

Bill as Introduced

HB 1586-FN - AS INTRODUCED

2010 SESSION

10-2005
01/09

HOUSE BILL

1586-FN

AN ACT relative to mandated benefits review.

SPONSORS: Rep. Renzullo, Hills 27; Rep. W. O'Brien, Hills 4; Rep. Seidel, Hills 20;
Sen. Carson, Dist 14

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill establishes the mandated benefits review act to provide for a review of mandated benefits by the insurance department.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 Ten

AN ACT relative to mandated benefits review.

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

1 1 Statement of Purpose. The purpose of this act is to provide for a review of mandated benefits.
2 This act requires that a proposed mandated benefit or an amendment to an existing law or an
3 amendment to a proposal for mandated health benefits, mandated health insurance coverage, or
4 mandated offerings of health benefits, be reviewed by the insurance department. The insurance
5 department shall provide to the general court an actuarially-based review with regard to the
6 proposal's medical efficacy and cost benefit.

7 2 New Section; Mandated Benefits Review Act. Amend RSA 400-A by inserting after section 39-
8 a the following new section:

9 400-A:39-b Mandated Benefits Review Act.

10 I. In this section:

11 (a) "Department" means the insurance department.

12 (b) "Mandated benefits" shall include:

13 (1) Coverage for specific medical or health-related services, treatments, medications,
14 or practices;

15 (2) Coverage of the services specific to health care practitioners;

16 (3) Requiring an offering of specific services, treatments, or practices or an expansion
17 of an existing coverage; and

18 (4) Any mandated reimbursement amount to specific health care practitioners.

19 (c) "Offering" means that every carrier or health plan shall offer the mandated benefit to
20 prospective customers.

21 (d) "Report" means an independent, actuarially-based review.

22 II.(a) A proposal or an amendment to an existing law or an amendment to a proposal for a
23 new mandated health benefit shall be evaluated as to the proposal's medical efficacy and financial
24 impact. The standing committee having jurisdiction over the matter shall refer the proposal or any
25 amendment to an existing law or any new amendment to a proposal to the department for review.

26 (b) The department shall retain an independent actuary to review the proposal or
27 amendment within an appropriate time frame after the documentation is submitted and assure that
28 appropriate assumptions are used to accurately demonstrate the financial impact of the proposed
29 mandate or amendment to a proposed mandate or an amendment to an existing law. The
30 department shall include the results of this review in the report required by subparagraph (c).

31 (c) The department shall review the documentation submitted with the proposed

1 legislation and shall issue a report to the standing committee having jurisdiction over the matter as
2 to whether:

- 3 (1) The information is complete.
- 4 (2) The research cited meets professional standards.
- 5 (3) All relevant research has been brought to light.
- 6 (4) The conclusions and interpretations drawn from the evidence are consistent with
7 the data presented.

8 (d) In preparing the report required in subparagraph (c), the department shall apply the
9 following guidelines in determining the adequacy of the information presented:

10 (1) If the insurance coverage is not generally in place, to what extent the lack of
11 coverage of the proposed benefit results in financial hardship.

12 (2) What is the demand for the proposed health care coverage from the public at
13 large and in collective bargaining negotiations, and to what extent voluntary coverage of the
14 proposed benefit is available.

15 (3) The department, in consultation with relevant medical experts, shall consider
16 evidence of medical efficacy:

17 (A) If the legislation seeks to mandate coverage of a particular therapy:

18 (i) The results of at least one clinical trial demonstrating the medical
19 consequences of that therapy compared to no therapy and to alternative therapies; and

20 (ii) The results of any other relevant clinical research.

21 (B) If the legislation seeks to mandate coverage of a specific class of practitioners
22 or medical specialty:

23 (i) The results of at least one professionally-acceptable, controlled trial
24 demonstrating the medical results achieved by the specific class of practitioners or medical specialty
25 relative to those already covered; and

26 (ii) The results of any relevant research.

27 (4) The department shall review evidence of financial impact, including but not
28 limited to the:

29 (A) Extent to which coverage will increase or decrease the cost of treatment or
30 service;

31 (B) Extent to which the same or similar mandates have affected charges, costs,
32 utilization, and payments in other states;

33 (C) Extent to which the coverage will increase the appropriate use of the
34 treatment or service;

35 (D) Extent to which the mandated treatment or service will be a substitute for
36 more expensive or less expensive treatments or services;

37 (E) Extent to which the coverage will increase or decrease the administrative

1 expenses of third party payers and the premium and administrative expenses of policyholders;

2 (F) Financial impact of the mandated benefit on small employers, medium-sized
3 employers, large employers, and the state employees health benefit plan; and

4 (G) Financial impact of the mandated benefit on purchasers of individual
5 coverage, state high-risk pools, and the state retirement program.

6 III.(a) In addition to the duties prescribed in this section, the department shall annually
7 review 25 percent of existing state mandated benefits, mandated health insurance coverage, and
8 mandated offerings of health benefits in the same manner as prescribed in this section. The
9 department shall report the findings of such review to the chairs of the legislative committees having
10 jurisdiction over insurance issues, the speaker of the house of representatives, and the president of
11 the senate, no later than September 1 of each year.

12 (b) These 25 percent of existing mandated benefits shall expire on July 1 of every year
13 unless specifically continued by the general court in the prior legislative session. Consideration of
14 continuation of such benefits shall be based upon the review process conducted under this section.

15 3 Effective Date. This act shall take effect upon its passage.

LBAO
10-2005
12/07/09

HB 1586-FN - FISCAL NOTE

AN ACT relative to mandated benefits review.

FISCAL IMPACT:

The Insurance Department states this bill will increase state expenditures and have an indeterminable fiscal impact on state general fund revenue, county expenditures, and local expenditures in FY 2011 and each year thereafter. There is no fiscal impact on county and local revenue.

METHODOLOGY:

The Insurance Department states this bill requires the Department to retain an independent actuary to review both proposed health insurance benefit mandates and at least a quarter of the existing health insurance mandates each year. It is estimated an actuarial review for a health insurance benefit mandate will cost from \$25,000 to \$50,000 per review. The Department does not know how many benefit mandates are contained in law or would be proposed in legislation to estimate a fiscal impact. The Department is funded by assessments against insurance companies. The Department states it does not have sufficient appropriations to contract for the independent actuary and would need additional assessments against insurance companies to fund this work. The increased assessments may lead to higher premiums resulting in increased premium tax revenue. However, the Department is not able to predict if companies will absorb the additional assessments versus increasing rates. To the extent rates increase for insurance purchased by county and local governments their expenditures would increase. The Department anticipates any fiscal impact would not occur until FY 2011.

HB 1586-FN - AS AMENDED BY THE HOUSE

03Feb2010... 0301h

2010 SESSION

10-2005
01/09

HOUSE BILL

1586-FN

AN ACT relative to mandated benefits review.

SPONSORS: Rep. Renzullo, Hills 27; Rep. W. O'Brien, Hills 4; Rep. Seidel, Hills 20;
Sen. Carson, Dist 14

COMMITTEE: Commerce and Consumer Affairs

AMENDED ANALYSIS

This bill reestablishes the procedure to provide for a review of mandated benefits by the insurance department. This bill also repeals the mandated coverage for autologous bone marrow transplants.

.....

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 Ten

AN ACT relative to mandated benefits review.

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

1 1 Statement of Purpose. The purpose of this act is to provide a mechanism by which a
2 legislative standing committee may obtain a review of a proposed mandated health insurance
3 benefit. This act provides that a proposed mandated benefit or an amendment to an existing law for
4 mandated health benefits, mandated health insurance coverage, or mandated offerings of health
5 benefits, may, upon request, be reviewed by the insurance department. The insurance department
6 shall provide to the general court an actuarial review with regard to the mandated benefit proposal's
7 medical efficacy and cost benefit.

8 2 New Section; Mandated Benefits Review. Amend RSA 400-A by inserting after section 39-a
9 the following new section:

10 400-A:39-b Review and Evaluation of Proposed Insurance Mandated Benefit Proposals Under
11 RSA 281-A, RSA 415, RSA 420-A, and RSA 420-B.

12 I. The commissioner is authorized to contract for an external review and evaluation of any
13 mandated benefit.

14 II. Whenever a legislative measure containing a mandated benefit is proposed, the standing
15 committee of either the house or the senate having jurisdiction over the proposal may refer the
16 proposal to the insurance department for review and evaluation.

17 III. Upon a referral of a mandated benefit proposal from the standing committee of the
18 house or the senate having jurisdiction over the proposal, or at the discretion of the commissioner,
19 the insurance department shall conduct a review and evaluation of the mandated benefit proposal
20 and shall report any results to the standing committee that has oversight of the mandated benefit.
21 In the instance of a mandated benefit proposal affecting RSA 281-A, the review and evaluation by
22 the insurance department shall be conducted in conjunction with input from the labor department.

23 IV. The report shall include, at a minimum and to the extent that information is available,
24 the following:

- 25 (a) The social impact of mandating the benefit.
- 26 (b) The financial impact of mandating the benefit.
- 27 (c) The medical efficacy of mandating the benefit.
- 28 (d) The effects of balancing the social, economic, and medical efficacy considerations.

29 V. For the purposes of this section, a mandated benefit proposal is one that mandates
30 insurance coverage for certain conditions, specific health services, specific diseases, or certain

1 providers of health care services.

2 3 Repeals. The following are repealed:

3 I. RSA 415:18-c, relative to coverage for autologous bone marrow transplants.

4 II. RSA 420-A:13, relative to coverage for autologous bone marrow transplants.

5 III. RSA 420-B:8-e, relative to benefits for autologous bone marrow transplants.

6 4 Effective Date. This act shall take effect upon its passage.

CHAPTER 61
HB 1586-FN – FINAL VERSION

03Feb2010... 0301h

2010 SESSION

10-2005
01/09

HOUSE BILL ***1586-FN***

AN ACT relative to mandated benefits review.

SPONSORS: Rep. Renzullo, Hills 27; Rep. W. O'Brien, Hills 4; Rep. Seidel, Hills 20;
Sen. Carson, Dist 14

COMMITTEE: Commerce and Consumer Affairs

AMENDED ANALYSIS

This bill reestablishes the procedure to provide for a review of mandated benefits legislation by the insurance department. This bill also repeals the mandated insurance coverage for autologous bone marrow transplants.

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.

CHAPTER 61
HB 1586-FN – FINAL VERSION

03Feb2010... 0301h

10-2005
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Ten

AN ACT relative to mandated benefits review.

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

1 61:1 Statement of Purpose. The purpose of this act is to provide a mechanism by which a
2 legislative standing committee may obtain a review of a proposed mandated health insurance
3 benefit. This act provides that a proposed mandated benefit or an amendment to an existing law for
4 mandated health benefits, mandated health insurance coverage, or mandated offerings of health
5 benefits, may, upon request, be reviewed by the insurance department. The insurance department
6 shall provide to the general court an actuarial review with regard to the mandated benefit proposal's
7 medical efficacy and cost benefit.

8 61:2 New Section; Mandated Benefits Review. Amend RSA 400-A by inserting after section 39-a
9 the following new section:

10 400-A:39-b Review and Evaluation of Proposed Insurance Mandated Benefit Proposals Under
11 RSA 281-A, RSA 415, RSA 420-A, and RSA 420-B.

12 I. The commissioner is authorized to contract for an external review and evaluation of any
13 mandated benefit.

14 II. Whenever a legislative measure containing a mandated benefit is proposed, the standing
15 committee of either the house or the senate having jurisdiction over the proposal may refer the
16 proposal to the insurance department for review and evaluation.

17 III. Upon a referral of a mandated benefit proposal from the standing committee of the
18 house or the senate having jurisdiction over the proposal, or at the discretion of the commissioner,
19 the insurance department shall conduct a review and evaluation of the mandated benefit proposal
20 and shall report any results to the standing committee that has oversight of the mandated benefit.
21 In the instance of a mandated benefit proposal affecting RSA 281-A, the review and evaluation by
22 the insurance department shall be conducted in conjunction with input from the labor department.

23 IV. The report shall include, at a minimum and to the extent that information is available,
24 the following:

25 (a) The social impact of mandating the benefit.

26 (b) The financial impact of mandating the benefit.

27 (c) The medical efficacy of mandating the benefit.

28 (d) The effects of balancing the social, economic, and medical efficacy considerations.

29 V. For the purposes of this section, a mandated benefit proposal is one that mandates

CHAPTER 61
HB 1586-FN - FINAL VERSION
- Page 2 -

1 insurance coverage for certain conditions, specific health services, specific diseases, or certain
2 providers of health care services.

3 61:3 Repeals. The following are repealed:

4 I. RSA 415:18-c, relative to coverage for autologous bone marrow transplants.

5 II. RSA 420-A:13, relative to coverage for autologous bone marrow transplants.

6 III. RSA 420-B:8-e, relative to benefits for autologous bone marrow transplants.

7 61:4 Effective Date. This act shall take effect upon its passage.

8

9 Approved: May 18, 2010

10 Effective Date: May 18, 2010

Committee Minutes

Printed: 03/25/2010 at 1:41 pm

AMENDED
SENATE CALENDAR NOTICE
COMMERCE, LABOR AND CONSUMER PROTECTION

✓ Senator Margaret Hassan Chairman
✓ Senator Betsi DeVries V Chairman
✓ Senator Deborah Reynolds
Senator Jacalyn Cilley
Senator Peter Bragdon
✓ Senator Sheila Roberge

For Use by Senate Clerk's Office ONLY	
<input type="checkbox"/>	Bill Status
<input type="checkbox"/>	Docket
<input type="checkbox"/>	Calendar
Proof: <input type="checkbox"/>	Calendar <input type="checkbox"/> Bill Status

Date: March 25, 2010

HEARINGS

Tuesday

3/30/2010

COMMERCE, LABOR AND CONSUMER PROTECTION

LOB 205-207

8:30 AM

(Name of Committee)

(Place)

(Time)

EXECUTIVE SESSION MAY FOLLOW

Comments: This amended notice adds HB 1488-FN and HB 1586-FN to the schedule. Please note the room change also.

8:30 AM HB561-FN relative to insurance coverage for persons having deafness and hearing loss.

9:30 AM HB1488-FN relative to New Hampshire HealthFirst.

✓ 9:45 AM HB1586-FN relative to mandated benefits review.

Sponsors:

HB561-FN

Rep. Susan Emerson

Rep. James Pilliod

Rep. Angeline Kopka

Sen. Jacalyn Cilley

HB1488-FN

Rep. Edward Butler

HB1586-FN

Rep. Andrew Renzullo

Rep. William O'Brien

Rep. Carl Seidel

Sen. Sharon Carson

*start: 10:25am
end: 10:29am*

**Commerce, Labor & Consumer Protection Committee
Hearing Report**

To: Members of the Senate
From: Greg Silverman, *Legislative Aide*
Re: Hearing report on **HB1586-FN** - relative to mandated benefits review.
Hearing date: March 30th, 2010

Members of the Committee Present: Senator Hassan, District 23; Senator DeVries, District 18; Senator Reynolds, District 2; Senator Roberge, District 9; Senator Cilley, District 6.
Members of the Committee Absent: Senator Bragdon, District 11.

Sponsors: Rep. Renzullo, Hills 27; Rep. W. O'Brien, Hills 4; Rep. Seidel, Hills 20; Sen. Carson, Dist 14

What the bill does: This bill reestablishes the procedure to provide for a review of mandated benefits by the insurance department. This bill also repeals the mandated coverage for autologous bone marrow transplants.

Who supports this bill: Bob Nash, Insurance Agents; Rep. Ed Butler, Carroll 1; Deb O'Loughlin, Insurance Dept.; Paula Rogers, Anthem.

Who opposes this bill: None.

Summary of testimony received:

Rep. Ed Butler, Carr 1

- Supports HB1586.
- This bill will require a mandated review when necessary.
- Repeals the sunset clause and allows mandated reviews as performed previously.
- Bone Marrow transplants do not need a mandate.

Deb O'Loughlin, Insurance Dept.

- Supports HB1586.
- This bill replaces existing laws.
- It costs \$10,000 to \$15,000 to do a mandated study.
 - Reviews social and financial impacts.
- The committee asked for information regarding the process. Deb O'Loughlin said there is a bidding process with the final decision resting with the Governor and Executive Council.

Action: None.

RP

Date: March 30, 2010
Time: 10:25 A.M.
Room: LOB 205-207

The Senate Committee on Commerce, Labor and Consumer Protection held a hearing on the following:

HB1586-FN relative to mandated benefits review.

Members of Committee present: Senator Hassan
Senator DeVries
Senator Reynolds
Senator Roberge

The Chair, Senator Margaret Wood Hassan, opened the hearing on HB1586-FN, and in the absence of the prime sponsor, invited Representative Edward Butler to introduce the legislation.

Representative Edward Butler: Good morning, Senator. My name is Ed Butler, representing Carroll County District 1 in the House.

In fact, I do support the bill as it is before you. When it first came to the House Commerce Committee, it was to require a mandate review on every proposed mandate that came to either of our bodies. It is, at this point, simply a reversion to our current allowance to do a mandate review when that is necessary, and it comes before you today because we learned, in the process of working on the bill, that there was a sunset in the original mandate review legislation.

So, this bill gets rid of the sunset and continues to allow mandate review as we have used it in the past. Furthermore, it gets rid of autologous bone marrow transplants which, at one point, were a treatment for breast cancer, I believe, that was proposed as being effective, and it is no longer and is no longer needed as a mandate.

One of the things that the House Commerce Committee plans on doing is reviewing all of our mandates so that we can look at the possibility of diminishing those or changing those in the next legislative session.

Senator Betsi DeVries, D. 18: Thank you, Representative. Questions from the Committee? And, I will note that this is our only speaker signed up. So, if we have questions.

Representative Butler: I believe Ms. O'Loughlin is here to answer any questions.

Senator Betsi DeVries, D. 18: Thank you very much. Seeing none, thank you. Recognizing Ms. O'Loughlin with the New Hampshire Insurance Department.

Deborah O'Loughlin: Again, Representative Butler did a fine job with this. We were taken by surprise when we realized that the mandate law had a sunset on it. I think everybody kind of went, "Whoa." And so, what this does it put back into play the existing law. We have, at the Department, done three mandate reviews since it was instituted; one on hearing aids, one on early intervention, and one on autism spectrum. We budget four.

Being able to do the mandate reviews, they cost approximately \$10,000-\$15,000 per study to do a mandate review study. So, they take about six months. So, it's a good tool to use because it'll get you social, financial impacts and whatever. We do support that and we do also support deleting the reference to autologous bone marrow transplant as not being something that is being done today.

If there is any questions I would be happy to...

Senator Betsi DeVries, D. 18: Question from Senator Reynolds.

Senator Deborah R. Reynolds, D. 2: Thank you. Thank you very much, Madam Chair, and thank you, Deb. Where is this cost coming from? Do you have to hire private consultants to do this? Is that why it...?

Ms. O'Loughlin: Yes, we do have to go through the bidding process and go through the Governor and Council and get the approval. And, that's what takes the upfront time. It usually takes us two months or so to get everything in line, and get ready to go. And then, it takes about three months for them to do the report. So, the money is coming through the Insurance Department's budget, but it has to be approved by the Governor and Council.

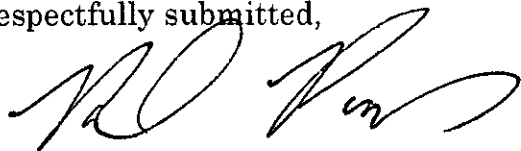
Senator Deborah R. Reynolds, D. 2: Thank you very much.

Ms. O'Loughlin: Okay?

Senator Betsi DeVries, D. 18: Thank you. Further questions? Seeing none, thank you. With that, was there anybody else who wishing to speak on House Bill 1586? Seeing none, we will close the hearing on HB1586.

Hearing closed at 10:29 A.M.

Respectfully submitted,



Recorded by Danielle Barker, Senate Committee Secretary
Transcribed by Richard Parsons, Senate Committee Secretary

8/11/10

Speakers

Voting Sheets

Senate Commerce, Labor & Consumer Protection Committee EXECUTIVE SESSION

Bill # HB 1586-FN

Hearing date: 3/30/10

Executive session date: 4-13-10

Motion of: O TP

VOTE: 10-0

<u>Made by</u>	Hassan <input type="checkbox"/>	<u>Seconded</u>	Hassan <input type="checkbox"/>	<u>Reported</u>	Hassan <input type="checkbox"/>
<u>Senator:</u>	DeVries <input type="checkbox"/>	<u>by Senator:</u>	DeVries <input checked="" type="checkbox"/>	<u>by Senator:</u>	DeVries <input type="checkbox"/>
	Reynolds <input checked="" type="checkbox"/>		Reynolds <input type="checkbox"/>		Reynolds <input checked="" type="checkbox"/>
	Cilley <input type="checkbox"/>		Cilley <input type="checkbox"/>		Cilley <input type="checkbox"/>
	Bragdon <input type="checkbox"/>		Bragdon <input type="checkbox"/>		Bragdon <input type="checkbox"/>
	Roberge <input type="checkbox"/>		Roberge <input type="checkbox"/>		Roberge <input type="checkbox"/>

Motion of: _____

VOTE: _____

<u>Made by</u>	Hassan <input type="checkbox"/>	<u>Seconded</u>	Hassan <input type="checkbox"/>	<u>Reported</u>	Hassan <input type="checkbox"/>
<u>Senator:</u>	DeVries <input type="checkbox"/>	<u>by Senator:</u>	DeVries <input type="checkbox"/>	<u>by Senator:</u>	DeVries <input type="checkbox"/>
	Reynolds <input type="checkbox"/>		Reynolds <input type="checkbox"/>		Reynolds <input type="checkbox"/>
	Cilley <input type="checkbox"/>		Cilley <input type="checkbox"/>		Cilley <input type="checkbox"/>
	Bragdon <input type="checkbox"/>		Bragdon <input type="checkbox"/>		Bragdon <input type="checkbox"/>
	Roberge <input type="checkbox"/>		Roberge <input type="checkbox"/>		Roberge <input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Hassan, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator DeVries, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Reynolds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senator Cilley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Bragdon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Roberge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Amendments: _____

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE
SENATE
REPORT OF THE COMMITTEE

Date: April 13, 2010

THE COMMITTEE ON Commerce, Labor and Consumer Protection
to which was referred House Bill 1586-FN

AN ACT relative to mandated benefits review.

Having considered the same, the committee recommends that the Bill:

OUGHT TO PASS

BY A VOTE OF: 6-0

AMENDMENT # s

Senator Deborah R. Reynolds
For the Committee

Danielle Barker 271-3093

New Hampshire General Court - Bill Status System

Docket of HB1586

Docket Abbreviations

Bill Title: relative to mandated benefits review.*Official Docket of **HB1586**:*

Date	Body	Description
12/10/2009	H	Introduced 1/6/2010 and Referred to Commerce and Consumer Affairs; HJ 6 , PG.245
01/05/2010	H	Public Hearing: 1/19/2010 11:00 AM LOB 302
01/20/2010	H	Executive Session: 1/26/2010 10:00 AM LOB 302
01/27/2010	H	Committee Report: Ought to Pass with Amendment #0301h for Feb 3 CC (vote 16-1); HC 11 , PG.460
01/27/2010	H	Proposed Committee Amendment #0301h; HC 11 , PG.490
02/03/2010	H	Amendment #0301h Adopted, VV; HJ 15 , PG.667
02/03/2010	H	Ought to Pass with Amendment #0301h: MA VV; HJ 15 , PG.667
02/03/2010	H	Referred to Finance; HJ 15 , PG.667
02/09/2010	H	Full Committee Work Session: 2/16/2010 10:00 AM LOB 210-211
02/09/2010	H	Executive Session: 2/18/2010 11:00 AM LOB 210-211
02/18/2010	H	Committee Report: Ought to Pass for Mar 10 (Vote 20-1; RC); HC 19 , PG.1029
03/10/2010	H	Special Ordered to Regular Place on Mar 11 Calendar, Without Objection; HJ 23 , PG.1294
03/11/2010	H	Ought to Pass: MA VV; HJ 24 , PG.1328
03/17/2010	S	Introduced and Referred to Commerce, Labor and Consumer Protection, SJ 10 , Pg.172
03/26/2010	S	Hearing: March 30, 2010, Room 205-207, LOB, 9:45 a.m.; SC13
04/13/2010	S	Committee Report: Ought to Pass 4/21/10; SC16
04/21/2010	S	Ought to Pass, MA, VV; OT3rdg
04/21/2010	S	Passed by Third Reading Resolution
05/05/2010	S	Enrolled; SJ 17 , Pg.412
05/05/2010	H	Enrolled; HJ 38 , PG.1914
05/24/2010	H	Signed by the Governor 05/18/2010; Effective 05/18/2010; Chapter 0061

NH House

NH Senate

Contact Us

New Hampshire General Court Information Systems
 107 North Main Street - State House Room 31, Concord NH 03301

Other Referrals

COMMITTEE REPORT FILE INVENTORY

HB 1586-FN ORIGINAL REFERRAL

RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE SECRETARY AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

DOCKET (Submit only the latest docket found in Bill Status)

COMMITTEE REPORT

CALENDAR NOTICE on which you have taken attendance

HEARING REPORT (written summary of hearing testimony)

HEARING TRANSCRIPT (verbatim transcript of hearing)

List attachments (testimony and submissions which are part of the transcript) by number [1 thru 4 or 1, 2, 3, 4] here: _____

SIGN-UP SHEET

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

____ - AMENDMENT # _____ ____ - AMENDMENT # _____
____ - AMENDMENT # _____ ____ - AMENDMENT # _____

ALL AVAILABLE VERSIONS OF THE BILL:

AS INTRODUCED AS AMENDED BY THE HOUSE
 FINAL VERSION ____ AS AMENDED BY THE SENATE

____ PREPARED TESTIMONY AND OTHER SUBMISSIONS (Which are not part of the transcript)

List by letter [a thru g or a, b, c, d] here: _____

EXECUTIVE SESSION REPORT

____ OTHER (Anything else deemed important but not listed above, such as amended fiscal notes):

IF YOU HAVE A RE-REFERRED BILL, YOU ARE GOING TO MAKE UP A DUPLICATE FILE FOLDER

DATE DELIVERED TO SENATE CLERK 9/16/10


COMMITTEE SECRETARY