

Bill as Introduced

SB 158 - AS AMENDED BY THE SENATE

03/25/09 0852s

2009 SESSION

09-1004
01/05

SENATE BILL **158**

AN ACT establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

SPONSORS: Sen. Hassan, Dist 23; Sen. Sgambati, Dist 4; Sen. Gilmour, Dist 12; Sen. Gallus, Dist 1; Sen. Fuller Clark, Dist 24; Rep. Rosenwald, Hills 22; Rep. Reardon, Merr 11; Rep. Butler, Carr 1; Rep. Case, Rock 1; Rep. Hammond, Hills 3

COMMITTEE: Health and Human Services

ANALYSIS

This bill establishes a commission to study the creation of an uncompensated care fund to provide payments to health care providers who provide a disproportionate share of care to the state's uninsured population.

.....

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nine

AN ACT establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

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

1 1 Commission Established. There is established a commission to study the creation of an
2 uncompensated care fund to provide payments to health care providers who provide a
3 disproportionate share of care to the state's uninsured population.

4 2 Membership and Compensation.

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

6 (a) Two members of the senate, appointed by the president of the senate.

7 (b) Two members of the house of representatives, appointed by the speaker of the house
8 of representatives.

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

10 (d) The commissioner of the department of insurance, or designee.

11 (e) A representative of the New Hampshire Hospital Association, appointed by the
12 association.

13 (f) A representative of the New Hampshire Medical Society, appointed by the society.

14 (g) A representative of the Endowment for Health, appointed by such organization.

15 (h) A representative of a private for profit insurance carrier doing business in
16 New Hampshire, appointed by the governor.

17 (i) A representative of a private nonprofit insurance carrier doing business in
18 New Hampshire, appointed by the governor.

19 (j) A director of a community mental health center, appointed by the governor.

20 (k) A director of a community health center, appointed by the governor.

21 (l) A public member who is uninsured or underinsured, appointed by the governor.

22 (m) A representative of the New Hampshire Citizen's Health Initiative, appointed by the
23 governor.

24 (n) A representative of the Bi-State Primary Care Association, appointed by the
25 association.

26 (o) The attorney general, or designee.

27 II. Legislative members of the commission shall receive mileage at the legislative rate when
28 attending to the duties of the commission.

SB 158 - AS AMENDED BY THE SENATE

- Page 2 -

1 3 Duties. The commission shall study the creation of an uncompensated care fund to provide
2 payments to health care providers who provide a disproportionate share of care to the state's
3 uninsured population.

4 4 Chairperson: Quorum. The members of the commission shall elect a chairperson from among
5 the members. The first meeting of the commission shall be called by the first-named senate member.
6 The first meeting of the commission shall be held within 45 days of the effective date of this section.
7 Seven members of the commission shall constitute a quorum.

8 5 Report. The commission shall report its findings and any recommendations for proposed
9 legislation to the president of the senate, the speaker of the house of representatives, the senate
10 clerk, the house clerk, the governor, and the state library on or before November 1, 2009.

11 6 Effective Date. This act shall take effect upon its passage.

Amendments

Rep. Bridgham, Carr. 2
Rep. C. McMahon, Rock. 4
Rep. DiPentima, Rock. 16
April 30, 2009
2009-1458h
01/09

Amendment to SB 158

1 Amend paragraph I of section 2 of the bill by replacing it with the following:

2

3 I. The members of the commission shall be as follows:

4 (a) One member of the senate, appointed by the president of the senate.

5 (b) Two members of the house of representatives, appointed by the speaker of the house
6 of representatives.

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

8 (d) The commissioner of the department of insurance, or designee.

9 (e) A representative of the New Hampshire Hospital Association, appointed by the
10 association.

11 (f) A representative of the New Hampshire Medical Society, appointed by the society.

12 (g) A representative of the Endowment for Health, appointed by such organization.

13 (h) A representative of an insurance carrier doing business in New Hampshire,
14 appointed by the governor.

15 (i) A representative of the New Hampshire Community Behavioral Health Association,
16 appointed by the association.

17 (j) A small business member of the Business and Industry Association of
18 New Hampshire, appointed by the association.

19 (k) A public member who is uninsured or underinsured, appointed by the governor.

20 (l) A representative of the New Hampshire Citizen's Health Initiative, appointed by the
21 governor.

22 (m) A representative of the Bi-State Primary Care Association, appointed by the
23 association.

24 (n) The attorney general, or designee.

25

26 Amend the bill by replacing sections 3 and 4 with the following:

27

28 3 Duties. The commission shall evaluate options for the creation of an uncompensated care
29 fund, the primary purpose of which shall be to enhance the financial stability of health care
30 providers affected by a disproportionate burden of uncompensated care, therefore ensuring access to

Amendment to SB 158

- Page 2 -

1 essential health services for the uninsured. The commission shall make recommendations regarding
2 the size of the fund, how it should be funded, how available funds should be distributed, and how the
3 fund should be administered. Whenever possible the commission shall base its deliberations on
4 current data. The commission shall indicate how its recommendations have been shaped by the
5 anticipated impact in New Hampshire of the fund's operation on:

6 I. The stability of the health care system, with special attention to the stability of health
7 care organizations that provide a disproportionate share of uncompensated care.

8 II. The accessibility of care for the uninsured.

9 III. The community benefit statute, RSA 7:32-c through RSA 7:32-j.

10 IV. Cost shifting.

11 V. The availability of employer-based health insurance.

12 VI. Overall costs of health care.

13 4 Chairperson; Quorum. The members of the commission shall elect a chairperson from among
14 the members. The first meeting of the commission shall be called by the first-named senate member.
15 The first meeting of the commission shall be held within 45 days of the effective date of this section.
16 Eight members of the commission shall constitute a quorum.

Committee Minutes

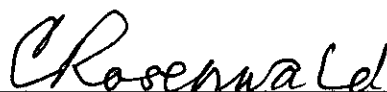
**HOUSE COMMITTEE ON
HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS**

BILL NUMBER: SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: May 26, 2009

THE COMMITTEE HAS VOTED TO RETAIN THIS BILL.



Cindy Rosenwald, Chairman

Speakers

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: April 7, 2009

LOB ROOM: 205 **Time Public Hearing Called to Order:** 11:00 AM

Time Adjourned: 11:55 AM

(please circle if present)

Committee Members: Reps. Rosenwald, Donovan, French, Schulze, Tilton, Butcher, Bridgham, E. Merrick, T. Russell, DiPentima, Miller, Batula, C. McMahon, Pilliod, Emerson, Case, Millham, Wells, Cebrowski and Kotowski.

Bill Sponsors: Sens. Hassan, Dist 23; Sgambati, Dist 4; Gilmour, Dist 12; Gallus, Dist 1; Fuller Clark, Dist 24; Reps. Rosenwald, Hills 22; Reardon, Merr 11; Butler, Carr 1; Case, Rock 1; Hammond, Hills 3

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Senator Hassan, prime sponsor – supports. There are a number of agencies providing health care to individuals in need. This bill looks at which are providing this care and the economics of providing the care. Concern is to have the discussions and ensure fair compensation for those providing the care.

***Paul Spiess, Citizen's Health Initiative – supports.** See written testimony. Presently ERs are providing care. Community Health Centers are providing care with perhaps 10 days of financial support.

***Lisa Kaplan Howe, NH Voices for Health – supports.** See written testimony.

***Tim Howe, City Fuel/Davis Septic – supports.** See written testimony. This would help to make medical care more affordable.

***Kris Schultz, Consumers & Patients – supports.** See written testimony. She supports as a consumer with medical problems who had to declare bankruptcy. People who are sick should be treated for their illnesses.

Tom Bunnell, Institute for Health, Law & Ethics at Franklin Pierce Law Center – supports. This study is timely. This is a potential mechanism for stabilizing the health care delivery system. There are a number of ways to fund uncompensated care pools.

Page 2
SB 158

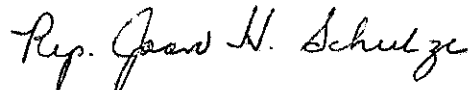
***Michael Cohen, Executive Director, NAMI NH – supports.** See written testimony. The organization struggles to provide health coverage for its employees. It does not provide care for family members. A good addition to the bill would be business, small business.

***Vanessa Santarelli, Director of NH Public Policy, Bi-State Primary Care Association – supports.** See written testimony. They represent community centers. They are in a very difficult financial position. 25% of their clients are uninsured. Health centers stretch every dollar to the last limit. She supports the study.

***Nancy Pederzini, American Heart Association – supports.** See written testimony. This is an important issue. They are interested in a large discussion on health reform.

***Peter Ames, American Cancer Society – supports.** See written testimony. Facilities are struggling especially in the North Country. Cancer therapy is one of the most expensive.

Respectfully submitted,

A handwritten signature in cursive script that reads "Rep. Joan H. Schulze".

Representative Joan H. Schulze, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: 4/9/2009

LOB ROOM: 205 **Time Public Hearing Called to Order:** 11:AM

Time Adjourned: 11:55AM

(please circle if present)

Committee Members: Reps. Rosenwald, Donovan, French, Schulze, Tilton, Butcher, Bridgham, E. Merrick, T. Russell, DiPentima, Miller, Batula, C. McMahon, Pilliod, Emerson, Case, Millham, Wells, Cebrowski and Kotowski

Bill Sponsors: Sens. Hassan, Dist 23; Sgambati, Dist 4; Gilmour, Dist 12; Gallus, Dist 1; Fuller Clark, Dist 24; Reps. Rosenwald, Hills 22; Reardon, Merr 11; Butler, Carr 1; Case, Rock 1; Hammond, Hills 3

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Sen. Hassan - sponsor & supports the bill.

There are a number of agencies providing health care to individuals in need. This bill looks at which are providing this care and the economics of providing the care. Concern is to have the discussions and ensure fair compensation for those providing the care

* Paul Spiess - supports SB 158 - Presently ERs are providing care. Community Health Centers are providing care with perhaps 10 days of financial support.

* Lisa Kaplan Name. supports SB 158 NH Voices for Health

* Tim Name. City Fuel/Davis Septic supports SB 158
Should help make medical care more affordable

* Kris Schultz. supports the bill a consumer with medical problems who had to declare bankruptcy. People who are sick should be treated for their illnesses.

Tom Bunnell. Franklin Pierce Law School
Supports the bill. This study is timely.
This is a potential mechanism for stabilizing the
health care delivery system.

There are a number of ways to fund uncompensated care ~~plans~~ pools.

*Mike Cohen. NAMI Executive Director Strongly supports
SB 158. The organization struggles to provide health
coverage for its employees. Does not ^{provide} care for
family members. A good addition to the bill would
be business, small business.

*Vanessa Santarelli Director Public Policy Bi-State Primary
Care Assoc. represents Community Centers. They are
in a very ^{difficult} financial position. 25% of their clients are
uninsured. Health Centers stretch every dollar to
the last limit. Supports the study.

*Nancy Pedrizzi American Heart Association. Supports SB 158
This is an important issue. Interested in a large
discussion on health reform.

*Peter Ames. American Cancer Society.
Facilities are struggling especially in the No. country.
Ca. therapy is one of the most expensive.

Sub-Com
Bridgman
DePentima
McMahon

Sub-Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: April 29, 2009

Subcommittee Members: Reps. R. Bridgham, R. DiPentima, C. McMahon

Comments and Recommendations: Discussion and agreement on amendment language to be discussed with Senator Hassan and without objection from her drafted as amendment to be recommended to HHSEA.

Amendments:

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. R. DiPentima

Seconded by Rep. C. McMahon

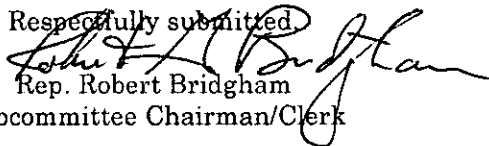
Vote: 3-0

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. R. DiPentima

Seconded by Rep. C. McMahon

Vote: 3-0

Respectfully submitted,

Rep. Robert Bridgham
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: April 29, 2009

Subcommittee Members: Reps. R. Bridgham, R. DiPentima, C. McMahon

Comments and Recommendations: Discussion & agreement on amendment language to be discussed first w. Sen Hassan and without objection from her drafted as amendment to be recommended to HHSEA

Amendments:

Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. DiPentima
Seconded by Rep. McMahon
Vote: 3-0

Motions: OTP, OTP/A, ITL, Retained (Please circle one.) on SB158 w. amendment

Moved by Rep. DiPentima
Seconded by Rep. McMahon
Vote: 3-0

Respectfully submitted,
Robert Bridgham
Rep. Robert Bridgham
Subcommittee Chairman/Clerk

Name
 Lisa Kaplan Howe
 Peter Ames
 Vanessa Santarelli
~~TOM BUNNELL~~
 TERRY KNOWLES
 Lisabritt Solsky

GINA ROTONDI
 Janet Monahan
 Stuart Trachy
 Jim Monahan
 Adrienne Rupp
 Leslie Melby

Representation
 NH Voices for Health
 American Cancer Society
 Bi-State Primary Care Assoc.
 FRANKLIN PIERCE LAW CENTER
 INSTITUTE FOR HEALTH LAW
 NH Acty General
 DHHS

RATH, YOUNG & PIGNATELLI
 NH Medical Society
 NASW, NH Chain Pharmacists
 NH CBA
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 NHHA

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 strachy@sol.com
 jmonahan@dupontgroup.com
 arupp@nhbia.org
 lmelby@nhha.org

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: October 20, 2009

Subcommittee Members: Reps. Bridgham, DiPentima and Kotowski

Comments and Recommendations: Committee noted that the Commissioner of HHS had been authorized in HB 2 to act on the uncompensated care fund and that federal action which might condition any state action had not yet been decided.

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. Kotowski

Seconded by Rep. DiPentima

Vote: 3-0

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Robert Bridgham
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: October 20, 2009

Subcommittee Members: Reps.

Bridgham, Di Pentima, Cebrowski, + Kotowski

Comments and Recommendations: *Committee noted that the Commissioner of HHS had been authorized in HB2 to act re the uncompensated care fund + that federal action, which might condition any state action had not yet been decided.*

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. *Kotowski*

Seconded by Rep. *Di Pentima*

Vote: *3-0*

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. *R. Bridgham*
Subcommittee Chairman/Clerk
Robert L. Bridgham

Sub-Committee Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: April 14, 2009

Subcommittee Members: Reps. R. Bridgham, R. DiPentima, C. McMahon

Comments and Recommendations: Discussed the bill and agreed to focus at the next work session on a sharper definition of the commission's duties.

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.


Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Robert Bridgham
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: April 14, 2009

Subcommittee Members: Reps. R. Bridgham, R. DiPentima, C. McMahon

Comments and Recommendations:

Discussed bill. Agreed to focus at next work session on sharper data. at commission duties

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Robert A. Bridgham
Rep. Robert Bridgham

Subcommittee Chairman/Clerk

SB 158 Subcommittee
Work Session

4/14/2009

Name	Representing	e-mail
Janet Monahan	NH Medical Society	janet.monahan@nhms.org
Brendan Terry	Anthem	bsp@rathlaw.com
Tyler Branner	NH Insurance Dept	tyler.branner@ms.nh.gov
Leslie Luake	NHHS	Leslie.Luake@his.nh.gov
TOM BUNNELL	IHLI at FRANKLIN PIERCE LAW CENTER	tbunnell@piercelaw.edu
TERRY KNOWLES	NH City General	TERRY.KNOWLES@doj.nh.gov
LESLIE MELBY	NH HOSPITAL ASSOC	lmelby@nhha.org
Heidi Kroll	Gallagher, Callahan, + Garrett	Kroll@gcglaw.com
Adam Schmidt	Bianco P.A.	aschmidt@biancopa.com
Fred McNamee	self - AARP-NH	ally_mcnamee@hotmail.com

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: April 21, 2009

Subcommittee Members: Reps. R. Bridgham, R. DiPentima, C. McMahon

Comments and Recommendations: Developed some amending language re duties and some revisions of the commission membership. Will meet again on 4/29/09 at 11:00 a.m. in Room 205, LOB

Amendments:

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

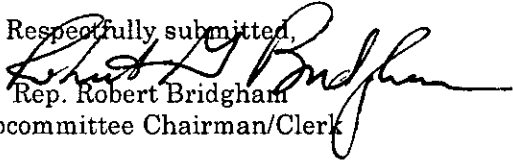
Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Robert Bridgham
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: April 21, 2009

Subcommittee Members: Reps. R. Bridgham, R. DiPentima, C. McMahon

Comments and Recommendations: Developed some amending language re dates and some revisions of commission membership. Will meet again 4/29 at 11 am. in HORS 205.
Amendments:

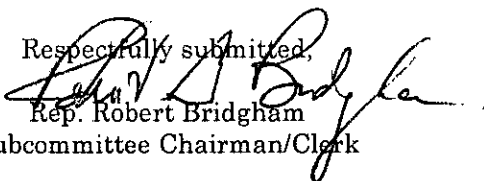
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Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.
Seconded by Rep.
Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.
Seconded by Rep.
Vote:

Respectfully submitted,

Rep. Robert Bridgham
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE:

Subcommittee Members: Reps.

Comments and Recommendations:

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.
Subcommittee Chairman/Clerk

Testimony



Wentworth-Douglass Hospital

March 27, 2008

THE SEACOAST'S LEADING MEDICAL CENTER

Ms. Terry Knowles, Registrar
Department of the Attorney General
Charitable Trusts Unit
33 Capitol Street
Concord, NH 03301-6397

RECEIVED

MAR 31 2008

CHARITABLE TRUSTS UNIT

Dear Ms. Knowles:

I am pleased to enclose Wentworth-Douglass Hospital's 2008 Community Benefit Plan. The newsletter format addresses the requirements of the legislation and the inserts provide an inventory for prior year activities and projected year activities.

General Identifying Information:

- Tax ID # - 02-0260334
- State Registration Number: 6287
- Name & Address:
Wentworth-Douglass Hospital
789 Central Avenue
Dover, New Hampshire

Section 1 - Community Benefits Contact Person:

- Name & Title: Noreen Biehl, V. P. of Community Relations
- Address: 789 Central Avenue, Dover, NH
- Telephone: 740-2816

Section 2 - Mission Statement:

"The Wentworth-Douglass community helps individuals and their families attain their highest level of health." Reaffirmed, Board of Trustees on April 7, 2007.

Section 3 - Miscellaneous:

Yes, the plan is on our web site and "Yes" you may include a link to the plan on the CTU web site. Web address: www.wdhospital.com.

Section 4 - Definition of Community and Population Served

See Plan attached.

Section 5 - Community Needs Assessment Information

1. We conducted our own assessment in 2000 and updated in 2003.

789 Central Avenue

Dover, New Hampshire 03820

Telephone 603-742-5252

2. (a) Last conducted – 2003.

(b) The needs assessment process began with the Board of Trustees's Community Benefit Task Force and included a meeting with and survey of members of the Southern Strafford County Community Health Coalition, a group of 50 key leaders representing seven communities – government, schools, fire and safety, social service agencies.

Plan attached.

Note: Wentworth-Douglass Hospital is in the process of conducting its 2008 Community Needs Assessment. A task force of the Board of Trustees is convening in April '08 to discuss the plan and set up meetings with key leaders/community members in our primary service area.

Section 6 – see attached Plan for 2008.

8. Ratio of gross receipts from operations to net operating costs for the trust: 1.07

Section 7 – Public Notice

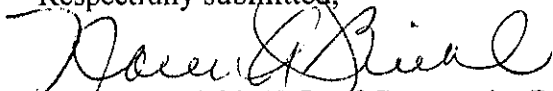
The plan is on display in the hospital's lobby, South Entrance, emergency department and financial assistance office. The plan is distributed to groups who participated in the development, the Board of Trustees, Foundation Board and the Southern Strafford County Community Health Coalition. Press releases and summary print ads are sent to local media. In addition, we refer to the contents of our plan in various hospital publications, a community magazine and our annual report.

Section 8 – Additional Information

The plan and inventories were prepared internally at an estimated 25 hours of staff time.

5. As indicated in prior plans, our efforts to increase awareness of our hospital's financial aid program through the expansion of our Family Resource Counselor and Financial Assistance Project helped hundreds of patients get information and one-on-one assistance they may not have received. Not only did we help them with their current medical bills in many instances but also worked actively to get them "permanently" covered through NH Healthy Kids, NH Medicaid and other programs. This process has provided both tangible and intangible help for the working poor in our community. Our Medication Assistance Project now has two full-time people. We helped 209 patients last year receive medications valued at \$887,649. Our charity care program also expanded from \$1.5 million in 2002 to over \$8 million in 2007 as a result of increasing to 300% of the federal poverty level, offering a 15% discount for self-pay patients and adding more staff hours to our Financial Assistance Office.

Respectfully submitted,



Noreen A. Biehl, V. P. of Community Relations



Wentworth-Douglass
Hospital
THE SEACOAST'S LEADING MEDICAL CENTER

2008 COMMUNITY BENEFIT PLAN

WDH/Dover Housing
partnership supports
transportation project



WDH Provides over
\$10 million in Community
Benefits in 2007

Thanks to a HUD funding grant and a 50% matching donation from Wentworth-Douglass Hospital, Dover Housing Authority's elderly/disabled residents are now able to travel to and from their doctor's appointments – at no charge and with special assistance services.

The *Hand in Hand* project provides free transportation to doctor's appointments. Project Coordinator Cathryn Conway-Dorr said the program answers one of the resident's greatest unmet needs. "It's been a struggle for some of our residents to get to their doctor's office due to lack of adequate, affordable transportation," Cathryn said.

Dover Housing Authority received a three-year HUD grant for \$269,362 to purchase a 15 passenger, wheelchair-equipped van and to cover the costs of the Project Coordinator and supportive services program. Wentworth-Douglass Hospital provides the van driver, scheduling, coordination, vehicle maintenance, fuel and supplies for a total value of \$150,000.

The hospital's Transport Services led by Nola Bayes, MBA, NREMT and Linda Roy, NREMT, is responsible for the hospital component of the new *Hand in Hand* partnership. "We started the Care-Van service with one van," Nola said, "and now run four Care-Vans driving over 127,000 miles a year. *Hand in Hand* is another step in our efforts to ease the transportation issues for patients to visit their physicians."

WDH includes these primary service communities in its Community Benefit Plan: Dover, Barrington, Somersworth, Durham, Rollinsford, Madbury, Lee, NH and Berwick and South Berwick, Maine.

Wentworth-Douglass Hospital's community benefit programs provided \$10,303,572 to help needy people in the community through the following:

Charity Care (does not include bad debt)	\$ 8,541,930
Financial & Medication Assistance	\$ 250,058
Dental Center (net subsidy)	\$ 655,964
Care-Van project	\$ 288,768
Donations*	\$ 189,610
Supply donations (value)	\$ 55,982
Community programs/ screenings	\$ 321,260
Total	\$ 10,303,572

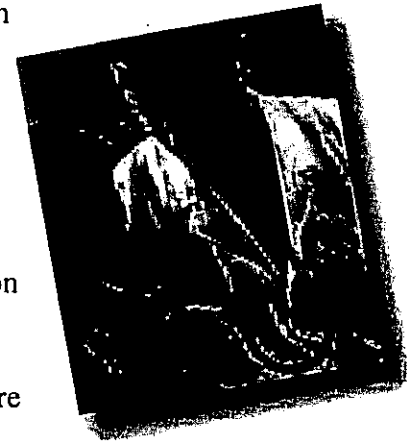
* includes \$50,000 donation to Avis Goodwin Community Health Center.

Detailed Community Benefit Plan Inventories & Valuations of WDH's Community Benefit Activities for 2007 and 2008 are available in Community Relations or by calling 740-2818.

The Needs Assessment 2003

Overview

Wentworth-Douglass Hospital's Community Benefit Task Force, a committee of the Board of Trustees, met in April 2003 to discuss the 2003 Needs Assessment process. Wentworth-Douglass Hospital had applied for a grant to establish the Southern Strafford County Community Health Coalition to foster joint efforts in the areas of community health status, emergency preparedness, prioritization of public health needs and to implement action plans to address top priority public health concerns. The task force agreed to conduct a community forum with the key leaders in this group as our next needs assessment. The grant was received in May; the coalition held the meeting in July. The hospital's goal was to determine the level of importance of each project currently in the hospital community benefit plan and to seek input on gaps in service for the working poor population.



The hospital's Community Benefit Task Force also reviewed 2001 NH Healthcare Indicator Data that shows the Dover Service Area indicators are comparable or better than the state average. One area of concern was the percent of families with income less than 200% of federal poverty level. The Dover area was listed at 23% and the state average is 21.4%. The task force chose the working poor in its original needs assessment and agreed to continue this focus for the 2003 assessment.

Key Leader Meeting and Survey

A meeting with key leaders and members of the Southern Strafford County Community Health Coalition was held on July 24, 2003. Representatives from seven communities included government officials, health and human service providers, schools, business reps, fire and safety and emergency personnel. Wentworth-Douglass Hospital reviewed the Community Benefit Plan for 2003, the community Needs Assessment conducted in 2000 and asked for feedback and input. Members attending the meeting discussed the importance of getting more information out to the public regarding phone numbers and names of hospital representatives for the financial assistance and medication bridge programs. Surveys were mailed to members unable to attend the meeting.

Action steps:

1. In an effort to increase awareness of the Financial Medication Assistance projects managed by Wentworth-Douglass Hospital, a Community Benefits section was added to the hospital's monthly calendar ads published in the local newspaper. A representative of the hospital discussed the community benefit plan and projects at local service groups and with city officials.
2. The community benefit program, projects and contacts were featured in an article in the Wentworth-Douglass Hospital community magazine distributed to over 100,000 households. The article included a request for feedback, comments and suggestions.
3. Transportation, identified in a hospital needs assessment conducted in 1996, was added to the projects identified in the 2004 and 2005 Community Benefit Plan and plans going forward.
4. The Employer Awareness project was removed from Wentworth-Douglass Hospital's community benefit plan since it is a separate project of Avis Goodwin Community Health Center.

The Community Benefit Plan 2008

The 2008 Community Benefit Plan identifies four key projects.

Benefit #1 - Medical Services Awareness/Financial Assistance

◆ Target Population: Working Poor

Based on the first Needs Assessment Survey, 60% of respondents were not aware of Wentworth-Douglass Hospital's financial aid program and close to 80% were not aware of the Avis Goodwin Community Health Center services (AGCHC). It is important to note that patients in this income range would qualify for the hospital's financial aid program – with no charge for hospital services. Although the majority of children in “working poor” households were covered by insurance, 7% did not have insurance – children at this income level are potentially eligible for the State's Healthy Kids program.

◆ Goal: Increase access to medical care for low income/uninsured adults and children

2007 Accomplishments:

- Financial Assistance/Charity Care (does not include bad debt) -

Wentworth-Douglass Hospital and Wentworth-Douglass Physician Corp. wrote off over \$8 million in charges in 2007 for patients at or below 300% of the federal poverty level income guidelines. This amount included a 15% discount for self-pay patients, part of the NH Health Access Network.

- Avis Goodwin Community Health Center WDH donated \$50,000 in 2007 to support medical care services for low income and uninsured patients.

- Training Programs - WDH's Financial Counselor Debbi Lunde-Glidden continues to provide education to other hospitals on the Medicaid application process.

2008 Measurable Objectives:

The hospital will continue to expand information about financial assistance services to patients and families in our service area.

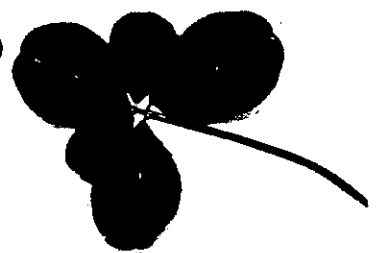
Timeframe: 1/08 - 12/08

- Monitoring & evaluation:
Track applications distributed and completed - compare with 2007 data.

Five-Leaf Clover - A Patient Story

by Debbi Lunde-Glidden, Family Resource Counselor

A patient who I worked with for four years was diagnosed with cancer. I worked closely with him, his wife and their child (teenager) to obtain Social Security and Medicaid. Every month I monitored their accounts to make sure that Medicaid was doing their part.



When he was an in-patient for the last time, he took his IV pole, in his bathrobe, and walked to the South Entrance. He then sat there and proceeded to pick clovers. He came back to me with not only a four-leaf clover but also a five-leaf clover. He stood in my doorway and said “You know this is probably going to be the last time that I see you, please save these clovers to remember me by.”

I have the clovers to this day with tape on both sides to hold them together.

Before he passed his first grandchild was born and an anonymous donor (WDH employee) purchased presents for all family members. He died just before Christmas.

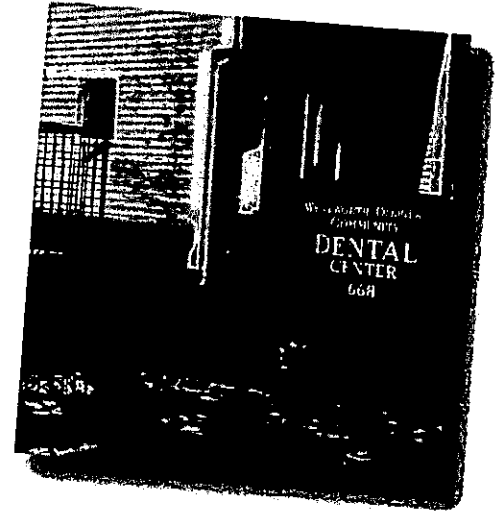
Wentworth-Douglass Hospital will conduct a Community Needs Assessment in 2008.

Your suggestions are welcome! Please contact Noreen Biehl, VP of Community Relations, WDH, 789 Central Avenue, Dover, NH. call 603-740-2816 or email at crnb@wdhospital.com.

The Community Benefit Plan 2008 (cont'd)

Benefit # 2 - Dental Project

- ◆ **Targeted population** - Low income, working poor
- ◆ **Goal:** Wentworth-Douglass Hospital opened a community dental center in Dover, NH, in June 2005 for uninsured and under-served adults and children in the hospital's primary service area.
- ◆ **2007 Accomplishments:** WDH provided \$1.2 million in dental care for 6,425 children and adults of all ages. The hospital's net subsidy was \$655,964 after discounted payments and donations.
- ◆ **2008 Measurable objective:** Wentworth-Douglass Hospital will monitor the use of the Community Dental Center.
 - Timeframe: 1/08– 12/08
 - Monitoring & Evaluation: Assess the use of the dental center by age, income and community.



Benefit # 3 - Medication Assistance Project

- ◆ **Target Population:** Low income, working poor, elderly
- ◆ **Goal:** Provide a resource for patients needing assistance in obtaining free or reduced cost medications.
- ◆ **2007 Accomplishments:** WDH's Medication Bridge program provided over \$1 million in medications to low income, working poor. Many of the elderly patients served in the past are now covered through Medicare Part D.

	2003	2004	2005	2006	2007
Active Patients	291	380	459	408	209
Value of Prescriptions	\$798,429	\$1,805,883	\$2,437,996	\$1,037,224	\$887,649

- ◆ **2008 Measurable objectives:** The goal of the program is to continue to help low income, working poor receive free or reduced cost medications. A Diabetes initiative also provides patient education and assists diabetes patients with obtaining supplies at reduced or no cost throughout the year.
 - Timeframe: 1/08 - 12/08
 - Monitoring & evaluation: Monitor the number of patients helped and the value of medications obtained through the program.

Benefit # 4 - Transportation

- ◆ **Target Population:** Low income, working poor and elderly residents needing special assistance.
- ◆ **Goal:** Provide transportation, including wheelchair van access to and from Wentworth-Douglass Hospital for residents without a means of transportation or who are having difficulty managing transportation due to illness, lack of access and/or lack of funds.
- ◆ **2007 Accomplishments:** The hospital's four vans drove 123,308 miles in 2007 for 13,971 trips.
- ◆ **2008 Measurable objectives:** Increase access to hospital services using free patient transportation vans. Partnership with Dover Housing Authority on the *Hand in Hand* patient transport program.
 - Timeframe: 1/08-12/08
 - Monitoring & Evaluation: Monitor the number and location of patients using the van service.

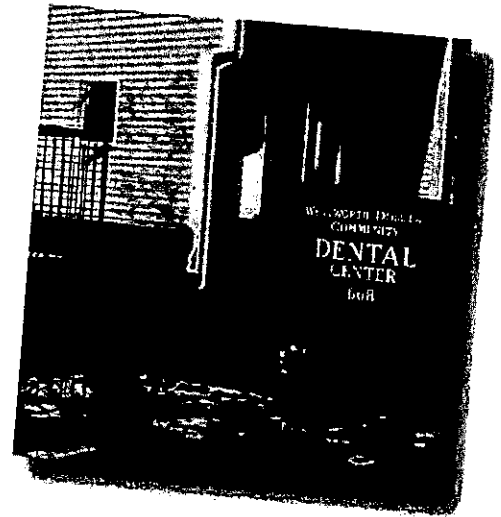
Mission Statement

The Wentworth-Douglass community helps individuals and their families attain their highest level of health.
 Affirmed April 2, 2007 Board of Trustees

The Community Benefit Plan 2008 (cont'd)

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 - Timeframe: 1/08 - 12/08
 - Monitoring & evaluation: Monitor the number of patients helped and the value of medications obtained through the program.

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- ◆ Goal: Provide transportation, including wheelchair van access to and from Wentworth-Douglass Hospital for residents without a means of transportation or who are having difficulty managing transportation due to illness, lack of access and/or lack of funds.
- ◆ 2007 Accomplishments: The hospital's four vans drove 123,308 miles in 2007 for 13,971 trips.
- ◆ 2008 Measurable objectives: Increase access to hospital services using free patient transportation vans. Partnership with Dover Housing Authority on the *Hand in Hand* patient transport program.
 - Timeframe: 1/08-12/08
 - Monitoring & Evaluation: Monitor the number and location of patients using the van service.

Mission Statement

The Wentworth-Douglass community helps individuals and their families attain their highest level of health.
 Raffirmed April 2, 2007 Board of Trustees

Wentworth-Douglass Hospital Community Benefit Inventory 1/1/07 - 12/31/07

Benefit Activity	Need Addressed	Target Population	Goals - Objectives & Timeframes	Monitoring Process	Collaborative Partners	Cost Methodology	Cost	
1. Charity Care & Financial Assistance	Patients unable to pay for hospital and medical services	300% of federal poverty guidelines	Provide assistance to all eligible patients - create program awareness for maximum benefit through patient contact, billing info & referral processes - ongoing	Monthly data review	N/A	Prior year experience	\$8,541,930	
2. Cash Donations: Includes donations to Avis Goodwin CHC, Dover Athletic Training Program, Fill the Gap (Cancer patients)	Provide funds to support community programs, safety, children & health related activities	Broad community	Provide assistance for health related projects and community support - request reviewed as received & granted based on level of community need		N/A	Based on analysis of data provided by agency or group	\$189,610	
3. Donated supplies: community events, projects, local and world-wide missions	Provide supplies to support community programs, safety, children & health related activities	Broad community	Provide medical supplies, non-prescription medications, used equipment and furniture to support local, national and international missions/projects involving WDH employees and medical staff.			Based on analysis of information provided by group	\$55,982	
4. COMMUNITY BENEFIT PROJECT #1 - Medical Services Awareness/ Financial Assistance Project	'03 Needs Assess. assistance programs	Survey participants & working poor population	Increase awareness/utilization of WDH program and AGCHC services plus Healthy Kids coverage	Worked with NHHA to review data and develop strategy	WDH & other community agencies ea	Staff hours, supplies & printing costs	\$147,742	
5. COMMUNITY BENEFIT PROJECT #2 - Dental Project	'03 Needs Assessment	Low income/ working poor	Provided dental care to 6,425 adults and children in 2007 worth \$1.2 million	Monthly use reports	N/A	Staff hours, supplies	\$655,964	
6. COMMUNITY BENEFIT PROJECT #3 - Medication Assistance Project	'03 Needs Assessment	Working poor and elderly	In collaboration with NH's Medication Bridge develop a resource for patients needing assistance in obtaining free or reduced cost medications	Comparison with other assistance projects	Medical staff and state project participants	Staff hours, supplies	\$102,316	
7. COMMUNITY BENEFIT PROJECT #4 - Care Van Patient Transport	'03 Needs Assessment	Broad community	Continue commitment to transportation made in 1996 - Needs Assessment - 4 Care-Vans now active	Feedback from users		Program costs.	\$288,768	
8. Continuation of Prior Year Community Education Programs, Health Fairs, Events,		Broad community	Education and wellness promotion, community health information magazine	Evaluations after each program & service	Various groups	Staff hours, promotional costs,	\$321,260	
							Total community benefit 2007	\$10,303,572

Wentworth-Douglass Hospital Projected Community Benefit Inventory 1/1/08 - 12/31/08

Benefit Activity	Need Addressed	Target Population	Goals - Objectives & Timeframes	Monitoring Process	Collaborative Partners	Cost Methodology	Cost
1. Charity Care & Financial Assistance	Patients unable to pay for hospital and medical services	300% of federal poverty guidelines	Provide assistance to all eligible patients create program awareness for maximum benefit through patient contact, billing info & referral processes - ongoing	Monthly data review	N/A	Prior year experience	\$10,000,000
2. Cash Donations: Includes donations to community groups supporting the charitable mission of the hospital.	Provide funds to support community programs, safety, children & health related activities	Broad community	Provide assistance for health related projects and community support - request reviewed as received & granted based on level of community need		N/A	Based on analysis of data provided by agency or group	\$200,000
3. Donated supplies: community events, projects, local and world-wide missions	Provide supplies to support community programs, safety, children & health related activities	Broad community	Provide medical supplies, non-prescription medications, used equipment and furniture to support local, national and international missions/projects involving WDH employees and medical staff.			Based on analysis of information provided by group	\$60,000
4. COMMUNITY BENEFIT PROJECT #1 - Medical Services Awareness/ Financial Assistance Project	'03 Needs Assess. assistance programs	Survey participants & working poor population	Increase awareness/utilization of WDH program and AGCHC services plus Healthy Kids coverage	Worked with NHHA to review data and develop strategy	WDH & other community agencies ea	Staff hours, supplies & printing costs	\$150,000
5. COMMUNITY BENEFIT PROJECT #2 - Dental Project	'03 Needs Assessment	Low income/ working poor	Provided dental care to low income/uninsured adults and children in the primary service area	Monthly use reports	N/A	Staff hours, supplies	\$700,000
6. COMMUNITY BENEFIT PROJECT #3 - Medication Assistance Project	'03 Needs Assessment	Working poor and elderly	In collaboration with NH's Medication Bridge develop a resource for patients needing assistance in obtaining free or reduced cost medications	Comparison with other assistance projects	Medical staff and state project participants	Staff hours, supplies	\$120,000
7. COMMUNITY BENEFIT PROJECT #4 - Care Van Patient Transport	'03 Needs Assessment	Broad community	Continue commitment to transportation made in 1996 Needs Assessment - 4 Care-Vans now active plus Hand in Hand Van for Seniors and disabled	Feedback from users		Program costs.	\$350,000
8. Continuation of Prior Year Community Education Programs, Health Fairs, Events,		Broad community	Education and wellness promotion, community health information magazine	Evaluations after each program & service	Various groups	Staff hours, promotional costs,	\$350,000
Total community benefit 2007							\$11,930,000

*File Copy
SB 158*

kate miller <katemiller52@gmail.com>

Fw: SB 158

1 message

Kate Miller <katemiller@metrocast.net>
To: katemiller52@gmail.com

Fri, Apr 10, 2009 at 5:08 PM

----- Original Message -----

From: Michele Hutchins
To: 'Kate Miller'
Sent: Friday, April 10, 2009 1:18 PM
Subject: RE: SB 158

Kate~

Thanks for looking into this. The big concern regarding SB158 is that it could evolve into more than just a study commission. There are so many unknowns relative to the intent of said commission, potential funding streams and the resulting impact on hospitals. Add to that, hospitals aren't even at the table relative to these discussions, which is inappropriate.

Our hospital is a charitable health trust and our assets are intended to be used to support the healthcare needs of our communities (central NH), and not shared to support some other "more needy provider" in another part of the state. As demonstrated by our community benefits needs assessment and report, we are aware of and addressing the critical healthcare needs of central NH residents and our patients. Furthermore, as a nonprofit hospital, it is our volunteer board of director's inherent responsibility to ensure the hospital gives back to our communities.

Therefore, should an uncompensated care fund be developed and hospitals are expected to contribute one way or another, the end result will mean less dollars to adequately meet those same needs in our own community. Additionally, it is important to remember we take care of every patient regardless of their ability to pay.

I hope this helps. Should you have more questions or seek a broader hospital perspective, Paula or Leslie at the New Hampshire Hospital Association would be able to best help you, as they are our advocate. They can be reached at 225-0900.

Sincerely,

Michele

Michèle Barney Hutchins

Director of Community Relations

Speare Memorial Hospital

(603) 238-6468

mhutchins@spearehospital.com

-----Original Message-----

From: Kate Miller [mailto:katemiller@metrocast.net]

Sent: Tuesday, April 07, 2009 4:12 PM

To: mhutchins@spearehospital.com

Subject: SB 158

Michele,

I know one of the issues that arose during our meeting was that of an uncompensated care fund. The above-referenced bill was heard by the Health & Human Services & Elderly Affairs Committee this morning. A subcommittee work session is scheduled for Tuesday, April 14, at 9 AM in Room 205 LOB. I am not on the subcommittee, and I will be out of town that day. The hearing raised some questions about companies and/or individuals substituting the availability of such a fund for health insurance and numerous questions arose about models for such a plan. Please advise me if you have any specific input on this piece of legislation.

Thanks,

Kate Miller

This e-mail and any attachments may contain confidential and privileged information. If you are not the intended recipient, please notify the sender immediately by return e-mail, delete this e-mail and destroy any copies. Any dissemination or use of this information by a person other than the intended recipient is unauthorized and may be illegal.

Health, Human Services and Elderly Affairs Committee
New Hampshire House of Representatives
Legislative Office Building, Room 205
Concord, NH 03301

SB 158
File
4/7/09

April 7, 2009

Re: In support of SB 158

Dear Chairwoman Rosenwald and House Health, Vice Chair Donovan and Committee Members,

I am a twenty-six year old married mother of one. I am a former critical care emergency department registered nurse with a bachelor's degree in science. I am currently a writer and health care advocate. I am also a cancer patient.

I was diagnosed three years ago, at the age of twenty-three, with Hodgkin's Lymphoma. Since my diagnosis, I have received all traditional chemotherapy and radiation treatments for my disease, as well as two stem cell transplants.

My last diagnostic scan was suspicious but not definitive for reoccurrence of my disease.

I am very sorry I cannot be there in person, but I am very fortunate that I am able to share my story and help find a solution to NH's problem of uncompensated care.

I know from firsthand experience the need for a strong safety net to make sure everyone has access to the health care that they need. Even those of us that are insured risk being faced with unaffordable medical bills and barriers to care when our insurance does not cover all of the care that we need. As a nurse, I was guided how to write patient progress notes and assessments in accordance with health language guided by insurance companies for fear a wrong word would result in failure of the insurance company to pay. Doctor's are schooled in this as well. It is common practice to be asked to change the quality of a diagnosis for compensation.

As a patient, I know if my doctor requests a diagnostic scan, specifically a PET scan, and writes "Recurrent Hodgkin's Lymphoma" as a reason for the study, the query will be refused. Insurance companies do not cover "Recurrent Hodgkin's Lymphoma" or "Restaging for resistant lymphoma."

They cover "nodular sclerosing."

In PET scans alone, my insurance companies have denied, and then accepted on resubmittal, over \$50,000.

As a result we risk facing financial ruin or, even yet, going without health care we need to save our lives. A study in 2006 by "Cancer" found that 20% of cancer survivors chose to forgo recommended care. This is 20% of SURVIVORS, it doesn't mention the dead cancer patients who lost their lives due to the inability to pay for, and therefore access, care.

I have been asked for my \$100 co-payment prior to administration of antibiotics in an emergency room in one of the best hospitals in NH.

I presented with a fever of 102 with chills.

I had experienced respiratory failure requiring intubation and mechanical ventilation which had presented first with a fever of similar quality several weeks earlier. I had been discharged from in-patient status a week before.

I was still asked to submit my co-payment prior to treatment.

I do not fight for this coverage alone. Advocates at hospital billing departments call on my behalf.

I also have a relative who advocates for compensation of costs the insurance company is contractually obligated to pay.

She estimates she spends three to four hours weekly advocating for payment of care.

She has done this professionally for twenty-five years, and states she makes as much as a low level registered nurse.

At \$32/per hour, for 3 hours, every week of the year (that's 52), she would cost an astounding \$4992.00 yearly to a hospital to seek compensation on my behalf alone.

That's the low end of the estimation. She spends three to four hours making phone calls, waiting on hold, and making return calls.

Four hours x \$32/hr= \$128 weekly x 52 weeks = \$6656 to fight for compensation of one patient. That patient is me.

Without this assistance, I may be labeled as unable to pay.

These projected costs to hospitals could be saved.

In the late 1990s, the cost of term life insurance suddenly dropped dramatically. Consumers began saving 1 billion dollars yearly.

A study published in 2002 entitled "What happened to term life rates? In the Journal of Political Economy determined the cause was transparency in the purchasing process stemming from online comparison sites ("What Happened to Term-Life Rates?" See Jeffrey R. Brown and Austan Goolsbee, "Does Internet Make Markets More Competitive? Evidence from the Life Insurance Industry," Journal of Political Economy 110, no. 3 (June 2002), pp.481-507)

Suddenly the difficult task of understanding which plan meets a person's needs for the least amount of money was made easy. Competitors were forced to lower their prices to remain in business. The barrier of understanding the language and process of purchasing insurance was removed. The expert/consumer gap was narrowed

Consumers could now buy insurance, and make educated decisions regarding their needs efficiently.

This simple action put 1 billion dollars into American consumers pockets.

The study commission proposed by this bill will allow stakeholders and state leaders to determine how to improve the system for everyone with ideas and theories such as this, and hopefully, as a result, health care costs may decrease and all consumers will have access to needed health care.

Transparency has allowed money to remain in the hands of consumers before. It can happen again.

I hope and believe it will happen in NH, and that through support of SB 158 we can not only reform the current health care system, but revolutionize it.

Hillary St. Pierre
Claremont, NH

SB 158
File
4/7/09

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

To: Representative Rosenwald, and Members of the House Health and Human Services Committee

From: Vanessa Santarelli, Director of NH Public Policy

RE: Testimony in Support of SB 158: "An Act Establishing a Commission to Study the Creation of an Uncompensated Care Fund to Provide Payments to Certain Health Care Providers."

Representative Rosenwald and distinguished members of the House Health and Human Services Committee, my name is Vanessa Santarelli and I serve as the Director of New Hampshire Public Policy for Bi-State Primary Care Association. Bi-State is a 501(c) 3 nonprofit organization whose members include nonprofit primary and preventive health care providers, such as Community Health Centers (CHCs), Rural Health Clinics, health care for the homeless programs, area health education centers, and other community health service providers. I am here to offer testimony in support of SB 158: "An Act Establishing a Commission to Study the Creation of an Uncompensated Care Fund to Provide Payments to Certain Health Care Providers," and we thank Senator Hassan and the cosponsors for bring it forward.

This bill would establish a commission to study the creation of an uncompensated care fund to provide payments to health care providers who provide a disproportionate share of care to the state's uninsured population. Twenty five percent of the patients seen at the Federally Qualified Community Health Centers (FQHCs) in New Hampshire in 2007 were uninsured. This means that the CHCs receive a fraction of the reimbursement (for self pay), or no reimbursement for one quarter of the patient population served to cover their costs of care. This percentage is expected to increase due to the increased demand on services brought on by the recession, job losses, and the inability of individuals and families to afford private health insurance.

If the study commission is approved; members will have an opportunity to carefully and thoroughly research experiences that other states with uncompensated care funds or other similar mechanisms have had. It will also have the ability to look at what currently exists in NH in terms of funding that supports services for the uninsured; what the impact(s) would be on providers and patients if an uncompensated care fund were established; what improvements could be made to the system by the creation of the program; and what, if any, unintended consequences should be avoided.

Community Health Centers are the safety net for primary and preventive care services for the people of New Hampshire. An October, 2008 report on the financial condition of the CHCs by Howard Rivenson, PhD reported that CHCs in New Hampshire operate with very low margins and limited cash reserves, and as a result, are not able to generate funds from patient care to provide a sufficient excess to pay for working capital and replacement or expansion of facilities.

CHCs are fragile because of the large percentage of uninsured patients they serve- which is why the combination of federal, state and private funding is so critical.

The financing of CHCs is a fragile puzzle. We rely on the patchwork of federal, state, and private funding to keep our doors open, because we serve anyone regardless of family income, health insurance status, race and culture, or health condition. That is why we welcome opportunities, such as the one proposed in SB 158, to study and determine if there are additional ways to improve the financial health and stability of health care providers who serve a large percentage of the uninsured.

We are grateful to Senator Hassan for adding Bi-State Primary Care Association to the list of representatives to the membership of the commission. Thank you for your consideration. I would be pleased to answer any questions.



NAMI New Hampshire

National Alliance on Mental Illness NH

SB158
File
4/7/09

To: Health, Human Services & Elderly Affairs

From: Michael Cohen, Executive Director

Date: April 7, 2009

Re: SB158 - *An Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.*

Chairwoman Cindy Rosenwald and Members of the Committee:

Thank you for the opportunity to provide testimony regarding SB158. My name is Michael Cohen. I am the Executive Director of the National Alliance on Mental Illness NH (NAMI NH). We represent families and consumers working to improve the quality of life of all persons affected by mental illness and severe emotional disorders through education, support and advocacy programs. Families and consumers affected by mental illness are motivated to help improve health care quality and affordability in the state. With improved coverage for health care, persons with mental illness will be able to get care earlier which means a greater likelihood that the illness will end up having fewer strains on the individuals, their families and the health care system generally.

NAMI NH strongly supports SB158.

A strong health care system that provides everyone with access to quality, affordable health and mental health care is critical to the well-being of the people of New Hampshire. NH needs quality, affordable health care to be healthy and productive. The strength of New Hampshire's businesses, including its non profits, depends on a healthy and competent workforce, and our state, our communities, and our economy thrive when our residents, non-profits and businesses are strong.

In today's economy, we are all at risk of losing our job and, with it, our health insurance. Unfortunately, within the last 3 months, NAMI NH had to lay off staff who are now without health insurance because they cannot afford the large monthly COBRA payments. Some staff is underinsured, facing high deductibles and co-payments. Nationally, data shows that medical debt is a leading cause of personal bankruptcy. Our organization struggles each year to afford health premiums for our employees. This is primarily driven by health care costs that are rising significantly faster than inflation and cost is shifting to the insured. (The health care system services many self-pay individuals who appear in hospital emergency rooms and/or in providers' offices and unfortunately, because of economic circumstances, many persons

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default on their payments.) NAMI NH has been forced to continuously shift the cost of insurance to the employee in order to balance our budgets and 2 years ago we eliminated paying for insurance coverage for employee families.

SB158, establishing an uncompensated care fund would help to prevent and minimize the shifting of cost of uncompensated care across the health care system. By eliminating the health care cost-shifting that results from uncompensated care, the fund would make New Hampshire's health care system more efficient and would make health care and coverage more affordable for the state's non-profits, businesses and consumers. The fund would help stabilize costs and therefore could reduce that rate of increase so it is manageable to small businesses and non-profit organizations.

Establishing an uncompensated care pool could provide a safety net for a portion of New Hampshire's population that is uninsured or underinsured and in economic distress. This would allow them to access the care they need to remain healthy and productive. NAMI NH believes an uncompensated care fund in NH would improve the health care system for everyone. Creating a system to support New Hampshire's health care providers that provide a disproportionate share of uncompensated care would help to secure those providers and ensure they can continue to provide essential health services to all New Hampshire residents, including the most vulnerable; for example the mentally ill. We hear from the community mental health centers they are seeing an increase in uninsured and underinsured clients, and many centers are doing their best to respond and remain financially viable with low margins and minimal cash reserves, and at times, they have to reduce needed services to the more seriously mentally ill.

We urge the Committee to pass SB158. This will allow key stakeholders to come together to determine how to improve the health care system for everyone by developing a fund to help cover the cost of uncompensated care.

Thank you.

SB 158
File
4/7/09

Good Morning. My name is Kris Schultz, I live in the heights of Concord and I'm here to speak in favor of SB 158.

I speak out as a consumer of health care, as well as someone who's been through the worst of it.

In 2004, I had emergency surgery for an ovarian tumor that could have been cancerous but, thankfully, was not. While my illness resolved after recovery from surgery, my financial troubles from this health crisis only got worse. ~~A full year of struggling with~~ *and* ~~those bills,~~ I made the difficult and unfortunate decision to declare bankruptcy. Honestly, though, I am one of the lucky ones – my health and my finances have improved *greatly*.

Far too many people go through what I went through, yet need to continue care for their chronic and life-threatening illnesses, like cancer.

My ultimate wish is that we have affordable & accessible health care for all. Nobody should have to declare bankruptcy just because they got sick.

Until we have that solution, we need to make sure that all of our sick people receive the treatment that they deserve.

On Sunday, 60 Minutes aired a show about a broken safety net in Nevada. Due to state budget cuts, a Nevada public hospital closes outpatient chemotherapy clinic, leaving cancer patients searching for treatment. The heart-wrenching interviews depicted cancer patients calling health care facilities begging to receive their chemo or radiation treatments.

I wanted to read a quote from one of those interviews, a woman with lymphoma who had to quit her job because of her illness:

I don't want to die. I shouldn't have to die. This is a county hospital. This is for people that, like me, many people have lost their insurance, have not any other resources. I mean I was a responsible person. I bought my house. I put money away. I raised my two children. And now I have nothing.

60 Minutes then depicted this woman, and many others, literally calling hospitals and clinics begging for treatment – in a sense begging for their lives.

We must make sure this doesn't happen in New Hampshire.

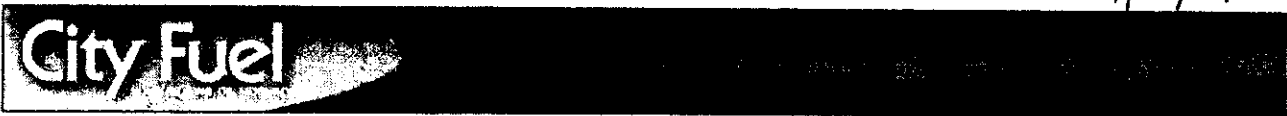
Many say the economy will get worse before it gets better. More folks are likely to lose their jobs in New Hampshire. Since our current system ties health care to employment, this crisis is likely to place more strain on the existing models for health care before it gets better.

This study will make sure we monitor and evaluate the uncompensated care in our state, and it's the least that we can do to plan for the worst before it happens.

If health care is the responsibility of our community, it means that we are all responsible for the Hippocratic oath: above all, do no harm. People who are sick should be treated for their illnesses, plain and simple.

It's too late for me, but ^{it's okay, as} I'm just fine. I'm most concerned that we make sure that it's not too late for those that face a cancer, kidney disease, or other diagnosis today. A study seems like the least that we can do to strengthen the safety net that we, as a community, have a responsibility to uphold. A moral responsibility.

SB 158
File
4/7/09



Testimony of Tim Howe
before the
House Health, Human Services and Elderly Affairs Committee
April 7, 2009

RE: SB 158, An Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

Chairwoman Rosenwald, Vice-Chair Donovan and committee members. Thank you for the opportunity to provide testimony regarding SB 158, *An Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers*. My name is Tim Howe and I am the Operations Manager for City Fuel and Dave's Septic, two Manchester-based small businesses that my family has owned since 1972 and 1992 respectively. We employ 38 New Hampshire residents between the two businesses together, many of whom have worked with us for 5 to 10 years or more.

I appreciate the opportunity to provide testimony in support of SB 158, which would establish a commission to study the creation of an uncompensated care fund. An uncompensated care fund would ensure that the people of New Hampshire have access to the health care that they need to remain healthy and productive members of the workforce. Helping to fund the cost of uncompensated care would also help to make health care more affordable, which is particularly important for the small businesses of New Hampshire.

Like many small businesses, the cost of providing our employees with health insurance is a top concern for us and has been for years. We are committed to ensuring that our employees have access to health insurance. We know that our employees are most productive when they can access the health care they need and, more importantly, we want to make sure that our employees can maintain their health and well-being.

Offering health insurance gets more and more difficult every year. Our premiums increased by 14% last year alone. This is despite the fact that we use a broker to shop around for the best deals and we often change carriers from year to year. These premium increases are in addition to annual increases in cost-sharing. Last year alone, our deductibles increased from \$500 to \$1,000.

Having a business expense that increases so significantly year after year strains budgets for small businesses like ours. Particularly in the current economic environment, it is imperative that we keep our expenses as low as possible. We currently spend \$95,000 per year on health insurance. We are also concerned about the burden that rising premiums and cost-sharing have on our employees. Though we pay 50% of the cost of our employees' premiums, we worry that the half of the premium they must pay in addition to a \$1,000 deductible is a financial stress for many of our employees. We try to increase wages each year to cover the premium increases, but given that the cost of coverage is rising so much faster than our revenue, that is usually just not feasible. I know that we have employees that must go without coverage because they cannot afford it and that worries me.

I urge you to work with our other state leaders to search for ways to make health care more affordable for our small businesses and residents. The strength of our state and economy relies on a strong, healthy, productive workforce. As an employer, I know that our state's workforce suffers when New Hampshire's employees cannot access the health care they need. New Hampshire's economy also depends on the strength of small businesses. Unfortunately, small businesses are put at risk by the high and increasing cost of offering health insurance. Part of the rising cost of health care is caused by uncompensated care and the cost-shifting in the health care system that results. By making our health care system more efficient and reducing the need to shift the cost of uncompensated care across the health care system, an uncompensated care fund is an important step toward making health care coverage more affordable for businesses and consumers.

I ask you to please make it easier for businesses and our employees to afford health care coverage without straining our budgets by taking steps to establish an uncompensated care fund. Please report SB 158 "ought to pass."

Thank you for your time and attention.

SB158
File
4/7/09

TESTIMONY ON SB 158
House Committee on Health and Human Services
April 7, 2009

Madame Chair and members of the Committee,

Thank you for this opportunity to give testimony in support of Senate Bill 158, establishing a commission to study the potential need to establish an uncompensated care fund to balance the burdens of providing care to the uninsured.

My Name is Paul Spiess, and I am Co-Chair of the Citizen's Health Initiative. Over the past three years, working in conjunction with the Department of Health and Human Services, The Department of Insurance, and the Endowment for Health, we have spent considerable energy evaluating the financial health of our overall healthcare system, and in particular, the strengths and weaknesses of our safety net system.

Even in the best of economic times, uncompensated care derived from providing services to uninsured patients, places an uneven burden upon our healthcare providers. Pockets of poverty exist in this state, and those providers located in closest proximity to those areas absorb a disproportionate share of the costs of care.

In the current economic environment, these disparities get magnified as the ranks of the uninsured swell and as stressed employers and employees absorb more financial risks by either dropping insurance coverage, or increasing deductibles and co-payments. I believe that it is imperative that we fully understand and evaluate the financial burden of uncompensated care, and look to remedies that provide an equal cost sharing among our provider community.

As a matter of public policy, we should look at the various components of our healthcare delivery system as part of one integrated statewide system of care, focused on providing equal access to the highest quality of care possible.

Thank you for your attention to this matter.



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Chairwoman Cindy Rosenwald
House Health, Human Services and Elderly Affairs Committee
Testimony of American Heart Association
April 7, 2009

Dear Chairwoman Rosenwald, Vice Chairman Donovan and members of the committee, thank you for this opportunity to provide testimony in support of SB 158, an Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

“Building healthier lives, free of cardiovascular diseases and stroke”, is the mission of the American Heart Association. The American Heart Association realizes that the current healthcare crisis facing our nation threatens this mission, and that healthcare reform is desperately needed. To this end the American Heart Association is working to ensure all residents of the United States have meaningful, affordable health care coverage. We believe patients need to have access to preventive services and quality healthcare to ensure the best possible health outcomes.

Over the past 50 years enormous progress has been made in the battle against heart disease, stroke and other cardiovascular diseases. Improved diagnosis and treatment has been remarkable – as has the survival rate. Forty four percent of the decrease in heart disease deaths from 1980-2000 is attributable to prevention through reduction in risk factors. (*Luepker R. Decline in incident coronary heart disease: why are the rates falling? Circulation 117 (5): 592-593, February 5, 2008.*)

But rising numbers of uninsured and underinsured are threatening these gains. More Americans than ever lack health insurance, presenting a major barrier to accessing quality healthcare. For these citizens, NH’s Safety Net, care provided by Community Health Centers and certain hospitals, may be their only access to receive the care needed to avoid more complex health conditions. Avoiding key risk factors and receiving early diagnosis and appropriate treatment is essential. People with risk factors for cardiovascular disease, including diabetes and obesity, high blood pressure and elevated blood cholesterol, need to have their conditions monitored over time, without interruption, to mitigate the tremendous burden of heart disease and stroke.

Please remember the American Heart Association in your will.



Heart disease and stroke will cost our nation a projected \$475 billion in direct medical expenses and lost productivity in 2009. They are our nation's most costly diseases. One fourth of the aggregate cost of hospital care in the United States is for these conditions. (*American Heart Association. Heart Disease and Stroke Statistics – 2009 Update.*) Strategic investment to control risk factors can reduce the serious and costly consequences of heart attacks, strokes and other forms of cardiovascular disease.

We know preventive care will help keep people from developing costly illnesses. We also know the uninsured are especially vulnerable. Studies show the uninsured with heart diseases and stroke experience higher mortality rates, poorer blood pressure control, greater neurological impairments and longer lengths of hospital stay after stroke, as well as a lower likelihood of taking appropriate medications.

An uncompensated care fund for those providers who offer the lion's share of care for the uninsured in New Hampshire is one way to help improve the financial viability of the Safety Net. It will also help prevent and minimize health care cost shifting, which is creating a burden even for those who have health insurance. Investing in quality healthcare services will yield dividends for both individuals and society. I encourage the committee to recommend ought to pass on SB 158 as an important step to ensuring the continuation of the services the uninsured receive through NH's Safety Net.

Thank you for your consideration of this important legislation. Should you wish to reach me with questions or additional information, I can be reached at (603) 518-1555 or at nancy.pederzini@heart.org.

Sincerely,

Nancy Pederzini
Director of Advocacy, NH
American Heart Association



American Cancer Society • American Heart Association • Early Learning, NH
Georgetown University Center for Children & Families • Granite State Organizing Project
National Alliance on Mental Illness, NH • New Hampshire AFL-CIO EAP Services
New Futures • New Hampshire for Health Care • New Hampshire Minority Health Coalition
New Hampshire Women's Lobby & Alliance

SB 158
File
4/7/09

House Health, Human Services and Elderly Affairs Committee
April 7, 2009
New Hampshire Voices for Health Testimony

RE: SB 158, *An Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.*

Chairwoman Rosenwald, Vice-Chair Donovan and committee members. Thank you for the opportunity to provide testimony regarding SB 158, *An Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.* My name is Lisa Kaplan Howe. I am the Director of New Hampshire Voices for Health, a network of consumer and advocacy organizations and individuals allied in their commitment to securing quality, affordable health care for all in New Hampshire. The network represents over 200,000 members, consumers and constituents statewide.

New Hampshire Voices for Health strongly supports SB 158, which seeks to establish a commission to study the feasibility of creating an uncompensated care fund.

A strong health care system that provides everyone with access to quality, affordable health care is critical to the well-being of the people of New Hampshire, the businesses of New Hampshire and our state as a whole. We all need quality, affordable health care to be healthy and productive. In turn, the strength of New Hampshire businesses depends on a strong workforce, and our state, our communities, and our economy thrive when our residents and businesses are strong.

New Hampshire's health care system has a number of strengths. However, we know from data, personal experience and anecdotes that the system is not working as well as it could be. Over 140,000 New Hampshire residents are uninsured¹ and that number is growing.² In today's economy, we are all at risk of losing our job and, with it, our health insurance. Many others are underinsured, facing unaffordable deductibles and other cost-sharing. Unaffordable out-of-pocket health care expenses result in barriers to care and medical debt, the leading cause of personal bankruptcy.³ At the same time, New Hampshire residents and businesses are struggling to afford rising premiums, driven by health care costs that are rising significantly faster than inflation and cost-shifting within the system.

¹ Kaiser Family Foundation, *New Hampshire: Health Insurance Coverage of the Total Population (2006-2007)*, available at <http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=31>

² New Hampshire Center for Public Policy Studies, *Index of Population Lacking Health Insurance: 3rd Quarter of 2007* (January 16, 2008), available at http://www.nhpolicy.org/reports/2007_3rd_quarter.pdf

³ David Himmelstein, Elizabeth Warren, Deborah Thorne, Steffie Woolhandler, *MarketWatch: Illness And Injury As Contributors To Bankruptcy*, Health Affairs (Feb 2, 2005), available at <http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.63/DC1>

As costs increase and coverage dwindles, pressure is growing on our community health centers, community mental health centers and hospitals that make up our health care safety net. New Hampshire providers are reporting that they are seeing an increase in uninsured and underinsured patients,⁴ and many of community health centers, community mental health centers and hospitals are doing their best to squeak by on low margins and minimal cash reserves.⁵

By strengthening and securing New Hampshire's health care safety net, devising an uncompensated care fund would improve our health care system for the people, businesses and providers of New Hampshire. Creating a system to support New Hampshire's health care providers that provide a disproportionate share of uncompensated care would help to secure those providers and ensure that they can continue to provide essential health services to all New Hampshire residents, including the most vulnerable. An uncompensated care pool could also provide a safety net for a portion of New Hampshire's population that is uninsured or underinsured and in economic distress, allowing them to access the care they need to remain healthy and productive. Finally, reducing uncompensated care in New Hampshire's health care system would make the system more efficient, eliminating the need to shift of the cost of that care across the system. As a result, the fund would make health care and coverage more affordable for the state, businesses and consumers.

We urge the committee to allow state leaders and stakeholders to determine how to improve the system for everyone by developing a fund to help cover the cost of uncompensated care. We ask you to report SB 158 "ought to pass."

Thank you for your attention and consideration. We seek to be a resource to you as you consider this and other legislation to expand access to health care. Please do not hesitate to call on us by contacting me at 603-369-4767 or lisa@nhvoicesforhealth.org.

⁴ Mike Cullity, *Count is up at low-cost clinic*, New Hampshire Union Leader (March 1, 2009), available at <http://www.unionleader.com/article.aspx?headline=Count+is+up+at+low-cost+clinics&articleId=d6b8ce7d-2dd7-4d83-8e21-afae852f92fe>

⁵ Howard L. Rivenson, PhD, *Report on the Financial Condition of 8 Community Health Centers in New Hampshire* (October 17, 2008), available at <http://www.bistatepca.org/Reports/Kane-08/dhhs-financial-chcs.pdf>

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SB 158
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4/7/09

House Health, Human Services and Elderly Affairs Committee

April 7, 2009

Written Testimony submitted by Nikki Murphy

RE: SB 158, An Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

Chairwoman Rosenwald, Vice-Chair Donovan and committee members. Thank you for the opportunity to provide written testimony regarding SB 158, *An Act establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers*. My name is Nikki Murphy. I am the Director of the New Hampshire Women's Lobby and the New Hampshire Women's Alliance. I am also a member of the Leadership Team of New Hampshire Voices for Health, a network of consumer and advocacy organizations and individuals allied in their commitment to securing quality, affordable health care for all in New Hampshire. The network represents over 200,000 members, consumers and constituents statewide who are motivated to help improve health care quality and affordability in the state.

I am pleased to submit written testimony in support of SB 158, which seeks to establish a commission to study the feasibility of creating an uncompensated care fund. Small businesses are the backbone of the NH economy. I am a former small business owner and mental health provider. Small business owners struggle with many rising costs, but I believe health insurance costs are one of the heaviest burdens to bear for business owners. When I changed careers in 2007, I closed my practice and came to work for the NH Women's Lobby and Alliance. At the time, the health insurance premiums were beyond affordable, and they've risen substantially since then. We need to make our health care system more efficient and coverage more affordable for businesses and consumers. By creating a fund to help cover the cost of care delivered to the uninsured, the state can lower cost-shifting in our system, which contributes to rising health care costs. This would make it easier for business owners to continue offering coverage and for their employees to afford coverage. In today's economy, with many businesses struggling just to survive, this type of cost savings could mean the difference between continuing to stay in business or closing shop.

I urge the committee to support this legislation as a much needed step to bring about important health reform in New Hampshire. Thank you for your attention and consideration.

Nikki Tobiasz Murphy, LICSW, MSW
Director NH Women's Lobby and NH Women's Alliance

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New Hampshire for Health Care

a project of SEIU

SB 158
File
4/7/07

Statement in Support of SB 158 – Uncompensated Care Pool Study Commission

New Hampshire for Health Care strongly supports passage of SB 158, which would create a commission to study an uncompensated care pool in New Hampshire.

SB 158 is a positive step toward comprehensive health care reform, with the goal of ensuring that affordable, quality care is accessible to everyone - even the most vulnerable and those in economic distress - without burdening other stakeholders with continued cost-shifting.

NH for Health Care has organized over 81,000 Health Care Voters in New Hampshire to fix our healthcare system so that it lowers costs and provides quality, affordable health care for all. SB 158 aligns with those principles, and also increases the overall efficiency of our health care system in New Hampshire.

Our organizers collect health care stories from New Hampshire residents every day and we hear first-hand how a broken health care system jeopardizes the health of individuals and the economy. As more and more families and small businesses are hurting financially right now, health care costs have come to the forefront. An uncompensated care fund would allow us to prevent and minimize cost-shifting, which would benefit all those who use the health care system by lowering costs.

SB 158 also allows us to address sustaining a strong safety net for families who do have to utilize uncompensated care. Medical debt is a very real and threatening possibility for many New Hampshire families, and concern about it leads some to delay seeking medical care. No family in New Hampshire should go without necessary medical care, and studying an uncompensated care fund allows stakeholders and state leaders to determine how to develop a pool to help cover the cost of care delivered to the uninsured and underinsured. This is particularly important to maintain the strength of community health centers and other local health care facilities that provide a disproportionate amount of uncompensated care.

SB 158 is smart legislation that spurs an important discussion about our health care infrastructure in New Hampshire. We encourage the committee to support it, and thank-you for the opportunity to submit testimony.

John Thyng
Campaign Director
NH For Health Care

- ### -

*New Hampshire for Health Care, a project of SEIU, is part of Americans for Health Care, a national grassroots campaign pushing for access to quality, affordable health care for every American. For more information visit:
www.NHforHealthCare.org.*

SB158

File

4/7/09

Persson Construction, LLC
17 Fieldstone Estates
Newmarket, NH 03857
603.292.5901
perssonconstruction@gmail.com

April 7, 2009

Chairwoman Cindy Rosenwald
Legislative Office Building
33 North State Street, Room 205
Concord, NH 03301

Dear Chairwoman Rosenwald:

Thank you for the opportunity to provide testimony in support of SB 158.

As someone who works in the realm of healthcare reform, I am familiar with the struggle of the uninsured and underinsured within our state. Despite the fact that all New Hampshire residents deserve high quality, affordable healthcare, it is unattainable for many people.

In addition to my work in healthcare reform, I am also a small business owner. My husband and I own a construction company that we created in 2006. Currently, we have three employees. All of our employees are uninsured and avoid seeking medical care if possible, to circumvent spending rent money on healthcare bills instead.

My husband and I have done everything possible to be responsible business owners. We hold worker's compensation and liability insurance policies, we hold no business debts, and we reward our employees for their hard work through holiday bonuses and wage increases. However, we are unable to afford to give them the one thing they would value most—health insurance. We have offered to assist our employees in acquiring private individual policies, but none can afford the monthly premiums.

In times of severe illness, our employees rely on the sliding scale fee program at our local community health center. In this economy, many others are acting in similar ways, stressing the financial resources of community health and mental health centers.

One way to alleviate the financial stress on these centers would be to create an uncompensated care fund. In times of duress, the centers would be able to access the fund to ensure that they could continue to dispense care. Additionally, this fund will increase the efficiency of our healthcare system as a whole, by reducing cost-shifting and lowering healthcare costs. I hope that this will someday make it affordable for my husband and me to offer coverage to our employees and for our employees to be able to purchase that coverage.

Please help small businesses—owners and employees alike—by supporting SB 158.

Sincerely,

Kimberly Persson

SB 158
File
4/7/09

House Health, Human Services and Elderly Affairs Committee
New Hampshire House of Representatives
Legislative Office Building, Room 205
Concord, NH 03301

April 7, 2009

Re: In support of SB 158

Dear Chairwoman Rosenwald and House Health, Human Services and Elderly Affairs Committee Members,

As an HR director at a small NH business in Salem NH and as an active HR community member statewide, I can tell you first hand that many businesses in NH are in "fire fighting mode" during this economy. Many of us are looking to the state to try to make sensible changes to the health care system that will save critical employer resources and allow us to remaining viable and competitive for the long term.

Health care costs that continue to climb exponentially year after year are unsustainable for NH businesses, and we urge the state to take action to help bring health care costs under control. Enacting SB 158 would do just that by allowing the state to take steps to create an uncompensated care fund. An uncompensated care fund would minimize the cost-shifting that currently occurs in our health care system to cover the cost of uncompensated care. As a result, health care would be more affordable for NH businesses, allowing us to ensure the health and well being of our employees, while still remaining viable businesses.

Thank you for supporting SB 158. Common sense reforms to our health care system, like this bill, will help NH businesses remain competitive.

Sincerely,

Daniel W. Griffiths, PHR
GOAL/QPC
12 Manor Parkway
Salem, NH 03079
603-890-8800 x 109
603-870-9122 Fax

SB 158
File
4/7/09

To: House Health, Human Services and Elderly Affairs Committee
Re: SB 158 (creation of an uncompensated care fund)

I am Ruth Heden, representing Granite State Organizing Project, an organization representing 30 faith and value based organizations in south central New Hampshire. We work on issues identified by our members during a listening process. These include health care and access to health care, housing, education, fair-wage jobs and immigration/refugee issues.

We urge passage of SB158. Two groups will benefit with the creation of this fund: health care providers and NH people lacking resources to pay their HC expenses. We urge you include the latter on the commission. Granite State Organization Project has found that this motivates and energizes the work of the group, keeps all members more accountable, and helps move the group beyond process to the work that needs to be achieved.

Thank you for this opportunity to comment on SB 158.

Ruth Heden, 11 Sunset Circle, Milford, NH 03055; 673-7036; rsheden@aol.com

House Health, Human Services and Elderly Affairs Committee
New Hampshire House of Representatives
Legislative Office Building, Room 205
Concord, NH 03301

SB 158
File
4/7/09

April 7, 2009

Dear Chairwoman Rosenwald and House Health, Human Services and Elderly Affairs
Committee Members,

As a physician educated in Mexico and Spain I always saw, like my colleagues, United
States as beacon of medical quality and innovation. We admired the American hospitals and
also admired the standard of care of the American nurses.

I am a proud United States citizen and resident of New Hampshire for twenty years.

I am very concerned with the fact that only the wealthy is having access to the quality
health care we admired before we learned the reality.

Most of the small business owners like my self can not afford that quality Health Care the
people worldwide admire. As Small business owner I share the concern of many small
business owners of NH. While the health care system in NH has a number of strengths, we
know that the system is not working for to many facing unaffordable health insurance and
unaffordable medical debts. Businesses, and those who have health insurance, are
struggling as the cost of coverage and care continues to escalate.

With more and more patients who are uninsured or underinsured, NH's safety net health
care providers - community health centers and community mental health centers, in
particular - are struggling and increasingly vulnerable. All of us and NH business need
quality, affordable health care to be healthy and productive.

People who don't have insurance to cover their basic health care needs are postponing or
going without needed care, or facing unaffordable medical debts.

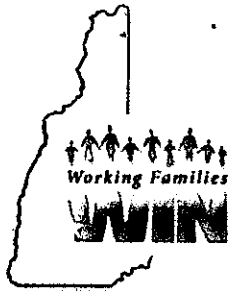
I am respectfully asking to all of you to support **bill158** because our communities and our
economy are strong when our residents and business are healthy and productive.

The study commission proposed by **bill158** will allow stakeholders and state leaders to
determine how to improve the system for everyone by developing a fund to help cover the
cost of care delivered to the uninsured and underinsured.

Please support SB 158 because we need to make our health care system more efficient and
coverage more affordable for businesses and consumers.

Sincerely,

Alejandro Urrutia
9 Campbello ST.
Hudson NH 03051
(603) 879-0460
Alejandro.urrutia@yahoo.com



SB 158
File
4/7/09

Testimony from Working Families Win SB 158 – Uncompensated Care Pool

April 7, 2009

Dear Members of the House Health, Human Services and Elderly Affairs Committee:

Working Families Win supports SB 158 because it protects a safety net for New Hampshire families in need of medical care.

We know that the broken health care system in the U.S. impacts families in a number of ways. The U.S. spends more on health care than any other nation, well over two times the average of what other industrial countries spend. Health insurance premiums continue to rise at double digit rates each year. A quarter of all adults under the age of 65 are uninsured at some time during a given year. Many Americans, especially those with low incomes or poor health, are unable to get access to affordable health care when they need it.

While the health care system in NH has a number of strengths, we know from data indicators and from personal experience that the system isn't working well for everyone. Whether its people postponing or going without needed care or businesses struggling as the cost of coverage and care continues to escalate, it's apparent that we need to continue to reform our health care system until everyone has access to quality, affordable health care.

SB 158 helps move us in this direction by reducing cost-shifting while continuing to protect the safety net for those most vulnerable or in economic distress.

A commission to study an uncompensated care pool in New Hampshire will give us the tools to make key decisions concerning these aspects of our health care system. It's an incredibly important time to pursue this information, as more patients are uninsured or underinsured and our safety net providers are becoming increasingly strained in their ability to meet the need.

The strength of our health care system depends on the strength of our safety net providers. Everyone deserves to have this basic need met, and we encourage your support of SB 158.

Jaime Contois
Working Families Win
15 Eagle Court
Keene, NH 03431
jaime@wfwin.org
603-354-0108
www.workingfamilieswin.org

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: May 26, 2009

LOB ROOM: 205

Amendments:

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study, Retain (Please circle one.)

Moved by Rep. R. Bridgham

Seconded by Rep. T. Donovan

Vote: 17-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Joan H. Schulze, Clerk

Cindy Rosenwald

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: May 26, 2009

LOB ROOM: 205

Amendments:

Sponsor: Rep. Bridgham OLS Document #:
Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Bridgham Retain
Seconded by Rep. Donovan
Vote: 17-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.
Seconded by Rep.
Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,
Rep. Joan H. Schulze, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: November 10, 2009

LOB ROOM: 205

Amendments:

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Bridgham

Seconded by Rep. DiPentima

Vote: 15-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 15-0

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Joan H. Schulze, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 158

BILL TITLE: establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

DATE: November 10, 2009

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. ~~Dan~~ Bridgman

Seconded by Rep. ~~Cabrera~~ DePentima

Vote: (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

*Consent
15-0*

Statement of Intent: Refer to Committee Report

Respectfully submitted,
Rep. Joan H. Schulze, Clerk

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: SB 158 Title: Establishing a Commission to study the creation of an uncompensated care fund to provide payments to certain health care providers
 PH Date: 04/07/09 Exec Session Date: 11/10/09

Motion: _____ Amendment #: _____

MEMBER	YEAS	NAYS
Rosenwald, Cindy, Chairman	15	
Donovan, Thomas E, V Chairman	1	
French, Barbara C	2	
Schulze, Joan H, Clerk	3	
Tilton, Joy K	4	
Butcher, Suzanne S	5	
Bridgham, Robert G	6	
Merrick, Evalyn S	-	
Russell, Trinkia T	-	
DiPentima, Rich T	7	
Miller, Kate W	8	
Batula, Peter L	9	
McMahon, Charles E	-	
Pilliod, James P	10	
Emerson, Susan	-	
Case, Frank G	11	
Millham, Alida I	12	
Wells, Roger G	-	
Cebrowski, John W	13	
Kotowski, Frank R	14	
	15	
TOTAL VOTE:		
Printed: 1/12/2009		

Committee Report

CONSENT CALENDAR

November 12, 2009

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS to which was referred SB158,

**AN ACT establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers. Having considered the same, report the same with the following Resolution:
RESOLVED, That it is INEXPEDIENT TO LEGISLATE.**

Rep. Robert G Bridgham

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS
Bill Number:	SB158
Title:	establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.
Date:	November 12, 2009
Consent Calendar:	YES
Recommendation:	INEXPEDIENT TO LEGISLATE

STATEMENT OF INTENT

The bill was held to ensure that the charter given to a state commission on uncompensated care was fully cognizant of impending federal health reform legislation. That legislation is still pending, but in the meantime the task of reformulating the state's uncompensated care fund was given by HB 2 to the Commissioner of Health and Human Services. Thus, it makes no sense to establish another body to do what the legislature has already assigned as a duty of the HHS Commissioner.

Vote 15-0.

Rep. Robert G Bridgham
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

SB158, establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers. **INEXPEDIENT TO LEGISLATE.**

Rep. Robert G Bridgham for HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS. The bill was held to ensure that the charter given to a state commission on uncompensated care was fully cognizant of impending federal health reform legislation. That legislation is still pending, but in the meantime the task of reformulating the state's uncompensated care fund was given by HB 2 to the Commissioner of Health and Human Services. Thus, it makes no sense to establish another body to do what the legislature has already assigned as a duty of the HHS Commissioner. **Vote 15-0.**

Original: House Clerk

Cc: Committee Bill File

SB 158

ITL

The bill was held to ensure that the charter given to a state commission on uncompensated care was fully cognizant of impending federal health reform legislation. That legislation is still pending, but in the meantime the task of reformulating the state's uncompensated care fund was given by HB 2 to the Commissioner of Health and Human Services. Thus, it makes no sense to establish another body to do what the legislature has already assigned as a duty of the HHS Commissioner.

Robert Bridgham



15-0

Blurb—Recommendation of Inexpedient to Legislate for SB158

The bill was held to ensure that the charter given to a state commission on uncompensated care was fully cognizant of impending federal health reform legislation. That legislation is still ~~is~~ pending, but in the meantime the task of reformulating the state's uncompensated care fund was given by HB2 to the Commissioner of Health and Human Services. Thus, it makes no sense to establish another body to do what the legislature has already assigned as a duty of the HHS Commissioner.

CR