

Bill as Introduced

SB 158 - AS INTRODUCED

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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, appointed by the governor.
- 22 (m) A representative of the New Hampshire Citizen's Health Initiative, appointed by the
23 governor.

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

26 3 Duties. The commission shall study the creation of an uncompensated care fund to provide
27 payments to health care providers who provide a disproportionate share of care to the state's
28 uninsured population.

29 4 Chairperson; Quorum. The members of the commission shall elect a chairperson from among
30 the members. The first meeting of the commission shall be called by the first-named senate member.

SB 158 - AS INTRODUCED

- Page 2 -

1 The first meeting of the commission shall be held within 45 days of the effective date of this section.

2 Seven members of the commission shall constitute a quorum.

3 5 Report. The commission shall report its findings and any recommendations for proposed

4 legislation to the president of the senate, the speaker of the house of representatives, the senate

5 clerk, the house clerk, the governor, and the state library on or before November 1, 2009.

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

SB 158 - AS AMENDED BY THE SENATE

03/25/09 0852s

2009 SESSION

09-1004

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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

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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

Health and Human Services
March 17, 2009
2009-0852s
01/04



Amendment to SB 158

1 Amend subparagraphs I(l) and (m) of section 2 of the bill by replacing them with the following:

2

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

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

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

8 (o) The attorney general, or designee.

Committee Minutes

AMENDED
SENATE CALENDAR NOTICE
HEALTH AND HUMAN SERVICES

Printed: 03/05/2009 at 1:03 pm

Senator Kathleen Sgambati Chairman ✓
 Senator Peggy Gilmour V Chairman ✓
 Senator Molly Kelly ✓
 Senator John Gallus ✓
 Senator Michael Downing ✓

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

Start @ 8:34 a.m.
 end 9:15

Date: March 5, 2009

HEARINGS

Tuesday

3/17/2009

HEALTH AND HUMAN SERVICES

SH 103

8:30 AM

(Name of Committee)

(Place)

(Time)

EXECUTIVE SESSION MAY FOLLOW

Comments: ***THE ONLY CHANGE IS THE ADDITION OF SB 199 at 9 a.m. *******

8:30 AM	SB158	establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.
8:45 AM	SB114	relative to the threshold for notification for lead levels and a window replacement program.
9:00 AM	SB199	establishing a committee to study the training of public safety officials to respond to persons with mental illness recently discharged from treatment facilities.

Sponsors:

SB158

Sen. Margaret Hassan
 Sen. Martha Fuller Clark
 Rep. Frank Case

Sen. Kathleen Sgambati
 Rep. Cindy Rosenwald
 Rep. Jill Hammond

Sen. Peggy Gilmour
 Rep. Tara Reardon

Sen. John Gallus
 Rep. Edward Butler

SB114

Sen. Betsi DeVries
 Sen. Jacalyn Cilley

Rep. Bernard Benn

Rep. Cindy Rosenwald

Rep. Frank Case

SB199

Sen. Margaret Hassan
 Rep. Donna Schlachman

Sen. John Barnes, Jr.
 Rep. David Welch

Sen. Martha Fuller Clark
 Rep. Don Petterson

Sen. Kathleen Sgambati

Catherine Mullen 271-4151

Sen. Kathleen Sgambati
 Chairman

Health & Human Services Committee Hearing Report

TO: Members of the Senate

FROM: Jill Sokness, Legislative Aide

RE: Hearing report on SB 158 FN – AN ACT establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

HEARING DATE: March 17, 2009

MEMBERS OF THE COMMITTEE PRESENT: Senators Sgambati, Gilmour, Downing, Gallus and Kelly.

MEMBERS OF THE COMMITTEE ABSENT: No one

Sponsor(s): 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

What the bill does: 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.

Who supports the bill: Sen. Hassan; Sen. Gilmour; Sen. Kelly; Robert Chambers (Bonnie CLAC); Bill Hamilton (AARP NH); Chuck Engborg (AARP/ NH Voices for Health); Tyler Brannen (NH Insurance Dept.); Kim Bruneau (Tender Years); Catrina Watson (NHMS); Vanessa Santarelli (Bi-State Primary Care Assoc.); Nancy Pederzini (American Heart Assoc.); Katherine Klem (American Cancer Society); Tim Howe (City Fuel/ Dave's Septic); Stuart Trachy (NH Chapter – NA Social Workers); Jackie Cowell (Early Learning NH); Keith Blessington; Katie Brissette (Early Learning NH); Lisa Kaplan Howe (NH Voices for Health); Kaley Lentini; Hillary St. Pierre (cancer patient); Sara Burbee; Victor St. Pierre; Zandra Rice Hawkins (Granite State Progress); Ruth Heden (Granite State Organizing Project); Heather Robertson (DHMC); Toni Lavereau? (illegible) (DHMC); Dan Feltes (NH Legal Assistance)

Who opposes this bill: No one

Who took no position: Terry Knowles (Attorney General)

Summary of testimony received:

Jennifer Frizzell, Senate Democrats' Director of Policy:

- Introduced the bill on behalf of Sen. Hassan who was in another hearing at the time. She stated the bill is simple and speaks for itself. There are others present who will discuss at more length.

Robert Chambers, Bonnie CLAC:

- Spoke in support of the bill. Explained that Bonnie CLAC works to help educate people who have financial issues because of generational poverty or different life crises (i.e. bankruptcy, divorce, major medical issues).

- Most of the clients are not insured when they come to Bonnie CLAC.
- They tend to have more medical bills and fail to negotiate with doctors' offices and hospitals. Then the bills go to a bill collector which can become intimidating and often illegal. One client gave her checking number to a bill collector because she was scared he would take her child. As a result, she lost her savings.
- Mr. Chambers also explained that his clients tend to have temporary or seasonal jobs, so there is no health insurance coverage.
- He stated that all NH residents would benefit from this bill, especially low income residents.

Tyler Branner, NH Insurance Dept.:

- Spoke in support of the bill and stated that he was willing to offer expertise in support.

Vanessa Santarelli, Bi-State Primary Care Assoc.:

- Spoke in support of the bill and stated that there are primary health care providers across the state who aid those who are uninsured.
- This bill helps to find a way to help those who see a disproportionate number of uninsured patients.
- Requested an amendment to add Bi-State Primary Care to the list of members on the commission.

Nancy Pederzini, American Heart Assoc.:

- Spoke in favor of the bill. Stated that she is fearful the gains they've made in the reduction of risk factors for heart disease over the last years will be lost because of the health crisis.
- She stated that more and more people lack coverage. She is interested in this safety net. People need preventative care.
- This bill is a step in the right direction.

Terri Knowles, Charitable Trust, AG's office:

- Took no position, but asked that an amendment include the Attorney General or designee.
- The AG's Charitable Trusts Unit supervises and enforces laws regarding charity, which includes community benefits related to healthcare charitable trusts.
- As such, can provide information and data for this commission.

Tim Howe, City Fuel/Dave's Septic:

- Spoke in support of the bill. He said it helps make healthcare more affordable to small businesses.
- He stated that premiums have increased and deductibles as well.
- Their business had to change from a PPO to HMO plan to help with costs.
- Healthcare strains their budgets and their employees.
- This bill would make healthcare more efficient and affordable.

Katherine Klem, American Cancer Society:

- Spoke in favor of the bill. She stated that it will equip leaders and the public with better information and it helps those uninsured or underinsured.
- She stated that we owe it to those who give healthcare to those who need it. They need to be valued for their contributions to society.

Keith Blessington:

- Spoke in support of the bill. Was diagnosed with two types of cancer in June and July of 2008 and could not work. He took out loans to pay for medical bills.
- There are two types of stress when fighting a disease: the stress of the illness, and the stress of how to pay for medical bills.
- Concord Hospital covered much of his costs for him. He wants them to be compensated for their care.
- Bills also affect credit reports. A person can end up paying more because of loans.

- He is cancer free now and can only thank the health care providers. He stated that not having to worry about money helped him heal.

Sara Burbee:

- Spoke in favor of the bill. Works as a Registered Nurse and has a business with her husband. She is overwhelmed with the financial responsibility of caring for her husband who was in a car accident and suffers from traumatic brain injury (TBI).
- With the TBI, he has many symptoms. She has had to fight for much of his care and has been told that his symptoms are normal. As such, he has been denied much of the therapy he needs to improve.
- He was working at the time of his accident, but was denied all workers' compensation. He has been unable to work since the accident.
- It has all been a huge change for him. He can no longer do simple math or read a newspaper. He has difficulty talking, balancing, cannot drive and has short term memory loss.
- He can no longer take care of their rental properties.
- He is getting depressed about his condition and the health care system.
- Recently, he was accepted at Health South in Concord for therapy and was making progress. But then insurance denied the continuation of therapy. They had the choice of leaving therapy or self pay at \$1100 a day. So they took on the financial burden.
- Mrs. Burbee said that no one will invest in him and his future. They acted responsibly for care but they are not receiving it.
- We need to make changes to healthcare system. Small businesses are struggling.

Senator Hassan:

- Senator Hassan was the prime sponsor of this bill and stated that she cannot add to the testimony about the state of the healthcare system.
- She said that this bill is a first step in understanding which providers are helping the uninsured and to equalize it. It's an important first step.
- She has received inquiries about membership of the commission and will consider it, but she doesn't want to get lost in a discussion of process.
- We need to get at this problem as soon as possible. We need to provide an adequate safety net.

Hillary St. Pierre:

- Spoke in favor of the bill. Is a 26 year old married mother of one, former nurse, and cancer patient. She is battling Hodgkin's Lymphoma. She feels fortunate to be able to speak for compensated care.
- She explained that diagnostic scans are not covered for recurring Hodgkin's Lymphoma. She told the committee that medical professionals are guided by insurance companies in how to word reports on patients so that payment will not be denied.
- Many people cannot pay and lose the strength to fight.
- She has been asked to pay a \$100 co-pay in the ER before getting antibiotics.
- She also spoke on behalf of hospital billing departments, which have employees who advocate for payment of care. They do not make enough money and spend a lot of time working for patients.
- She feels very lucky to have insurance coverage. The costs to hospitals seeking payment from insurance companies could be saved, as well as barriers to care.
- A commission to study the creation of an uncompensated care fund is an important step to improving our health care system.

Jackie Cowell, Early Learning NH:

- Supports the bill. She stated that most of those working in childcare are not covered and they want to keep insurance costs down.

Lisa Kaplan Howe, NH Voices for Health:

- Supports the bill. This bill would help small businesses in the state.
- She suggested adding an uninsured or underinsured healthcare consumer to the membership.

Ruth Heden, Granite State Organizing Project:

- Spoke in support of the bill. She echoes the last speaker.
- When someone is at the bottom of the pyramid and needs service, this helps with the process.

Funding: Not applicable.

Action: Pending

Senator Kathleen G. Sgambati, D. 4: Okay. Thank you very much. I'm going to call on Robert Chambers.

Robert Chambers: Good morning, Senator Sgambati.

Senator Kathleen G. Sgambati, D. 4: Good morning.

Mr. Chambers: Thank you for allowing me to testify here. I am here to testify in support of SB 158. I'm speaking here as the President and founder of Bonnie CLAC, a 501(c)(3) non-profit that helps low income individuals in New Hampshire, and as an employer with 14 full time employees. Bonnie CLAC is a non-profit organization that provides financial literacy education, car purchase counseling and loan guarantee services at eight offices throughout New Hampshire. We help our clients to build their credit and take control of their finances. We guarantee their car loans so they can access very low interest rates, and we guide them through the purchase of their insurance policies and help them buy reliable, fuel efficient cars.

Fourteen percent of Bonnie CLAC's client go through deep transformations from generational poverty and major life crises. These clients typically spend about 13 months in counseling. An additional 34 percent of our clients will experience some life crisis such as bankruptcy, divorce or major medical problems. These clients spend about six and a half months in counseling.

In 2007, the Carsey Institute at the University of New Hampshire did an independent study of Bonnie CLAC's client outcomes, and released some dramatic findings about our clients, including 68 percent increased their credit scores, 73 percent reported an improvement in their overall financial situation, and 52 percent increased and improved their access to healthcare, with job related outcomes most affected by program participation are linked to getting to work reliably and consistently. Fifty percent of clients report improvement in actually getting to their jobs. Almost 40 percent report improving arriving to work on time and about 35 percent report being able to work a steadier schedule. These improvements are likely to result in long term employment benefits such as job advancement and enhanced performance evaluations.

Bonnie CLAC has worked with 9,156 clients; 1,052 have graduated from our program and bought a vehicle with Bonnie CLAC's loan guarantee and assistance. Many have graduated from our financial literacy class. Most of our clients are uninsured when they come to Bonnie CLAC for the first time. A significant number have suffered financial difficulty because of medical debt. Of the 14 percent of Bonnie CLAC's clients who go through deep

CSM

transformations from generational poverty and major life crisis, almost none of these clients come to Bonnie CLAC with medical insurance. An additional 34 percent of our clients have experienced some life crisis such as bankruptcy, divorce or major medical problems. A majority of these clients do not have medical insurance when they come to Bonnie CLAC.

Many low income individuals are intimidated by medical institutions and do not understand how to deal with them and the bills that result from medical problems. They have a tendency to bury their heads in the sand and ignore medical bills that have been generated most often as expensive medical emergencies. We find that these individuals ignore the bills and fail to negotiate with medical providers for forgiveness. These medical debts are then sold off to bill collectors. Once these debts have been sold to the bill collectors, it destroys the credit of these individuals and they are hounded day and night, often with intimidating and illegal bill collecting practices. One Bonnie CLAC client came into our offices crying. A bill collector had told her that he was going to have her arrested and put in jail if she did not turn over her checking account. That very night, fearful that her child would be left alone, she gave him her checking account number and he withdrew her entire inheritance from the death of her recent mother (sic), \$2,000 from her checking account and she was unable to recover this money.

Creating an uncompensated healthcare fund would enable medical providers to receive reasonable compensation for these services, and would not force them to cost shift into insured individuals. This fund would also help protect the credit of New Hampshire's low income families in a way that may not have been looked at previously. Bonnie CLAC clients are often without health insurance because they frequently work low wage, temporary or seasonal jobs that don't offer health insurance. These individuals are also more likely to change, to move or change jobs, encountering additional barriers to maintaining continuous health insurance. All of New Hampshire's citizens would benefit from an uncompensated healthcare fund, especially our most vulnerable, low income citizens. Many small New Hampshire businesses would also benefit from this bill, as they would be able to offer a more affordable healthcare program to their own employees.

I strongly support the passage of SB 158. See written testimony of Robert Chambers attached hereto and referred to as Attachment #1.

Senator Kathleen G. Sgambati, D. 4: Thank you, sir. Questions? I think we're all set. Tyler Branner. And if I could just remind people, we've got about 8 speakers, everybody has signed up in support of the bill, so if you can keep your comments to something that hasn't been repeated before, that would be helpful.

Tyler Brannen: Tyler Brannen.

Senator Kathleen G. Sgambati, D. 4: Good morning.

Mr. Brannen: I'm a healthcare statistician with the New Hampshire Insurance Department, speaking in support of the bill. We feel as though there is this great opportunity to deal with areas of uncompensated care and we're concerned about how potential cost shifting impacts the insurance marketplace and creates a number of inefficiencies in the system. Therefore, we're willing to offer our expertise and support in any way we can in support of the legislation and the effort.

Senator Kathleen G. Sgambati, D. 4: Thank you very much.

Mr. Brannen: Thank you.

Senator Kathleen G. Sgambati, D. 4: I think we're all set. Vanessa Santarelli.

Vanessa Santarelli: Senator Sgambati, Senator Gallus, members of the Senate Health and Human Services Committee. My name's 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) non-profit organization that represents a number of community health centers, rural health clinics, area health education centers and other community based health service providers. We thank Senator Hassan for bringing forward SB 158, an act establishing a commission to study the creation of an uncompensated care fund.

The community health centers across the state, in terms of their patient population, about 25 percent of the patients they see are uninsured and so we see this as a unique opportunity to study ways to, to find ways to help those providers that see a disproportionate share of the uninsured. The community health centers in this state underwent a study by Dr. Howard Rivenson in 2008, and the study determined that for the most part, the federally qualified health centers are in a really fragile position financially, and part of that reason is because they see a really high percentage of the uninsured. And so for those patients that come in, they either get a very small reimbursement if they're doing self-pay, or no reimbursement at all. And so we rely on a patchwork of state, federal and private resources to help keep the services available as a safety net provider for preventive and primary care.

So we just want to say we're very supportive of the study. We think members will have an opportunity to look at other states that have similar or uncompensated care pools, to examine what the successes have been in those states. And the only thing that we would like to see amended to the bill, if possible, is because we represent 14 community health centers across the state, is to see if Bi-State Primary Care Association could be represented on the study commission. And with that I'll conclude, because I know you have a very limited amount of time this morning. **See written testimony of Vanessa Santarelli attached hereto and referred to as Attachment #2.**

Senator Kathleen G. Sgambati, D. 4: Thank you very much. Nancy Pederzini.

Nancy Pederzini: Good morning.

Senator Kathleen G. Sgambati, D. 4: Good morning.

Ms. Pederzini: Senator Sgambati, Senator Gallus. Thank you very much for this opportunity to speak this morning. I am Nancy Pederzini, Director of Advocacy for the American Heart Association.

The American Heart Association's mission of building healthier lives free of cardiovascular disease and stroke is actually what, we're very fearful that the gains that we've made over the past 50 years in reduction of risk factors is really threatened by the current healthcare crisis that our nation is facing. And to this end, the American Heart Association is working to ensure that all residents in the United States have access to meaningful, affordable healthcare coverage. The rising numbers of the uninsured and underinsured are actually at risk of, as I mentioned, increasing the amount of people who have serious heart disease. More and more Americans who lack coverage, New Hampshire's safety net is really their only access to healthcare. So to this end, we're very interested in having this safety net being protected. We believe that people do need preventative care, to prevent more and more costly disease, and that risk factors for heart disease such as high blood pressure, cholesterol, diabetes, obesity, really needs to be monitored over time with uninterrupted healthcare provided to individuals. We do see this bill, Senate Bill 158, as being a step in the right direction towards finding a solution for our healthcare crisis, so I strongly encourage the support of this bill.

And I do have written testimony I'd be happy to turn in. **See written testimony of Nancy Pederzini attached hereto and referred to as Attachment #3.**

Senator Kathleen G. Sgambati, D. 4: Thank you. I will share that with the other members.

Ms. Pederzini: Thank you.

Senator Kathleen G. Sgambati, D. 4: Terry Knowles.

Terry Knowles: Thank you, Madam Chair, members of the Committee. For the record, my name is Terry Knowles, I'm the Assistant Director of Charitable Trusts in the Office of the Attorney General. And I'm here today speaking on behalf of Attorney General Kelly Ayotte.

As with one of your previous speakers, the Attorney General is requesting that the bill be amended to include the Attorney General or designee as a member of the commission. The Director of Charitable Trusts of the Attorney General is responsible for the administration of the community benefits law. Under the community benefits law, each and every healthcare charitable trust in New Hampshire is required to do a community needs assessment and to file an annual community benefits plan with the Attorney General. Because of the information we have, the Attorney General believes we are in a unique position to offer information to the commission on the underinsured and uninsured in New Hampshire, and for that reason we do ask that we be added to the commission.

I'd be pleased to answer any questions.

Senator Kathleen G. Sgambati, D. 4: Okay. Thank you. We will take that under consideration.

Ms. Knowles: Okay, and I do have written testimony. See written testimony of Terry Knowles attached hereto and referred to as Attachment #4.

Senator Kathleen G. Sgambati, D. 4: Great, thank you very much, Terry.

Ms. Knowles: Thank you.

Senator Kathleen G. Sgambati, D. 4: Tim Howe. Good morning.

Tim Howe: Good morning. Good morning, everyone. Thank you for the opportunity to provide testimony regarding Senate Bill 158.

Senator Kathleen G. Sgambati, D. 4: Tim, could you just give your name for the record? As this is being recorded.

RM

Mr. Howe: My name for the record is Timothy Howe, the Operations Manager for City Fuel and Dave's Septic Service, Inc. Both are locally owned companies and small businesses that are incorporated in Manchester, New Hampshire. Dave's Septic Service, Inc. has been operating since 1992 and City Fuel has been operating since 1972.

I appreciate the opportunity to provide testimony in support of Senate Bill 158. By allowing the State to create a fund to cover the costs of uncompensated care, Senate Bill 158 would help make healthcare more affordable for businesses and our employees alike. Like many small businesses, the costs of providing our employees with health insurance is a top concern for us and we always have done so. We are committed to ensuring that our employees have healthcare access and insurance, but offering health insurance gets more and more difficult each year. Our premiums have increased by 14 percent alone last year and we have seen a rise in our deductibles from \$500 to \$1,000 for each employee. We've also made a switch from a PPO plan to an HMO plan to help mitigate the rising costs of healthcare for our company and our employees alike.

Having a business expense that increases so significantly year after year strains our budgets in small businesses like ours. I'm also very concerned about the burden that rising premiums have and cost sharing on our employees. Part of the rising cost of healthcare is caused by the uncompensated care of cost shifting in the healthcare system and that is the end result. Creating an uncompensated care fund would make our healthcare system more efficient and reduce the need to shift the costs of uncompensated care across the healthcare system, making healthcare more affordable for businesses and our employees alike.

I ask you to please make it easier for businesses and our employees to afford healthcare coverage and insurance each year by supporting Senate Bill 158. Thank you very much.

Senator Kathleen G. Sgambati, D. 4: Thank you, Tim. Questions?

Mr. Howe: I'll hand out some testimony to the Committee members as well. See written testimony of Tim Howe attached hereto and referred to as Attachment #5.

Senator Kathleen G. Sgambati, D. 4: Okay, great. Thank you. And we will make sure the other members get that.

Mr. Howe: Thank you.

Senator Kathleen G. Sgambati, D. 4: I am going to ask, with four more people signed up, if your points have already been repeated, that you just express your support for the bill. Katherine Klem.

Katherine Klem: Good morning to you all, and Happy St. Patrick's Day.

Senator Kathleen G. Sgambati, D. 4: Thank you.

Ms. Klem: My name is Katherine Klem and I'm the grassroots coordinator for the American Cancer Society here in New Hampshire. Thank you for the opportunity to speak. Just want to say that the American Cancer Society strongly supports this legislation, because we think it will equip you as state leaders and us as private citizens with better knowledge to figure out how we can better reimburse those who care for the un- and underinsured. You know, this is about people. Today's all about luck, right, and this is about people who really haven't lucked out. They are either uninsured or underinsured. Thousands of them work but still can't find a way to adequately get the healthcare that they need. You know, our system for various reasons has let them fall through the cracks and we owe it to those who generously provide those healthcare services to them, to, you know, pay them at a rate that better reflects their value to society.

And before I leave, I just want to say, you know, when I think of the value of a potential uncompensated care fund, I'm thinking about the hundreds of people I've met across the state who so would benefit from this potential fund. I think of Joanne, she's a woman from Merrimack. When she was diagnosed with cancer last year, she had no idea how it would change her life. She lost everything because of it. She lost her 401(k), her savings, she lost her job, her health insurance because she needed more time off of work than her job would allow. She's now on food stamps and she is scraping together the medical care she needs to beat cancer. And you know, the manufacturer of her drug donated that drug to her for free. We need to make sure that manufacturers like that, that providers who treat people like Joanne are, again, valued for the contribution they're making to our society.

If you have any questions, I'd be happy to answer.

Senator Kathleen G. Sgambati, D. 4: Thank you. I think we're all set, thank you.

Ms. Klem: Thank you.

Senator Kathleen G. Sgambati, D. 4: Keith Blessington. Good morning.

Keith Blessington: Good morning. My name is Keith Blessington, I live here in Concord. I support Senate Bill 158. I had two cancers, this is personal. I had two cancers, stomach cancer and plasmacytoma cancer of the spine. These were diagnosed in June and July 2008. On account of these cancers and the surgery for and subsequent treatment of chemo and radiation for six months, I was not able to work. I was self-employed. To pay for my bills, I took out two loans from Citibank and Chase for \$20,000 each, so that's how I got by.

Besides the mental stress of finding out that I had stage 3-b cancer, I also had to deal with the prospect of figuring out how I would pay for all my medical bills. I was on COBRA through June 30, 2008 and this covered my initial operation. However, I received, COBRA ended on June 30th. I received treatments, chemo and radiation. My doctor bills and prescriptions since June 30th total a whopping \$152,000 and counting. I was able to get private catastrophic coverage at \$1,120 per month, but I still had a \$1,000 deductible and a \$2,500 co-payment. Concord Hospital decided they would cover as much as possible of these co-pays and deductibles for me. I would ask that the State look into creating an uncompensated healthcare fund that would help defray some of these costs that Concord Hospital and other healthcare providers have chosen to eliminate from their patients. Concord Hospital, by eliminating these charges, helped me put all my effort into dealing with the treatments, the burns on my face, my mouth, my lips, my throat, loss of 40 lbs. in weight, and trying to just get better. This is a classic case of hospitals and doctors providing uncompensated healthcare, not just for the uninsured but for the underinsured like me.

I have, earlier I heard people talking about their credit scores. When you end up going to doctors for cancer, you end up getting bills from 20, 30 different doctors. They come from all over the place. You have a lot of small amounts that are left over, 20, 30, 150, 170, 180. And you can easily forget these bills and if you do, they'll go into collect, they'll affect your credit score. And what happens is you end up having to pay more money on loans that you may have that you took out to pay for doctor bills and money just gets burnt. Some of these small bills, if they were compensated, would eliminate that and more dollars would go in the right places, as opposed to banks and credit card companies getting the money.

As of right now, I am cancer free. I had PET scans and bone marrow biopsies and CAT scans and an endoscope, which all have come back as clear. I can only thank all the healthcare providers, the doctors, the radiologists, radiation therapists, nurses and all of the staffs who have shown such care and caring for my wellbeing. I really do believe that not worrying about

costs too much helped me heal. For those in the healthcare industry, I thank you for your help. For those in government and for the citizens who pay the freight, I think it would be a good idea to look into setting up this fund to help compensate their generosity. Thank you.

Senator Molly Kelly, D. 10: Thank you.

Senator Kathleen G. Sgambati, D. 4: Thank you very much, sir, and thank you for sharing that and we wish you health.

Mr. Blessington: Thank you.

Senator Kathleen G. Sgambati, D. 4: Sara Burbee.

Sara Burbee: Good morning.

Senator Kathleen G. Sgambati, D. 4: Good morning.

Ms. Burbee: I want to, my name is Sara Burbee, and I want to thank you for allowing me the opportunity to provide testimony in support of State Bill 158. I live in Meriden, work as a registered nurse at Valley Regional Hospital in Claremont, and my husband John and I own and operate City Auto Sales and RV in Newport. I'm here today to share with you my personal story and concerns on how an educated, financially secure, fully insured nurse and small business owner with an understanding of the healthcare and insurance systems, is not only having trouble navigating a course of recovery for my husband, but is also becoming overwhelmed by the financial burden that has become my personal responsibility.

On July 18, 2008, my husband flew to Virginia to purchase a motor home for resale, and was driving it home when he was involved in a motor vehicle accident. The accident, which took place in Pennsylvania, was caused by a careless driver that sped through a red light, striking an SUV. The SUV flew through the air toward my husband's vehicle, colliding and landing on the front of the motor home. My husband was innocently sitting at the intersection, waiting to make a left hand turn.

Consequently, he has acquired a traumatic brain injury and continues to suffer from many debilitating symptoms. He suffers from short term memory loss, behavioral changes, cognitive deficits. He is unable to do simple math or perform a sequence of simple tasks. Constant and intense headaches, a loud ringing in his ears, severe insomnia, nausea, loss of appetite, speech apraxias, imbalance and vertigo with frequent falls at home, not to mention the depression, anxiety, worry and hopelessness he

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feels. Since the accident, we have had to fight for much of the care he has received. Over and over we were repeatedly told that his symptoms were normal for the type of accident he sustained, and that he just needed to give it some time and the symptoms will go away. John has been denied the rehabilitative care he needs and deserves by both his workers compensation insurance company and by our private health insurance company.

John is a third generation owner of a very successful auto and recreational vehicle dealership. He is an extremely productive member of our community. He employs several people in well paying jobs, he serves on local executive boards and is also a member of local chambers of commerce. He owns several rental properties in our town, providing housing to many low income families. John has always been a hard working, ambitious person, greatly respected by a multitude of people of varying professions.

Being a small business owner, John has carried workers compensation insurance through the N.H. Automobile Dealers Association for well over 15 years. During that time, we have not made a single claim. They have denied his claim stating causal relationship to employment. One of the many jobs he performed as a dealer-principal was to seek out and purchase vehicles for resale. This frequently involved traveling and also involved transporting those vehicles back to the dealership. It is completely incomprehensible to us that the NHADA is denying the claim, based on the fact that they don't see the direct relationship of the accident to his job.

Since his motor vehicle accident, our lives and our children's lives have changed dramatically, innocently altered by another driver who just wasn't paying attention. At times he has become so agitated that he has snapped at and hollered at our children for minute things and they are just too young to understand the complex nature of traumatic brain injury. Of course, he feels miserable after he realizes what he has done, but he has no control over his impulsiveness at times.

He has been unable to work since his accident due to the altered thought processes. He is unable to add or subtract even simple numbers. This is a huge change from being in the automobile industry his entire life and being able to figure someone's payment in his head. He is unable to sit and read the newspaper, something he looked forward to every day, because he does not remember what he has just read. He needs to wear sunglasses indoors, as many lights are too bright and aggravate his headaches. He stutters and his speech is very slow and forced. This embarrasses him immensely, as he has always relied on his gift of gab in his sales career. His balance is compromised and he unable to walk without the use of a cane or a walker,

and even then he is unsteady and often holds onto the wall for support. He has fallen several times at home due to his balance issues.

He is unable to drive due to his poor judgment, short term memory loss and altered response times. Several times after exiting a store, he is unable to remember what vehicle is ours or where we are going or even where we are. He has not been able to care for his rental properties, resulting in several vacant units, because he is unable to perform the necessary improvements needed, nor is he able to perform the duties required in hiring a contractor and directing the work that needs to be done. This has not only resulted in a loss of rental income, but has decreased the number of available housing units to the families in our community.

Back in November, John became so depressed and frustrated with not only his condition but with the healthcare system, that he nearly took his own life with an overdose of Amitriptaline. One can only imagine the disappointment he feels every single day. Anyone who has ever done any business with John will tell you that he goes a mile a minute.

He was a dreamer and a planner, always calculating his next move. He enjoyed life and embraced the challenge of not just meeting people's demands but exceeding their expectations. Whenever I would complain that life was just too chaotic or that I was too busy or that I didn't want to do something because it was too hard, he would constantly tell me nothing is easy. If it were easy, everybody would be doing it. TBI is certainly not easy.

John was recently accepted for rehabilitation at HealthSouth Rehabilitation Hospital here in Concord, and it was like a light came on for him. He was much more hopeful than I had seen him in a long time. He had such a flat affect for so long that it was promising to think that he was going to get some well deserved assistance in his recovery. After arriving at HealthSouth, he settled right in and got hard to work in his daily therapies, and after just a few days, he was truly beginning to make some progress. Unfortunately, however, on a Friday afternoon, a representative from our insurance company called to say they were no longer going to pay for John's healthcare at HealthSouth. To say we were both devastated is an understatement. It was like the rug had just been pulled out from under our feet. We were given the choice, if you can call it that, of leaving the facility that very day or staying at HealthSouth as a self-pay, at very special discounted rate of \$1,100 per day. Because John was making such tremendous progress, we did decide to remain at the facility for another seven days of therapy, absorbing the phenomenal financial burden ourselves.

It is absolutely maddening and breaks my heart to know that there's quality care available, but no one will agree to invest in John's future by paying for the treatment he needs and deserves. Hundreds of thousands of dollars have been privately invested by me and my husband in the purchase of workers compensation insurance and health insurance over the past several years. We acted responsibly for so many years by paying the rising premiums and trusted in the insurance providers that, should the unfortunate time ever arise when we needed to tap into that policy, the funds would be made available for appropriate care. One never expects or plans to be in this situation, but I am at a huge loss right now. I am personally asking for your help in navigating this situation and ensuring that quality, affordable and suitable healthcare be made available not only to my husband, but to all New Hampshire residents. Wouldn't you hope for that if you found yourself in such a similar situation?

It is imperative, now more than ever in this turbulent economy, that we make effective and appropriate changes to our healthcare system. Small businesses are the cornerstone of New Hampshire's financial system. These very businesses that drive our economy, my husband's dealership and those of us that are fortunate enough to have health insurance, are struggling beyond belief as the cost of coverage and basic care continues to escalate out of control, in part due to health care cost shifting. Devising an uncompensated care fund to help cover the cost of care delivered to the uninsured would help to prevent and minimize cost shifting, increase the efficiency in the way we deliver care, lowering costs for everyone.

Senator Kathleen G. Sgambati, D. 4: Sara, I'm going, you know, you've obviously...

Ms. Burbee: I'm finished.

Senator Kathleen G. Sgambati, D. 4: ...put a great deal of heart and thought into the testimony, and we appreciate your sharing your story.

Ms. Burbee: I'm finished and I just hope that you support State Bill 158.

Senator Kathleen G. Sgambati, D. 4: Thank you very much and thank you for the all time you've put into that. Senator Hassan.

Senator Margaret Wood Hassan, D. 23: Thank you, Madam Chair, and members of the Committee. For the record, my name is Maggie Hassan and I'm honored and privileged to represent the people of District 23 in the New Hampshire Senate. I can't add to the testimony I just heard, or to the testimony I expect you've already heard and will hear, about the fractured

and difficult state of our healthcare system, to say the least. The purpose of my sponsoring this bill and I'm joined on it with some of you, is simply to try to take a first step at understanding which of our providers in this state are truly providing the most amount of care to the uninsured and making sure that we have a rational way to pay for that, and making sure that the burden on our various providers of the uninsured is equalized in some way.

That seems to me to be an important first step in terms of understanding what possibilities there are, to really have a healthcare plan in this state that recognizes the cost of the uninsured and finds a way to provide a safety net for them. That's the purpose of the study commission that is outlined in the bill. I have received inquiries from a variety of providers or provider representatives about the membership on the commission. I am happy for this Committee, which is well suited to review the membership of the commission as it is stated in this bill, and make revisions as necessary.

The only thing I would ask is that we don't get lost in the discussion of process here. I believe, and I think there are many in the Senate, and in the House, and in the executive branch, and certainly the citizens who are here this morning, that this is an urgent problem, especially for our community health centers who are operating on very limited cash flow, the ability to have any kind of safety net at all in this state right now for uninsured is at risk. And this commission has the potential for itself designing an uninsured fund or advising policy makers who may be deciding in the next few months to try to do it in their own way, perhaps as part of the budget process, I don't know. What I don't want to do is have a discussion of process or membership derail the underlying effort, which is to get at this problem as fast as we can. At the very least, we need to have a transparent and open reimbursement and payment system in this state, and understand who's doing what, so as I said, we can provide an adequate safety net.

With that, I will close my testimony. I would normally be happy to take questions, but I'm chairing a hearing on the WARN Act across the street, so if I could excuse myself, I'd like to be able to do that.

Senator Kathleen G. Sgambati, D. 4: Thank you, Senator. We have four more speakers, and I'd like to wrap it up in about four minutes, because we have other people waiting.

Sure, on this bill?

Hillary St. Pierre: Yes.

Senator Kathleen G. Sgambati, D. 4: And?

Ms. St. Pierre: Hillary St. Pierre.

Senator Kathleen G. Sgambati, D. 4: Okay, you were next anyway. Thank you, Hillary.

Ms. St. Pierre: Thank you for taking me. My name is Hillary St. Pierre. I am a 26 year old married mother of one from Charlestown, New Hampshire. I'm a former critical care nurse and emergency department nurse with a bachelor's degree in science. I'm also a cancer patient.

I was diagnosed three years ago, at the age of 23, with Hodgkins lymphoma. Since my diagnosis, I have received all traditional chemotherapy and radiation treatments. My last diagnostic scan was suspicious but not definitive for recurrent disease.

I am in support of the bill. I'm very fortunate that I am able to speak and help find a solution to New Hampshire's problem of uncompensated care. We are all at risk of being faced with unaffordable medical bills, even those of us with insurance and with education. As a patient, I know if my doctor requests a diagnostic scan, specifically a PET scan, and writes recurrent Hodgkins lymphoma as a reason for the study, the query will be refused. Insurance companies do not cover recurrent Hodgkins lymphoma or restaging for resistant lymphoma. They cover nodular sclerosing. In PET scans alone, my insurance companies have denied, then accepted on resubmittal, over \$50,000. Many people cannot afford to pay this and do not have the strength to fight and have no other option but to go without care. A study in 2006 by CANCER found that 20 percent of cancer survivors chose to forego recommended care. This is 20 percent of survivors. The number does not include those who died and lost their lives due to inability to pay and access care.

I've been asked for my \$100 co-payment prior to administration of antibiotics in an emergency room of one of the best hospitals in New Hampshire. I presented with a fever of a 102° and chills post-stem cell transplant. Several weeks earlier, I had experienced respiratory failure, requiring intubation and mechanical ventilation for eight days. I had presented with the same fever and chills. I had only been discharged seven days earlier. I was still asked to submit my co-payment prior to treatment.

I don't fight for this coverage alone. Advocates at hospital billing departments call on my behalf. My personal advocate estimates she spends three to four hours weekly advocating for payment. She's done this professionally for 25 years and says she makes as much as a low level

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registered nurse. \$32 per hour for three weeks (sic) every week of the year costs an astounding \$4,992 just to advocate for my care. At the higher end, four hours weekly would cost a hospital \$6,656 to fight for one patient. That patient's me!

I feel lucky to have health insurance and to have assistance ensuring my expenses are covered. But most of us are not so lucky and may be forced to go without the care they need. If these costs could be saved, then barriers to care could be eliminated if state leaders have the information to determine how to improve, excuse me, improve our healthcare system.

In the late 1990s, the cost of term life insurance suddenly dropped dramatically. Consumers began saving \$1 billion 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. Suddenly the difficult task of understanding which plan meets a person's need for the least amount of money was clear. Competitors were forced to lower their prices. The expert consumer gap was narrowed. Consumers could now buy insurance and make educated decisions regarding their needs efficiently, due to transparency in the process. The study commission proposed by this bill will allow stakeholders and state leaders to determine how to improve the system for everyone, with innovative ideas such as this.

Transparency has allowed and helped ensure the system works for consumers before. It can help again. I hope and believe it will happen in New Hampshire and that through the support of this senate bill, we cannot only reform the current healthcare system, but revolutionize it.

Senator Kathleen G. Sgambati, D. 4: Okay, thank you.

Senator Molly Kelly, D. 10: Thank you.

Ms. St. Pierre: Thank you for hearing me. See written testimony of Hillary St. Pierre attached hereto and referred to as Attachment #6.

Senator Kathleen G. Sgambati, D. 4: Thank you very much, Hillary, and thank you for your patience. Jackie Cowell. Is there anything you need to add? And if I can ask you to just add anything, as opposed to repeat?

Jackie Cowell: Will do. Good morning. My name is Jackie Cowell from Early Learning New Hampshire. Good morning, Senator Sgambati and members of the Committee. Very quickly, the only thing I have to add. We are in support of the bill. As you know, the majority of people working in

childcare are not covered by health insurance through their employer. We are in support of anything that keeps health insurance costs down. Most are not covered by their employer because it's either not offered or even when it's offered, it's too expensive. Someone up in New Hampton, for instance, was paying \$70 a week out of her paycheck for her health insurance. That's a full day's pay. So we really want to be able to keep the insurance costs down. Thank you.

Senator Kathleen G. Sgambati, D. 4: Thank you very much, Jackie. Lisa Kaplan Howe.

Lisa Kaplan Howe: Thank you. My name is Lisa Kaplan Howe, I'm the Director of New Hampshire Voices for Health, which is a network of consumer and advocacy organizations and individuals dedicated to securing quality affordable healthcare for all. And we represent 200,000 people statewide.

I'll keep this very brief and I have written comments, as well as comments from a number of business people and consumers who wanted to share their comments but couldn't be here. As you've heard, an uncompensated care fund would help to support the small businesses of our state, the consumers of our state, and our state as a whole, making sure that our healthcare system is as strong as it needs to be. And we strongly support this bill and ask you to report it ought to pass.

We also ask you to ensure a strong consumer representation on the commission by specifying that the member of the public to be appointed by the Governor is a healthcare consumer who's either uninsured or underinsured. I'm happy to be a resource to you in finding that person, and please don't hesitate to contact us if we can be support to you. **See written testimony of Lisa Kaplan Howe attached hereto and referred to as Attachment #7.**

Senator Kathleen G. Sgambati, D. 4: Okay, thank you very much.

Ms. Kaplan Howe: Thank you.

Senator Kathleen G. Sgambati, D. 4: And last but not least, Ruth Heeden.

Ruth Heden: Ruth Heden from Granite State Organizing Project, representing 30 faith and value based organizations in south central New Hampshire. We are in support of the bill and I would echo the last speaker, and just share that when you have someone who is at the bottom of the pyramid, so to speak, and in need of a service at the table working with you,

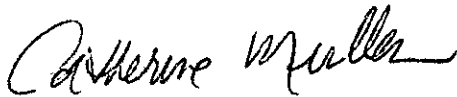
that it motivates and energizes the work of the group and keeps us all accountable and helps us get beyond process to the task at hand. Thank you.

Senator Kathleen G. Sgambati, D. 4: Thank you very much.

I also just want to note that we have representatives from AARP, NH Voices for Health, Senator Gilmour, Kim Bruno from Tender Years, Katrina Watson, Stuart Trachy for the National Association of Social Workers, Katie Bishop from Early Learning New Hampshire, Kaley Lentini from Manchester, Victor St. Pierre, along with Heather Robertson from DHMC and Toni La something, I'm sorry, I can't read it, all in support of the bill but not wishing to speak. And with that I would like to close the hearing on Senate Bill 158.

Hearing concluded at 9:15 a.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Catherine Mullen".

Catherine Mullen
Senate Secretary
3/17/09

7 Attachments



Attachment # 2

Testimony in Support of SB 158

Contact:

Robert Chambers, President & Co-Founder of Bonnie CLAC

robertchambers@bonnieclac.org

866-455-2522 x305

603-667-3319 (mobile)

I am here to testify in support of SB 158. I am speaking here as the President and Founder of Bonnie CLAC, a 501(c)(3) that helps low-income individuals in New Hampshire, and as an employer with 14 full time and 4 part time employees.

Bonnie CLAC is a nonprofit organization that provides financial literacy education; car-purchase counseling and loan guarantee services at 8 offices throughout the state of NH. We help our clients rebuild their credit and take control of their finances; we guarantee their car loans so they can access a very low interest rate; and we guide them to purchase reliable, fuel-efficient cars.

Fourteen percent of Bonnie CLAC's clients go through deep transformations from generational poverty and major life crises. These clients typically spend about 13 months in counseling. An additional 34% our clients have experienced some life crisis such as bankruptcy, divorce or major medical problems; these clients spend 6.5 months in counseling on average. **31% of our clients are first-time buyers or are in need of minor credit repair; these clients typically spend about 3.5 months in counseling.** This segment of Bonnie CLAC clients typically consists of young buyers less than 26 years of age.

In 2007, the Carsey Institute at the University of NH did an independent study of Bonnie CLAC's client outcomes and released some dramatic findings about our clients, including: 68% increased their credit scores; 73% reported an improvement in their overall financial situation; and 52% increased and improved their access to health care. The job-related outcomes most affected by program participation are linked to getting to work reliably and consistently. Fifty percent (50%) of clients report improvement in actually getting to their jobs; almost 40% report improvement in arriving to work on time; and about 35% report being able to work a steadier schedule. These improvements are likely to result in long-term employment benefits such as job advancement and enhanced performance evaluations.

Bonnie CLAC has worked with 9156 clients. 1052 have graduated from our program, bought a vehicle with bonnie CLAC's loan guarantee and graduated from our Financial Literacy class. Most of our clients are uninsured, a significant number have suffered financial difficulty because of Medical debt.



Fourteen percent of Bonnie CLAC's clients go through deep transformations from generational poverty and major life crises. Very few of these clients come to Bonnie CLAC with medical insurance. These clients typically spend about 13 months in counseling. An additional 34% our clients have experienced some life crisis such as bankruptcy, divorce or major medical problems; these clients spend 6.5 months in counseling on average. A majority of these clients do not have medical insurance.

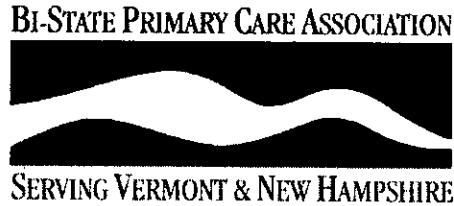
Many low income individuals are intimidated by medical institutions and do not understand how to deal them. They have a tendency to bury their heads in the sand and ignore medical bills that have been generated most often as expensive medical emergencies. We find that these individuals ignore the bills and fail to negotiate with the medical providers for forgiveness. These medial debts are then sold off to bill collectors. Once these debts have been sold to the bill collectors it destroys the credit of these individuals and they are hounded day and night, often with intimidating and illegal bill collecting practices.

One Bonnie CLAC client came in crying that a bill collector had told her that he was going to have her arrested and put in jail if she did not turn over her checking account that very night. Fearful that her child would be left alone she gave him her checking account number and he withdrew her entire inheritance of \$2,000 from her checking account.

Creating an uncompensated health care fund would enable our medical providers to receive reasonable compensation for these services and not force them to cost shift to insured individuals. This fund would also help protect the credit of New Hampshire's low-income families.

Bonnie CLAC clients are often without health insurance; as they frequently work low-wage, temporary or seasonal jobs that don't offer health insurance. These individuals are also more likely to move or change jobs, encountering additional barriers to maintaining continuous health insurance.

All NH citizens would benefit from an uncompensated health care fund, especially our most vulnerable low income citizens. Many small NH businesses would also benefit from this Bill, as they would be able to offer a more affordable health care program to their employees. I strongly support the passage of SB 158.



To: Senator Sgambati, and Members of the Senate 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."

Senator Sgambati and distinguished members of the Senate 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.

Due to the fact that Bi-State Primary Care Association represents 14 CHCs and other providers of care to the uninsured across the state, we would respectfully request that we be added to the list of representatives to the membership of the commission. Thank you for your consideration. I would be pleased to answer any questions.



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Chairwoman Sgambati
Senate Health and Human Services Committee
Testimony of American Heart Association
March 17, 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 Sgambati, Vice-Chair Gilmour and members of the committee. Thank you for the opportunity to testify in support of SB 158. My name is Nancy Pederzini, Director of Advocacy for the American Heart Association in New Hampshire.

“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 preventative 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.



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,

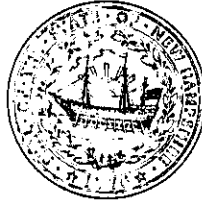
A handwritten signature in cursive script that reads "Nancy Pederzini".

Nancy Pederzini
Director of Advocacy, NH
American Heart Association

**ATTORNEY GENERAL
DEPARTMENT OF JUSTICE**

33 CAPITOL STREET
CONCORD, NEW HAMPSHIRE 03301-6397

KELLY A. AYOTTE
ATTORNEY GENERAL



ORVILLE B. "BUD" FITCH II
DEPUTY ATTORNEY GENERAL

March 16, 2009

Senator Kathleen G. Sgambati
Chair Senate Health and Human Services Committee
State House Room 103
Concord, NH 03301

Re: Senate Bill 158 establishing a commission to study the creation of an uncompensated care fund to provide payments to certain health care providers.

Dear Senator Sgambati:

For the record I am Terry Knowles the Assistant Director of Charitable Trusts in the office of the Attorney General. The Attorney General respectfully requests SB 158 be amended to include the Attorney General or designee as a member of the commission to be established by this bill.

The Attorney General's Charitable Trusts Unit has the statutory and common law responsibility to supervise and enforce the laws relating to charitable trusts and charitable organizations. This authority includes administration of the community benefits reporting statute applicable to all healthcare charitable trusts. Since many of New Hampshire's healthcare charitable trusts provide charity care for the benefit of the uninsured and underinsured in the state the Attorney General or designee is in a position to provide information and data that may be of assistance in the commission's deliberations.

The Attorney General therefore respectfully requests SB 158 be amended.

Very truly yours,

A handwritten signature in black ink that reads "Terry M. Knowles".

Terry M. Knowles, Assistant Director
Charitable Trusts Unit
(603) 271-3591
terry.knowles@doj.nh.gov

TMK:ab



**Testimony of Tim Howe
before the
Senate Health and Human Services Committee
March 17, 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 Sgambati, Vice-Chair Gilmour 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.

Hello. My name is Hillary St. Pierre. I am a twenty-six year old married mother of one from Claremont. 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 fortunate that I am able to be here to speak and find a solution to NH's problem of uncompensated care.

We are all at risk of being faced with unaffordable medical bills, even those of us with insurance. 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.

Many people who cannot afford to pay for the care have no other option but to go without that care. 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.

I feel lucky to have health insurance and to have assistance ensuring my expenses are covered. Without this assistance, I may be labeled as unable to pay and may be forced to go without the care I need.

These projected costs to hospitals could be saved and barriers to care could be eliminated if our state leaders had the information you need to determine how to improve our health care system and how to help fund uncompensated care. Information and transparency is powerful and setting up a commission to study the creation of an uncompensated care fund is an important step toward improving our health care system.

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 innovative ideas and theories such as this that can allow them to develop a fund, a safety net for NH residents, to help cover the cost of care delivered to the uninsured and underinsured. This will also help lower health care costs for all of us.

Transparency has helped ensure the system works for 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.



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

Attachment # 7

**Senate Health and Human Services Committee
March 17, 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 Sgambati, Vice-Chair Gilmour 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.

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

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>

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 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 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 are grateful that SB 158 calls a broad set of stakeholders to be included on the proposed commission, including a member of the public. We urge you to specify that the member of the public to be appointed by the Governor be a uninsured or underinsured health care consumer. This will ensure that the commission will benefit from the critical perspective that only a person who has experienced a need for the safety net can provide.

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 Lisa Kaplan Howe, Director of NH Voices for Health 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>

Speakers

Please Do NOT Remove

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Senate Health and Human Services Committee: Sign-In Sheet

Date: 3/17/09

Time: 8:30 A.M. Public Hearing on SB 158

SB 158

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

Name PLEASE PRINT Representing

✓ Robert Chambers	Bonnie CLAC	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Bill Hamilton	AARP NH	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Craig E. B. B. B.	NH Veterans For Health	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
✓ Tyler Branner	NH Insurance Dept	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sen. Gilmore	Dist-12	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Kimi Bruneau	SEN Tender Years	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Catrina Watson	NHHS	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
✓ Vanessa Santarelli	Bi-State Primary Care Assoc	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ Nancy Pedersini	American Heart Assoc	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ TERRY KNOWLES	attorney Sen.	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ Katherine Klem	American Cancer Society	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ Tim Howe	CityFuel/Dave's Septic	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Stuart Trachy	NH Chapter - N.A. Soc. Workers	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
✓ Jaeline Conwell	Early Learning NH	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ Keith Blessington	self	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Katze Brissett	Early Learning NH	Support <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Testimony

New Hampshire for Health Care

a project of SEIU

Statement of John J. Thyng Jr., NH for Health Care State Director, 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 of us who use the health care system by lowering costs.

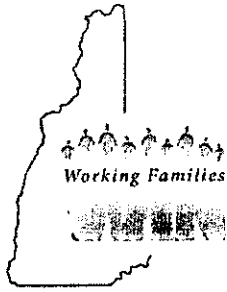
SB 158 also allows us to address sustaining a strong safety net for families who do not have health insurance or any other means to cover the cost of their care. Medical debt is a very real and threatening possibility for many New Hampshire families, and concern about it leads some to delay seeking medical 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.

New Hampshire for Health Care is part SEIU's Change That Works campaign, a national grassroots campaign working to rebuild the middle class by advocating for access to quality, affordable health care for every American. For more information visit:

www.NHforHealthCare.org

Submission B



Testimony from Working Families Win SB 158 – Uncompensated Care Pool

March 17, 2009

Dear Members of the Senate Health and Human Services 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.

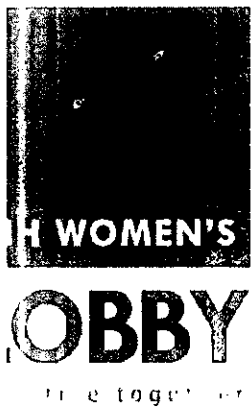
SB 158 helps move us in this direction by reducing cost-shifting while continuing to protect the safety net for those most vulnerable or in economic distress.

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@wfwins.org
603-354-0108
www.workingfamilieswin.org

Submission C



Senate Health and Human Services Committee

March 17, 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 Sgambati, Vice-Chair Gilmour 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

Nikki Murphy, LICSW · Director · NH Women's Lobby · PO Box 1072 Concord, NH 03302
Phone 603-224-9105 · Fax 603-224-0033 · info@nhwomenslobby.org · www.nhwomenslobby.org

Submission 1

Dear Senators:
Hon Kathleen Sgambati,
Hon Peggy Gilmour
Hon Molly Kelly
Hon Michael Downing
Hon John Gallus

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

Submission E

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

March 12, 2009

Senator Kethleen G. Sgambati
Statehouse
107 North Main Street, Room 302
Concord, NH 03301

Dear Senator Sgambati:

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

Submission F

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

March 12, 2009

Senator Kethleen G. Sgambati
Statehouse
107 North Main Street, Room 302
Concord, NH 03301

Dear Senator Sgambati:

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



Submission 6

National Alliance on Mental Illness NH

To: Senate Health and Human Services
From: Michael J. Cohen, Executive Director
Date: March 17, 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 Sgambati, Vice-Chair Gilmour and Committee Members:

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 healthcare, persons with mental illness will be able to get care earlier which means a greater likelihood that the illness will end up having fewer burdens on the individuals, their families and the health care system.

NAMI NH strongly supports SB 158. 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 depends on a healthy and competent workforce, and our state, our communities, and our economy thrive when our residents and 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, in the last 2 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, driven by health care costs that are rising significantly faster than inflation and cost-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 many persons default on

Improving the Lives of All Persons Affected by Mental Illness and/or Serious Emotional Disorders

15 Green Street ★ Concord, NH 03301

InfoLine: (800) 242-6264 ★ PH: (603) 225-5359 ★ FX: (603) 228-8848

www.naminh.org ★ E-Mail: info@naminh.org

Affiliates / Support Groups throughout New Hampshire

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 nonprofit 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, allow them to access the care they need to remain healthy and productive. NAMI NH believes an uncompensated care fund 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 that 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 that 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 having to reduce needed services to the more seriously mentally ill.

We urge the Committee to pass SB158 which 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!



Michael J. Cohen, MA, CAGS
Executive Director

Voting Sheets

Senate Health and Human Services

EXECUTIVE SESSION

Bill # SB 158

Hearing date: 3-17-09

Executive session date: 3-24-09

Motion of: OTP # 0525

VOTE: 5-0

<u>Made by</u>	Sgambati	<input type="checkbox"/>	<u>Seconded</u>	Sgambati	<input type="checkbox"/>	<u>Reported</u>	Sgambati	<input type="checkbox"/>
<u>Senator:</u>	Gilmour	<input type="checkbox"/>	<u>by Senator:</u>	Gilmour	<input type="checkbox"/>	<u>by Senator:</u>	Gilmour	<input type="checkbox"/>
	Kelly	<input checked="" type="checkbox"/>		Kelly	<input checked="" type="checkbox"/>		Kelly	<input type="checkbox"/>
	Gallus	<input type="checkbox"/>		Gallus	<input checked="" type="checkbox"/>		Gallus	<input type="checkbox"/>
	Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>
	Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>

Motion of: OTP/A

VOTE: 5-0

<u>Made by</u>	Sgambati	<input type="checkbox"/>	<u>Seconded</u>	Sgambati	<input type="checkbox"/>	<u>Reported</u>	Sgambati	<input checked="" type="checkbox"/>
<u>Senator:</u>	Gilmour	<input type="checkbox"/>	<u>by Senator:</u>	Gilmour	<input type="checkbox"/>	<u>by Senator:</u>	Gilmour	<input type="checkbox"/>
	Kelly	<input checked="" type="checkbox"/>		Kelly	<input type="checkbox"/>		Kelly	<input type="checkbox"/>
	Gallus	<input type="checkbox"/>		Gallus	<input checked="" type="checkbox"/>		Gallus	<input type="checkbox"/>
	Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>
	Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>		Downing	<input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Sgambati, Chairman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Gilmour, Vice-Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Kelly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Gallus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Downing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Amendments: _____

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE
SENATE
REPORT OF THE COMMITTEE

Date: March 24, 2009

THE COMMITTEE ON Health and Human Services

to which was referred 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.

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

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 0852s

Senator Kathleen G. Sgambati
For the Committee

Cathy Mullen 271-4151

New Hampshire General Court - Bill Status System

Docket of SB158

Docket Abbreviations

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

Official Docket of SB158:

Date	Body	Description
01/08/2009	S	Introduced and Referred to Health and Human Services; SJ 2 , Pg.30
02/05/2009	S	Hearing; === CANCELLED === February 17 , 2009, Room 103, State House, 8:30 a.m.; SC10
02/05/2009	S	Hearing; === RESCHEDULED === March 17, 2009, Room 103, State House, 8:30 a.m.; SC10
03/24/2009	S	Committee Report; Ought to Pass with Amendment {0852s} [03/25/09]; SC16A
03/25/2009	S	Committee Amendment {0852s}, AA, VV; SJ 9 , pg.148
03/25/2009	S	Ought to Pass with Amendment {0852s}, MA, VV; OT3rdg; SJ 9 , pg.148
03/25/2009	S	Passed by Third Reading Resolution; SJ 9 , pg.156
03/26/2009	H	Introduced and Referred to Health, Human Services and Elderly Affairs; HJ 29 , PG.1196
03/31/2009	H	Public Hearing: 4/7/2009 11:00 AM LOB 205
04/07/2009	H	Subcommittee Work Session: 4/14/2009 9:00 AM LOB 205
04/14/2009	H	Subcommittee Work Session: 4/21/2009 9:00 AM LOB 205
04/21/2009	H	Subcommittee Work Session: 4/29/2009 11:00 AM LOB 205
05/05/2009	H	Executive Session: 5/26/2009 10:00 AM LOB 205
05/26/2009	H	Retained in Committee

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

SB 158 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: 1 thru 7

SIGN-UP SHEET (2)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- AMENDMENT # 0825

_____ - 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: A thru G

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

7/7/09

3/26/09

Jessica Sokelanel for:
Catherine Mulla
COMMITTEE SECRETARY