Committee Report

CONSENT CALENDAR

February 27, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Commerce and Consumer Affairs to which was referred HB 697-FN-A,

AN ACT relative to Medicare for all. Having considered the same, report the same with the following resolution:

RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Richard Abel

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Commerce and Consumer Affairs**
Bill Number:	**HB 697-FN-A**
Title:	**relative to Medicare for all.**
Date:	**February 27, 2019**
Consent Calendar:	**CONSENT**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

This bill would establish a single payer system to provide health care for the citizens of New Hampshire. The majority of the committee felt that this aspiration was laudable, yet needed additional study before going forward. The subject of this bill will be incorporated through an amendment into another bill to create a broader comparative study of various options for health care in coming years.

Vote 18-0.

Rep. Richard Abel
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Commerce and Consumer Affairs
HB 697-FN-A, relative to Medicare for all. **INEXPEDIENT TO LEGISLATE.**
Rep. Richard Abel for Commerce and Consumer Affairs. This bill would establish a single payer system to provide health care for the citizens of New Hampshire. The majority of the committee felt that this aspiration was laudable, yet needed additional study before going forward. The subject of this bill will be incorporated through an amendment into another bill to create a broader comparative study of various options for health care in coming years. **Vote 18-0.**

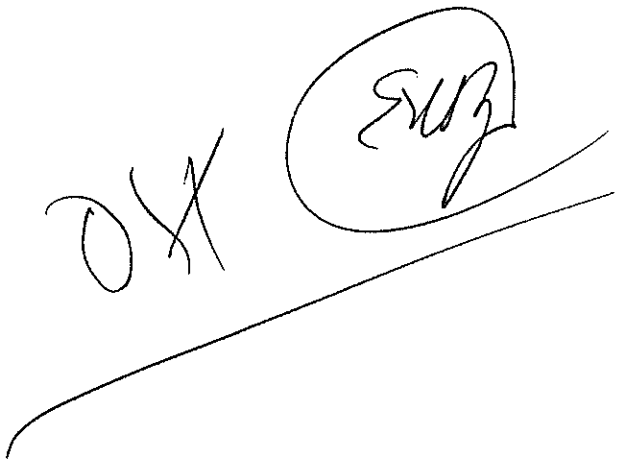
Original: House Clerk
Cc: Committee Bill File

Stapler, Carol

From: Bernerabel <bernerabel@aol.com>
Sent: Monday, February 11, 2019 12:19 PM
To: Butler, Ed; Stapler, Carol
Subject: Re: Committee Report for HB 697-FN-A

Consent Calendar

HB 697-FN-A, relative to Medicare for all. INEXPEDIENT TO LEGISLATE.
Rep. Richard Abel for Commerce and Consumer Affairs. This bill would establish a single payer system to provide health care for the citizens of New Hampshire. The majority of the committee felt that this aspiration was laudable, yet needed additional study before going forward. The subject of this bill will be incorporated through another bill into a broader comparative study of various options for health care in coming years. Vote 18-0. .



Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 697-FN-A

BILL TITLE: relative to Medicare for all.

DATE: February 6, 2019

LOB ROOM: 302

MOTIONS: **INEXPEDIENT TO LEGISLATE**

Moved by Rep. Abel | Seconded by Rep. Williams | Vote: 18-0

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Rebecca McBeath, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 697-FN-A

BILL TITLE: relative to Medicare for all.

DATE: 2/4/2019

LOB ROOM: 302

MOTION: (Please check one box)

☐ OTP ☒ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ____ (if offered)

☐ Interim Study (2nd year)

Moved by Rep. Abel Seconded by Rep. Williams Vote: 18-0

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ____ (if offered)

☐ Interim Study (2nd year)

Moved by Rep. ________ Seconded by Rep. ________ Vote: ____

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ____ (if offered)

☐ Interim Study (2nd year)

Moved by Rep. ________ Seconded by Rep. ________ Vote: ____

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ____ (if offered)

☐ Interim Study (2nd year)

Moved by Rep. ________ Seconded by Rep. ________ Vote: ____

CONSENT CALENDAR: ✓ **YES** ____ **NO**

Minority Report? ____ Yes ____ No If yes, author, Rep: ________ Motion ____

Respectfully submitted: [signature]
Rep Rebecca McBeath, Clerk

OFFICE OF THE HOUSE CLERK

1/14/2019 3:15:04 PM
Roll Call Committee Registers Report

2019 SESSION

Commerce and Consumer Affairs

Bill #: 697 Motion: ITL AM #: _____ Exec Session Date: 2/6/2019

Members	YEAS	Nays	NV
Butler, Edward A. Chairman	✓		
Williams, Kermit R. Vice Chairman	✓		
~~Gidge, Kenneth N.~~			
Abel, Richard M.	✓		
McBeath, Rebecca Susan Clerk	✓		
Bartlett, Christy D.	✓		
Herbert, Christopher J.	✓		
Van Houten, Constance	✓		
Fargo, Kristina M.	✓		
Indruk, Greg L.	✓		
Muscatel, Garrett D.	✓		
Weston, Joyce	✓		
Hunt, John B.	✓		
Sanborn, Laurie J.	✓		
Osborne, Jason M.	✓		
Costable, Michael	✓		
~~Plumer, John R.~~ Hunt, Greg (Sub)			
Barnes, Arthur E.	✓		
Potucek, John M.	✓		
Warden, Mark	✓		
TOTAL VOTE:	16	0	

Sub-Committee Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 697-FN-A

BILL TITLE: relative to Medicare for all.

DATE: February 6, 2019

Subcommittee Members: Reps. Butler, Bartlett, Fargo, Muscatel, Hunt, Weston, Barnes and Potucek

C

omments and Recommendations: Will be ITL'd and replaced by HB 604.

Respectfully submitted,

Rep. Kristina Fargo
Subcommittee Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 697-FN-A

BILL TITLE: relative to Medicare for all.

DATE: 2-6-19

Subcommittee Members: Reps. Butler, Williams, McBeath, Gidge, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Muscatel, Weston, Hunt, Sanborn, J. Osborne, Costable, Plumer, Barnes, Potucek and Warden

Comments and Recommendations:

Will be ITL'd - replaced by 604

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote:

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: ____

_____ Amendment Adopted _____ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote:

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: ____

_____ Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. Kristina Fargo
Subcommittee Chairman/Clerk

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 697-FN-A

BILL TITLE: relative to Medicare for all.

DATE: January 30, 2019

LOB ROOM: 302 **Time Public Hearing Called to Order:** 3:00 pm

Time Adjourned: 4:13 pm

Committee Members: Reps. Butler, Williams, McBeath, Gidge, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Muscatel, Weston, Hunt, Sanborn, J. Osborne, Costable, Plumer, Barnes, Potucek and Warden

Bill Sponsors:
Rep. P. Schmidt Rep. Conley Rep. Knirk

TESTIMONY

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

Rep. Peter Schmidt, prime sponsor - It is time to START the process! NH 130,000 people are still uninsured (8.9%.)

Q: Chairman Ed Butler - Can you talk about where the practical aspects of your bill will be operationalized?
A: Medicare for all. Every citizen in NH. The system exists. That is what this bill would set up. This Committee can make a statement that NH is ready for this.

Q: Rep. Richard Abel - It looks like you are establishing new organizations. The NH Services Trust and Governing Board. Are those the two entities that would operate the system?
A: Yes.

Q: Rep. Christopher Herbert - What is the additional amount needed to provide Medicare for all citizens? Are you willing to work with other NE states to create an organization of scale?
A: First we have to decide that we are not going to leave anyone out in the cold, without insurance.
Q: Do you find there is a conflict in having both bills passed, HB604 commission and the HB 697?
A: No. I don't think there is a conflict. I think we need to pass both. The Commission can collect data and the single payer bill will send a message to all.

Q: Rep. Potucek - Many of us have been paying into SS and Medicare our entire working career, how much are the people paying for Medicare who haven't worked as long as us?
A: To the degree that we provide a program that includes everyone, everyone will pay.

Q: The fiscal note in this bill estimate the cost of expanding Medicaid to 180,000 citizens would be $2.2 Billion, Where is that money coming from?
A: Non-responsive answer. (I don't know the answer to your question.)

Q: Rep .Richard Abel - Would the NH Single Payer Act set up a program that is the same or very similar to the way that Medicare works for retirees?
A: Yes.
Q: How would people pay for things that aren't covered by this program?
A: That would be an individual decision. Those of us on Medicare, decide how we want to cover those costs. But a supplemental plan, or just pay the additional costs.

David Green, Attorney, representing self from Dover, NH - Supports. Practices family law; my clients stress over who's paying the health care. It is a big problem.

Tarun Jella, MD & MPH student at D-H Med School - Supports. I want to serve my country, protect my fellow students from harm. Students are facing cynicism and lack of hope in the profession. Medical student suicide and burnout very high. Depression. Heavy bureaucracy. Moral stress of turning away people for help. This in the face in a shortage of physicians. Unending source of inspiration are the physicians in this room continuing to care in the face of this broken system. I honor them these mentors. They are my hero's. I want to acknowledge who is not in the room today. So many people could not be here because thy had to work, take care of kids, or were sick. If you still believe in the American Dream, we need to fix the broken system.

Armond Darcy, Dartmouth Student, Minority Association of Pre-med Students - Supports. Those without insurance lack access to preventive care Without preventive care the costs of health care increases. Not having insurance promotes anxiety promotes anxiety.

***Donald Kollish, MD, Physicians for a National Health Program** - Wants to address the financial aspects of the bill. The savings that would be gained through the provision of preventative care and administrative costs; there would be a savings of money. We cannot pay for everyone's health care just by merging all government programs. It would most likely be a 6 or 7% cost. The numbers are available; the estimates have been made, so we can look at them. There is help through this thicket.

Q: What about those unemployed, how much will they pay?
A: I believe all the models exempt those who are unemployed from payments. There is the question about "Having skin in the game" - does stop people from frivolously visits, it also stops needed visits. It's a balance.

Q: Rep.Christopher Herbert - If we adopt this bill and offer Medicare to a 40 year old, it appears to me that the 40 year old would pick the Medicare option. What is the impact this would have on the system?

Brian Gustafson, Dartmouth Public Health - Supports. Even a state as homogenous NH, there are pockets of population of uninsured or under insured. Universal health care could address underlying social inequities even in a state as seemingly homogenous as NH.

Blue Sheet: Pro, 23, Con, 5

Respectfully Submitted:

Rebecca McBeath, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 697-FN-A

BILL TITLE: relative to Medicare for all.

DATE: 1-30-19

ROOM: 302 **Time Public Hearing Called to Order:** 3:00 pm

Time Adjourned: 4:13 pm

(please circle if present)

Committee Members: Reps. Butler, Williams, McBeath, Gidge, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Muscatel, Weston, Hunt, Sanborn, J. Osborne, Costable, Plumer, Barnes, Potucek and Warden

Bill Sponsors:
Rep. P. Schmidt Rep. Conley Rep. Knirk

TESTIMONY

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

#1 Rep Peter B. Schmidt + Prime Sponsor. (Stab. #9)
#2 David Green, Self Dover, NH
#3 Tarren Sella, MD; MPH Student @ D-H Med School
#4 Armand Dorsey Dartmouth Student Minority Assn. PreMed
*#5 Donald Kollisch, MD Physicians for Nat. and Health
#6 Jessica LaMontagne, Sen. Small Bus Coal Program
#7 Jennifer Patterson NH ID Legal Counsel
#8 Brian Gustafsen, Student Dartmouth MPH

* Rep Jerry Knirk written testimony only

Chair calls the public hearing on HB 697-FN-A at 3:00 pm
Relative to Medicare for all

#1 Rep Peter Schmidt, Prime Sponsor, Straf 19
Supports the bill
It is time to START the process!

NH 130,000 people are still uninsured. (8.9%)

Q: Rep Butler: Can you talk about where the practical aspects of your bill will be operationalized?

A: Medicare for all. Every citizen in NH. The system exists. That is what this bill would set up. This Committee can make a statement that NH is ready for this

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A: yes.

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Q: Rep Poteuck: Many of us have been paying into SS and Medicare our entire working career, how much are the people paying for Medicare who haven't worked al long as us?

A: to the degree that we provide a program that includes everyone, everyone will pay.

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Q: Rep Abel: Would the NH Single Payer Act set up a program that is the same or very similar to the way that Medicare works for retirees?

A: Yes.

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A: That would be an individual decision. Those of us on Medicare, decide how we want to over those costs. But a supplemental plan, or just pay the additional costs.

#2 David Green, Self, Citizen from Dover, NH
Supports the Bill
Attorney; Family law, my client stress over who's paying he health care is a big problem.

#3 Tarun Jella, MD & MPH student at D-H Med School
Supports the bill
I want to serve my country, protect my fellow students from harm
Students are facing cynicism and lack of hope in the profession.
Medical student suicide and burnout very high. Depression.
Heavy bureaucracy. Moral stress of turning away people for help.
This in the face in a shortage of physicians.

Unending source o inspiration is the physicians in this room continuing to care in he face of this broken system. I honor them these mentors. They are my hero's.

I want to acknowledge who is not in the room today.
So many people could not be here because thy had to work, take care of kids, or were sick.

If you still believe in the American Dream, we need to fix the broken system.

#4 Armond Darcy< Dartmouth Student, Minority Ass of Pre-med Students
Supports the bill.

Those without insurance lack access to preventive care
Without preventive care the costs of health care increases
Not having insurance promotes anxiety promotes anxiety

#5 Donald Kollish, MD
Wants to address the financial aspects of the bill
The savings that would be gained through the provision of prevent care and administrative costs; there would be a savings of money.

We cannot pay for everyone's healthcare just by merging all government programs.

It would most likely be a 6 or 7% cost.

The numbers are available; the estimates have been made, so we can look at them. There is help through this thicket.

Q: What about those unemployed, how much will they pay?

A: I believe all the models exempt those who are unemployed from payments. There is the question about "Having skin in the game" - does stop people from frivolously visits, it also stops needed visits. It's a balance.

Rep Herbert: If we adopt this bill and offer Medicare to a 40 year old, it appears to me that the 40 year old would pick the Medicare option. What is the impact this would have on the system?

A: As I understand it, he premium that would be paid to buy into Medicare option, would be 1.45% contribution by employer/employee will continue to flow into the pot.

Q: Rep Herbert: Are you assuming that Medicare is the system is the one that NH wants to adopt, that means there may not be many private insurers left in the state.

A: Medicare option for all will not look as the Medicare program today. I think it could work like white on rice.

6 Jessica LaMontagne, Self Small Business Owner
Supports the bill

In 2012 my husband broke his neck in an accident. It took us 5 years to pay off that debt, and that is with insurance. Now my husband on Medicare pays less than $200. I pay $650 a month for just myself, with a $6,000 deductible.

The kicker is that all the premiums we pay are not going to our elderly health care. This money goes into the extravagant lifestyle of Insurance executives.

I am not asking for free health care – just reasonable contributions.

Currently people are paying 12% of their salaries to health insurance. If all employed paid in 6% instead of the present 3%, would provide enough to cover health care for all.

WE could eliminate Medicaid. Get rid of the stigma and incentives not to work.

#7 Jennifer Patterson, NH Insurance Department
Informational purposes only

Practical concerns t move as rapidly as HB 697 proposes
Champus, Tricare, Medicare, Medicaid, Right now no mechanism to authorize the state to access and or combine these funds. That may take years to develop a program – and an administrative apparatus- that could provide that program.

The NHDI may be prevented from operating in the state.

Q: Rep Williams: Could you venture a guess as to how Erisa would factor into a single payer?

A: I don't know that ERISA would factor into this scenario. This bill eliminates private insurance in this state. I am uncertain if the NHID could continue to regulate the private health insures in the state.

Q: Rep Williams: 40% of the health insurance in NH is provided through Insurance,

Rep Abel: Assuming that a Medicare stay at it is, would this transform private insurance into supplemental insurance?

A: Yes, I believe it might. As an attorney it is hard for me to anticipate all the consequences.

Rep Herbert: comments.

Rep McBeath: Could you explain who ERISA impacts the authority of he NHID to regulate it?

A: Patterson: ERISA puts the US Department of Labor in charge of any benefit plan provided by employer's o the employees. Pension and insurance.

IN a self-insured plan the employer bears the risk, so the Department of Labor would regular

#8 Brian Gustafson,
Supports the Bill
Even a state as homogenous NH, there are pockets of population of uninsured or underinsured.
Universal health care could address underlying social inequities even in a state as seemingly homogenous as NH.

Rep Fargo reads the blue sheet.

Chair Butler adjourns the hearing at 4:13 pm

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 697-FN-A Date 1-30-19

Committee Commerce & CA

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Rep Dick Hinch			House Republican office		X
Rep Jason Janvrin			Rock 37		X
Rep Rob Forsythe	Merr 8				X
Rep Alicia Lekas	Hills 37				X
Helmut Koch	Concord	491-3306	Self	X	
Maura Willing	Concord		Self	✓	
Gale Taylor	Concord		Self	✓	
Eileen Brady	Nashua 03060		Sisters of Mercy	✓	
KATHRYN TAUBER	MANCHESTER		SELF	✓	
AHMED KHOTY, MD	Pelzbrough PNHP			✓	
SUSAN COVERT	CONTOOCOOK		SELF	✓	
Sara Smith	Pembroke		Self	✓	
House Spencer	Concord		Self	✓	
Patricia Martin	Rindge		self	✓	
JR Hoell	Dunbarton NH				✓
David Holt	Somersworth NH	6036920349	Self	✓	
David Greene	45 Middle Rd Dover	6035422433	Self	✓	
Jessica LaMontagne	7 Trask Dr. Dover		self	✓	
Wayne Merritt	15 Hum Arc. Dover	03820	self	✓	
Jennifer Smith MD				✓	
Kathy Staub	Manchester		self	✓	
Amy Hathaway	Keene		self	✓	
Molly Grover	Concord		self	✓	

18 4

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 691-FN-A Date 1-30-19

Committee Commerce

**** Please Print All Information ****

Name	Address	Phone	Representing	(check one) Pro	Con
Sheryl Ingraham	Concord	410-972-1222	Self	✓	
Russ Ingraham	Concord	410-693-1219	Self	✓	
Nicole Casey	Manchester	603-818-6026	Self	✓	
Elizabeth Ropp, Register of Probate	Manchester	603-703-7871		✓	
KATHY CAHILL	CONCORD NH		Self	✓	
Donna Davey	Concord		Self		✓

5

23-5

Testimony

#5

To: Members, NH House Committee on Commerce and Consumer Affairs
January 30, 2019

Re: HB 604 Establishing a commission to assess benefits and costs of a "health care for all" program for New Hampshire
Re: HB697 Establishing a single-payer health-care system

Dear Honorable Representatives,

I am a Family Physician who has practiced in New Hampshire since 1980. During the first decade of my career I was in private practice in Woodsville and Monroe, caring for a rural community, many of whom did not have insurance. My earnings were in the lowest 5% of physicians on a national scale, but that didn't include getting paid in chickens and cord word. I saw terrible health outcomes because uninsured people didn't seek health care. Nationally, close to 20% of people did not have health insurance; in my community, many of them were hard-working farmers and loggers. It was heart-breaking, and a true stain on our nation's honor. I couldn't prevent a stroke in the fellow who lived next door to my clinic, because he never came in to have his severely elevated blood pressure treated. We were the only industrialized nation in the world without a national health plan. The wealthiest nation in the world could not provide health care for everyone? Back then, I became committed to the idea of Universal Health Care access; I wasn't sure of the best way to achieve it – I am still not certain – but I did know that it had to include EVERYONE. Everyone in, nobody out.

Fast forward to 2010. Finally, the Affordable Care Act did two things: most important, with the wise support of the NH Legislature, Medicaid was expanded. Then a complex system of a regulated marketplace and requirements for coverage were established. The national uninsured rate fell to 10%. Fewer patients with untreated hypertension and cancer, coming into the hospital only when their illnesses were more advanced and more expensive for the rest of us to pay for. How about now? Well, NH still has expanded Medicaid – thank you! – but with a number of "conditions", so the rolls of Medicaid eligibility will drop. And the Exchange is being degraded by the US Congress. So the numbers of uninsured are climbing again, back up to 13% nationally and 10% in New Hampshire. And the "underinsured" – people trapped by high deductibles and co-pays – are growing and avoiding necessary care.

p. 2 ⟹

We need solutions. Solutions **should** come from the Federal Government, but party politics in Washington are locking up even those who **want** to solve problems. That brings us to today, here in New Hampshire. We are a healthy state with very low unemployment. Yet we still have more than 10% uninsured and probably 25% dangerously underinsured. Can we craft an answer? I do not know, but I think it is cowardly to not try. Should it be a public option? Should we join up with other New England states for a regional solution? Should the State of NH take upon itself the challenge of being a health insurance entity, as is being tried in NY, California, Hawai'I and Colorado? It works in other countries? Should we go straight to a Single Payer plan, working with regulated non-profit insurance companies, as is done in Germany? Should we slowly lower the Medicare eligibility age?

Although I personally think that simplest is best – that an IMPROVED-MEDICARE-FOR-ALL could be successfully implemented within two years - I am open to all possibilities. But let us NOT put our heads in the sand and pretend that our citizens are not being hurt – are not dying prematurely – because of our lack of courage and will. If you have the will, then vote for HB697 and let's get to work implementing a Single-Payer plan. But if you still have questions about what plan is best for New Hampshire, then vote to pass HB604. How can you go home and face your constituents if you do NOT – at the least – establish a Commission to try to solve this problem?

Thank you very much for your consideration.

Donald Kollisch, MD
Associate Professor of Community and Family Medicine
Geisel School of Medicine at Dartmouth

* 697-FN-A

HB 604 and HB 697-FN-A
Jerry Knirk, representing Carroll County District 3, and retired spine surgeon.

It is no mystery that the US healthcare system has been broken for many years. It is expensive, inefficient, fragmented, and difficult to access. We spend twice as much as other developed countries with the worst outcomes--our maternal mortality is the worst, infant mortality is twice as high and life expectancy is near the bottom. Per capita health care costs as a percent of GDP is growing much faster in the US than other countries, is now at 18%, and is unsustainable. In 2018, opponents of this bill stated that the free market has given the US the best health care system in the world but that assertion is not true. The US has the closest to a free market system of all of the developed countries with the worst outcomes and highest expense.

We have a patchwork quilt of payment systems--Medicare, Medicaid, employer-sponsored insurance, individual insurance, CHP, TriCare, VA all with different rules, formularies, copayments and provider payment rates which are an administrative nightmare for providers, patients, and employers.

I need to dispel a common misperception. A single payer system is not the same as a government run delivery system--funding and delivery are separate. Medicare is an example of a single-payer system, funded through taxes, with universal coverage (if you are over 65) and uniform nondiscriminatory benefits but with delivery by the private sector.

What is it that the other developed countries do? They all provide universal access--everyone is covered. Some are single-payer such as the UK or Canada. Others use a system of highly regulated multiple payers with uniform nondiscriminatory benefits like Switzerland and Germany.

There are many reasons why everyone needs to be covered. First is a founding principle of our country. We believe in equality of opportunity. But if you are ill, without access to affordable healthcare, you do not have equal opportunity for success. Beyond this philosophical argument there are strong economic arguments for universal access. Tying health care to employment burdens employers, increases the costs of goods and services and stifles entrepreneurship. A healthy work force is a more productive workforce. A few years ago I saw a self-employed carpenter who had been out of work for over a year with sciatica from a back injury. Without health insurance he could not be treated. When he gained coverage with Medicaid expansion he was able to be evaluated, imaged, and have surgery to get back to work. Consider the burden on a restaurant owner who suddenly finds out that their best server is going to be gone for a few days due to hospitalization with an asthma attack--which could have been prevented if the server had medical insurance allowing appropriate management with inhalers and medications to prevent that asthma attack. Besides the burden on the business, it is far cheaper to society to manage chronic illness and keep the patient out of the hospital than to treat the illness in the hospital when it is a crisis.

Cost shifting is a major problem when people are uninsured. People without insurance still have accidents and sudden illnesses such as heart attacks or appendicitis. We care for them, generating uncompensated costs which are shifted to those with health insurance and therefore ultimately back to employers, driving up their costs, and to uncompensated care funds. The burden of uncompensated care is an existential threat to the survival of our small rural hospitals.

Our insurance-based funding system has high administrative costs with executive salaries, shareholder profits, marketing, and administration of benefits and denials. The presence of multiple payers places an enormous administrative burden on providers who need a number of employees just to deal with insurance companies and decreases provider productivity. A single payer system will be far more efficient with an estimated 7% decrease in provider overhead due to the administrative savings just by going from multiple payers to a single-payer. A single payer system would give better bargaining power with providers, facilities and pharmaceutical companies.

A single-payer system is fundamentally fair as everyone contributes and everyone is covered. This inherent fairness is probably why so many people who oppose a single-payer system still love their Medicare.

A common worry is that changing to a taxpayer-funded, single payer system will increase your taxes. That is correct, but that increase will be balanced by getting rid of your premiums, deductibles and copays. In 2016 you could have more than doubled my taxes and I still would have been better off than paying the premium for my health insurance. A 2018 study by the Mercatus Center demonstrated that the Medicare for All proposal would result in federal spending $32 trillion over 10 years for health care but that would not be new spending, just a change in the already existing cash flow from the current multiple sources to a single federal pipeline. They also showed that the proposal would actually cut total US healthcare spending by $2 trillion over 10 years.

Developing a system which would cover all citizens of New Hampshire will be a complex task. HB 604, my bill, sets up a commission to study the benefits and costs of a "health care for all" program for New Hampshire to start the process. HB 697, Representative Schmidt's bill, creates such a program.

It is time to realize that universal healthcare is basic infrastructure for our economy and is as important as universal education. The federal government is not addressing health care reform. It is time for us to step up to the plate and develop a New Hampshire solution for the people of our great state.

I come here today in several roles:

I am an Occupational Therapist. Early Childhood Educator. Early Interventionist. Parent of adult children rapidly approaching 26 years of age. And Asthma patient.

I am among the privileged-- I receive health care coverage through my employer. When I was hospitalized for 3 days in 2017 for acute exacerbation of my asthma, MY only worry was making it to the hospital in time to receive treatment and survive. Obviously I recovered, and received excellent follow up care, notably out of state. My insurance covers almost the entire cost of my daily inhaler-- I pay the co-pay of $35 but The monthly retail price is $499. That's just one medication of 3 I take for allergy and asthma related issues. I don't have to make tough choices in this area of my life.

But thousands of people in NH are in a position of choosing between medication and food, or rent, or a utility bill. Electricity gets shut off, phones are shut off, further isolating a struggling individual or family. People are sick with any number of diagnoses, not the least of which is stress, but runs the gamut from anxiety, to asthma, to heart disease, diabetes and substance use disorder. Friends of mine are now faced with the difficult decision of whether to buy Health Insurance via ACA, or keep their home. Their monthly premium is rising by $160 a month, which now surpasses their mortgage payment. He has had a serious heart attack, she is struggling with severe GI issues requiring surgery. What kind of civilized society leaves people behind, scrambling to cobble their lives together, while trying to get well?! THIS IS SHAMEFUL AND IT MUST END.

A recent statewide survey conducted by Rights and Democracy in 2018 revealed that over 83% of us in NH are deeply concerned with affordable, quality health care delivery. Regardless of background, education level, political views, or voting record, every human being is deserving of good health such that you can raise your family, work, live free of concern about basic medical bills, an impending surgery, or fear an accident that incapacitates you.

We owe it to ourselves, each other and all children to find viable, sustainable solutions for full, unconditional, comprehensive health care coverage, to include dental care, and mental health services on demand here in New Hampshire and nationwide.

As one of the wealthiest nations in the world, and by some measures, as one of the wealthiest states in the US, Medicare for All is possible in New Hampshire-- It is a matter of political will. Medicare For All is THE issue of our time. New Hampshire has a chance to LEAD, to forge ahead, to provide citizens with a basic human right that in turn will benefit the overall health and marketability of the state. Every single person deserves high quality health care in the moment it is needed. Let's get this done. In New Hampshire, and beyond.

Amy Hathaway, OTR/L, MSOT, BS
Keene NH

HB's
604+697

Bill as Introduced

HB 697-FN-A - AS INTRODUCED

2019 SESSION

19-0130
01/10

HOUSE BILL ***697-FN-A***

AN ACT relative to Medicare for all.

SPONSORS: Rep. P. Schmidt, Straf. 19; Rep. Conley, Straf. 13; Rep. Knirk, Carr. 3

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill establishes a single payer health care system to provide health care for the citizens of New Hampshire.

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

19-0130
01/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to Medicare for all.

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

1 Statement of Purpose. It is the purpose of this act to create a New Hampshire health services program. This program shall provide universal access to health care for all individuals residing within New Hampshire, promote and improve the health of all its residents, stress the importance of good public health through treatment and prevention of diseases, and contain costs of delivering care within the financial means of the stakeholders in our state. If legislation of this kind is enacted on a federal level, it is the intent of this act to become a part of a nationwide system.

2 New Chapter; New Hampshire Single Cure Act. Amend RSA by inserting after chapter 404-I the following new chapter:

CHAPTER 404-J

NEW HAMPSHIRE SINGLE CURE ACT

404-J:1 This chapter may be cited as the New Hampshire Single Cure Act.

404-J:2 Program Established. There is hereby established the New Hampshire health services program. This program shall provide universal access to health care for all individuals residing in New Hampshire.

404-J:3 Definitions. In this chapter:

I. "Board" means the New Hampshire health services governing board, established in RSA 404-J:12, responsible for the administration of the program.

II. "Program" means the New Hampshire health services program, established pursuant to this chapter.

III. "Trust" means the New Hampshire health services trust (NHHST), established in RSA 404-J:9, responsible for funding the program.

404-J:4 Eligibility. All individuals legally residing in New Hampshire shall be eligible to receive approved benefits and have payments made to health care providers under the program. To be eligible, individuals shall fill out an application form. An individual's social security number shall not be used for the purposes of this section. After filling out the form, individuals shall receive a program insurance card with a unique number in the mail. Individuals who present themselves for covered services from a participating provider shall be presumed to be eligible under this chapter but shall complete an application for benefits in order to receive a New Hampshire health services card and have payments made for such benefits.

404-J:5 Benefits and Portability. The health coverage benefits under this chapter shall be available through any licensed health care practitioner or facility anywhere in the state that is

legally qualified to provide such benefits and for emergency outpatient and inpatient care anywhere in the United States. Out-of-state non-emergency services shall be covered if not available within New Hampshire. No deductibles, co-payments, coinsurance, or other cost sharing shall be imposed with respect to covered benefits except for those goods or services that exceed basic covered benefits as defined by the board. Covered services include, but are not limited to:

I. Primary care and prevention.

II. Specialty care other than elective cosmetic.

III. Inpatient care.

IV. Outpatient care.

V. Emergency care.

VI. Prescription drugs.

VII. Durable medical equipment.

VIII. Long-term care.

IX. Mental health services.

X. The full scope of dental services, other than elective cosmetic dentistry.

XI. Substance abuse treatment services.

XII. Chiropractic services.

XIII. Basic vision care and vision correction.

XIV. Medical devices for appropriate clinical indication.

404-J:6 Qualification of Participating Practitioners or Facilities.

I. Health care delivery facilities shall meet regional and state quality and licensing guidelines as a condition of participation under the program, including guidelines regarding safe staffing and quality of care.

II. A participating health care practitioner shall be licensed by the state. No health care practitioner or facility whose license is under suspension or has been revoked shall participate in the program.

III. Patients shall have free choice of participating eligible practitioners or facilities including, but not limited to, hospitals set up for acute inpatient and chronic care.

404-J:7 Practitioner, Facility, and Supplier Reimbursement.

I. The program shall pay all health care practitioners according to the following standards:

(a) Physicians and other practitioners can choose to be paid fee-for-service, salaried by institutions receiving global budgets, or salaried by group practices.

(b) The program shall reimburse physicians choosing to be paid fee-for-service according to a fee schedule negotiated between physician representatives and the program on an annual basis.

II. The program shall pay each hospital and other licensed health care institutions, including, but not limited to, nursing homes, community health rehabilitation centers, home health care agencies, and such other qualifying institutional providers, according to the following

standards:

(a) A monthly lump sum payment to cover all operating expenses. The hospital and program shall negotiate the amount of this payment annually based on past budgets, clinical performance, and projected changes in demand for services and input costs and proposed new programs. Hospitals shall not bill patients for services covered by the program and shall not use any of their operating budgets for expansion, profit, excessive executive income, marketing, or major capital purchases or leases.

(b) The program budget shall separately fund major capital expenditures including the construction of new health facilities and the purchase of durable equipment.

III. The program shall pay for all covered prescription drugs, devices, and durable medical supplies according to a fee schedule negotiated between the program and manufacturers, vendors and suppliers on an annual basis. Where therapeutically equivalent drugs are available, the formulary shall specify the use of the lowest-cost medication, with exceptions available in the case of medical necessity.

404-J:8 Prohibition Against Duplicating Coverage. A private health insurer shall not sell health insurance coverage that duplicates the benefits provided under this chapter. Nothing in this chapter shall be construed as prohibiting the sale of health insurance coverage for any additional benefits not covered by this chapter.

404-J:9 New Hampshire Health Services Trust.

I. There is hereby established the New Hampshire health services trust (NHHST) fund which shall be accounted for distinctly and separately from all other funds and shall be non-interest bearing. The trust fund shall be administered by the board and shall be used solely to provide payment and reimbursement for the program under this chapter. All moneys in the trust fund shall be nonlapsing and shall be continually appropriated to the board for the purposes of the trust fund. The trust fund shall be authorized to pay and/or reimburse:

(a) The funds for the general operating budget of the program.

(b) Reimbursement for benefits outlined in RSA 404-J:5.

(c) Public health services.

(d) Capital expenditures for construction or renovation of health care facilities or major equipment purchases deemed necessary throughout the state and approved by the board.

(e) Re-education and job placement of persons who have lost their jobs as a result of this transition shall be limited to the first 5 years.

II. Funding of the NHHST shall include, but is not limited to, all of the following:

(a) Funds appropriated for health care as outlined by the state on a yearly basis.

(b) All federal funds that are designated for health care, including, but not limited to, all funds designated for Medicaid. The trust shall be authorized to negotiate with the federal government for funding of Medicare recipients.

(c) Public and private grants and contributions.

(d) Any other funds specifically ear-marked for health care or health care education such as settlements from litigation.

III. The total overhead and administrative portion of the program budget shall not exceed 12 percent of the total operating budget of the program for the first 2 years that the program is in operation; 8 percent for the following 2 years; and 5 percent for each year thereafter.

IV. The program shall establish and maintain regional districts for the purposes of local administration and oversight of programs that are specific to each region's needs.

404-J:10 Long-Term Care Services. The board shall establish funding for long-term care services, including in-home, nursing home, and community-based care. The program shall establish in each community a mechanism to determine eligibility and coordinate home and nursing home care and may contract with long-term care practitioners or facilities for the full range of needed long-term care services.

404-J:11 Mental Health Services. The program shall provide coverage for all medically necessary mental health care on the same basis as the coverage for other conditions. The program shall cover supportive residences, occupational therapy, and ongoing mental health and counseling services outside the hospital for patients with serious mental illness. In all cases the highest quality and most effective care shall be delivered, including institutional care.

404-J:12 New Hampshire Health Services Governing Board.

I. There is hereby established the New Hampshire health services governing board composed of the following 15 members:

(a) One third of whom shall be appointed by the speaker of the house of representatives.

(b) One third of whom shall be appointed by the president of the senate.

(c) One third of whom shall be appointed by the governor.

II. At least 1/3 of the members of the board shall consist of non-provider representatives drawn from the public at large.

III. The members of the board shall serve 3-year terms, provided that the initial appointees shall serve staggered terms. Members of the board shall not serve more than 2 full consecutive terms.

IV. The governor shall appoint a chairman of the board, who shall serve at the pleasure of the governor, from among its members.

V. Members of the board shall be reimbursed for reasonable expenses incurred in carrying out their duties under this chapter. If there are legislative members of the board, they shall receive mileage at the legislative rate when attending to the duties of the board.

VI. The board shall administer the program including:

(a) Implementing eligibility standards and program enrollment.

(b) Adopting the benefits package.

(c) Establishing formulas for setting health expenditure budgets.

(d) Administrating global budgets, capital expenditure budgets, and prompt

reimbursement to licensed facilities.

(e) Creating a committee to negotiate the cost of pharmaceuticals, supplies, and durable medical goods and devices.

(f) Implementing changes to benefits, per evidence-based medicine.

(g) Establishing quality and planning functions including criteria for capital expansion and infrastructure development, measurement and evaluation of health quality indicators, and the mechanisms for long-term care integration.

404-J:13 Payment for Prescription Medications, Medical Supplies, and Durable Medical Equipment; Committee.

I. The program shall establish a uniform prescription drug formulary and list of approved durable medical goods and supplies.

II. The board shall establish a pharmaceuticals, devices, and durable medical goods committee. The members of the board shall appoint the members of the committee which shall include health professionals and related individuals. The committee shall to meet on a quarterly basis, to discuss, reverse, add to, or remove items from the formulary according to sound medical practice. The committee shall negotiate the prices of pharmaceuticals, devices, and durable medical goods with suppliers, vendors, or manufacturers on an open bid, statewide competitive basis. Prices shall be reviewed, negotiated, or re-negotiated on no less than an annual basis. The committee shall establish a process of open forum to the public for the purposes of grievance and petition from suppliers, provider groups, and the public regarding the formulary no less than 2 times a year.

III. All pharmacy, devices, and durable medical goods vendors shall be licensed to distribute medical goods through the regulations outlined by the board.

IV. All decisions and determinations of the committee shall be presented to and approved by the board on an annual basis.

V. The board, in conjunction with the committee, shall provide a mechanism for making available to patients prescription drugs and durable medical supplies not on the formulary or list if medically deemed necessary on a case-by-case basis.

404-J:14 Patients' Rights and Medical Liability.

I. The program shall protect the rights and privacy of the patients that it serves in accordance with all current state and federal statutes. Patients shall have the right to access their medical records upon demand.

II. The board shall initiate steps for transition to a no fault system for medical liability matters and away from the current tort-based approach.

404-J:15 Innovation Waiver. The insurance commissioner shall apply to the federal government for state innovation waivers as appropriate and as provided for by the Patient Protection and Affordable Care Act of 2009, Public Law 111-148, as amended.

3 New Subparagraph; New Hampshire Health Services Trust Fund. Amend RSA 6:12, I(b) by inserting after subparagraph (343) the following new subparagraph:

(344) Moneys deposited in the New Hampshire health services trust fund established under RSA 404-J:9.

4 Appropriation; New Hampshire Health Services Program. There is hereby appropriated to the New Hampshire health services governing board, established in RSA 404-J:12 as inserted by section 2 of this act, the sum of $1 for the biennium ending June 30, 2021. Such funds shall be in addition to any other funds appropriated to the board. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

5 Effective Date. This act shall take effect 60 days after its passage.

LBAO
19-0130
1/17/19

HB 697-FN-A- FISCAL NOTE
AS INTRODUCED

AN ACT relative to Medicare for all.

FISCAL IMPACT: [X] State [X] County [X] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Appropriation	$1	$0	$0	$0
Revenue	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	[X] General [ ] Education [ ] Highway [X] Other - Federal funds, private contributions, other.			

COUNTY:

Revenue	$0	$0	$0	$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

LOCAL:

Revenue	$0	$0	$0	$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill establishes the New Hampshire Health Services Program, which would provide universal access to health care for all individuals residing within the state. The program would be administered by a health services governing board, responsible for such functions as implementing eligibility standards and program enrollment, establishing formulas for health expenditure budgets, administering budgets and cost reimbursements, and establishing quality and planning functions. Program costs would be funded out of a newly-created New Hampshire Health Services Trust Fund, which would consist of the following: (1) funds appropriated by the state, (2) federal funds designated for health care, (3) public and private grants and contributions, and (4) any other funding source earmarked for health care or health care education. The bill contains an appropriation of $1 in the FY 2020/21 biennium.

The Department of Health and Human Services is unable to estimate the bill's fiscal impact, but for informational purposes notes that the Medicaid program provides coverage to an estimated 180,000 citizens throughout the state, at a total cost (including general, federal, and other funds) of approximately $2.2 billion in FY 2018. The Department assumes that it, and not the

Insurance Department as stated in the bill, would be required by federal law to submit a global demonstration waiver under section 1115 of the Social Security Act. Finally, the Department assumes the bill will have a fiscal impact on county and local governments (which provide health coverage to employees as well as social services to residents), but is unable to determine the extent of any such impact.

The Insurance Department states that while the full extent of the bill's impact on private insurance is unclear, it anticipates a substantial reduction in insurance premium tax revenue, given the bill's prohibition on the sale of private insurance that duplicates the single payer coverage contemplated by the bill.

The Departments of Corrections and Administrative Services are unable to estimate the bill's fiscal impact.

AGENCIES CONTACTED:

Departments of Insurance, Corrections, Administrative Services, and Health & Human Services