

# Bill as Introduced

CHAPTER 115  
HB 629-FN - FINAL VERSION

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                          Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

CHAPTER 115  
HB 629-FN – FINAL VERSION

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           115:1 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 The following are repealed: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           115:2 Effective Date. This act shall take effect 60 days after its passage.

5

6           Approved: May 31, 2011

7           Effective Date: July 30, 2011

# Committee Minutes

---

**SENATE CALENDAR NOTICE  
COMMERCE**

Senator Russell Prescott Chairman  
 Senator Raymond White V Chairman  
 Senator Tom De Blois  
 Senator Matthew Houde  
 Senator Andy Sanborn

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

**Date: March 31, 2011**

**HEARINGS**

**Wednesday**

**4/6/2011**

COMMERCE

LOB 102

9:00 AM

(Name of Committee)

(Place)

(Time)

**EXECUTIVE SESSION MAY FOLLOW**

9:00 AM	HB629-FN	relative to the uninsured health care database.
9:20 AM	HB627-FN	relative to "essential benefits" under federal health care reform.
9:40 AM	HB601-FN	relative to implementation of federal health care reform.
10:00 AM	HB95	permitting an insurer to operate a health maintenance organization as a line of business.

**Sponsors:**

**HB629-FN**  
Rep. John Hunt  
**HB627-FN**  
Rep. John Hunt  
**HB601-FN**  
Rep. John Hunt  
**HB95**  
Rep. John Hunt

# Commerce Committee Hearing Report

**To:** Member of the Senate

**From:** Patrick Murphy, *Legislative Aide*

**Re:** Hearing Report on HOUSE BILL 629-FN relative to the uninsured health care database.

**Hearing Date:** April 6, 2011

**Members of the Committee Present:**  
Senator Prescott, Senator White, Senator De Blois, Senator Sanborn, Senator Houde

**Members of the Committee Absent:**  
None

---

**Sponsor(s):**  
Rep. Hunt, Ches 7

**What the bill does:**  
This bill repeals the uninsured health care database.

**Supporters of the bill:**  
Rep. Hunt, Ches 7; Paula Minnehan (NH Hospital Association), Scott Colby (NH Medical Society), Vanessa Santanelli (Bi-State Primary Care Association), Valerie Acres (Granite State Home Health Care)

**Those in opposition to the bill:**  
Leslie Ludtke and Tyler Brannen (NH Department of Insurance), Robert Woodward (Self), Tom Bunnell (NH Voices for Health)

**Speaking to the bill (Neutral):**  
None

## **Summary of testimony received:**

### **Senator White**

- Introduced the bill. This simply repeals the uninsured health care database. Stakeholders believe this database is onerous and there are questions about if the data is accurate and useful.

### **Paula Minnehan (NH Hospital Association)**

- The 2009 legislation that created the uninsured health care database had limitations. While we appreciated the opportunity to work with the DOI during rulemaking and workgroup sessions, the final proposal presented by NH DOI 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 response to questions from the Committee, the witness responded that the Department can better explain how this would be ineffective without having the Social Security number. Billing systems are not compatible so the only cost analysis is anecdotal information.

### **Leslie Ludtke and Tyler Brannen (NH Department of Insurance)**

- The Department uses this database extensively to inform and update the legislature. This database has been recognized nationally as a leader in healthcare data collection and organization. The bill creating this was difficult to get passed due to privacy issues and we promised to never collect personal data like Social Security numbers. We do not collect Social Security numbers. There is a lot of security guarding the information collected.
- This was created to track how people move through the health care system as insured vs. uninsured consumers.
- Clarified that if a SS number is reported it would be encoded as a number that could be 100 digits long.
- The uninsured use of the health care system is a very important group that is important for us to understand. This is a critical element that needs to be better understood.
- We have spent a lot of time working on the collection of data. The groups that are opposed to this have always been opposed. The uninsured are a black box and the cost of the system is highly impacted because we treat the uninsured. We need this data to understand the system. We have done everything possible to minimize the burdens relative to reporting this data. There are certainly costs to reporting this data but there are also valuable benefits. We believe this is a good balance.

- In response to questions from the Committee, the witnesses responded that currently only Tyler and Leslie support this from a staff standpoint but they may need to hire one more person to process data and that could cost between \$50,000 and \$100,000. The social Security numbers that are coded and collected make the data better. It was suggested that just the last 4 digits of the Social Security number could be collected and encoded and the Department supported that idea as a compromise.

Robert Woodward, Ph.D.

- Forrest McKerley Professor of Health Economics, UNH.
- The benefits of the data on uninsured care stem mainly from the probable resulting ability to lower the costs of health care by better understanding the inefficiencies in the health care that our system provides under the existing system currently provided by either claims or from the discharge of outpatient records provided by hospitals.
- The net costs to the State of the database implementation have been covered and will be non-existent in operational years. The Department has worked with all stakeholders to make this as small a burden as possible. This data does not exist anywhere else.
- The double encryption methods of personal data have been judged as adequate by privacy advocates. There are no regulations mandating the collection of Social Security numbers.

Scott Colby (NH Medical Society)

- The collection of this partial data can best be described as nice to have but not necessary to have. The individual mandate set to take effect in 2014 if it stands the test of time will take care of the concerns of gathering data on the uninsured. Certain patients choose at some times not to access their health care insurance for example if they are accessing behavioral health services.
- The data being gathered is incomplete and we are spending money to gather it. This could all become obsolete in three years. The hospital data set that is submitted includes outpatient data to the state. The Social Security number is a large issue but larger than that is the validity of the data being collected.
- In response to questions from the Committee, the witness responded that NH has 26 acute care hospitals that provide financial reports every year and they report how much free care is provided.

Tom Bunnell (NH Voices for Health)

- NH has an excellent, functioning health care database for the insured. But at present, much of the information we have about the uninsured within NH's health care and coverage systems, and the impact of the uninsured on health care costs is personal, experiential and/or anecdotal.

Vanessa Santanelli (Bi-State Primary Care Association),

- At the time the rules were being drafted, not all of our FQHCs collected their patient's 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 purposes.
- In response to questions from the Committee, the witness responded that there would be a slight cost to Bi-State Primary Care. The cost to run the data and prepare the reports would be born by the community health centers. It would cost \$53,000 per year by all of the community health centers. We are happy to share data with the state and the Federal Government. Without the Social Security number section in rules we would have been happy to support the database. We were more than willing to comply with the data collection efforts but the Social Security number requirement is a big deal.

**Funding:**

**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.

**Action:**

Pending

# Speakers



# Testimony



**SENATE COMMERCE COMMITTEE  
APRIL 6, 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, was to create the database 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.

Remarks Before Hearings  
of the Senate Commerce and Consumer Affairs Committee  
4/05/2011 9:00 AM  
LOB 307

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 receive my own medical care, and of hospitals. As I testified before the NH Healthcare Cost Commission in February, hospitals are highly competitive institutions that provide surprising amounts of care to uninsured individuals.

Benefits of Uninsured Data

The benefits of the data on uninsured care stem mainly from the probable resulting ability to lower the costs of health care by better understanding the 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 or treated in less expensive non-emergency room settings, 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.

## Opposing Arguments

As I have listened to the opposition against the data and the support for HB 629, I observe several themes, each of which is flawed when carefully inspected.

1. *Collecting the data would increase the cost of State government* -- But 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.
2. *Collecting the data would be a burden (financial and paperwork) on providers* -- But the NH Insurance Department has crafted the implementing regulations in consultation with the NH Hospital Association, the Bi-State Primary Care Association and other professional groups so as to minimize the implementation costs. Specifically, the Department agreed that data is only being collected from providers already using sophisticated record-keeping systems from which data may be readily extracted and from the Community Health Centers that aggregate their data through the Community Health Access Network (CHAN). Indeed, the NH Insurance Department budgeted funds to cover CHAN's cost of compiling the data.
3. *The data already exist* -- This contention is inaccurate on two counts.
  - 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 that 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.
4. *The data will not be secure when transmitted* -- While I can <sup>not</sup> speak authoritatively on his current position, Representative Neal Kurk previously examined the double encryption methods and judged them adequate.
5. *An individual's SSN must be collected and used within the encryption scheme.* Just false. The Insurance Department regulations ask for the SSN to be included in the encryption process with other patient-identifying information only if the provider already collects and uses an individual's SSN within their office records. There are no regulations mandating the collection of SSNs.

6. *The data will be imperfect.* – This criticism is disingenuous.

a) First, all data are imperfect by their very nature. The decision criteria should be whether the better understanding of the safety net (a major factor increasing costs for the rest of us) that will flow from this data is sufficiently important to justify the effort to create the data.

b) Furthermore, the lack of comprehensiveness of the data set was a cost-saving compromise the NH Insurance Department made with the specific guidance provided by the data critics in response to their requests to minimize their compliance costs.

#### Underlying Motivation

Frankly, I find myself speculating about the real motivations behind the lobbyists opposing the data and supporting HB 629. “Methinks they doth protest too much.”

1. I have observed that there were some House members whose questions were consistent with a desire to remove government entirely from involvement with the medical services market.

Free market competition is only possible if information about the price and quality of alternative services is readily available. If the data being opposed here is not collected, competitors will, in part, be blind to the hidden costs of the safety net care.

2. Another example, the actions of supporters of HB 629 are certainly consistent with the hypothesis that while they understand that the health safety net is mess with widespread gross inefficiencies and exorbitant costs, they have long and successful histories overlooking those inefficiencies. Their support of HB 629 is at least consistent with the hypothesis that they will resist any effort that might rock what has been a very comfortable boat ride.

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.





Senate Commerce Committee  
April 6, 2011

**NH VOICES for HEALTH TESTIMONY**

**HB 629: Relative to the Uninsured Health Care Database**

Mister Chairman, members of the committee, good morning.

My name is Tom Bunnell, and I am grateful for this opportunity to provide very brief testimony – in opposition to HB 629 – on behalf of NH Voices for Health.

NH Voices for Health (Voices) is a statewide network of individuals, small businesses, and advocacy organizations committed to ensuring a strong, high quality and affordable health care system for the families and businesses of our state. Voices has over 40 partner organizations and individuals and, together, represents over 200,000 people across the Granite State.

The law that HB 629 proposes to repeal – which via rulemaking is not actually scheduled to go into effect until January 1, 2012 – is about health system transparency.

New Hampshire's health system – as it relates to the uninsured in our state – has generated a great deal of good faith discussion and debate over the last several years.

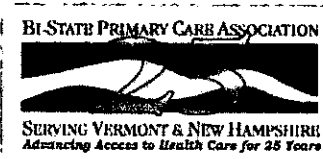
The State of New Hampshire has an excellent, functioning health care database for the *insured*. But at present, much of the information we have about the *uninsured* within New Hampshire's health care and coverage systems, and the impact of the uninsured on health care costs – is personal, experiential and/or anecdotal.

It is no small challenge for policy makers and the public to accurately assess New Hampshire's health system performance, or to make informed decisions that relate to our health systems overall, without understanding what care is being provided to the uninsured, in what health care settings, and at what charge and cost. And that's precisely what this law – now proposed for repeal – was intended to help all of us understand.

Because NH Voices for Health supports health system transparency, we ask you to consider setting this bill aside, and providing the uninsured database with some meaningful opportunity to work.

We are grateful for your consideration, and I would be happy to answer any questions from members of the Committee.

Thank you.



Testimony In Support of  
HB 629-FN: "An Act Relative to the Uninsured Health Care Database"  
April 6, 2011

Senator Prescott, Senator White, and distinguished members of the Senate Commerce 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



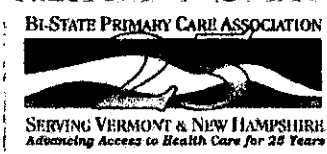
privacy and confidentiality concerns for the stakeholders. The department twice agreed to remove the section completely and insert in its place the requirement that a "unique patient identifier" be assigned to each patient. In the final draft, section UP006, which had been the "encrypted Social Security 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](http://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.**

# Committee Report

STATE OF NEW HAMPSHIRE  
SENATE  
REPORT OF THE COMMITTEE

Date: April 19, 2011

THE COMMITTEE ON Commerce  
to which was referred House Bill 629-FN

AN ACT                    relative to the uninsured health care database.

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

**BE RE-REFERRED TO COMMITTEE**

BY A VOTE OF:    4-0

AMENDMENT #        s

Senator Russell Prescott  
For the Committee

Patrick Murphy 271-3067

STATE OF NEW HAMPSHIRE  
SENATE  
REPORT OF THE COMMITTEE

Date: April 26, 2011

THE COMMITTEE ON Commerce  
to which was referred House Bill 629-FN

AN ACT                   relative to the uninsured health care database.

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

**OUGHT TO PASS**

BY A VOTE OF:   3-2

AMENDMENT #        s

Senator Tom De Blois  
For the Committee

Patrick Murphy 271-3067

## New Hampshire General Court - Bill Status System

**Docket of HB629**

Docket Abbreviations

**Bill Title:** relative to the uninsured health care database.*Official Docket of HB629:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
1/25/2011	H	Introduced 1/6/2011 and Referred to Commerce and Consumer Affairs; <b>HJ 11</b> , PG. 194
2/9/2011	H	Public Hearing: 2/24/2011 11:00 AM LOB 302
3/1/2011	H	Executive Session: 3/9/2011 9:00 AM LOB 302
3/10/2011	H	Majority Committee Report: Ought to Pass for Mar 15 (Vote 11-4; RC); <b>HC 22</b> , PG.547
3/10/2011	H	Minority Committee Report: Inexpedient to Legislate; <b>HC 22</b> , PG.547
3/15/2011	H	Ought to Pass: MA <b>RC 279-87</b> ; <b>HJ 26</b> , PG.754-756
3/23/2011	S	Introduced and Referred to Commerce; <b>SJ 11</b> , Pg.194
3/31/2011	S	Hearing: 4/6/11, Room 102, LOB, 9:00 a.m.; <b>SC18</b>
4/26/2011	S	Committee Report: Ought to Pass, 5/4/11; <b>SC22</b>
5/4/2011	S	Ought to Pass, <b>RC 17Y-7N</b> , MA; OT3rdg; <b>SJ 15</b> , Pg.299
5/4/2011	S	Passed by Third Reading Resolution; <b>SJ 15</b> , Pg.312
5/18/2011	S	Enrolled
5/18/2011	H	Enrolled; <b>HJ 44</b> , PG.1564
6/1/2011	H	Signed By Governor 05/31/2011; Effective 07/30/2011; Chapter 0115

NH House

NH Senate



# Other Referrals

# COMMITTEE REPORT FILE INVENTORY

HB 629-FN ORIGINAL REFERRAL

\_\_\_\_\_ RE-REFERRAL

- 
- 
1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE 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
- HEARING REPORT
- PREPARED TESTIMONY AND OTHER SUBMISSIONS HANDED IN AT THE PUBLIC HEARING

---

SIGN-UP SHEET(S)

**ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:**

\_\_\_\_\_ - AMENDMENT # \_\_\_\_\_      \_\_\_\_\_ - AMENDMENT # \_\_\_\_\_  
\_\_\_\_\_ - AMENDMENT # \_\_\_\_\_      \_\_\_\_\_ - AMENDMENT # \_\_\_\_\_

**ALL AVAILABLE VERSIONS OF THE BILL:**

\_\_\_\_\_ AS INTRODUCED      \_\_\_\_\_ AS AMENDED BY THE HOUSE  
 FINAL VERSION      \_\_\_\_\_ AS AMENDED BY THE SENATE

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

---

DATE DELIVERED TO SENATE CLERK

8-5-11

BY:

Patrick Murphy  
COMMITTEE AIDE