

SENATE FINANCE COMMITTEE - BUDGET DECISION SHEET					
DHHS - Division for Children, Youth, and Families					
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 1:</u>					
Remove Funding in HB 1 for 10 Child Protective Service Workers and 5 supervisors that overlap with positions funded in SB 6.	G	\$0	(\$818,828)	(\$803,998)	(\$1,622,826)
	F	\$0	(\$350,925)	(\$344,570)	(\$695,495)
Fund the following positions, funded in neither SB 6 nor the House-passed budget:	G	\$0	\$270,569	\$622,976	\$893,545
Program Specialist IV (2 in FY20, 5 in FY21) Nurse Coordinator (2 in each FY) Secretary II (3 in FY20, 7 in FY21)	F	\$0	\$204,698	\$338,293	\$542,991
Increase parental assistance funding.	G	\$0	\$125,000	\$225,000	\$350,000
Technical change needed to footnote in AU 2958 - should reference class 102 instead of class 644.	N/A	\$0	\$0	\$0	\$0
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 2:</u>					
Incorporates SB 6, which establishes and funds the following positions within DCYF: Child Protective Service Workers (27 in FY20, 57 in FY21) Supervisors (9 in FY20, 20 in FY21)	G	\$0	\$1,940,091	\$4,076,099	\$6,016,190
	F	\$0	\$831,466	\$1,746,898	\$2,578,364
Adds language prohibiting the transfer of funds for any other purpose, as well as contingency language should SB 6 be signed into law. Amendment 2019-2259s	F	\$0	\$831,466	\$1,746,898	\$2,578,364
Incorporates SB14, relative to child welfare, and adds an appropriation of \$6,084,000 in FY2020 and \$13,164,000 in FY2021. Amendment 2019-2260s	G	\$0	\$6,084,000	\$13,164,000	\$19,248,000
Incorporates SB 294, appropriating \$300,000/year for distribution to juvenile diversion programs. Amendment 2019-2098s	G	\$0	\$300,000	\$300,000	\$600,000
Appropriates \$450,000/year to fund existing supervised visitation centers in New Hampshire. Amendment 2019-2290s	G	\$0	\$450,000	\$450,000	\$900,000
Deletes sections 237 and 238, relative to the process by which DHHS transfers minors from the Sununu Youth Services Center. Amendment 2019-1914s	N/A	\$0	\$0	\$0	\$0

Amendment to HB 2-FN-A-LOCAL

1 1 Appropriation; Department of Health and Human Services; Child Protective Service Workers.
2 The sum of \$1,998,005 for the fiscal year ending June 30, 2020, and the sum of \$4,119,845 for the
3 fiscal year ending June 30, 2021, are hereby appropriated to the department of health and human
4 services for the purpose of hiring 27 child protective service workers in fiscal year 2020 and an
5 additional 30 child protective service workers in fiscal year 2021. Of these amounts, \$1,398,604 for
6 the fiscal year ending June 30, 2020 and \$2,883,892 for the fiscal year ending June 30, 2021 shall be
7 state general funds, and the remainder shall be federal funds. The funds appropriated in this
8 section shall only be used for the purposes of this section, and shall not be transferred or used for
9 any other purpose. The governor is authorized to draw a warrant for the general fund share of said
10 sums out of any money in the treasury not otherwise appropriated.

11 2 Appropriation; Department of Health and Human Services; Child Protective Service
12 Supervisors. The sum of \$773,552 for the fiscal year ending June 30, 2020, and the sum of
13 \$1,703,152 for the fiscal year ending June 30, 2021, are hereby appropriated to the department of
14 health and human services for the purpose of hiring 9 child protective service supervisors in fiscal
15 year 2020 and an additional 11 supervisors in fiscal year 2021. Of these amounts, \$541,487 for the
16 fiscal year ending June 30, 2020 and \$1,192,207 for the fiscal year ending June 30, 2021 shall be
17 state general funds, and the remainder shall be federal funds. The funds appropriated in this
18 section shall only be used for the purposes of this section, and shall not be transferred or used for
19 any other purpose. The governor is authorized to draw a warrant for the general fund share of said
20 sums out of any money in the treasury not otherwise appropriated.

21 3 Contingent Applicability. If SB 6 of the 2019 general legislative session becomes law, sections
22 1 and 2 of this act shall not take effect. If SB 6 of the 2019 general legislative session does not
23 become law, sections 1 and 2 of this act shall take effect on July 1, 2019.

Amendment to HB 2-FN-A-LOCAL

1 1 Statement of Findings.

2 I. The general court hereby finds that:

3 (a) The ongoing mental health, substance misuse, and child protection crises have taken
4 a significant toll on New Hampshire's children and families, impacting all child-serving systems and
5 placing increased pressure on the children's behavioral health system;

6 (b) The New Hampshire department of health and human services recently released an
7 Adequacy and Enhancement Assessment of New Hampshire's child welfare system, which called for
8 sweeping reforms including further integration of services with the children's behavioral health
9 system; immediate enhancements to the service array for children with significant emotional,
10 behavioral and mental health needs; and transformation of New Hampshire's child-serving system
11 to one that is based on early intervention, evidence-based services, and accountability for outcomes;

12 (c) Recent changes to child welfare funding at the federal level with the passage of the
13 federal Family First Prevention Services Act also drive the need to transform New Hampshire's
14 child-serving system;

15 (d) The state of New Hampshire faces a significant shortage in its capacity to provide
16 children with early and effective home and community-based services and therefore must rely on
17 expensive, residential and inpatient treatment that drain the state resources;

18 (e) Adoption of interventions that are proven to be effective such as mobile crisis and
19 stabilization services will provide support and treatment to families in crisis and will in many cases
20 avoid costly, restrictive, and often unnecessary institutional care;

21 (f) Increasing access to mobile crisis response and stabilization services for children can
22 also help the state meet its legal obligations under the Early and Periodic Screening, Diagnostic and
23 Treatment ("EPSDT") provisions of the federal Medicaid Act and the integration mandate of the
24 federal Americans with Disabilities Act. EPSDT is a federally mandated robust benefit for Medicaid-
25 eligible children under age 21, designed to address children's health concerns before they become
26 advanced and treatment is more difficult and costlier;

27 II. Therefore, sections 2-18 of this act direct the department of health and human services
28 to expand home and community-based behavioral health services for children to include mobile
29 crisis response and stabilization services and make the following improvements to the child-serving
30 system as recommended by the Adequacy and Enhancement Assessment and in alignment with the
31 federal Family First Prevention Services Act and EPSDT.

32 2 System of Care for Children's Mental Health. Amend RSA 135-F:3, III(e) to read as follows:

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 (e) Services that are family-driven, youth-guided, community-based, *trauma-*
2 *informed*, and culturally and linguistically competent.

3 3 New Paragraph; System of Care for Children's Mental Health; Duties of the Department of
4 Health and Human Services; Care Management Entities. Amend RSA 135-F:4 by inserting after
5 paragraph II the following new paragraph:

6 III. Establish and maintain at least one care management entity to oversee and coordinate
7 the care for children with complex behavioral health needs who are at risk for residential, hospital,
8 or corrections placement or involved in multiple service systems. In this section, "care management
9 entity" means an organizational entity that serves as a centralized entity to coordinate all care for
10 youth with complex behavioral health challenges who are involved in multiple systems and their
11 families.

12 (a) The care management entity shall oversee and manage residential treatment,
13 psychiatric hospitalization, and the development of a continuum of community-based services and
14 supports for children and youth with more complex needs.

15 (b) Beginning January 1, 2020, the care management entity shall coordinate behavioral
16 health services in no less than 25 percent of cases involving referrals for residential treatment.
17 Beginning January 1, 2021, the care management entity shall coordinate services in no less than 50
18 percent of such cases, and, beginning January 1, 2022 and thereafter, the care management entity
19 shall coordinate services in no less than 75 percent of such cases.

20 4 New Sections; Family Support Clearinghouse; System of Care Advisory Committee. Amend
21 RSA 135-F by inserting after section 7 the following new sections:

22 135-F:8 Family Support Clearinghouse.

23 I. The department of health and human services shall establish and maintain an
24 information clearinghouse for families seeking information regarding children's behavioral health
25 services. The clearinghouse functions required by this section may be assigned to an entity that has
26 responsibilities in addition to those required by this section.

27 II. The information provided shall be available on the department of health and human
28 services website and shall include:

29 (a) Access to mobile crisis and stabilization services.

30 (b) Insurance coverage and other reimbursement sources.

31 (c) The results of assessments of the quality of service providers and whether they
32 utilize evidence-based practices.

33 (d) Referral information for legal service organizations.

34 (e) Referral information, including links to websites and contact telephone numbers, for
35 behavioral health service providers, organized by region.

36 (f) Advice and guidance regarding family navigation of the behavioral health system.

37 135-F:9 System of Care Advisory Committee. The department of education and the department

Amendment to HB 2-FN-A-LOCAL

- Page 3 -

1 of health and human services shall create a system of care advisory committee to improve the well-
2 being of children and families; promote coordination across state agencies; identify cost-savings,
3 opportunities to increase efficiency, and improvements to the service array and service delivery
4 system and effectiveness; and assist and advise the commissioners of the department of education
5 and the department of health and human services on the system of care principles and values and
6 implementation of RSA 135-F. The committee shall include youth and families with relevant
7 experience and members of child-serving public and private agencies, including experts in
8 education, community-based and facility-based behavioral health services, and effective
9 administration of private and public educational and health services. The committee shall meet at
10 least 6 times per year and at such other times as the chairperson deems necessary.

11 5 Home and Community-Based Behavioral Health Services for Children; Mobile Crisis
12 Response and Stabilization Services Included. Amend RSA 167:3-1 to read as follows:

13 167:3-1 Home and Community-Based Behavioral Health Services for Children.

14 I. The department shall establish a Medicaid home and community-based behavioral health
15 services program for children with severe emotional disturbances whose service needs cannot be
16 met through traditional behavioral health services. The department may establish such services
17 through a state plan amendment as provided in Section 1915(i) of the Social Security Act or a
18 waiver under other provisions of the Act, *as needed*. If the department proceeds with a waiver, it
19 shall not limit the geographic availability of services.

20 II. Such services shall include the following services or their functional equivalent:

- 21 (a) Wraparound care coordination.
- 22 (b) Wraparound participation.
- 23 (c) In-home respite care.
- 24 (d) Out-of-home respite care.
- 25 (e) Customizable goods and services.
- 26 (f) Family peer support.
- 27 (g) Youth peer support.

28 III. *Mobile crisis response and stabilization services for children under 21 shall be*
29 *provided and delivered using system of care values and principles in compliance with RSA*
30 *135-F.*

31 (a) *The department shall contract with one or more third-party entities to*
32 *ensure that all children in the state under 21 years of age have access to mobile crisis*
33 *response and stabilization services, that such services are available with a response time*
34 *of no more than one hour, and that such services are available in every part of the state.*

35 (b) *The department shall ensure the development of a performance*
36 *measurement system for monitoring quality and access to mobile crisis response and*
37 *stabilization services.*

Amendment to HB 2-FN-A-LOCAL

- Page 4 -

1 (c) *All providers of mobile crisis response and stabilization services shall*
2 *coordinate with the child's wraparound care coordinator, primary care physician, and*
3 *any other care management program or other behavioral health providers providing*
4 *services to the youth throughout the delivery of the service.*

5 (d) *Development and procurement of the mobile crises and stabilization*
6 *services required under this section shall begin on the effective date of this section;*
7 *implementation shall occur upon completion of the procurement process and approval by*
8 *the governor and council.*

9 6 Delinquent Children; Arraignment. Amend RSA 169-B:13, I(f)(1)(C) to read as follows:

10 (C) Identified as eligible for special education services[-]; *or*

11 (D) *Previously referred to a care management entity as defined in RSA*
12 *135-F:4, III.*

13 7 New Paragraph; Delinquent Children; Court Referrals; Referral to Care Management Entity.
14 Amend RSA 169-B:13 by inserting after paragraph II the following new paragraph:

15 II-a. The court may, at the arraignment or at any time thereafter, with the consent of the
16 minor and the minor's family, refer the minor and family to a care management entity, as defined in
17 RSA 135-F:4, III, for evaluation and/or behavioral health services to be coordinated and supervised
18 by that entity.

19 8 New Subparagraph; Delinquent Children; Disposition; Referral to Care Management Entity.
20 Amend RSA 169-B:19, I by inserting after subparagraph (k) the following new subparagraph:

21 (l) With the consent of the minor and the minor's family, refer the minor and family to a
22 care management entity, as defined in RSA 135-F:4, III, for behavioral health services to be
23 coordinated and supervised by that entity. Such referral may be accompanied by one or more other
24 dispositions in this section, if otherwise authorized and appropriate.

25 9 New Paragraph; Delinquent Children; Dispositional Hearing. Amend RSA 169-B:19 by
26 inserting after paragraph I the following new paragraph:

27 I-a. In the case of a child for whom behavioral health services are being coordinated by a
28 care management entity as defined in RSA 135-F:4, III, the court shall solicit and consider
29 treatment and service recommendations from the entity. If the court orders a disposition which is
30 not consistent with the care management entity's recommendations, it shall make written findings
31 regarding the basis for the disposition and the reasons for its determination not to follow the
32 recommendations.

33 10 Children in Need of Services; Initial Appearance. Amend RSA 169-D:11, II(e)(2) and (3) to
34 read as follows:

35 (2) Determined to have a mental illness, emotional or behavioral disorder, or
36 another disorder that may impede the child's decision-making abilities; ~~or~~

37 (3) Identified as eligible for special education services[-] ; *or*

1 (4) *Previously referred to a care management entity as defined in RSA 135-*
2 *F:4, III.*

3 11 New Paragraph; Children in Need of Services; Initial Appearance; Referral to Case
4 Management Entity. Amend RSA 169-D:11 by inserting after paragraph II-a the following new
5 paragraph:

6 II-b. The court may, at the initial appearance or at any time thereafter, with the consent of
7 the minor and the minor's family, refer the minor and family to a care management entity as
8 defined in RSA 135-F:4 III for evaluation and/or behavioral health services to be coordinated and
9 supervised by that entity.

10 12 New Paragraph; Children in Need of Services; Dispositional Hearing; Recommendations of
11 Care Management Entity. Amend RSA 169-D:17 by inserting after paragraph I the following new
12 paragraph:

13 I-a. In the case of a child for whom behavioral health services are being coordinated by a
14 care management entity as defined in RSA 135-F:4, the court shall solicit and consider treatment
15 and service recommendations from the entity. If the court orders a disposition which is not
16 consistent with the entity's recommendations, it shall make written findings regarding the basis for
17 the disposition and the reasons for its determination not to follow the recommendations.

18 13 New Paragraph; Children in Need of Services; Dispositional Hearing; Referral to Care
19 Management Entity. Amend RSA 169-D:17 by inserting after paragraph III the following new
20 paragraph:

21 III-a. In addition to any other disposition, the court may, with the consent of the minor and
22 the minor's family, refer the minor and family to a care management entity as defined in RSA 135-
23 F:4 III for behavioral health services to be coordinated and supervised by that entity. Such a
24 referral may be accompanied by one or more other dispositions in this section, if otherwise
25 authorized and appropriate.

26 14 New Paragraph; Services for Children Youth and Families; Definition of Evidence-Based
27 Practice. Amend RSA 170-G:1 by inserting after paragraph V the following new paragraph:

28 V-a. "Evidence-based practice" means a practice that has been recognized as supported by
29 research evidence by an evidence-based clearinghouse, such as the California Evidence-Based
30 Clearinghouse for Child Welfare and the Title IV-E Prevention Services Clearinghouse. Other
31 acceptable evidence-based practices shall include practices and programs evaluated using research
32 which utilizes methods that meet high scientific standards. Acceptable methods shall include:

33 (a) Systematic, empirical techniques that draw on observation or experiment.

34 (b) Rigorous data analyses that are adequate to test stated hypotheses and justify
35 general conclusions.

36 (c) Measurements or observational methods that provide reliable and valid data across
37 evaluators and observers, across multiple measurements and observations, and across studies by

Amendment to HB 2-FN-A-LOCAL

- Page 6 -

1 the same or different investigators.

2 (d) Randomized controlled trials when possible and appropriate.

3 15 New Paragraph; Services for Children, Youth, and Families; Duties of the Department of
4 Health and Human Services. Amend RSA 170-G:4 by inserting after paragraph XX the following
5 new paragraph:

6 XXI. Utilize, to the fullest permissible extent, available public reimbursement for
7 behavioral health and other services provided pursuant to this chapter and RSA 169-B, 169-C, and
8 169-D, in settings including the home, schools, and treatment facilities. Such reimbursement
9 includes, but is not limited to, the federal Early and Periodic Screening, Diagnosis and Treatment
10 Program under 42 U.S.C. section 1396d.

11 16 New Sections; Services for Children Youth and Families. Amend RSA 170-G by inserting
12 after section 4-a the following new sections:

13 170-G:4-b Evidence-Based Practices.

14 I. On or before July 1, 2020, at least 10 percent of state funds received by the department
15 for children's behavioral health services, whether or not they are subject to this chapter, shall be
16 expended for evidence-based practices. Beginning July 1, 2022, the percentage of state funds
17 expended for evidence-based practices shall be at least 25 percent; and beginning July 1, 2025, the
18 percentage expended for evidence-based practices shall be at least 50 percent.

19 II. The department shall submit a biennial report containing:

20 (a) An assessment of each service provider on which the department expends funds,
21 including but not limited to whether each service provided is an evidence-based practice, and
22 whether the service provider is in compliance with the contract accountability requirements of RSA
23 170-G:4-d.

24 (b) The percentage of state funds the department receives for behavioral health services
25 that is being expended on evidence-based practices.

26 (c) The percentage of federal and other funds the department receives for behavioral
27 health services that is being expended on evidence-based practices.

28 (d) A description of the efforts the department is making to increase the use of evidence-
29 based practices for children's behavioral health and other services.

30 III. The department shall submit the report required under paragraph II no later than
31 January 15 of each odd-numbered year to the governor, the administrative justice of the circuit
32 court, and the house and senate finance committees. The report shall also be posted on the
33 department's website.

34 170-G:4-c Establishment of Resource Center for Children's Behavioral Health. The department
35 shall establish and maintain a resource center for children's behavioral health, which shall:

36 I. Provide technical assistance to the department and to service providers to support the
37 implementation and operation of evidence-based practices, along with the provision of services

Amendment to HB 2-FN-A-LOCAL

- Page 7 -

1 according to the system of care characteristics described in RSA 135-F:3.

2 II. Provide training on a statewide basis to persons employed in the children's behavioral
3 health system, relating to:

4 (a) The use of evidence-based practices.

5 (b) The analysis of quality assurance protocols to determine whether service providers
6 are utilizing evidence-based practices with fidelity.

7 III. Act as a clearinghouse for information and statewide resources on evidence-based
8 practices for children receiving services pursuant to RSA 169-B, 169-C, 169-D, and 170-G.

9 IV. Facilitate collaboration among state and local agencies and service providers to increase
10 access to such providers.

11 V. Provide support for the assessment of the implementation of evidence-based practices by
12 such state and local agencies.

13 170-G:4-d Content of Provider Contracts.

14 I. All contracts between the department and providers of services under this chapter, or
15 any behavior health service to children, shall include provisions addressing outcome measurement,
16 incentives for the use of evidence-based practices, and accountability for high-quality services.
17 Such provisions shall, at minimum, include the following:

18 (a) Required use of a uniform assessment instrument developed and/or approved by the
19 department pursuant to RSA 170-G:4-e.

20 (b) In the case of providers of services to children pursuant to the dispositional
21 authority of the circuit court under RSA 169-B and 169-D, outcome measurement which includes
22 recidivism as measured by post-service arrests, violations of parole, conditional release, or other
23 conditional liberty, and behavior meeting the definition of a child in need of service under RSA 169-
24 D:2. Contracts with such providers shall also include incentives for recidivism reduction.

25 (c) Reporting to the department changes in assessment results following provision of
26 the contracted service for each child served.

27 II. The department shall include substantially similar requirements in its standards for
28 provider certification and other processes administered by the department to qualify providers to
29 deliver services pursuant to this chapter.

30 170-G:4-e Assessment, Treatment, and Discharge Planning.

31 I. In every case in which a placement outside the home is being considered, the department
32 shall require the completion of a written clinical assessment of the behavioral health and other
33 treatment needs of the child.

34 II. A written treatment plan shall be required upon a child's placement in a residential or
35 other treatment program. The plan shall have definable goals and strategies to achieve those goals
36 and include concrete, outcome-oriented interventions with the objective of restoring, rehabilitating,
37 or maintaining the child's capacity to successfully function in the community and diminish the need

Amendment to HB 2-FN-A-LOCAL

- Page 8 -

1 for a more intensive level of care.

2 III. The development of a written discharge plan for each child shall begin upon admission
3 to any treatment program, and shall be available to the parents or guardians of the child no later
4 than 10 days following admission to the program. Treatment and discharge plans shall be updated
5 on an ongoing basis as treatment proceeds and a child's condition changes.

6 IV. All assessments conducted pursuant to this section shall include the use of a universal,
7 strengths-based assessment tool which is adopted by the department and used throughout the
8 system of care for children's mental health as defined in RSA 135-F.

9 V. The assessment of the child's behavioral health and other treatment needs shall be
10 repeated upon discharge from any residential treatment program or commitment pursuant to RSA
11 169-B:19, I(j).

12 VI. Assessments required by this section may not be conducted by employees of a
13 residential treatment provider or commitment pursuant to RSA 169-B:19, I(j).

14 170-G:4-f Medical Assistance Screening. The department of health and human services shall
15 establish a procedure to assess court-involved children for eligibility for private and public medical
16 insurance, including the medical assistance program under RSA 167. This procedure shall apply to
17 any child who is subject to proceedings under RSA 169-B or 169-D, or receives services pursuant to
18 RSA 169-C. Children who may be eligible and their families shall be provided assistance by the
19 department in making application for such assistance. The circuit court shall make any necessary
20 adjustments to its arraignment and other procedures to facilitate such assessments.

21 17 Establishment of Resource Center for Children's Behavioral Health; RFP Required. On or
22 before January 1, 2020, the department of health and human services shall issue a request for
23 proposals to establish the resource center for children's behavioral health pursuant to RSA 170-G:4-
24 c, as inserted by section 16 of this act, and shall establish the resource center no later than July 1,
25 2020.

26 18 New Paragraph; Release and Discharge from the Youth Services Center. Amend RSA
27 621:19 by inserting after paragraph III the following new paragraph:

28 III-a. In every case in which there is a diagnosis or other evidence that a minor at the
29 center may have a serious emotional disturbance or other behavioral health disorder, the center
30 shall, with the consent of the minor and the minor's family, refer the minor to a care management
31 entity, as defined in RSA 135-F:4, III, for evaluation and recommendations for behavioral health
32 services to be coordinated and supervised by that entity before and after discharge from the facility.
33 Discharge plans shall incorporate the recommendations of the care management entity whenever
34 appropriate. In any case where the recommendations of the care management entity are not
35 incorporated into the discharge planning process, the minor, the minor's family, and counsel for the
36 minor shall be notified in writing of the decision and of the basis for the decision.

37 19 Appropriation; Department of Health and Human Services; Child Welfare Behavioral

Amendment to HB 2-FN-A-LOCAL

- Page 9 -

1 Health Services. The sum of \$6,084,000 for the fiscal year ending June 30, 2020, and the sum of
2 \$13,164,000 for the fiscal year ending June 30, 2021, are hereby appropriated to the department of
3 health and human services for the purposes of sections 2-18 of this act. Notwithstanding RSA
4 14:30-a, VI, the department may accept and expend any federal fund match to the appropriation in
5 this section without prior approval of this fiscal committee of the general court. The governor is
6 authorized to draw a warrant for said sums out of any money in the treasury not otherwise
7 appropriated.

8 20 Effective Date.

9 I. RSA 170-G:4-b, as inserted by section 16 of this act, shall take effect July 1, 2020.

10 II. RSA 170-G:4-d, as inserted by section 16 of this act, shall take effect January 1, 2020.

11 III. Section 5 of this act shall take effect upon its passage.

12 IV. The remainder of this act shall take effect July 1, 2019.

2019-2260s

AMENDED ANALYSIS

1. Expands home and community-based behavioral health services for children and makes an appropriation to the department of health and human services for this purpose.

Sen. Giuda, Dist 2
May 20, 2019
2019-2098s
05/01

Amendment to HB 2-FN-A-LOCAL

1 1 New Paragraph; Services for Children, Youth and Families; Department of Health and
2 Human Services Funding for Juvenile Diversion Programs. Amend RSA 170-G:4 by inserting after
3 paragraph XX the following new paragraph:

4 XXI. Encourage cities, towns, counties, and non-governmental organizations to develop and
5 maintain court-approved diversion programs for juveniles. The amount to be distributed to the
6 diversion programs shall be not more than \$600,000 for the biennium ending June 30, 2021, from
7 which the sum of \$30,000 in each year of the biennium shall be reserved for newly approved
8 programs, with the remainder divided equally among existing, approved programs that make
9 application for such funding. The judicial branch family division shall establish requirements for
10 court-approved diversion programs under this section and RSA 169-B:10.

11 2 Appropriation; Department of Health and Human Services; Juvenile Diversion Programs.
12 The sum of \$300,000 annually, for the biennium ending June 30, 2021, is hereby appropriated to
13 the department of health and human services for distribution to juvenile diversion programs
14 developed and maintained by municipalities, counties, and non-governmental organizations
15 pursuant to RSA 170-G:4, XXI, as inserted by section 1 of this act. The governor is authorized to
16 draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

AMENDED ANALYSIS

1. Provides for the transfer of funds from the department of health and human services to municipalities, counties, and nongovernmental organizations to encourage the development of local juvenile diversion programs and makes an appropriation to the department for this purpose.

Sen. Rosenwald, Dist 13
May 24, 2019
2019-2290s
11/08

Amendment to HB 2-FN-A-LOCAL

1 1 Department of Health and Human Services; Appropriation. The sum of \$450,000 in the fiscal
2 year ending June 30, 2020 and the sum of \$450,000 in the fiscal year ending June 30, 2021 are
3 hereby appropriated to the department of health and human services for the purpose of funding
4 existing supervised visitation centers in New Hampshire. The governor is authorized to draw a
5 warrant for said sums out of any money in the treasury not otherwise appropriated.

AMENDED ANALYSIS

1. Makes appropriations to the department of health and human services for the purpose of funding existing supervised visitation centers in New Hampshire.

Sen. Rosenwald, Dist 13
May 10, 2019
2019-1914s
08/01

Amendment to HB 2-FN-A-LOCAL

- 1 Delete sections 237 and 238, relative to the process by which the department of health and human
- 2 services transfers minors from the Sununu Youth Services Center.

UNAPPROVED

SENATE FINANCE COMMITTEE - BUDGET DECISION SHEET					
DHHS - Division of Medicaid Services					
	SOF	FY 2019	FY 2020	FY 2021	Total
HB 1:					
Remove funding for dental benefit. See corresponding HB2 changes below, which would establish the benefit effective 7/1/21.	G	\$0	\$0	(\$2,500,000)	(\$2,500,000)
	F	\$0	\$0	(\$2,500,000)	(\$2,500,000)
Fully fund MMIS operating costs.	G	\$0	\$5,913,184	\$6,284,055	\$12,197,239
	F	\$0	\$5,750,077	\$6,862,689	\$12,612,766
	SOF	FY 2019	FY 2020	FY 2021	Total
HB 2:					
Allows general funds and Medicaid Enhancement Tax revenue to be deposited into the Granite Advantage Trust Fund under certain circumstances. Amendment 2019-2274s	N/A	\$0	\$0	\$0	\$0
Appropriates funding for rate increases of 3.1% in each fiscal year for all Medicaid providers. Funding shown here is net of general funds appropriated in HB 1. Amendment 2019-2252s	G	\$0	\$52,128,000	\$0	\$52,128,000
Deletes section 63 relative to a Medicaid enhancement for children and pregnant women, since coverage has been continuously provided to this population. Amendment 2019-1810s	N/A	\$0	\$0	\$0	\$0
Incorporates SB 269, establishing the Medicaid for Older Adults with Disabilities (MOAD) work incentive program for individuals 65 and older. Amendment 2019-2291s	N/A	\$0	\$0	\$0	\$0
Amends section 235, relative to dental coverage under the managed care statute, by incorporating the senate-passed version of HB 692 with a starting date for the dental benefit of July 1, 2021. Also revises the Medicaid managed care statute (RSA 126-A:5, XIX) by aligning it with current practice. Amendment 2019-2239s	N/A	\$0	\$0	\$0	\$0
Repeals the Intermediate Care Facility Quality Assessment under RSA 84-D. Amendment 2019-2311s	O	\$0	\$0	\$0	\$0
Establishes a legislative study committee to study disparity in pay between independent case managers and case managers who are part of the Medicaid managed care program. Amendment 2019-2315s	N/A	\$0	\$0	\$0	\$0

Sen. Rosenwald, Dist 13
May 24, 2019
2019-2274s
01/10

Amendment to HB 2-FN-A-LOCAL

1 1 New Hampshire Granite Advantage Health Care Program. Amend RSA 126-AA:2, I(a) to
2 read as follows:

3 I.(a) The commissioner shall apply for any necessary waivers and state plan amendments to
4 implement a 5-year demonstration program beginning on January 1, 2019 to create the New
5 Hampshire granite advantage health care program [~~which shall be funded exclusively from non-~~
6 ~~general fund sources, including federal funds~~]. The commissioner shall include in an application for
7 the necessary waivers submitted to the Centers for Medicare and Medicaid Services (CMS) a waiver
8 of the requirement to provide 90-day retroactive coverage and a state plan amendment allowing
9 state and county correctional facilities to conduct presumptive eligibility determinations for
10 incarcerated inmates to the extent provided under federal law. To receive coverage under the
11 program, those individuals in the new adult group who are eligible for benefits shall choose
12 coverage offered by one of the managed care organizations (MCOs) awarded contracts as vendors
13 under Medicaid managed care, pursuant to RSA 126-A:5, XIX(a). The program shall make coverage
14 available in a cost-effective manner and shall provide cost transparency measures, and ensure that
15 patients are utilizing the most appropriate level of care. Cost effectiveness shall be achieved by
16 offering cash incentives and other forms of incentives to the insured by choosing preferred lower
17 cost medical providers. Loss of incentives shall also be employed. MCOs shall employ reference-
18 based pricing, cost transparency, and the use of incentives and loss of incentives to the Medicaid
19 and newly eligible population. For the purposes of this subparagraph, "reference-based pricing"
20 means setting a maximum amount payable for certain medical procedures.

21 2 New Hampshire Granite Advantage Health Care Program; Trust Fund. Amend RSA 126-
22 AA:3, I to read as follows:

23 I. There is hereby established the New Hampshire granite advantage health care trust fund
24 which shall be accounted for distinctly and separately from all other funds and shall be non-interest
25 bearing. The fund shall be administered by the commissioner and shall be used solely to provide
26 coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2, to pay for
27 the administrative costs for the program, and reimburse the federal government for any over
28 payments of federal funds. All moneys in the fund shall be nonlapsing and shall be continually
29 appropriated to the commissioner for the purposes of the fund. The fund shall be authorized to pay
30 and/or reimburse the cost of medical services and cost-effective related services, including without
31 limitation, capitation payments to MCOs. No state general funds shall be deposited into the fund
32 *unless the commissioner has certified that a deficit is projected in the fund and the*

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 *federal match rate is at least 90 percent. If those conditions have been met, the*
2 *commissioner may seek approval from the fiscal committee of the general court to transfer*
3 *general funds from the department's budget into the trust fund to cover the amount of the*
4 *projected deficit. Deposits into the fund shall be limited exclusively to the following:*

5 (a) Revenue transferred from the alcohol abuse prevention and treatment fund
6 pursuant to RSA 176-A:1, IV;

7 (b) Federal Medicaid reimbursement for program costs and administrative costs
8 attributable to the program;

9 (c) Surplus funds generated as a result of MCOs managing the cost of their services
10 below the medical loss ratio established by the commissioner for the managed care program
11 beginning on July 1, 2019;

12 (d) Taxes attributable to premiums written for medical and other medical related
13 services for the newly eligible Medicaid population as provided for under this chapter, consistent
14 with RSA 400-A:32, III(b);

15 (e) Funds received from the assessment under RSA 404-G;

16 (f) Funds recovered or returnable to the fund that were originally spent on the cost of
17 coverage of the granite advantage health care program; ~~and~~

18 (g) Gifts, grants, and donations[-];

19 (h) *Medicaid enhancement tax moneys necessary to pay for the portion of*
20 *provider rate increases pursuant to RSA 167:64, I(a)(2)(C) that is attributable to services*
21 *provided under this chapter; and*

22 (i) *General funds.*

2019-2274s

AMENDED ANALYSIS

Allows general funds to be used for the New Hampshire granite advantage health care program. Also allows moneys from the Medicaid enhancement tax to be used if necessary to pay for certain provider rate increases.

Amendment to HB 2-FN-A-LOCAL

1 1 Department of Health and Human Services; Medicaid Rate Increases. The commissioner of
2 the department of health and human services shall increase all Medicaid provider rates, including
3 all state plan services and waiver programs, excluding any provider rate increases for inpatient-
4 only substance use disorder treatment services, by 3.1 percent in the fiscal year ending June 30,
5 2020 and an additional 3.1 percent in the fiscal year ending June 30, 2021. The commissioner shall
6 apply the rate increases to the Medicaid fee-for-service fee schedule for the purpose of determining
7 payments for all services not delivered through managed care, and shall require the department's
8 actuary to incorporate the rate increases into the capitation payment for all services provided in the
9 care management program. Nothing in this section shall be construed to alter the traditional
10 method of establishing the county contribution for the Medicaid federal medical assistance
11 percentage.

12 2 Department of Health and Human Services; Appropriation.

13 I. The sum of \$60,000,000 for the biennium ending June 30, 2021 is hereby appropriated to
14 the department of health and human services for the purposes of section 1 of this act. Said sums
15 shall be charged as follows:

16 (a) The sum of \$52,128,000 shall be a charge against the state general fund, and the
17 governor is authorized to draw a warrant for said sum out of any money in the treasury not
18 otherwise appropriated;

19 (b) The sums of \$3,753,000 in the fiscal year ending June 30, 2020 and \$3,966,000 in the
20 fiscal year ending June 30, 2021 shall be a charge against state general funds appropriated in
21 account 05-95-93-930010-7100; and

22 (c) The sums of \$74,000 in the fiscal year ending June 30, 2020 and \$79,000 in the fiscal
23 year ending June 30, 2021 shall be a charge against state general funds appropriated in account 05-
24 95-48-482010-2152.

25 II. Notwithstanding RSA 14:30-a, VI, in addition to the amounts appropriated in paragraph
26 I, the department of health and human services may accept and expend any matching federal funds
27 available for the purposes of this section without the prior approval of the fiscal committee of the
28 general court.

29 III. Nothing in this section shall be construed to provide a rate increase of an amount other
30 than 3.1 percent in each fiscal year to providers funded in accounts 05-95-93-930010-7100 and 05-
31 95-48-482010-2152.

Sen. Rosenwald, Dist 13
May 6, 2019
2019-1810s
06/04

Amendment to HB 2-FN-A-LOCAL

- 1 Delete section 63, relative to a Medicaid enhancement for children and pregnant women.

UNAPPROVED

Sen. Feltes, Dist 15
Sen. Watters, Dist 4
May 24, 2019
2019-2291s
08/05

Amendment to HB 2-FN-A-LOCAL

1 1 Department of Health and Human Services; State Plan Amendment; Medicaid for Older
2 Employed Adults with Disabilities (MOAD) Work Incentive Program. On or before January 15,
3 2020, the commissioner of the department of health and human services shall apply to the Centers
4 for Medicare and Medicaid Services for an amendment to the state Medicaid plan pursuant to 442
5 C.F.R. section 430.12 to allow working persons with disabilities who are age 65 and older to receive
6 medical assistance pursuant to 42 U.S.C. section 1396a(a)(10)(A)(ii)(XIII) and as permitted under
7 the Balanced Budget Act of 1997, to be known as Medicaid for Older Employed Adults with
8 Disabilities (MOAD). The state plan amendment shall be used to create a program similar to the
9 state's Medicaid for Employed Adults with Disabilities (MEAD) program, established pursuant to
10 RSA 167:3-i, which is currently limited to individuals between 18 and 64 years of age. Program
11 eligibility under the state plan amendment shall be structured to provide the broadest range of
12 Medicaid coverage consistent with federal eligibility criteria, and to utilize available income and
13 asset disregards so that, to the extent possible, persons eligible for the MEAD program shall also be
14 eligible for the MOAD program when they reach age 65.

15 2 New Paragraph; Definitions; MOAD Program. Amend RSA 167:6 by inserting after
16 paragraph IX the following new paragraph:

17 IX-a. A person with a disability age 65 and older who is eligible to participate in the work
18 incentive program, known as Medicaid for employed older adults with disabilities (MOAD), shall be
19 eligible for medical assistance as medically needy or categorically needy but not to exclude Medicare
20 coverage. The department of health and human services shall establish a sliding fee scale for
21 participants to contribute to the cost of such medical assistance. Participants in the MOAD
22 program shall be employed at the time of enrollment, and may remain enrolled during temporary
23 unemployment for medical reasons or other good cause.

24 3 New Section; MOAD Work Incentive Program. Amend RSA 167 by inserting after section 3-1
25 the following new section:

26 167:3-m MOAD Work Incentive Program.

27 I. Pursuant to section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act, 42 U.S.C. section
28 1396a(a)(10)(A)(ii)(XIII), the department of health and human services shall establish and
29 administer a work incentive program, known as Medicaid for employed older adults with disabilities
30 (MOAD). The purpose of the program shall be to ensure the availability of long-term supports to
31 workers age 65 and older with disabilities who are medically eligible for Medicaid, enabling them to

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 maximize their employment potential and financial independence and prevent impoverishment and
2 dependence upon cash assistance programs.

3 II. In addition to the requirements of RSA 167:6, IX-a, the MOAD program shall:

4 (a) Exclude from consideration resources accumulated from earnings, including interest
5 earned by the resource, by a MOAD-eligible individual beginning on or after the date of eligibility
6 through the period of MOAD eligibility and kept in a separate account from other resources, when
7 determining future eligibility for other medical assistance programs.

8 (b) Provide continued eligibility during periods of temporary unemployment provided
9 that the individual is unable to work for medical reasons but is likely to return to work, or the
10 individual becomes unemployed for other good cause and is actively seeking employment.

11 (c) Define employment for eligibility purposes in a manner that permits a self-employed
12 individual to earn less than the federal minimum wage.

13 (d) Permit individuals who are eligible for home and community-based care waiver
14 services and who qualify for a special income limit, to receive medical assistance through the MOAD
15 program, if they so choose.

16 (e) Provide notice and an opportunity for a fair hearing in the event of any adverse
17 action affecting eligibility for or enrollment in the MOAD program.

18 (f) Establish oversight and enforcement procedures to prevent fraud and to assure that
19 participants are consistently engaging in gainful employment.

20 III. Pursuant to section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act, 42 U.S.C. section
21 1396a(a)(10)(A)(ii)(XIII), individuals shall be eligible for MOAD if their income does not exceed 250
22 percent of the federal poverty level, and they meet all criteria for receiving benefits under the
23 Supplemental Security Income (SSI) program.

24 4 New Paragraph; Rulemaking; MOAD Program. Amend RSA 167:3-c by inserting after
25 paragraph XII the following new paragraph:

26 XII-a. Administration of the MOAD work incentive program established pursuant to RSA
27 167:6, IX-a and RSA 167:3-m.

28 5 Applicability. Sections 2-4 of this act shall take effect on the date that the commissioner of
29 the department of health and human services certifies to the secretary of state and the director of
30 the office of legislative services that the state plan amendment submitted under section 1 of this act
31 has been approved by the Centers for Medicare and Medicaid Services.

32 6 Effective Date.

33 I. Sections 2-4 of this act shall take effect as provided in section 5 of this act.

AMENDED ANALYSIS

1. Expands eligibility for Medicaid for employed adults with disabilities age 65 and over.

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing section 235 with the following:

2
3 235 Medicaid Managed Care Program; Dental Benefits. RSA 126-A:5, XIX(a) is repealed and
4 reenacted to read as follows:

5 XIX.(a) The commissioner shall employ a managed care model for administering the
6 Medicaid program and its enrollees to provide for managed care services for all Medicaid
7 populations throughout New Hampshire consistent with the provisions of 42 U.S.C. section 1396u-2.
8 Models for managed care may include, but not be limited to, a traditional capitated managed care
9 organization contract, an administrative services organization, an accountable care organization, or
10 a primary care case management model, or a combination thereof, offering the best value, quality
11 assurance, and efficiency, maximizing the potential for savings, and presenting the most innovative
12 approach compared to other externally administered models. Services to be managed within the
13 model shall include all mandatory Medicaid covered services and may include, but shall not be
14 limited to, care coordination, utilization management, disease management, pharmacy benefit
15 management, provider network management, quality management, and customer services. The
16 commissioner shall enter into contracts with the vendors that demonstrate the greatest ability to
17 satisfy the state's need for value, quality, efficiency, innovation, and savings. The commissioner
18 shall establish rates based on the appropriate model for the contract that is full risk to the vendors.
19 The rates shall be established in rate cells or other appropriate units for each population or service
20 provided including, but not limited to, persons eligible for temporary assistance to needy families
21 (TANF), aid for the permanently and totally disabled (APTD), breast and cervical cancer program
22 (BCCP), home care for children with severe disabilities (HC-CSD), and those residing in nursing
23 facilities. The rates and/or payment models for the program shall be presented to the fiscal
24 committee of the general court on an annual basis. The managed care model or models' selected
25 vendors providing the Medicaid services shall emphasize patient-centered, value-based care and
26 include enhanced care management of high-risk populations as identified by the department. In
27 contracting for the managed care program, the department shall ensure no reduction in the quality
28 of care of services provided to enrollees in the managed care model and shall exercise all due
29 diligence to maintain or increase the current level of quality of care provided. The commissioner
30 may, in consultation with the fiscal committee, adopt rules, if necessary, to implement the
31 provisions of this paragraph. The department shall seek, with the approval of the fiscal committee,
32 all necessary and appropriate waivers to implement the provisions of this paragraph.

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 236 Department of Health and Human Services; Adult Dental Benefit; Development of Plan.
2 The department of health and human services shall develop a plan for the incorporation of an adult
3 dental benefit into a value-based care platform, as follows:

4 I. In this section, "value-based care" means an oral health care delivery model in which
5 providers are paid based upon making positive health outcomes while reducing costs.

6 II. No later than 30 days after the effective date of this section, the department shall
7 convene a working group consisting, at a minimum, of representatives of the following stakeholders:
8 each managed care plan under contract with the state, the New Hampshire Oral Health Coalition, a
9 public health dentist and a solo private practice dentist recommended by the New Hampshire
10 Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary Care
11 Association, a representative of a New Hampshire dental insurance carrier designated by the
12 governor, 2 members of the house of representatives, one of whom shall be from the majority party
13 and one of whom shall be from the minority party, appointed by the speaker of the house of
14 representatives, 2 members of the senate, one of whom shall be from the majority party and one of
15 whom shall be from the minority party, appointed by the president of the senate, a member of the
16 commission to evaluate the effectiveness and future of the New Hampshire granite advantage
17 health care program designated by the commission, and 2 members of the New Hampshire medical
18 care advisory committee, one of whom shall be a consumer advocate, designated by the committee.

19 III. The working group shall be convened by the commissioner of health and human
20 services and shall be subject to RSA 91-A. The department, in consultation with the working group,
21 shall prepare a plan for the incorporation of an adult dental benefit into a value-based care
22 platform. The adult dental benefit shall become effective on July 1, 2021. Each plan shall include,
23 at a minimum, a detailed description of the following: eligibility and enrollment covered benefits
24 and scope of services, cost benefit analysis including projected expenditures and anticipated cost
25 savings, transition planning, prior authorization, transportation, pharmacy, case management,
26 network adequacy, credentialing, quality metrics and outcome measurements, patient safety,
27 utilization management, finance and reimbursement, rates and payment, grievance and appeals,
28 and office of ombudsman. Each plan shall also address how the incorporation of the services into a
29 value-based care platform shall achieve the legislative intent of providing value, quality, efficiency,
30 innovation, and savings.

31 IV. Under no circumstances shall a fee for service model be included in the plan. The plan
32 shall promote the development of an adult value-based dental benefit and/or an alternative payment
33 model.

34 237 Reports.

35 I. The department of health and human services shall present an update on the status of
36 the plan preparation each month to the fiscal committee of the general court and the oversight
37 committee on health and human services, established in RSA 126-A:13, until the plan has been

Sen. Kahn, Dist 10
May 28, 2019
2019-2311s
01/05

Amendment to HB 2-FN-A-LOCAL

- 1 1 Repeal. The following are repealed:
- 2 I. RSA 84-D, relative to the ICF quality assessment.
- 3 II. RSA 151-E:15-a, relative to expenditure of funds from ICF quality assessment.

2019-2311s

AMENDED ANALYSIS

1. Repeals the ICF quality assessment imposed on intermediate care facilities for the intellectually disabled.

Sen. Giuda, Dist 2
Sen. Rosenwald, Dist 13
May 28, 2019
2019-2315s
11/01

Amendment to HB 2-FN-A-LOCAL

1 1 Committee Established. There is established a committee to study the disparity in pay
2 between independent case managers and case managers who are part of the Medicaid managed care
3 program.

4 2 Membership and Compensation.

5 I. The members of the committee shall be as follows:

6 (a) Two members of the senate, one of whom shall be the chair of the senate health and
7 human services committee and one of whom shall be from the senate finance committee, appointed
8 by the president of the senate.

9 (b) Two members of the house of representatives, one of whom shall be the chair of the
10 house health, human services and elderly affairs committee and one whom shall be from the house
11 finance committee, appointed by the speaker of the house of representatives.

12 II. Members of the committee shall receive mileage at the legislative rate when attending to
13 the duties of the committee.

14 3 Duties.

15 I. The committee shall examine the extent of any disparity in pay between independent
16 case managers and case managers who are part of the Medicaid managed care program, and the
17 potential causes of and solutions to such disparity.

18 II. The committee may solicit information from any person or entity the committee deems
19 relevant to its study.

20 4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from
21 among the members. The first meeting of the committee shall be called by the first-named senate
22 member. The first meeting of the committee shall be held within 45 days of the effective date of this
23 section. Three members of the committee shall constitute a quorum.

24 5 Report. The committee shall report its findings and any recommendations for proposed
25 legislation to the president of the senate, the speaker of the house of representatives, the senate
26 clerk, the house clerk, the governor, and the state library on or before November 1, 2019.

27 6 Effective Date. This act shall take effect upon its passage.

2019-2315s

AMENDED ANALYSIS

1. Establishes a committee to study the disparity in pay between independent case managers and case managers who are part of the Medicaid managed care program.

SENATE FINANCE COMMITTEE - BUDGET DECISION SHEET					
DHHS - Division of Behavioral Health					
	SOF	FY 2019	FY 2020	FY 2021	Total
HB 1:					
Increase funding to fully fund community and housing supports.	G	\$0	\$450,000	\$450,000	\$900,000
Remove \$1 million/year for children's mobile crisis teams, which overlaps with funding in 2019-2260s.	G	\$0	(\$1,000,000)	(\$1,000,000)	(\$2,000,000)
Remove \$1.5 million/year for a fourth mobile crisis team, which overlaps with funding in SB 11.	G	\$0	(\$1,500,000)	(\$1,500,000)	(\$3,000,000)
Technical Issue: DHHS proposes budgeting \$10,000,000/year of Governor's Commission on Alcohol and Drug Abuse revenue as private donations rather than Liquor profits.	O	\$0	\$0	\$0	\$0
	SOF	FY 2019	FY 2020	FY 2021	Total
HB 2:					
Funds a 25-bed secure psychiatric facility on the NH Hospital grounds. Amendment 2019-2326s	G	\$17,500,000	\$0	\$0	\$17,500,000
Amends section 93 and deletes section 94, relative to the appointment process for a faith-based community representative on the Governor's Commission on Alcohol and Drug Abuse. Establishes the member as nonvoting. Amendment 2019-2089s	N/A	\$0	\$0	\$0	\$0
Deletes section 229, which contains a \$2 million appropriation for designated receiving facility (DRF) beds. Amendment 2019-2077s	G	\$0	(\$2,000,000)	\$0	(\$2,000,000)
Revises SB 11 by reducing the maximum number of new DRF beds to 10 beds (in either Sullivan or Cheshire County). Reduces appropriation for construction and rates accordingly. Amendment 2019-2242s	G	(\$4,007,509)	\$0	\$488,000	(\$3,519,509)
	F	\$0	\$0	\$488,000	\$488,000
Replaces section 230 by appropriating \$6 million in FY19 and \$5.5 million in FY20 for obtaining, renovating, and operating a children's acute psychiatric treatment facility and increases the appropriation in FY2020 to \$5.5 million for operating the facility. Establishes conditions that must be met before the commissioner may enter into a contract for the facility. Amendment 2019-2292s	G	\$6,000,000	\$5,500,000	\$0	\$11,500,000
Amends section 232 by appropriating \$5 million for 40 transitional housing beds, vs \$2,500,000 for 20 beds in the House-passed budget. Moves the appropriation to FY19. Amendment 2019-2255s	G	\$5,000,000	(\$2,500,000)	\$0	\$2,500,000

Amends section 233 by reducing to \$500,000 the appropriation to assist hospitals with addressing the needs of involuntary emergency admissions patients. Adds a provision stating that the funds shall be used only for costs not reimbursable by insurers. Amendment 2019-2254s	G	(\$500,000)	\$0	\$0	(\$500,000)
Appropriates \$5 million to enhance provider rates for mental health and substance use disorder services over the FY20/21 biennium. Continues the rate enhancement authorized by SB 5. Amendment 2019-2093s	G	\$0	\$5,000,000	\$0	\$5,000,000
Allows DHHS to carry forward up to \$500,000 appropriated in FY19 to fund programs enabling individuals with serious mental illness to attain and maintain integrated, affordable, supported housing. Amendment 2019-2249s	G	\$0	\$0	\$0	\$0
Appropriates \$1 million for the purpose of upgrading existing substance use treatment and recovery facilities, as well as creating new such facilities. Language consistent with SB 236. Amendment 2019-2078s	G	\$1,000,000	\$0	\$0	\$1,000,000
Appropriates \$375,000/year to fund existing Safe Stations in Manchester and Nashua. Amendment 2019-2318s	G	\$0	\$375,000	\$375,000	\$750,000

Sen. Feltes, Dist 15
Sen. Rosenwald, Dist 13
May 28, 2019
2019-2326s
01/06

Amendment to HB 2-FN-A-LOCAL

1 1 Appropriation; Secure Psychiatric Unit Facility. The sum of \$17,500,000 for the fiscal year
2 ending June 30, 2019 is hereby appropriated to the department of health and human services and
3 shall be expended for the purpose of constructing a new 25-bed secure psychiatric unit facility on
4 the New Hampshire Hospital grounds. The sum appropriated shall be nonlapsing, provided that
5 any unexpended amount following construction shall lapse to the general fund. The facility shall be
6 built to house such persons that do not require continued joint commission accreditation. The
7 department of administrative services shall prioritize this project in its workload. The department
8 of administrative services and the department of health and human shall provide reports each
9 quarter to the fiscal committee of the general court and the senate finance and house finance
10 committees concerning the progress of the project. Appropriate persons housed in the secure
11 psychiatric unit of the state prison shall be safely transferred to this facility no later than two weeks
12 after it is operational. This facility shall be operated and managed by the department of health and
13 human services. The state shall not enter into a contract with a private or for-profit prison
14 company for the construction or operation of the secure psychiatric facility unit. The governor is
15 authorized to draw a warrant for said sum out of any money in the treasury not otherwise
16 appropriated.

17 2 Effective Date. Section 1 of this act shall take effect June 30, 2019.

2019-2326s

AMENDED ANALYSIS

Makes an appropriation to the department of health and human services for the purpose of constructing a new secure psychiatric facility on the New Hampshire hospital grounds.

Sen. Rosenwald, Dist 13
Sen. D'Allesandro, Dist 20
May 20, 2019
2019-2089s
08/10

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing section 93 with the following:

2

3 93 Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery;
4 Faith-Based Member. Amend RSA 12-J:1,IV to read as follows:

5 IV.(a)(1) A representative of the Business and Industry Association of New Hampshire,
6 appointed by the association.

7 (2) A representative of the New Hampshire Medical Society, appointed by the
8 society.

9 (3) The chancellor of the community college system of New Hampshire, or designee.

10 (4) The chairman of the New Hampshire Suicide Prevention Council.

11 (5) A representative of the New Hampshire Nurses' Association, appointed by the
12 association.

13 (6) A representative of the New Hampshire Charitable Foundation, appointed by
14 the foundation.

15 (7) *A representative of the New Hampshire Hospital Association, appointed*
16 *by the association.*

17 (b) *A representative of the state's faith-based community, who shall be a*
18 *nonvoting member, appointed by the governor.*

19 (c) The members under this paragraph shall serve 3-year terms.

20

21 Delete section 94 relative to the selection of the representative of the state's faith-based community
22 to the governor's commission on alcohol and drug abuse prevention.

Sen. Rosenwald, Dist 13
May 20, 2019
2019-2077s
04/05

Amendment to HB 2-FN-A-LOCAL

- 1 Amend the bill by deleting section 229, relative to an appropriation to the department of health and
- 2 human services for designated receiving facility beds.

2019-2077s

AMENDED ANALYSIS

Delete paragraph 90.

UNAPPROVED

Amendment to HB 2-FN-A-LOCAL

1 1 Repeal. 2019, 41:1, relative to an appropriation to the department of health and human
2 services for increasing diagnosis-related group (DRG) rates for designated receiving facilities (DRF)
3 beds, is repealed.

4 2 Department of Health and Human Services; Designated Receiving Facilities Beds. 2019, 41:3
5 is repealed and reenacted to read as follows:

6 41:3 Department of Health and Human Services; Designated Receiving Facilities; Residential
7 Beds; Hospital Renovations.

8 I. The commissioner of the department of health and human services is authorized to enter
9 into a signed agreement with a hospital in either Sullivan or Cheshire county to provide up to 10
10 new designated receiving facility (DRF) beds to be operational by October 1, 2020. If such an
11 agreement is reached by July 1, 2020, then the department shall be hereby appropriated the
12 amounts provided in paragraph II. If an agreement is not reached by July 1, 2020, then no funds in
13 paragraph II shall be appropriated.

14 II.(a) The sum of \$1,000,000 for the fiscal year ending June 30, 2019 for the purpose of
15 renovating the designated receiving facility (DRF) under agreement in paragraph I. Such
16 appropriation shall not lapse. The governor is authorized to draw a warrant for said sum out of any
17 money in the treasury not otherwise appropriated.

18 (b) The sum of \$976,000 in the fiscal year ending June 30, 2021 for the purpose of
19 increasing the diagnosis-related group (DRG) rates for all designated receiving facility (DRF) beds
20 in New Hampshire. Such rate increases shall be effective October 1, 2020. For the amount
21 appropriated, \$488,000 shall be state general funds and \$488,000 shall be federal funds. Such funds
22 shall not lapse. The governor is authorized to draw a warrant for said sum out of any money in the
23 treasury not otherwise appropriated. Notwithstanding RSA 14:30-a, VI, the department may accept
24 and expend any matching federal funds without prior approval of the fiscal committee of the
25 general court.

26 III. The commissioner of the department of health and human services shall allocate and
27 disburse any funds appropriated in paragraph I through a request for applications (RFA) The RFA
28 shall be issued no later than December 1, 2019 and the new DRF beds shall be operational by
29 October 1, 2020. Any hospital receiving funds appropriated under subparagraph I(a) shall operate
30 the new DRF beds for no less than 5 years.

31 3 Effective Date. This act shall take effect June 30, 2019.

Sen. Feltes, Dist 15
Sen. Rosenwald, Dist 13
May 24, 2019
2019-2292s
05/08

Amendment to HB 2-FN-A-LOCAL

1 Replace section 230 with the following:

2

3 230 Appropriation; Department of Health and Human Services; Inpatient Psychiatric
4 Treatment Facility for Children.

5 I. There is hereby appropriated the sum of \$6,000,000 for the fiscal year ending June 30,
6 2019, which shall be nonlapsing, to the department of health and human services for the purpose of
7 obtaining and renovating a new treatment facility for children who are in need of acute inpatient
8 psychiatric treatment. The governor is authorized to draw a warrant for said sum out of any money
9 in the treasury not otherwise appropriated.

10 II. There is hereby appropriated the sum of \$5,500,000 for the fiscal year ending June 30,
11 2020, which shall be nonlapsing, to the department of health and human services for the purpose of
12 operating the psychiatric treatment facility under paragraph I. The governor is authorized to draw
13 a warrant for said sum out of any money in the treasury not otherwise appropriated.

14 III.(a) Upon completion of the design of the facility authorized in paragraph I, and before
15 entering into any contractual obligation regarding the facility, the commissioner of the department
16 of health and human services shall prepare a report which describes how the design and operational
17 plan shall certify and provide for:

18 (1) Continued Joint Commission accreditation;

19 (2) Age- and developmentally- appropriate education, recreation, and rehabilitation
20 services; and

21 (3) Backup staffing and security services so that the capacity for response to staffing
22 shortages and emergencies, including psychiatric emergencies of children, is no less effective and no
23 less protective than now exists at New Hampshire hospital.

24 (b) The report shall be provided to the governor, the speaker of the house of
25 representatives, the president of the senate, and the fiscal committee of the general court no later
26 than 30 days before the issuance of a request for proposals or the entrance into any contractual
27 obligation for the construction, renovation, or development of the facility.

28 (c) In addition, the commissioner shall ensure that the facility is operated consistently
29 with the principles and requirements of RSA 135-F, regarding the system of care for children's
30 mental health.

31 231 Effective Date.

1 I. Paragraph I of section 230 of this act shall take effect June 30, 2019.

2019-2292s

AMENDED ANALYSIS

90. Makes an appropriation to the department of health and human services for the purpose of obtaining, renovating, and operating a new treatment facility for children in need of inpatient psychiatric treatment.

Sen. Rosenwald, Dist 13
May 23, 2019
2019-2255s
01/05

Amendment to HB 2-FN-A-LOCAL

1 Replace section 232 with the following:

2

3 232 Appropriation; Department of Health and Human Services; Transitional Housing Beds.
4 There is hereby appropriated to the department of health and human services the sum of
5 \$5,000,000 for the fiscal year ending June 30, 2019, which shall be nonlapsing, for the purpose of
6 funding 40 new transitional housing beds for forensic patients and/or patients with complex
7 behavioral health conditions including those transitioning from the New Hampshire hospital. The
8 plans for constructing such beds shall be completed by January 1, 2020, and the beds shall be
9 operational by June 1, 2021. The appropriation made in this section shall be contingent upon the
10 department submitting and presenting a plan to the fiscal committee of the general court. The
11 governor is authorized to draw a warrant for said sum out of any money in the treasury not
12 otherwise appropriated.

13 233 Effective Date. Section 232 of this act shall take effect June 30, 2019.

Sen. Rosenwald, Dist 13
May 23, 2019
2019-2254s
01/10

Amendment to HB 2-FN-A-LOCAL

1 Replace section 233 with the following:

2

3 233 Appropriation; Department of Health and Human Services; Patients Residing in Hospital
4 Emergency Rooms. There is hereby appropriated to the department of health and human services
5 the sum of \$500,000 for the fiscal year ending June 30, 2019, which shall be nonlapsing, and shall
6 be expended for the purpose of providing assistance to hospitals in addressing the immediate needs
7 of involuntary emergency admissions patients currently residing in emergency rooms in hospitals
8 further than 30 miles from an established New Hampshire mobile crisis team or a designated
9 receiving facility; provided that no hospital shall receive more than \$100,000. The appropriation
10 made in this section shall only cover the portion of costs not reimbursable by insurance carriers.
11 The commissioner of the department of health and human services shall establish the application
12 process for such funds. The governor is authorized to draw a warrant for said sum out of any
13 money in the treasury not otherwise appropriated.

14 2 Effective Date. Section 1 of this act shall take effect June 30, 2019.

Sen. Rosenwald, Dist 13
May 20, 2019
2019-2093s
06/10

Amendment to HB 2-FN-A-LOCAL

1 1 Department of Health and Human Services; Appropriation. Notwithstanding RSA 126-AA:2,
2 I(a) and RSA 126-AA:3, the sum of \$5,000,000 for the biennium ending June 30, 2021 is hereby
3 appropriated to the department of health and human services, which shall be nonlapsing, for the
4 purpose of enhancing provider rates for mental health and substance use disorder inpatient and
5 outpatient services consistent with 2018, 342. The governor is authorized to draw a warrant for
6 said sum out of any money in the treasury not otherwise appropriated. Notwithstanding RSA
7 14:30-a,VI, the department may accept and expend any federal fund match to the appropriation in
8 this section without prior approval of the fiscal committee of the general court.

2019-2093s

AMENDED ANALYSIS

Makes an appropriation to the department of health and human services for the purpose of enhancing provider rates for mental health and substance use disorder inpatient and outpatient services.

Sen. Rosenwald, Dist 13
May 23, 2019
2019-2249s
05/01

Amendment to HB 2-FN-A-LOCAL

1 1 Supported Housing. Amend 2017, 156:186, I as amended by 2018, 343:14 to read as follows:

2 I. The commissioner of the department of health and human services shall contract with
3 programs that enable individuals with serious mental illness to attain and maintain integrated,
4 affordable, supported housing. The department shall use funding not to exceed \$500,000 from
5 existing appropriations for the biennium ending June 30, 2019. *Such funds, not to exceed*
6 *\$500,000 from accounting unit 05-95-92-922010-4117, shall not lapse until June 30, 2021.*
7 Eligibility for such funding shall include persons who are not eligible for existing housing subsidy
8 programs. The department shall submit a monthly report to the fiscal committee of the general
9 court regarding implementation of this section.

10 2 Effective Date. This act shall take effect June 30, 2019.

2019-2249s

AMENDED ANALYSIS

Extends the funding for supported housing.

Sen. Rosenwald, Dist 13
May 20, 2019
2019-2078s
10/05

Amendment to HB 2-FN-A-LOCAL

1 1 Appropriation. The sum of \$1,000,000 for the fiscal year ending June 30, 2019 is hereby
2 appropriated to the department of health and human services for the purposes of upgrading
3 existing substance use disorder treatment and recovery housing facilities and creating new
4 substance use disorder treatment and recovery housing facilities. Funds appropriated under this
5 section shall be used for upgrading or renovating existing facilities to ensure compliance with fire
6 code and safety standards; expanding existing facilities to increase service capacity; and developing
7 new substance use disorder treatment and recovery housing facilities. Facilities receiving funds
8 under this section shall be in compliance with any state rules associated with the operation of such
9 programs. The governor is authorized to draw a warrant for said sum out of any money in the
10 treasury not otherwise appropriated. Funds appropriated in this section shall be nonlapsing.

11 2 Effective Date. Section 1 of this act shall take effect June 30 2019.

2019-2078s

AMENDED ANALYSIS

1. Makes an appropriation to the department of health and human services for the purposes of upgrades to substance use disorder treatment facilities.

Sen. Rosenwald, Dist 13
May 28, 2019
2019-2318s
08/10

Amendment to HB 2-FN-A-LOCAL

1 1 Appropriation; Department of Health and Human Services; Safe Stations. The sum of
2 \$375,000 for the fiscal year ending June 30, 2020 and the sum of \$375,000 for the fiscal year ending
3 June 30, 2021 is hereby appropriated to the department of health and human services for the
4 purpose of funding existing Safe Stations located in Manchester and Nashua. The governor is
5 authorized to draw a warrant for said sums out of any money in the treasury not otherwise
6 appropriated.

AMENDED ANALYSIS

1. Makes an appropriation to the department of health and human services for safe stations in Manchester and Nashua.

SENATE FINANCE COMMITTEE - BUDGET DECISION SHEET					
DHHS - New Hampshire Hospital					
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 1:</u>					
No further changes.	N/A	\$0	\$0	\$0	\$0
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 2:</u>					
Deletes sections 76-78, relative to establishing an advisory council and the development of a plan for the repurposing of space at NH Hospital. Amendment 2019-2022s	N/A	\$0	\$0	\$0	\$0
Amends section 231, relative to repurposing the children's unit at NH Hospital for adult beds, by appropriating \$3 million in general funds and \$1 million in NH Hospital trust funds. (Previously \$4 million in general funds.) Also moves funding to FY19. Amendment 2019-2251s	G	\$3,000,000	(\$4,000,000)	\$0	(\$1,000,000)
	O	\$1,000,000	\$0	\$0	\$1,000,000

Sen. Rosenwald, Dist 13
May 16, 2019
2019-2022s
08/05

Amendment to HB 2-FN-A-LOCAL

- 1 Delete sections 76 through 78.

2019-2022s

AMENDED ANALYSIS

Delete paragraph 27.

UNAPPROVED

Sen. Rosenwald, Dist 13
Sen. D'Allesandro, Dist 20
May 23, 2019
2019-2251s
06/10

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing section 231 with the following:

2

3 231 Appropriation; Department of Health and Human Services; New Hampshire Hospital
4 Repurposing. There is hereby appropriated to the department of health and human services the
5 sum of \$4,000,000 for the fiscal year ending June 30, 2019, which shall be nonlapsing, for the
6 purpose of repurposing the children's unit at New Hampshire Hospital for up to 48 adult beds. Of
7 this amount, \$3,000,000 shall be a charge against the state general fund, and \$1,000,000 shall be a
8 charge against trust funds established for the benefit of New Hampshire Hospital. The unit shall be
9 operational for adult patients by June 1, 2021. The governor is authorized to draw a warrant for
10 the general fund share of said sum out of any money in the treasury not otherwise appropriated.
11 The appropriation made in this section shall be contingent upon the department submitting and
12 presenting a plan to the fiscal committee of the general court.

SENATE FINANCE COMMITTEE - BUDGET DECISION SHEET					
DHHS - Division of Public Health					
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 1:</u>					
Fully replace lost Title X funding. The House fully funded family planning agencies that receive pass-through funding from the state, but not entities that receive funding directly from the federal government.	G	\$0	\$600,000	\$600,000	\$1,200,000
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 2:</u>					
Repeals Chapter 156:211, Laws of 2017, which prohibits reproductive health facilities from using state funds to provide abortion services. Amendment 2019-1811s	N/A	\$0	\$0	\$0	\$0
Replaces sections 109 and 110. Amends the definition of e-cigarettes to include devices that contain e-liquid, and contains contingency language relative to the passage of related bills. Amendment 2019-1955s	N/A	\$0	\$0	\$0	\$0
Replaces section 109 and clarifies the definition of certain tobacco products. Amendment 2019-2058s	N/A	\$0	\$0	\$0	\$0

Sen. Rosenwald, Dist 13
May 6, 2019
2019-1811s
05/04

Amendment to HB 2-FN-A-LOCAL

- 1 1 Repeal. 2017, 156:211, prohibiting reproductive health facilities from using state funds to
- 2 provide abortion services, is repealed.

2019-1811s

AMENDED ANALYSIS

1. Repeals a prohibition on the use of state funds for abortion services.

UNAPPROVED

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing sections 109-110 with the following:

2

3 109 Tobacco Tax; Tobacco Products; Contingent 2020 Version. RSA 78:1, XIII is repealed and
4 reenacted to re as follows:

5 XIII. "Tobacco products" means any product containing, made, or derived from tobacco or
6 nicotine that is intended for human consumption, including but not limited to cigarettes, electronic
7 cigarettes, loose tobacco, smokeless tobacco, and cigars. Tobacco products shall not include
8 premium cigars or any product that has been approved by the United States Food and Drug
9 Administration for sale as a tobacco cessation product and is being marketed and sold exclusively
10 for such approved use.

11 110 Tobacco Tax; Electronic Cigarette; Contingent 2020 Version; HB 595. Amend RSA 78:1 by
12 inserting after paragraph III the following new paragraph:

13 III-a. "Electronic cigarette" means any liquid or substance containing nicotine that is
14 intended to be used with or in a device that can be used to produce a vapor or aerosol from such a
15 liquid or substance, including but not limited to, a device manufactured, distributed, marketed, or
16 sold as an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, electronic
17 hookah, or vape pen. "Electronic cigarette" shall also include any such device, and any component,
18 part, or accessory used in the operation of such a device, but only if sold together with any liquid or
19 substance containing nicotine.

20 111 Contingency; Tobacco Tax; Definitions. If HB 595-FN of the 2019 regular legislative
21 session becomes law, then sections 109 and 110 of this act shall take effect January 1, 2020 at 12:01
22 am.

23 112 Youth Access to and Use of Tobacco Products; Definition of E-Cigarette. Amend RSA 126-
24 K:2, II-a to read as follows:

25 II-a. "E-cigarette" means any electronic smoking device composed of a mouthpiece, a
26 heating element, a battery, and electronic circuits that ~~[provides a vapor of pure]~~ **may or may not**
27 **contain** nicotine ~~[mixed with propylene glycol to the user as the user simulates smoking]~~ **or e-**
28 **liquid**. This term shall include such devices whether they are manufactured as e-cigarettes, e-
29 cigars, or e-pipes, or under any other product name. **"E-liquid" means any liquid, oil, or wax**
30 **product containing, but not limited to, nicotine or cannabis intended for use in devices**
31 **used for inhalation.**

32 113 Youth Access to and Use of Tobacco Products; Contingent 2020 Version; Definition of E-

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 Cigarette. RSA 126-K:2, II-b is repealed and reenacted to read as follows:

2 II-b. "E-cigarette" means any electronic smoking device composed of a mouthpiece, a
3 heating element, a battery, and electronic circuits that may or may not contain nicotine or e-liquid.
4 This term shall include such devices whether they are manufactured as e-cigarettes, e-cigars, or e-
5 pipes, or under any other product name.

6 114 Contingency; Youth Access to and Use of Tobacco Products; Definition. If HB 511-FN of
7 the 2019 regular legislative session becomes law, then section 113 of this act shall take effect
8 January 1, 2020 at 12:01 am.

9 115 Alcoholic Beverages; Definition of E-Cigarette Added. Amend RSA 175:1, XXXI-a and
10 XXXI-aa to read as follows:

11 XXXI-a. *"E-cigarette" means any electronic smoking device composed of a*
12 *mouthpiece, a heating element, a battery, and electronic circuits that may or may not*
13 *contain nicotine or e-liquid. This term shall include such devices whether they are*
14 *manufactured as e-cigarettes, e-cigars, or e-pipes, or under any other product name. "E-*
15 *liquid" means any liquid, oil, or wax product containing, but not limited to, nicotine or*
16 *cannabis intended for use in devices used for inhalation.*

17 XXXI-aa. "Farmers' market" means an event or series of events at which 2 or more vendors
18 of agricultural commodities gather for purposes of offering for sale such commodities to the public.
19 Commodities offered for sale must include, but are not limited to, products of agriculture, as defined
20 in RSA 21:34-a. "Farmers' market" shall not include any event held upon any premises owned,
21 leased, or otherwise controlled by any individual vendor selling therein.

22 ~~XXXI-aa.~~ XXXI-aaa. "Food" means solid nutritive material as distinguished from drink.

23 Effective Date.

24 I. Sections 109 and 110 of this act shall take effect as provided in section 111 of this act.

25 II. Section 113 of this act shall take effect as provided in section 114 of this act.

Sen. Giuda, Dist 2
May 17, 2019
2019-2058s
01/06

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing section 109 with the following:

2

3 109 Youth Access to and Use of Tobacco Products; Definitions. Amend RSA 126-K:2, II-a to
4 read as follows:

5 II-a. *"Device" means any product composed of a mouthpiece, a heating element, a*
6 *battery, and electronic circuits designed or used to deliver any aerosolized or vaporized*
7 *substance including, but not limited to, nicotine or cannabis. Device may include, but is*
8 *not limited to, hookah, e-cigarette, e-cigar, e-pipe, vape pen, or e-hookah.*

9 II-b. "E-cigarette" means any electronic smoking device composed of a mouthpiece, a
10 heating element, a battery, and electronic circuits that ~~[provides a vapor of pure]~~ *may or may not*
11 *contain* nicotine ~~[mixed with propylene glycol to the user as the user simulates smoking]~~. This
12 term shall include such devices whether they are manufactured as e-cigarettes, e-cigars, or e-pipes,
13 or under any other product name.

14 II-c. *"E-liquid" means any liquid, oil, or wax product containing, but not limited*
15 *to, nicotine or cannabis intended for use in devices used for inhalation.*

SENATE FINANCE COMMITTEE - BUDGET DECISION SHEET					
DHHS - Division of Economic and Housing Stability					
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 1:</u>					
Eliminate \$8 million/year of federal TANF funds for the Granite Workforce program. Fund the program with \$1.34 million/year of job training funds from Employment Security (already included in the House-passed budget).	F	\$0	(\$8,000,000)	(\$8,000,000)	(\$16,000,000)
Reduce general funds for the child development program by \$4 million/year, and replace with federal TANF funds saved from Granite Workforce. Will leave the TANF reserve with a budgeted balance of \$5 million at the end of the biennium, as follows:	G	\$0	(\$4,000,000)	(\$4,000,000)	(\$8,000,000)
(\$5,800,000) Ending balance per House-passed budget					
\$2,800,000 Unspent FY19 Granite Workforce funds					
\$16,000,000 Elimination of TANF for Granite Workforce	F	\$0	\$4,000,000	\$4,000,000	\$8,000,000
(\$8,000,000) <u>TANF used for the child development program</u>					
\$5,000,000 Ending balance					
Fund Family Resource Center contracts with \$1.5 million of general funds in FY20 and \$1.5 million of federal TANF funds in FY21. The FY21 TANF funds will be freed up by removing TANF funds for the "Open Doors" contract in FY21, and moving these funds to family resource centers. As a result, family resource centers will be funded in both fiscal years, with a net \$0 impact in FY21.	G	\$0	\$1,500,000	\$0	\$1,500,000
	F	\$0	\$0	\$0	\$0
	SOF	FY 2019	FY 2020	FY 2021	Total
<u>HB 2:</u>					
Amends section 171 by: (1) allowing, rather than requiring, the department to use TANF funds for the Granite Workforce program; (2) lowering from \$40 million to \$5 million the TANF reserve balance that would trigger termination of the program; (3) removing certain restrictions on eligibility; and (4) defining "employer" as a tax-exempt organization pursuant to section 501(c)(3) of the Internal Revenue Code. Changes (3) and (4) are consistent with language in SB 290. Amendment 2019-2313s	N/A	\$0	\$0	\$0	\$0

Amendment to HB 2-FN-A-LOCAL

1 Amend the bill by replacing section 171 with the following:

2

3 171 Granite Workforce. 2018, 342:3 through 342:9 are repealed and reenacted to read as
4 follows:

5 342:3 Granite Workforce; Program Established.

6 I. The commissioner of the department of health and human services may use allowable
7 funds from the Temporary Assistance to Needy Families (TANF) program along with other
8 available funds, including but not limited to the job training fund established under RSA 282-A:138-
9 a, to create a network of assistance to remove barriers to work for eligible low income families as
10 well as low income individuals and to provide subsidies to employers in high need areas, as
11 determined by the department of employment security based upon workforce shortages. The funds
12 shall be used to fund the granite workforce program, which shall operate as part of the New
13 Hampshire granite advantage health care program established in RSA 126-AA. The program shall
14 be jointly administered by the department of health and human services and the department of
15 employment security. No cash assistance shall be provided to eligible participants through granite
16 workforce.

17 II. To be eligible for the granite workforce program, applicants shall be enrolled in the New
18 Hampshire granite advantage health care program, established in RSA 126-AA, whether or not the
19 applicant is subject to the work and community engagement requirement.

20 III. An eligible recipient, participating in the granite workforce program, whose wages
21 subsequently cause the household to exceed 138 percent of the federal poverty level shall continue
22 to receive granite workforce program services as needed, including the subsidy for employers,
23 provided the recipient's wages do not cause the household to exceed 250 percent of the federal
24 poverty level. After the second employer subsidy is paid on behalf of a granite workforce recipient,
25 the recipient shall no longer be eligible for granite workforce services as long as household income
26 exceeds 138 percent of the federal poverty level.

27 IV. The department of employment security shall determine eligibility and entry into the
28 program, using nationally recognized assessment tools for vocational and job readiness assessments.
29 Vocational assessments shall include consideration of educational needs, vocational interest,
30 personal values, and aptitude. The department shall use the assessment results to work with the
31 participant to produce a long term career plan.

32 V. Except as otherwise provided in paragraphs II regarding program eligibility,

Amendment to HB 2-FN-A-LOCAL

- Page 2 -

1 administrative rules governing the New Hampshire employment program, adopted under RSA 541-
2 A, shall apply to the granite workforce program.

3 342:4 Granite Workforce; Subsidies for Employers.

4 I. After 3 months of employment and upon verification of continued employment and wages
5 from the employer, the department of employment security shall authorize payment of a subsidy
6 equal to 50 percent of the employee's wages for the prior month, not to exceed \$2,000, to the
7 participant's employer.

8 II. After 9 months of employment and upon verification of continued employment and
9 wages from the employer, the department of employment security shall authorize payment of a
10 subsidy equal to 50 percent of the employee's wages for the prior month, not to exceed \$2,000, to the
11 participant's employer.

12 III. Upon notice by the department of an overpayment, the employer shall reimburse the
13 department the amount of the overpayment.

14 IV. In this section, "employer" means a tax exempt organization pursuant to section
15 501(c)(3) of the Internal Revenue Code.

16 342:5 Granite Workforce; Referral for Barriers to Employment.

17 I. The department of health and human services, in consultation with the department of
18 employment security, shall issue a request for applications for community providers interested in
19 offering case management services to participants with barriers to employment.

20 II. Participants shall be identified by the department of employment security using an
21 assessment process that screens for barriers to employment, including but not limited to
22 transportation, child care, substance use, mental health, and domestic violence.

23 III. The department of employment security shall refer to community providers individuals
24 with identified barriers to employment. When child care is identified as a barrier to employment,
25 the department of employment security or the community provider shall refer the individual to
26 available child care service programs, including the child care scholarship program administered by
27 the department of health and human services.

28 IV. In addition to employer subsidies, TANF and other funds allocated to the granite
29 workforce program shall be used to fund other services that eliminate barriers to work, as
30 established through rulemaking.

31 342:6 Granite Workforce; Network of Education and Training.

32 I. If after the assessment conducted by the department of employment security additional
33 job training, education, or skills development is necessary prior to job placement, the department of
34 employment security shall address those needs by:

35 (a) Referring individuals to training and apprenticeship opportunities offered by the
36 community college system of New Hampshire;

37 (b) Referring individuals to the department of business and economic affairs to utilize

Amendment to HB 2-FN-A-LOCAL

- Page 3 -

1 available training funds and support services;

2 (c) Referring individuals to education and employment programs for youth available
3 through the department of education; or

4 (d) Referring individuals to training available through other colleges and training
5 programs.

6 II. Any industry specific skills and training shall be provided for jobs in high need areas, as
7 determined by the department of employment security based upon workforce shortages.

8 342:7 Granite Workforce; Job Placement. Upon determining the participant is job ready, the
9 department of employment security shall place individuals into jobs with employers in high need
10 areas, as determined by the department of employment security based upon workforce shortages.
11 High need areas include but are not limited to jobs in the fields of healthcare, advanced
12 manufacturing, construction/building trades, information technology, and hospitality. Training and
13 job placement shall focus on:

14 I. Supporting health care/safety issues: training and jobs to combat the opioid crisis,
15 including nurses, nursing assistants, clinicians, social workers, and treatment providers at the
16 licensed alcohol and drug addictions counselor and licensed mental health counselor levels.
17 Additionally, jobs to address long term care needs, home healthcare services, and expanding
18 mental/behavioral health services.

19 II. Advanced manufacturing to meet employer needs: training and jobs that include
20 computer aided drafting and design, electronic and mechanical engineering, precision welding,
21 computer numerical controlled precision machining, robotics, and automation.

22 III. Construction/building trades to address critical infrastructure needs: training and jobs
23 for building roads, bridges, municipality infrastructure, and ensuring safe drinking water.

24 IV. Information technology: training and jobs to allow businesses to excel in an ever
25 increasing network dependent business environment.

26 V. Hospitality training and jobs to support New Hampshire's tourism industry, to include
27 but not be limited to hotel workers, restaurant workers, campground workers, lift operators, state
28 park workers, and amusement park workers.

29 342:8 Reporting Requirement; Measurement of Outcomes.

30 I. The department of health and human services shall prepare a report on the outcomes of
31 the granite workforce program using appropriate standard common performance measures.
32 Program partners, as a condition of participation, shall be required to provide the department with
33 the relevant data. Metrics to be measured shall include, but are not limited to:

34 (a) Degree of participation.

35 (b) Progress with overcoming barriers.

36 (c) Entry into employment.

37 (d) Job retention.

Amendment to HB 2-FN-A-LOCAL

- Page 4 -

1 (e) Earnings gain.

2 (f) Movement within established federal poverty level measurements, including the
3 Supplemental Nutrition Assistance Program (SNAP) and the New Hampshire granite advantage
4 health care program under RSA 126-AA.

5 (g) Attainment of education or training, including credentials.

6 II. The report shall be issued to the speaker of the house of representatives, the president of
7 the senate, the governor, the commission to evaluate the effectiveness and future of the New
8 Hampshire granite advantage health care program established under RSA 126-AA:4, and the state
9 library on or before December 1, 2019.

10 342:9 Termination of Granite Workforce Program.

11 I. The commissioner of the department of health and human services shall be responsible
12 for determining, every 3 months commencing no later than December 31, 2018, whether available
13 TANF reserve funds total at least \$5,000,000. If at any time the commissioner determines that
14 available TANF reserve funds have fallen below \$5,000,000, the commissioners of the departments
15 of health and human services and employment security shall, within 20 business days of such
16 determination, terminate the Granite Workforce program. The commissioners shall notify the
17 governor, the speaker of the house of representatives, the president of the senate, the chairperson of
18 the fiscal committee of the general court, and Granite Workforce participants of the program's
19 pending termination.

20 II. If at any time the New Hampshire granite advantage health care program, established
21 under RSA 126-AA, terminates, the commissioners of the departments of health and human
22 services and employment security shall terminate the Granite Workforce program. The date of the
23 Granite Workforce program's termination shall align with that of the New Hampshire granite
24 advantage health care program.