Dear Members,

The Governor’s SFY 20/21 State Budget proposal, HB 1 (operating budget and capital budget spreadsheets) and HB 2 (trailer bill with detailed policy proposals), continues to move its way through the legislative process with the Senate Finance Committee taking center stage the past several weeks. The process is coming to a head in the Senate over the next couple of weeks as they finalize their version of the budget that will undoubtedly be very different from that which came out of the House.

The Senate Finance and Ways and Means Committees began their work on the State Budget (2020/2021) in earnest earlier this month. The committees have the next two weeks to deliberate and make final decisions on the budget before it goes to the Senate floor on June 6, 2019. The full House voted on the budget on April 11th and it passed the House on a vote of 225-159. The House Finance Committee had made significant modifications to the Governor’s proposed budget, including removing the Governor’s proposal to fund the construction of a new forensic hospital and adding a capital gains tax to help fund more school aid. The House Finance Committee did make some positive changes, albeit minor, that we supported, including addressing the dedicated fund for the proceeds for the Governor’s Commission on Alcohol and Other Drugs, as well as removing the repeal of the Graduate, Indirect Graduate Medical Education and Catastrophic Aid to Hospitals provisions. While no money was appropriated to these last three provisions, they remain as provisions in the DHHS budget, which allows for potential funding in the future. The biggest concern with the budget as it stands, is the lack of sustainable rate increases for designated receiving facility (DRF) beds and increased capacity at New Hampshire Hospital to relieve the ongoing ED boarding crisis. The other significant issue that will be debated in the coming weeks is if the Senate will include funding in the budget for a Forensic Hospital.

While NHHA has been following many bills of interest to our members, a priority focus area continues to be ensuring that the settlement agreement signed in 2018 regarding the Medicaid Disproportionate Share Hospital (DSH) payments due to hospitals is properly funded, which, to date, has been appropriately...
Maintained in the budget. Our other major priority has been to ensure that the behavioral health crisis continues to be addressed by implementation of meaningful reforms to include increased inpatient capacity at New Hampshire Hospital, adequate reimbursement for DRFs, funds to renovate DRFs and reimbursement for emergency room boarding and various reimbursement statutes are modified, among many other provisions, to ensure that hospitals are able to provide the patient care and access to services that are most needed.

Legislators have been working on funding various components of the 10-Year Mental Health Plan by passing individual bills that address various recommendations in the plan but also incorporating other recommendations into the budget. The Senate has several bills that they have retained to attempt to incorporate more of these fiscal needs into their version of the budget.

All of the bills that NHHA is following can be found on our website here and includes links to bill language, the prime sponsor, hearing dates/times and the status of the bill.

**STATE UPDATE**

**RECENT LEGISLATIVE ACTIVITY**

Listed below are bills of particular importance to hospitals and health systems this year. NHHA is following many more bills, which will be included in future updates of the NHHA Legislative Newsletter.

**BEHAVIORAL HEALTH**

**SB 11, Relative to Mental Health Services and Making Appropriations Thereof**

SB 11 has several components relative to addressing the immediate behavioral health crisis to include:

- Authorizes the department of health and human services to use general surplus funds for increasing funding to Designated Receiving Facilities (DRFs) and voluntary inpatient psychiatric admissions
- Makes an appropriation to the department of health and human services for the purpose of renovating certain existing facilities.
- Provides for rulemaking for involuntary admission hearing requirements.
- Requires insurers to reimburse hospitals for emergency room boarding.

SB 11 was heard on January 22, 2019 in the Senate Health and Human Services
NHHA testified on the bill. The bill was amended slightly and was passed by the full Senate on January 31, 2019 then was referred to Senate Finance where additional modifications were made to address our concerns. The amended bill was passed 24-0 by the full Senate on February 21, 2019. The bill was heard in House Health and Human Services (HHS) Committee on March 26, 2019. NHHA testified in full support of the bill, as amended. There was a sub-committee work session on April 2, 2019 where the prime sponsor of the bill, Senator Tom Sherman (D-Rye) and the Senate Majority Leader, Senator Dan Feltes (D-Concord), spoke strongly in favor of the bill, describing the careful balance that was crafted in the Senate. The House HHS subcommittee subsequently voted 10-0 to recommend passage of the bill without any additional changes or amendments to the full committee and was approved by the full committee on April 9, 2019. The bill was passed by the full House on May 2, 2019 and was signed into law by the Governor on May 21, 2019.

**NHHA position: Support**

**SB 177, Relative to the Use of Physical Restraints on Persons who are Involuntarily Committed**

SB 177 clarifies when physical restraints may be used to transport a person being admitted to New Hampshire Hospital or a designated receiving facility. The bill was heard on March 5, 2019 in the Senate Health and Human Services (HHS) Committee. NHHA testified on the bill and raised some concerns with the bill, as drafted. Based on our concerns, as well as other stakeholders, the bill was amended. The bill was passed by the full Senate on March 27, 2019 by voice vote. The bill was heard in the House Health, Human Services and Elderly Affairs Committee on April 24, 2019. NHHA testified in support of the bill. The bill was passed by the full committee with a minor amendment on May 7, 2019. The bill is scheduled to be voted on by the full House on May 23, 2019.

**NHHA position: Support as amended**

**SB 225, Adding Physician Assistants to Certain New Hampshire Laws**

SB 225 inserts physician assistants in various statutes concerning mental health services, involuntary emergency admissions to mental health facilities, and insurance coverage. The bill was heard in Senate Health and Human Services committee on January 29, 2019 and was passed out of committee in early February and then by the full Senate on February 14, 2019. NHHA became more involved in the bill when it crossed over to the House. There was an opportunity to amend the bill to address a concern we have with a related statute that impacted some of our hospital members. The sponsor and co-sponsors were amenable to these requested changes and the bill was amended and passed by both the full committee and the full House in early May 2019. The bill then was referred to the House Commerce and Consumer Affairs Committee to consider the insurance provisions of the bill. The committee voted to pass the bill on May 21, 2019 and the full House will consider the bill again in the coming weeks.

**NHHA position: Support as amended**

**COMMUNITY BENEFITS/CHARITABLE TRUSTS**

**HB 552, Relative to Transparency and Standards for Acquisition Transactions**
HB 552 attempts to clarify the standards for acquisition transactions involving health care charitable trusts and the review required by the Director of Charitable Trusts. The bill was heard in House Judiciary Committee on January 24, 2019. NHHA testified that the bill, as introduced, would add additional criteria to the standards of review that the Director of Charitable Trusts would use to evaluate transactions involving health care charitable trusts. It is NHHA's position that the Director already possesses the ability to review all applicable aspects of a transaction and questions the need for this legislation. NHHA is also concerned about the potential for the bill's requirements to increase the cost of the transactions if outside expertise is required. This bill is quite similar to the bill that was introduced last year, SB 502, but was retained in House Commerce. HB 552 was amended by the House Judiciary committee and voted as Ought to Pass (OTP) as amended on a vote of 11-8. The bill was voted on by the full House on March 7, 2019. The bill was heard in Senate Judiciary on May 21, 2019. NHHA testified on our continued concerns with the bill and made some suggestions on how to address our concerns, if the committee is inclined to pass the bill. The Senate committee will take up the bill and vote on it on May 28, 2019.

NHHA position: Oppose

ENERGY/ENVIRONMENT

HB 102, Relative to Municipal Ordinances Regarding the Use of Plastics

HB 102 permits towns to adopt bylaws to regulate the distribution of single-use plastics. The bill was heard in the House Municipal and County Government Committee on March 6, 2019. NHHA testified that we had concerns with the bill, as introduced because the bill does not contemplate any reasonable exceptions to the proposed regulation and distribution of single-use plastics. Ultimately, the committee chose to retain the bill.

NHHA position: Oppose as introduced

HB 558, Restricting the Distribution of Plastic Straws

HB 558 would prohibit food service businesses from providing a single-use plastic straw to a customer unless specifically requested. The bill was heard in the House Commerce and Consumer Affairs Committee on March 6, 2019. NHHA testified that we had concerns with the bill, as introduced. The bill was amended to accommodate our concerns and "health care facilities" are not considered a "food service business", for the purposes of the bill definitions. The amended bill was passed by the full committee on March 8, 2019 and the full House on March 19, 2019. The bill was heard in Senate Commerce on April 30, 2019. NHHA testified on the bill. The committee decided that there were too many concerns with the bill, as drafted, and voted inexpedient to legislate and the full Senate concurred with that position on May 15, 2019.

NHHA position: Neutral as amended

HB 559, Enabling Municipalities to Ban Single-use Sources of Plastic Pollution

HB 559 enables municipalities to prohibit the distribution, sale, and purchase of products that contribute to plastic pollution. The bill was heard in the House Municipal and County Government Committee on March 6, 2019. NHHA testified that we had concerns with the bill, as introduced because the bill
does not contemplate any reasonable exceptions to the proposed regulation and distribution of single-use plastics. Ultimately, the committee chose to retain the bill.  

**NHHA position: Oppose as introduced**

**HB 560, Relative to Single-use Carryout Bags**

HB 560 restricts the distribution of single-use carryout bags by stores and food service businesses. The bill was heard in the House Commerce and Consumer Affairs on March 6, 2019. NHHA **testified** that we had concerns with the bill, as introduced. After a sub-committee work- session the bill was passed by the full committee on March 8, 2019 and the full House on March 19, 2019. The bill was heard in Senate Commerce on April 30, 2019. NHHA **testified** on the bill. The committee decided that there were too many concerns with the bill, as drafted and voted inexpedient to legislate. There was a floor amendment introduced on the floor of the Senate on May 15, 2019 that incorporated some language from another waste reduction bill that requires towns to report annually to the state. The amended bill ultimately passed.  

**NHHA position: Neutral**

**HEALTH CARE INFORMATION/PRIVACY**

**SB 111, Relative to the Collection of Health Care Data**

SB 111 clarifies the collection of health care data by the department of health and human services (DHHS). The bill is specific to the uniform health care facility discharge data set referred to as the "hospital discharge data." The bill was requested by DHHS to address some concerns they had with the release of such data to other state agencies as well as other users, to include the hospitals. The bill was heard in the Senate Executive Departments & Administration (ED&A) Committee on March 13, 2019. NHHA **testified** in support of the bill. Our members have been very frustrated with the lack of available discharge data due to DHHS' concerns with the statute regarding release of the data. The bill was amended slightly but passed by the full committee and the Senate on a voice vote on March 27, 2019. The bill was heard in House Health, Human Services and Elderly Affairs Committee on April 24, 2019. NHHA **testified** again in support of the bill. After a subcommittee work session, the full committee voted to pass the bill on May 21, 2019. It will be voted on by the full House in the coming weeks.  

**NHHA position: Support**

**HEALTH INSURANCE/OTHER INSURANCE**

**HB 528, Relative to Insurance Reimbursement for Emergency Medical Services**

HB 528 is a bill that NHHA requested be filed. The bill requires insurers to consider the presenting symptoms in addition to the final diagnosis when determining whether to cover and pay for emergency services. NHHA **testified** to the challenges hospitals have faced relative to patients' access to emergency services and coverage for such services. The House Commerce committee amended the bill, but the bill's original intent remains intact. The committee passed the bill unanimously and the full House passed it on February 27, 2019. The bill was heard in the Senate Commerce Committee on
March 26, 2019. NHHA testified in support of the bill, as amended. The committee voted ought to pass 5-0 on April 3, 2019 and the full Senate concurred with that position on April 11, 2019. The bill was signed into law by the Governor on May 10, 2019 and takes effect on July 10, 2019.

**NHHA position: Support**

**SB 58, Relative to Reimbursement Rates for Low-dose Mammography Coverage**

SB 58 clarifies the reimbursement rates for low-dose mammography screenings. NHHA requested this bill be introduced to further clarify that the intent of the law to cover 3-D mammograms is consistently being followed by all carriers. NHHA testified in strong support of the bill. This bill ensures that providers of low-dose mammography screening shall be reimbursed at rates accurately reflecting the resource costs specific to each modality, including any increased cost of a 3-D breast tomosynthesis. The bill was passed unanimously by the Senate Commerce Committee and then by the full Senate on February 14, 2019. The bill was heard in the House Commerce Committee on April 23, 2019. NHHA testified in support. After a couple of work sessions, the bill was amended and voted on as ought to pass by the full committee on May 21, 2019. The bill will go to the full House for a vote in the coming weeks.

**NHHA position: Support**

**SB 258, Relative to Telemedicine and Telehealth Services**

SB 258 adds definitions to and clarifies the statute governing telemedicine and Medicaid coverage for telehealth services. The bill was heard in the Senate Health and Human Services Committee on March 5, 2019. NHHA testified in support of the bill. The bill was amended slightly to address some technical issues that needed to be corrected. The bill passed out of the full committee and the Senate on a voice vote on March 21, 2019. The bill was heard on April 24, 2019 by the House Health, Human Services and Elderly Affairs Committee. NHHA testified in support. After a work session, the bill was passed with an amendment to address some minor corrections needed and was passed out of committee on May 7, 2019. The bill will be considered by the full House on May 23, 2019.

**NHHA position: Support**

**LICENSING/CERTIFICATION**

**HB 615, Relative to the Regulation of Pharmacies and Pharmacists**

HB 615 makes various changes to the regulation of pharmacies and pharmacists by the board of pharmacy, including procedures of the board, exceptions to possessing prescription drugs, license expirations and renewals, and establishing the licensure of drug distribution agents. NHHA testified in support of the bill, as introduced. We did suggest some changes to the bill regarding the timing of biennial license renewals. The House Executive Departments and Administration (ED&A) Committee did amend the bill and it passed out of committee and the full House on a voice vote. The Senate ED&A Committee heard the bill on May 16, 2019. The committee will likely debate the bill in the upcoming executive session this week.

**NHHA position: Support**
SB 80, Relative to Applicants to the Board of Mental Health Practice from Other States, Membership on the Board of Mental Health Practice, and Insurance Credentialing of Out-of-State Mental Health Practitioners and Psychologists

SB 80 requires the board of mental health practice to issue an interim license to qualified applicants from other states while awaiting final approval or denial of the application. The bill also adds two members to the board of mental health practice. The bill also clarifies the procedure for insurance credentialing of out-of-state mental health practitioners and psychologists applying for state licensure. The bill was heard in the Senate Executive Departments and Administration (ED&A) Committee on March 13, 2019. The bill was amended to include language that ensures the mental health practitioners have the insurance law protections that other health care providers receive. The bill was passed by the full Senate on March 27, 2019 on a voice vote. The bill was heard in the House Health, Human Services and Elderly Affairs Committee on April 9, 2019. There were numerous committee work sessions on the bill, but it ultimately passed the committee and full House on May 8, 2019. The bill then was sent to the House ED&A Committee. There was a hearing on May 14, 2019 and then a work session. The full committee will debate the bill and ultimately vote on the bill on May 28, 2019.

NHHA position: Support as amended

SB 97, Relative to Special Health Care Services Licenses and Establishing a Committee to Study Providing Certain Health Care Services While Ensuring Increased Access to Affordable Health Care in Rural Areas of the State

SB 97 clarifies rulemaking regarding special health care services licensing. This bill also establishes a committee to study providing certain health care services while ensuring increased access to affordable health care services in rural areas of the state. The bill was heard in the Senate Executive Departments and Administration (ED&A) Committee on March 13, 2019. NHHA testified in support of this high priority bill. Unfortunately, there was a significant amount of opposition to the bill. Specifically, the section regarding clarification of the Critical Access Hospital (CAH) provisions. DHHS insisted that this bill was necessary to ensure that the commissioner had the necessary resources and authority to administer the law, as required by law. However, municipalities, the state employee association, State employee's insurance trust, Anthem insurance company and ConvenientMD Urgent Care Centers saw this provision as an attempt to restrict the introduction of low cost urgent care centers in rural areas and as a result, the bill had to be amended to ensure that at least one of the provisions in the original bill was preserved. The special health care services provision remains in the bill and the remainder of the bill establishes a study committee focused on providing health care services in rural areas of the state, with a focus on ensuring increased access to affordable care. While NHHA is deeply disappointed with the outcome of the bill, we are pleased that the bill did not get re-referred or voted inexpedient to legislate, essentially killing the bill for this session of the Legislature. The amended bill was passed by the full Senate on March 28, 2019. The bill was heard in the Health, Human Services and Elderly Affairs Committee on April 24, 2019. NHHA testified in support of the bill, as amended. There was a subcommittee work session on the bill, but the full committee voted ought to
pass during their executive session on May 7, 2019. The full House will consider the bill on May 23, 2019.

**NHHA position: Support as amended**

**SB 273, Relative to the Regulation of Nursing Assistants by the Board of Nursing**

SB 273 would change the regulation of licensed nursing assistants to certified nursing assistants and makes administrative changes for the board of nursing. NHHA testified that we have concerns with the bill, as introduced, specifically about the unintended consequences of changing this position from "licensed" back to "certified" and the potential financial impact on all nurse licensees. Most of the testimony from stakeholders was not in support of the bill. Testimony suggested the issue be further studied. The Senate ED&A committee heard the bill on February 6, 2019 and was voted ought to pass with an amendment that changes the bill to a study committee, which we support. The bill was assigned to the House ED&A Committee and a hearing was held on April 2, 2019. NHHA testified in support of the bill, as amended. A committee work session was held on Wednesday, April 10, 2019 and the full committee voted to pass the bill, with an amendment to make some technical corrections. The bill passed the full House on May 8, 2019.

**NHHA position: Support as amended**

**MEDICAID**

**HB 725, Including Medicaid Care Organizations Under the Managed Contractor Requirements for Provider Care Law**

HB 725 would insure that the Medicaid managed care organizations are following the relevant prompt payment and credentialing standards that all other insurers in New Hampshire must follow. NHHA requested this bill be introduced. NHHA testified in support and that we would work on an amendment with the committee and sponsor due to a drafting error in the original bill text. The House Commerce Committee amended the bill and passed it with a very strong vote of 19-1. The bill was passed by the full House on March 7, 2019 by voice vote. The bill was heard in Senate Commerce Committee on April 30, 2019. NHHA testified in support of the bill, as amended. The full committee voted ought to pass on May 9, 2019 and the full Senate voted to pass on May 15, 2019. The bill now heads to the Governor for signature.

**NHHA position: Support**

**SB 5, Making an Appropriation to the Department of Health and Human Services for Medicaid Provider Rates for Mental Health and Substance Misuse and Emergency Shelter and Stabilization Services**

This bill makes an appropriation to the department of health and human services for Medicaid provider rates for mental health and substance misuse and emergency shelter and stabilization services. NHHA signed in support of the bill. The Senate HHS Committee amended the bill and passed it unanimously. It also passed the full Senate on a unanimous vote. The Senate Finance Committee amended the bill further and the full Senate passed it unanimously on February 14, 2019. The bill was assigned to the House Finance Committee and had a hearing on March 11, 2019 and then a work session on
March 22, 2019. The bill was held for about a month and then the committee voted to pass the bill with an amendment. The amended bill passed the full House on May 8, 2019. The Senate concurred with the House version of the bill so the bill will now move forward to the Governor for signature.

**NHHA position: Support**

## PRESCRIPTION DRUGS

**HB 284, Relative to Biennial Controlled Substance Inventories Conducted Under the Controlled Drug Act**

HB 284 would align NH's statutory language for biennial inventories of controlled substances with federal regulatory language. NHHA requested this bill be introduced. NHHA testified in support of the bill. The bill was heard in the House Health, Human Services and Elderly Affairs and was amended, with NHHA's support, by the committee and passed unanimously. The bill was passed by the full House on February 14, 2019. The bill was heard in the Senate HHS Committee on March 19, 2019. NHHA testified in support of the bill. The bill was passed 5-0 by the committee and then passed by the full Senate by a voice vote March 27th. The bill was signed by the Governor on May 10, 2019 and will go into effect on July 9, 2019.

**NHHA position: Support**

**HB 359, Relative to Warning Labels on Prescription Drugs Containing Opiates**

HB 359 would require any drug which contains an opiate dispensed by a health care provider or pharmacy to have a red cap and a warning label regarding the risks of the drug. The bill was heard in the House Commerce Committee and there was much debate about the bill, as introduced. The bill was amended to require an orange sticker be placed on the opiate container instead of a red cap as originally requested. The bill was passed out of committee as amended and passed the full House on a voice vote on March 7, 2019. The bill then was sent to the Senate Health and Human Services (HHS) Committee and was heard on March 26, 2019. There remains significant opposition to the bill from the NH Society of Health System Pharmacists, Chain Drug Stores, Independent Pharmacists and the Board of Pharmacy. NHHA is also opposed but did not testify during the hearing. It was suggested by some committee members that the bill could be re-referred to study to allow the Board of Pharmacy to continue with its rulemaking, which is focused on patient counseling as the education tool, and stakeholder input. The bill was amended by the full committee on May 16, 2019 to change the requirement from a mandate to optional. NHHA is fine with the bill as amended but would prefer that the bill be re-referred to the committee until the Board of Pharmacy completes their rulemaking. The full Senate will consider the bill on May 23, 2019.

**NHHA position: Oppose**

**HB 717, Prohibiting Prescription Drug Manufacturers from Offering Coupons or Discounts to Cover Insurance Copayments or Deductibles**

HB 717 prohibits, with limited exceptions, prescription drug manufacturers from offering coupons or discounts to cover insurance copayments, or deductibles. NHHA testified in opposition to the bill. We have many concerns with how this bill could negatively impact patient's access to prescription drugs. The bill was heard in the House Commerce and Consumer Affairs
Committee on March 5, 2019. After several work-sessions, the full Commerce Committee voted to amend the bill and pass it. The full House passed the bill on March 19, 2019. The bill was heard in the Senate Commerce Committee on May 9, 2019. NHHA testified in opposition to the bill. The committee voted to re-refer the bill and the full Senate will consider this position on May 23, 2019.

**NHHA position: Oppose**

**SB 120, Relative to the Controlled Drug Prescription Health and Safety Program**

SB120 makes changes to the controlled drug prescription health and safety program (also known as the Prescription Drug Monitoring Program or PDMP), including:

- Transferring the program from the board of pharmacy to the office of professional licensure and certification (OPLC).
- Authorizing the program to share certain information with other state departments.
- Update the PDMP Advisory Committee composition and duties.

The bill was heard in the Senate Health and Human Services Committee on March 12, 2019. The bill was debated at length with multiple stakeholders weighing in with concerns and suggested amendments. Ultimately, the committee chose to amend the bill to narrow its focus to ensure that the PDMP moves from the Board of Pharmacy to the OPLC and moves the operation of the advisory council under OPLC as well. While NHHA would have preferred a much more comprehensive bill to address electronic transmission and sharing of PDMP data to healthcare provider Electronic Medical Records (EMR), it was determined that it would be best to take an incremental approach to reforming the PDMP program. The bill was passed by the full committee on March 20, 2019 and then by the full Senate on March 27, 2019. The bill moved over to the House and referred to the Health, Human Services and Elderly Affairs Committee. The bill was heard on April 10, 2019. There were a number of work sessions and the committee ultimately passed the bill with an amendment to correct a couple technical issues. The bill passed the full House on May 2, 2019 but then was referred to the House ED&A Committee. The hearing was held on May 14, 2019 and the executive session is scheduled for May 28, 2019.

**NHHA position: Support as amended**

**QUALITY & PATIENT SAFETY**

**SB 26, Relative to the New Hampshire Health Care Quality Assurance Commission**

SB 26 would change the name of the New Hampshire Health Care Quality Assurance Commission to the New Hampshire Health Care Quality and Safety Commission. This bill also removes the prospective repeal of the commission. NHHA requested the bill be introduced and testified along with the Foundation for Healthy Communities (FHC) in strong support of the legislation. The bill was heard in the Senate ED&A Committee and, based on discussion during the hearing, the bill was amended to ensure that the New Hampshire Hospital was included as a member of the commission. The bill was passed unanimously by the committee and by the full Senate on February 14, 2019. The bill was
SB 119, Directing Hospitals to Develop an Operational Plan for the Care of Patients with Dementia

SB 119 requires hospitals licensed under RSA 151 to complete and implement an operational plan for the recognition and management of patients with dementia or delirium in acute-care settings. Under this bill, each hospital shall keep the plan on file and make it available to the bureau of health facilities administration, department of health and human services, upon request. NHHA testified that we support the amendment that was introduced at the hearing. The NHHA worked with the Alzheimer’s Association for several months on the language of the proposed bill and we appreciated the sponsor of the bill agreeing to amend the bill. The bill was heard in the Senate HHS Committee on February 19, 2019 and was voted on by the full Senate on March 7, 2019 and was passed on a voice vote. The bill was heard in the House Health, Human Services and Elderly Affairs Committee on April 23, 2019. NHHA testified in support of the bill. The full committee voted ought to pass by the full committee on May 7, 2019. The full House will vote on the bill on May 23, 2019.

NHHA position: Support as amended

WORKFORCE

HB 253, Relative to Criminal Records Checks in the Employee Application

HB 253 would prohibit employers from asking a job applicant about his or her criminal history prior to an interview. NHHA testified that we had some concerns with the bill language. The bill does exempt hospitals from the prohibition, but the language is not as clear as it could be. The House Labor Committee amended the bill and the full House passed the amended bill on February 14, 2019. The bill was heard in the Senate Commerce Committee on April 11, 2019. NHHA testified on the bill. There is another bill, SB 100, that is similar to HB 253 that will also be heard in Senate Commerce. Due to these two very similar bills being considered, the Senate Commerce Committee voted to re-refer the bill to the committee and the full Senate concurred with this recommendation.

NHHA position: Neutral

HB 637, Relative to Criminal Background Checks by Employers and Public Agencies

HB 637 requires the division of state police to maintain an electronic database containing public criminal history record information which would be accessible to an individual, and to a state agency to obtain public criminal history record information about applicants for positions or as a condition for occupational licensure. The bill also removes the notarization requirement for requesting a criminal history records check for purposes of employment and occupational licensing. The bill is being requested by the Department of Safety
and is a companion bill to SB 173 (see below). There are minor differences between the two bills, but they will likely get addressed during a committee of conference, if not earlier, when the bills cross over to the other body. NHHA testified in strong support of the bill. HB 637 was heard in the House Criminal Justice and Public Safety Committee and it passed unanimously and then passed the full House on February 27, 2019. The bill was referred to the Senate Judiciary Committee and the hearing was held on April 2, 2019. NHHA testified in support of the bill. The committee voted to amend the bill to mirror SB 173 and the full Senate will consider the amended bill on May 23, 2019.

NHHA position: Support

**SB 90, Relative to Certain Disclosures by Health Care Provider Facilities**
SB 90 is a bill that NHHA requested be introduced. This bill extends immunity to staff licensed by the division of health professions, office of professional licensure and certification, to disclose certain employment information. NHHA testified to the importance of this bill as the current law does not cover other health care entities, such as independent physician practices and hospital-affiliated but separate legal health care entities. The Senate Judiciary Committee heard the bill on January 29, 2019, but ultimately chose to re-refer the bill back to the committee, which essentially means they are retaining it and will consider it later in the year.

NHHA position: Support

**SB 100, Relative to Discrimination in Employment Based on Criminal Background Checks**
SB 100 prohibits discrimination in employment based on criminal background checks. NHHA was approached by the supporters of the bill and worked with us to ensure that we could support the bill, which we do. The bill was heard in the Senate Commerce Committee on March 5, 2019. The committee amended the bill slightly and then passed it on a voice vote. The full Senate passed the bill on March 28, 2019. The bill was heard in the House Labor, Industrial and Rehabilitative Services Committee on April 24, 2019. There was a subcommittee work session and the full committee voted to pass the bill with a technical amendment. The full House will consider the bill on May 23, 2019.

NHHA position: Support

**SB 173, Relative to Criminal History Background Checks by Employers and Public Agencies**
SB 173 is the companion bill to HB 637 (see above). The bill was requested by the Department of Safety and would require the division of state police to maintain an electronic database containing criminal history record information which would be accessible to an individual, and to a state agency to obtain public criminal history record information about applicants for positions or as a condition for occupational licensure. The bill also removes the notarization requirement for requesting a criminal history records check for purposes of employment and occupational licensing. NHHA testified in support of the bill. SB 173 was heard in the Senate ED&A Committee on January 30, 2019. The bill was amended and passed by the committee and full Senate on March 14, 2019. The bill was referred to the House Criminal Justice and Public Safety Committee and a hearing was held on April 2, 2019. NHHA testified in support of the bill. The committee will consider this bill in the coming weeks.
NHHA position: Support

**SB 308, Relative to the Health Care Workforce and Making Appropriations**

**Therefor**

SB 308 has several components that addresses concerns that impact health care workforce shortages to include:

- Increases Medicaid provider rates.
- Requires certain health care professionals to complete a survey collecting data on the primary care workforce.
- Requires the department of health and human services to amend the income standard used for eligibility for the "in and out" medical assistance policy.
- Permits the department of safety to contract with a private agency to process background check applications and requires the department to accept and process background check applications online.
- Amends the definitions and services covered through telemedicine.
- Makes appropriations to the department of health and human services, rural health and primary care section to establish new positions and programs to develop and enhance the state's healthcare workforce.
- Makes an appropriation to the governor's scholarship program for scholarships to students majoring in a health care field and to post-secondary educational institutions to develop and enhance programs of study offered in health care.

The bill was heard in the Senate ED&A Committee on February 13, 2019. The bill was voted on by the committee and the full Senate in mid-March 2019. The bill was then referred to the Senate Finance Committee and passed by the committee. SB 308 was passed by the full Senate, which then voted "lay the bill on the table," which was intentional by the legislators to ensure that the bill can be considered as part of the budget when the Senate begins their deliberations in the coming weeks.

**NHHA position: Support**

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**FEDERAL UPDATE**

Several issues are starting to come to the forefront in Congress that may have implications for healthcare including more scrutiny on drug pricing, increasing the federal debt limit and funding the government for the next federal fiscal year starting October 1st. Both the debt limit package and the funding package are must-do items by September or October and could become vehicles to support fixes to the ACA, Medicare or Medicaid, including holding off on Medicaid DSH cuts.

On the regulatory front, the proposed FY 2020 Inpatient Prospective Payment
System (IPPS) rule was issued in mid-April with comments due by June 24, 2019. The proposed rule would increase Medicare IPPS rates by a net 3.2 percent in FY 2020, compared to FY 2019, for hospitals that are meaningful users of electronic health records and submit quality measure data. Additionally, the rule makes changes to Disproportionate Share Hospital payments, new technology payments, the area wage index and quality incentive programs. NHHA is working with the American Hospital Association to fully evaluate the impact of the proposed rules on NH’s hospitals and will share our comment letter. Please contact Nick Carano with any specific questions.

Hospital representatives joined us Washington DC in April during the American Hospital Association Annual Meeting at the beginning of April. A highlight of our time in Washington included individual visits to our congressional delegation on the Hill. Many topics were covered during those visits including a discussion about the ACA compared to Medicare for All, rural health care, surprise medical bills, prescription drug prices, healthcare workforce issues, Medicare and Medicaid reimbursement challenges, and mental health and substance use disorder initiatives. Overall, our congressional delegation remains strongly committed to NH's hospitals and we appreciate their continued support.

One of our asks of our House members, Congresswoman Kuster and Congressman Pappas, was to sign onto a Dear Colleague letter addressed to House leadership to encourage action to delay Medicaid DSH cuts for at least two more years. We are pleased to share that both Congresswoman Kuster and Congressman Pappas signed onto that letter along with over 300 of their House colleagues. Please contact Kathy Bizarro-Thunberg if you have any questions about federal advocacy opportunities.

**Surprise Billing legislation is moving forward**

The American Hospital Association developed a set of guiding principles in 2019 relative to surprise billing that includes the three most typical scenarios for when a patient receives an unexpected bill occur when: (1) a patient accesses emergency services outside of their insurance network; (2) a patient has acted in good faith to obtain care within their network but unintentionally receives care from an out-of-network clinician providing services in an in-network hospital; or (3) a health plan denies coverage for emergency services saying they were unnecessary, including in-network emergency services. In all of these situations, it is critical to protect patients from surprise bills.

The AHA testified on May 21, 2019 in front of the House Committee on Ways and Means, Subcommittee on Health, on the topic of surprise billing. AHA expressed concerns with various options being considered both in the House and the Senate with reference pricing, arbitration, upfront billing estimates, burdensome notices and disclosures, bundling of services, network adequacy and patient education. The AHA is promoting the following principles as a means for addressing surprise billing:

1. Protect the Patient: any public policy solution should protect patients and remove them from payment negotiations between insurers and providers
2. Ensure Patients Have Access to Emergency Care: Any public policy solution should ensure that patients have access to and coverage of emergency care.

3. Preserve the Role of Private Negotiation: any public policy solution should ensure providers are able to continue to negotiate appropriate payment rates with health plans.

4. Educate Patients: any public policy solution should include an educational component to help patients understand the scope of their health care coverage and how to access their benefits.

5. Ensure Adequate Provider Networks and Greater Health Plan Transparency: any public policy solution should include greater oversight of health plan provider networks and the role of health plans play in helping patients access in-network care.

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