted for distinctly and separately from all other funds and shall be non-interest 11 12bearing. The department shall include the cost of the program in its biennial budget request under RSA 9:4. The fund shall be administered by the commissioner and shall be used 1314solely to provide coverage for the newly eligible Medicaid population as provided for under RSA 126-15AA:2, to pay for the administrative costs for the program, and reimburse the federal government for 16any over payments of federal funds. All moneys in the fund shall be nonlapsing and shall be 17continually appropriated to the commissioner for the purposes of the fund. The fund shall be 18authorized to pay and/or reimburse the cost of medical services and cost-effective related services, 19including without limitation, capitation payments to MCOs. No state general funds shall be 20deposited into the fund. Deposits into the fund shall be limited exclusively to the following:

- 9 Liquor Commission Fund; Transfers. For the fiscal year ending June 30, 2024, transfers to the alcohol abuse prevention and treatment fund pursuant to RSA 176:16, III shall be reduced by the amount of any federal or other funds used by the department of health and human services to fund programs or services approved by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery.
- 26 10 Effective Date. Sections 2, 3, 4, 6, 7, and 8 of this act shall take effect December 31, 2023.
- 27 11 Effective Date. Section 5 of this act shall take effect November 1, 2027.

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AMENDED ANALYSIS

Insert:

1. Reestablishes and revises the membership and duties of the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program. The commission is repealed November 1, 2028.

2. Extends the New Hampshire granite advantage health care program by changing the prospective repeal of the program to December 31, 2027.

3. Removes the transfer of funds from the alcohol abuse prevention and treatment fund to the granite advantage health care trust fund.

4. Reduces transfers from the liquor commission to the alcohol abuse prevention and treatment fund for fiscal year 2024, by the amount of federal or other funds used by DHHS for services approved by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery

Amend section 98 of the analysis to read as follows:

98. Makes appropriations to the department of health and human services for programs and systems and requires inclusion of the granite advantage health care trust fund in the biennial budget.