

Bill as Introduced

HB 629-FN - AS INTRODUCED

2011 SESSION

11-0799
01/03

HOUSE BILL

629-FN

AN ACT

relative to the uninsured health care database.

SPONSORS:

Rep. Hunt, Ches 7

COMMITTEE:

Commerce and Consumer Affairs

ANALYSIS

This bill repeals the uninsured health care database.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 629-FN - AS INTRODUCED

11-0799
01/03

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eleven

AN ACT relative to the uninsured health care database.

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

- 1 1 Repeal. The following are repealed:
- 2 I. RSA 126:25, IV and V, relative to data to be submitted pursuant to RSA 126-S.
- 3 II. RSA 126-S:1 through RSA 126-S:3, relative to the uninsured health care database.
- 4 2 Effective Date. This act shall take effect 60 days after its passage.

LBAO
11-0799
01/19/11

HB 629-FN - FISCAL NOTE

AN ACT relative to the uninsured health care database.

FISCAL IMPACT:

The Office of Legislative Budget Assistant is unable to complete a fiscal note for this bill as it is awaiting information from the Department of Health and Human Services. When completed, the fiscal note will be forwarded to the House Clerk's Office.

HB 629 FISCAL NOTE

AN ACT relative to the uninsured health care database.

FISCAL IMPACT:

The Department of Health and Human Services and Department of Insurance stated this bill will decrease state expenditures and revenue by indeterminable amounts in FY 2012 and in each year thereafter. There will be no fiscal impact on county and local revenues or expenditures.

METHODOLOGY:

The Department of Health and Human Services stated the bill repeals the 2009 state law requiring the Department of Health and Human Services and the Department of Insurance to develop an uninsured health care database. With the repeal this of requirement the Department will avoid the development costs. These costs are not known. To date, only rules have been promulgated and those rules were written using existing resources.

The Department of Insurance stated this bill will decrease state expenditures and may decrease state revenue. The Insurance Department assumed the cost of collecting and consolidating the data would have been approximately \$40,000 in the first year and lower in the following years. Administrative costs related to the community health centers were estimated at \$200,000 over the first two years. The Department stated there may be a decrease in restricted revenue associated with the savings, as the Department would not have to assess these costs to fund their administrative expenses.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 629-FN

BILL TITLE: relative to the uninsured health care database.

DATE: 2-24-11

LOB ROOM: 302 **Time Public Hearing Called to Order:** 11 am

Time Adjourned: 11:45am

(please circle if present)

Committee Members: Reps. Hunt, Coffey, Belanger, Flanders, Quandt, Headd, Nevins, Palfrey, Sullivan, Bergevin, Manuse, Mauro, McGuinness, Rice, Taylor, Meader, Gidge and Schlachman.

Bill Sponsors: Rep. Hunt

TESTIMONY

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

Rep. John Hunt, sponsor – Repeals the uninsured health care database; privacy concerns are a concern.

Scott Colby, NH Medical Society – Supports the bill. Places burden on medical practitioners. Federal legislation requires “individual Mandate” that would supersede and render moot a state law collecting a database of uninsured. Administrative burden, no standard definition of insureds, federal legislation pending are reasons for opposition.

***Robert Woodward, UNH professor** – Prepared testimony in opposition to bill. Benefits of law far exceed any costs to the state.

***Paula Minnehan, NH Hospital Assn.** – Supports the bill; submitted prepared testimony.

Vanessa Santarelli, Bi-State Primary Care Assn. – Supports the bill. Submitted prepared testimony, Confidentiality and privacy are concerns as well as who would have access to this database. Administrative burdens of collecting and reporting required.

Tyler Brennan & Leslie Ludke, NH Insurance Department – Both in opposition to the bill. Benefits of the data collection efforts outweigh the costs. Social Security numbers are not being collected. Ms. Ludtke addressed privacy issues. Money is available to offset costs borne by health care providers in collecting data. Mr. Tyler provided a paper entitled Collection of Uninsured Data from Hospitals and CHC's; addressed procedures for collecting the required data and associated costs. Usefulness of collection of data.

Respectfully Submitted:

A handwritten signature in black ink, appearing to read 'D Meader', written in a cursive style.

David Meader ,Acting Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 629-FN

BILL TITLE: relative to the uninsured health care database.

DATE: 2-24-11

LOB ROOM: 3302

Time Public Hearing Called to Order: 1100 AM

Time Adjourned: 1145 AM

(please circle if present)

Committee Members: Reps. Hunt, Coffey, Belanger, Flanders, Quandt, Headd, Nevins, Palfrey, Sullivan, Bergevin, Manuse, Mauro, McGuinness, Rice, Taylor, Meador, Gidge and Schlachman.

Bill Sponsors: Rep. Hunt

TESTIMONY

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

HB 629

2-24-11

11:00 A.M.

① Rep. John Hunt in favor Repeals the Uninsured health care database. Privacy Concerns are a concern.

② Scott Colby N.H. Medical Society In support of bill Places burden on Medical practitioners Federal legislation requires "individual mandate" that would supercede and render moot a state law collecting a database of uninsured. Administrative burden, no standard definition of insureds, federal legislation pending are reasons for opposition.

* ③ Robert Woodward UNH professor prepared testimony in opposition benefits of the law far exceed any costs to the state.

④ Paula Minnehan N.H. Hospital Assoc. In support of the bill with prepared testimony.

⑤ Vanessa Santarelli Bi-State Primary Care Assn. In support of the bill with prepared testimony. Confidentiality and privacy

are concerns as well as who would have access to this database. Administrative burdens of collecting and reporting required data.

(b) Tyler Brennan + Leslie Ludtke N.H. Insurance Dept. Both in opposition to the bill. Benefits of the data collection efforts outweigh the costs. Social Security #'s are not being collected. Ms. Ludtke addressed privacy issues. Money is available to offset costs borne by health care providers in collecting data.

Tyler provided a paper entitled Collection of Uninsured Data from Hospitals and CHC's. Addressed procedures for collecting the required data and associated costs. Usefulness of collection of data.

Testimony

Remarks Before Hearings
of the House Commerce and Consumer Affairs Committee
2/24/2011 11:00 AM
LOB 302

Robert S. Woodward, Ph.D.
Forrest McKerley Professor of Health Economics
University of New Hampshire

I thank the Chairperson for the accepting this testimony in opposition to HB 629, an act to repeal the mandate that hospitals, large physician practices, and community health centers collect and provide data relative to the uninsured care they provide.

Credentials

As a professor with 30 years teaching graduate hospital finance and health care economics, one year working in the Office of Legislation and Planning in the Health Care Financing Administration in Washington, and one year working in the Office of the Assistant Secretary of Planning and Evaluation of what was DHEW, also in Washington, I have considerable understanding of the costs of hospital and claims data and the importance of the information that may be derived from their analyses.

By way of establishing my real-world and practical credentials, I was the owner of a small computer company for a period of 5 years. As such, I am fully aware of the burdens associated with government-mandated reporting requirements.

By way of establishing that I am not a tree-hugging liberal, as an economist I am fully aware of both the causes and the implications of deficit spending and applaud NH in particular for its historically conservative fiscal policies.

Moreover I am a fan of both Community Health Centers where I get my care and of hospitals. As I testified before the NH Healthcare Cost Commission 10 days ago, hospitals are highly competitive institutions that provide surprising amounts of care to uninsured individuals.

With respect to HB 629 and as the Fiscal Note reports, the net costs to the State of the database implementation have been covered and will be non-existent in operational years. Furthermore, the NH Insurance Department has crafted the implementing regulations in consultation the NH Hospital Association, the Bi-State Primary Care Association and other professional groups so as to minimize the implementation costs.

The benefits of the data on uninsured care stem mainly from the resulting ability to identify and correct inefficiencies in the health care that our system provides under the existing "radar" (or data) systems currently provided by either claims (be they privately insured, Medicare, or Medicaid) or from the discharge our outpatient records provided by hospitals.

While many acknowledge the unnecessarily high costs generated by providing emergency room care for conditions that could have been avoided, high costs that are passed on to increase the premiums of the insured, no data set other than that now scheduled to be collected is capable of identifying these inefficiencies.

For example, in my 2009 testimony for SB 147 I respond to two NHHA assertions.

First, I recall the NHHA testimony suggested that their hospital discharge records they have been collecting have enough information about the care they provide self-pay patients. But two major problems with the hospital discharge data as they have been collected impede any analysis of system efficiencies.

a) The NH hospitals report an incomplete set of encounters to the State. As indicated in the attached table, the number of encounters the NH hospitals report to the State differ from the numbers the same hospitals report to the American Hospital Association.

Total outpatient encounters reported in NH hospitals

Includes NH residents and non-NH residents treated in NH.

Includes emergency and observation encounters

Year	NH	AHA	NH minus AHA	% reported
2003	420,971	547,870	-126,899	77%
2004	417,037	563,318	-146,281	74%
2005	450,896	621,217	-170,321	73%

b) The identifiers used are unique to each hospital so that the data are incapable of identifying individuals who have received care in multiple locations. It is believed that many individuals in the safety net do seek care from multiple sites and that great inefficiencies result.

Second, the NHHA complaints about the value of the data are clearly duplicitous obstructionism. They argue that the database won't be worth the time and money required to create it because the data won't be sufficiently comprehensive since it won't include all providers. But the lack of comprehensiveness of the data set was a cost-saving compromise made with their guidance in response to their requests to minimize their compliance costs.

The core issue is that the uninsured data will facilitate analyses of the inefficiencies of the uninsured that would be otherwise impossible with the current data. It won't be perfect data, but its better than anything else. And its costs are truly minimal.

Frankly, I find myself speculating about the real motivations behind the health care provider industry associations' efforts to resist this data collection. Their actions are certainly consistent with the hypothesis that they understand that the health safety net is mess with widespread gross inefficiencies and exorbitant costs. But they have long and successful histories overlooking those inefficiencies and seem to be working hard to keep it that way.

Especially in this recessionary period that exacerbates the longer term trends of rising health care costs and uninsurance, New Hampshire needs to know as much as possible about both the good and the bad aspects our health care safety net. The uninsured data base has been crafted to provide exactly that information in a highly cost-effective manner. I urge all Committee members to vote against HB 629.



HOUSE COMMERCE AND CONSUMER AFFAIRS COMMITTEE

FEBRUARY 24, 2011

HB 629-FN

Relative to the uninsured health care database

Testimony

Good morning, Mr. Chairman and members of the Committee. My name is Paula Minnehan and I am the Vice President, Finance and Rural Hospitals at the New Hampshire Hospital Association, representing the state's 32 acute care community and specialty hospitals. It is our understanding that the intent of HB 629 is to repeal the uninsured health care database, which was created by law in 2009.

NHHA and our member hospitals support the repeal of the uninsured health care database for a number of reasons. As we testified back in 2009 when the original bill was before of this committee, there were many issues raised with the establishment of the uninsured database.

The bill, as introduced, had limitations as introduced and despite the concerns raised by all the healthcare providers impacted by the legislation, the bill passed. The Department of Insurance (NHID) proceeded, as required, with rulemaking. NHHA, and several hospital members participated in a series of NHID workgroup sessions with stakeholders. While we appreciated the opportunity to participate in these sessions, the final proposal presented by NHID to JLCAR contained requirements that the provider community objected to throughout the process. One such requirement is the department's continued inclusion of a requirement to report Social Security numbers. We disagree strongly with the department's decision to include this requirement, despite having twice committed to removing it from the rules during our workgroup sessions.

Providers do not routinely and universally collect patients' Social Security numbers, so we therefore have concerns about the inconsistent reporting of such information. In addition, NH hospitals are required to comply with RSA 126:25, the hospital discharge data rules. The discharge data rules were modified and adopted in 2009. The discharge data rules DO NOT include the requirement to report Social Security numbers. Consequently, the uninsured health care database rules that were presented to JLCAR in 2010 are inconsistent with this other rule that hospitals must comply with. Although there were some accommodations made for this requirement, hospital owned physician practices and other hospital-affiliated entities are not included in the hospital discharge data rules so the concerns persist.

It is also worth noting that federal health reform will ensure that more uninsured individuals are covered, beginning in 2014. This is significant in that the original intent of bill which was passed one year before the passage of health reform by Congress to create the database was to capture information on the uninsured to better understand what services are being provided to this population and what can be done to ensure coverage for all residents.

For these reasons, as well as the extensive administrative burden this requirement places on providers we believe it is prudent to repeal the law that requires the collection of uninsured data.

Thank you for the opportunity to comment and I am happy to answer any questions you may have.



Testimony In Support of
HB 629-FN: "An Act Relative to the Uninsured Health Care Database"
February, 24, 2011

Representative Hunt, Representative Coffey, and distinguished members of the House Commerce and Consumer Affairs 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 non-profit organization whose members include: Federally Qualified Health Centers (FQHCs); FQHC Look Alikes (LALs), Rural Health Centers (RHCs); and hospital-based primary care practices. I am testifying today on behalf of our members to offer support of HB 629-FN: "An Act Relative to the Uninsured Health Care Database."

When Public Law, Chapter 307 was enacted authorizing the creation of the uninsured health care database, it was our understanding that the intent was in part, to collect data on the uninsured in order to help inform future public policy decisions around that population. Some of the bill's supporters indicated that very little data existed on the uninsured and that this would help lawmakers better understand where those individuals go to access health care services. Bi-State's Community Health Centers provide comprehensive primary and preventive care to approximately 112,000 New Hampshire residents, a significant percentage of which are uninsured. While we conceptually supported the goals, we had a number of questions and concerns that had to do with the following issues:

- Ensuring patient confidentiality and privacy;
- The administrative burden of collecting and reporting the data—not to mention the costs to the Community Health Centers which operate on very tight margins;
- Ensuring the validity of the data and who would be granted access to it;
- And, how the data would be used once collected.

Despite our concerns; we worked optimistically and in good faith with the staff from both departments (HHS and INS) to work through these issues in an effort to find common ground. We appreciated the inclusive approach taken by the Departments of Insurance and Health and Human Services to invite stakeholders to the table to participate in the rule-making process.

In the stakeholder meetings, we collectively addressed several issues. However, there were 2 areas of concern that remained. The first of our two most significant issues was opposed by all of the health care provider representatives who attended the stakeholder meetings, including Bi-State (the FQHCs), the New Hampshire Hospital Association, and the New Hampshire Medical Society, among others.

The department's proposed requirement (UP006 of the draft rule) "*Encrypted Social Security Numbers, if collected by the health care provider, this data element shall be reported,*" raised



privacy and confidentiality concerns for the stakeholders. The department twice agreed to remove the section completely and insert in its place the requirement that a “unique patient identifier” be assigned to each patient. In the final draft, section UP006, which had been the “encrypted Social Security Number section,” was replaced with the following: “This element is named ‘unique member identification code’.....This element shall be assigned by each hospital and community health center and shall remain for each person for the entire period of service for that individual.” However, in the final adopted rule, we find a new section added in the back: “UP042: *This element is named “uninsured identification code. Hospitals and Community Health Centers shall code according to the encrypted uninsured person social security number if available.”* We disagreed with the Department of Insurance’s decision not to strike the section they twice committed to remove.

At the time that the rules were being drafted, not all of our FQHCs collected their patients’ Social Security numbers-and more importantly, federal guidance recommended that they not collect them at all. For those reasons, we opposed setting up an inconsistent reporting structure whereby certain FQHCs would have to report additional information simply because it was in their possession.

Our final concerns were among the most critical with respect to how the data would be verified, who would have the ability to access it, and for what purpose(s). While the rule-making authority over the use and release of the data rests with the Department of Health and Human Services, we felt it necessary to ask the following questions with respect to how the validity of the data would be verified once it had been collected, who would have the ability to access it, and for what purpose(s) the data would be used.

Throughout the stakeholder meetings, staff from both agencies assured us that there would be a thorough and rigorous process established for those seeking access to the data. It is crucial that appropriate regulations and safeguards be in place so that the validity and integrity of the data cannot be in doubt. Similarly, if anyone should misuse the data, there should be penalties enforced that are consistent with such a violation. We only had one opportunity to review the rules regarding the use and release of the data, which raised our level of concern with respect to how the data would be used and potentially misused.

There are providers exempt from having to comply with this law, but who treat the uninsured. There are also many individuals who are “under-insured,” but from whom data will not be collected as it is not required. Additionally, there are uninsured individuals who are not low income, but who choose to self-pay for their health care visits. Combined, these factors lead us to question whether or not accurate conclusions can be drawn from the data, since the information that will be collected will be incomplete. It will not be inclusive of a significant percentage of the population, and therefore will not allow for the “whole story” to be researched and reported on. For these reasons, we are deeply concerned about the conclusions that would potentially be drawn by key lawmakers and funders of the FQHCs’ programs and services.



www.bistatepca.org

525 Clinton Street, Bow, NH 03304
Voice: 603-228-2830

The state support that the Community Health Centers receive is essential in order for them to keep their doors open. If they lose those critical resources because of assumptions made from invalid or incomplete data, it would have serious and adverse consequences for their patients.

Bi-State and the FQHCs believe that public policy should be informed by good data. We appreciate the support of the members of the Legislature and state agencies in trying to identify ways to provide greater access to health care to the uninsured in New Hampshire. However, we feel strongly that the priority for scarce state dollars should be targeted toward patient services.

The Federally Qualified Health Centers are heavily regulated at both the state and federal level to ensure that they are being good stewards of the public's resources. As such, they submit aggregated data on their patients (including the uninsured) on an annual basis to the U.S. Department of Health and Human Services. The New Hampshire Department of Health and Human Services has access to this data and we would be pleased to share it with the Department of Insurance if they would find it useful. However, we are not supportive of aspects of the current reporting requirements under this law that this bill seeks to remedy. Therefore, we respectfully urge the committee to vote "ought to pass" on HB 629-FN.

I would be pleased to respond to any questions. **Thank you.**

Collection of Uninsured Data from Hospitals and CHCs
For Discussion Use Only

May 5, 2009

This list of ideas was developed by Tyler Brannen of the NHID in response to legislation that would create an uninsured database that includes just hospitals, hospital owned providers, and CHCs. The initiative assumes the NHID would be responsible for receiving the data and consolidation, and DHHS would be responsible for any release of the data. Patient privacy would be ensured by a software program that encrypts patient identifiers by the provider before submission to the state.

These are just ideas. Nothing here should be considered a proposal or even the position of the NHID... These concepts are about moving from a system of competition to a system of collaboration when it comes to dealing with the uninsured.

Ideas:

- 1) Development of an uncompensated care pool that benefits the entities contributing.
- 2) Explore opportunities with "disproportionate share" and develop Medicaid payment mechanisms that consider services to the uninsured. Differing Medicaid payments are one method that the state could use to reallocate resources more "fairly," based on which providers see the most uninsured. If there are additional opportunities with federal match, great!
- 3) Development of a trauma fund for uninsured patients, with costs based on actual doc/hospital experience, funded by a fee on vehicle registrations. The goal would be to improve access to necessary services. This model exists in at least one other state.
- 4) Explore opportunities with the 340B drug pricing program with data and cooperation from the entities contributing to the database. This is a program that allows for a reduced price of prescription drugs.
- 5) Identify the statewide treatment costs incurred by providers for acute care associated with specific disease states for the purpose of evaluating targeted intervention programs, expanding catastrophic health insurance, and health services research. Measured costs would not be comprehensive, but would reflect many situations that are life threatening. Potential conditions to focus on:
 - HIV/AIDS
 - Cancer
 - Prenatal care and neonates
 - Injury and poisoning
 - Diabetes
 - Asthma
 - Severe mental illness
 - Hospital acquired infections
- 6) Evaluate the distribution across NH of ambulatory care sensitive care conditions treated on an inpatient setting. These are conditions which an admission could be

avoided with adequate primary care. Currently this is done with the hospital discharge data, but without the CHC and professional data, we don't know how much, or what kind of outpatient care is obtained before they end up in the IP setting.

- 7) Identify the unique characteristics among CHCs of the uninsured populations and cross reference with the experience at the local hospitals. Are these characteristics the result of the local delivery system (good or bad)? If so, can what we learn be transferred elsewhere?
- 8) Are there things that can be learned about particular CHCs and their uninsured populations? For example, is there an unusual concentration of HIV/AIDS patients, do the data show the impact of a specific cooperative program with the local hospital (for a disease state, type of care), or the result of public health initiatives?
- 9) Evaluate the cost effectiveness of local programs and community benefits by reviewing uninsured patient experiences at both the local CHC and the hospital.
- 10) Use findings from a comparative analyses of CHCs to obtain additional grant funding for CHCs with proven (using the data) special circumstances. The data could be used to answer the question of why a funder should support a particular CHC, by proving what could otherwise be anecdotal statements in a grant application.
- 11) Measure the impact of efficiency or inefficiency among care received through various mechanisms. For example, one provider specialty instead of another (including PCPs). Efficiency could be measured based on volume and type of follow up care, length of hospital stay, or even distance traveled from the patient's home zip code.
- 12) Identify the average distance traveled and patterns of service delivery for uninsured patients with specific disease conditions.
- 13) To the degree possible, identify the care patterns associated with breaks in commercial insurance coverage (assumes patient encryption is synchronized with NHCHIS). Possibly with Medicaid as well.
- 14) Are uninsured patients who are occasionally covered by commercial insurance most likely to be insured by a specific carrier?
- 15) What health care services have been obtained by patients before they obtain high risk pool insurance, and did they have insurance?
- 16) Identify implicit and explicit health care disparities among the uninsured. These disparities may exist because the patient has not sought necessary care, or was provided inferior care due to being uninsured.
- 17) Workforce planning with respect to insurance coverage changes – what specialties see the greatest number of the uninsured, which the least? What parts of NH treat the greatest number of the uninsured, which the least? Census data and assumptions about related socioeconomic patterns can be used to improve comparisons.
- 18) What do the uninsured have in common with Medicaid patients? What do they have in common with commercially insured patients? What are the ramifications of either of these findings? For example, the prevalence of particular diseases, the most common procedures performed, or the relationship between particular

diagnoses and procedures. If there are differences, the question then becomes why, and whether improvements in the delivery/financing of care are possible.

- 19) Is there evidence of emergency department "frequent fliers" receiving care from CHCs or hospital owned physicians? Are they likely to obtain care from more than one hospital delivery system (including physicians)?
- 20) Are people who are uninsured most likely to have received large group, small group, or non-group insurance before becoming uninsured. Alternatively, are they most likely to obtain insurance in the future from one of these insurance categories? Our insurance laws are different by each of these categories, and the laws may need to change.

Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 629-FN

BILL TITLE: relative to the uninsured health care database.

DATE: 3-9-11

LOB ROOM: 302

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

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

Moved by Rep.

Seconded by Rep.

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

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

Moved by Rep. Coffey

Seconded by Rep. Flanders

Vote: 11-4 (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Consent or Regular (Circle One)

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

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Jim Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 629-FN

BILL TITLE: relative to the uninsured health care database.

DATE: 3-9-11

LOB ROOM: 302

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

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

Moved by Rep.

COFFEE

Seconded by Rep.

FINNORS

Vote: 11-4 (Please attach record of roll call vote.)

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

Moved by Rep.

Seconded by Rep.

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

CONSENT CALENDAR VOTE: Consent or Regular (Circle One)

11-4

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

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Jim Headd, Clerk

COMMERCE AND CONSUMER AFFAIRS

Bill #: HB 629-FN Title: uninsured Healthcare data base

PH Date: / /

Exec Session Date: 3, 9, 11

Motion: OTJ

Amendment #:

MEMBER	YEAS	NAYS
Hunt, John B, Chairman	✓	
Coffey, Jennifer R, V Chairman	✓	
Belanger, Ronald J	/	
Flanders, Donald H	✓	
Quandt, Matt J	/	
Headd, James F	/	
Nevins, Chris F		✓
Palfrey, David J	/	
Sullivan, James M	/	
Bergevin, Jerry E	/	
Manuse, Andrew J	/	
Mauro, Donna C	/	
McGuinness, Sean M	/	
Rice, Frederick C	/	
Taylor, Kathleen N	/	
Meador, David R		✓
Gidge, Kenneth N		✓
Schlachman, Donna L		✓
	11	4
TOTAL VOTE:		

Committee Report

REGULAR CALENDAR

March 16, 2011

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on COMMERCE AND
CONSUMER AFFAIRS to which was referred HB629-
FN,

AN ACT relative to the uninsured health care database.

Having considered the same, report the same with the
recommendation that the bill OUGHT TO PASS.

Rep. Jennifer R Coffey

FOR THE MAJORITY OF THE COMMITTEE

**MAJORITY
COMMITTEE REPORT**

Committee: **COMMERCE AND CONSUMER AFFAIRS**
Bill Number: **HB629-FN**
Title: **relative to the uninsured health care database.**
Date: **March 10, 2011**
Consent Calendar: **NO**
Recommendation: **OUGHT TO PASS**

STATEMENT OF INTENT

This bill repeals the uninsured health care database. This bill will end the database creation passed in 2009 that has proven to be a burden on hospitals and an invasion of privacy by the use and storing of the social security numbers of patients without their knowledge or permission. The New Hampshire Hospital Association and the NH Medical Society requested this bill.

Vote 11-4

Rep. Jennifer R Coffey
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

COMMERCE AND CONSUMER AFFAIRS

HB629-FN, relative to the uninsured health care database. **OUGHT TO PASS.**

Rep. Jennifer R Coffey for the **Majority** of COMMERCE AND CONSUMER AFFAIRS. This bill repeals the uninsured health care database. This bill will end the database creation passed in 2009 that has proven to be a burden on hospitals and an invasion of privacy by the use and storing of the social security numbers of patients without their knowledge or permission. The New Hampshire Hospital Association and the NH Medical Society requested this bill. **Vote 11-4.**

Original: House Clerk
Cc: Committee Bill File

HB 629-FN
Majority Report
Rep. Jenn Coffey
OTP
11-4

This bill repeals the uninsured health care database. This bill will end the database creation passed in 2009 that has proven to be a burden on hospitals and an invasion of privacy by ^{the} use and storing of the social security numbers of patients without their knowledge or permission. The New Hampshire Hospital Association and the NH Medical Society requested this bill.

A handwritten signature or initials, possibly 'JBA', enclosed within a hand-drawn circle.

HB629-FN: OTP

Vote: 11-4

This bill repeals the uninsured health care database. This bill will end the database creation passed in 2009 that has proven to be a burden on hospitals and an invasion of privacy by storing the social security numbers of patients without their knowledge or permission. The New Hampshire Hospital Association supports this bill.

Rep. Jenn Coffey

10/2

HB 629-FN
Majority Report
Rep. Jenn Coffey
OTP
11-4

This bill repeals the uninsured health care database. This bill will end the database creation passed in 2009 that has proven to be a burden on hospitals and an invasion of privacy by storing ^{use of} the social security numbers of patients without their knowledge or permission. The New Hampshire Hospital Association ~~supports~~ this bill.

requested
+ the medical society

JB71

REGULAR CALENDAR

March 16, 2011

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Minority of the Committee on COMMERCE AND
CONSUMER AFFAIRS to which was referred HB629-
FN,**

AN ACT relative to the uninsured health care database.

**Having considered the same, and being unable to agree
with the Majority, report with the following Resolution:**

RESOLVED, That it is INEXPEDIENT TO LEGISLATE.

Rep. Donna L Schlachman

FOR THE MINORITY OF THE COMMITTEE

**MINORITY
COMMITTEE REPORT**

Committee: **COMMERCE AND CONSUMER AFFAIRS**
Bill Number: **HB629-FN**
Title: **relative to the uninsured health care database.**
Date: **March 10, 2011**
Consent Calendar: **NO**
Recommendation: **INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

Last year the legislature passed a bill to expand the healthcare data collection already done by hospitals, hospital-owned physician practices and community health centers under RSA 126:25. The impetus for this was concern over cost-shifting that occurs in providing health care services to the uninsured. These expenses are one factor in the high insurance premiums paid by NH residents. This data would be available to policy analysts, legislators, healthcare providers and others to better understand healthcare utilization by the uninsured. The minority believes that the failure of the hospitals and their physician practices to establish the mechanism for data collection is not a reason to abandon this effort.

Rep. Donna L Schlachman
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

COMMERCE AND CONSUMER AFFAIRS

HB629-FN, relative to the uninsured health care database. **INEXPEDIENT TO LEGISLATE.**
Rep. Donna L Schlachman for the **Minority** of COMMERCE AND CONSUMER AFFAIRS. Last year the legislature passed a bill to expand the healthcare data collection already done by hospitals, hospital-owned physician practices and community health centers under RSA 126:25. The impetus for this was concern over cost-shifting that occurs in providing health care services to the uninsured. These expenses are one factor in the high insurance premiums paid by NH residents. This data would be available to policy analysts, legislators, healthcare providers and others to better understand healthcare utilization by the uninsured. The minority believes that the failure of the hospitals and their physician practices to establish the mechanism for data collection is not a reason to abandon this effort.

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HB 629
MINORITY
Rep. Donna Schlachman
ITL

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JBH

MINORITY REPORT

COMMITTEE: _____

BILL NUMBER: HB 629

TITLE: ITL

DATE: _____

CONSENT CALENDAR: YES NO



OUGHT TO PASS



OUGHT TO PASS W/ AMENDMENT



INEXPEDIENT TO LEGISLATE



INTERIM STUDY (Available only 2nd year of biennium)

Amendment No. _____

The uninsured has on healthcare costs

STATEMENT OF INTENT:

Concerned with the impact cost-shifting has had on healthcare for last year the legislature passed RSA 126:25. This law was to expand the healthcare data collection done by hospitals, hospital-owned physician practices and community health centers. ~~It would capture~~ It would capture specific data on uncompensated care provided to the uninsured. This data would be available to insurers, policy analysts, legislators, healthcare providers and others to better understand the healthcare utilization by the uninsured. The minority believes that the failure of the hospitals ~~to capture data on providers under the law~~ →

COMMITTEE VOTE: _____

RESPECTFULLY SUBMITTED,

• Copy to Committee Bill File

Rep. _____

For the Minority

and their subsidiaries to establish the
mechanisms for data collection is not a
reason to abandon this ~~important effort to~~
~~assess programs~~ effort. The minority
believes it is in the best interest of NH
to ~~better control~~