Committee Report

CONSENT CALENDAR

March 3, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Health, Human Services and Elderly Affairs to which was referred HB 157-FN,

AN ACT repealing the state health assessment and state health improvement plan council. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. William Marsh

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 157-FN**
Title:	**repealing the state health assessment and state health improvement plan council.**
Date:	**March 3, 2021**
Consent Calendar:	**CONSENT**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2021-0488h**

STATEMENT OF INTENT

This bill began as a repeal bill. It became clear that important stakeholders felt disenfranchised by the process developing the state health assessment and state health improvement plan. The committee thanks Senator Tom Sherman who orchestrated a meeting between stakeholders and the Department of Health and Human Services, resulting in amendment 2021-0270h. Using his staff enabled us to do this despite the lack of House Committee Services staff available to run a subcommittee. The amendment instead revises the charge to the council and adds members to the council such that the previously disenfranchised stakeholders believe their concerns have been addressed. Highlights include an increased scrutiny on access to critical services including maternity, cost of healthcare and health insurance, fiscal stability and sustainability, and an emphasis on public health. A new goal is to plan on ways to reduce the cost of healthcare both to individuals and to the system overall. The council's recommendations are to include both costs and benefits. The committee recommends this bill Ought to Pass with amendment 2021-0488h

Vote 20-0.

Rep. William Marsh
FOR THE COMMITTEE

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CONSENT CALENDAR

Health, Human Services and Elderly Affairs
HB 157-FN, repealing the state health assessment and state health improvement plan council. **OUGHT TO PASS WITH AMENDMENT.**
Rep. William Marsh for Health, Human Services and Elderly Affairs. This bill began as a repeal bill. It became clear that important stakeholders felt disenfranchised by the process developing the state health assessment and state health improvement plan. The committee thanks Senator Tom Sherman who orchestrated a meeting between stakeholders and the Department of Health and Human Services, resulting in amendment 2021-0270h. Using his staff enabled us to do this despite the lack of House Committee Services staff available to run a subcommittee. The amendment instead revises the charge to the council and adds members to the council such that the previously disenfranchised stakeholders believe their concerns have been addressed. Highlights include an increased scrutiny on access to critical services including maternity, cost of healthcare and health insurance, fiscal stability and sustainability, and an emphasis on public health. A new goal is to plan on ways to reduce the cost of healthcare both to individuals and to the system overall. The council's recommendations are to include both costs and benefits. The committee recommends this bill Ought to Pass with amendment 2021-0488h **Vote 20-0.**

Original: House Clerk
Cc: Committee Bill File

Rep. Marsh, Carr. 8
Rep. Edwards, Rock. 4
Rep. Knirk, Carr. 3
February 23, 2021
2021-0488h
05/10

Amendment to HB 157-FN

Amend the title of the bill by replacing it with the following:

AN ACT relative to the state health improvement plan and the state health assessment and state health improvement plan advisory council.

Amend the bill by replacing all after the enacting clause with the following:

1 State Health Improvement Plan; State Health Assessment and State Health Improvement Plan Advisory Council. RSA 126-A:87 and RSA 126-A:88 are repealed and reenacted to read as follows:

126-A:87 State Health Improvement Plan.

I. The commissioner of the department of health and human services shall, in consultation with the state health assessment and state health improvement plan advisory council established in RSA 126-A:88, and others, develop a state health assessment and a state health improvement plan.

II. The state health assessment shall:

(a) Describe the status of health and well-being in New Hampshire, access to critical healthcare services including maternity care, the cost of healthcare and insurance coverage, and the fiscal stability and sustainability of critical services to ensure sufficient and equitable access throughout the state.

(b) Utilize input from state and local level stakeholders obtained through public forums.

(c) Identify disparities in social determinants that may impact health, health outcomes, and access to care.

(d) Map health care service delivery, utilization, inter-entity collaboration, and identification of gaps or redundancies.

(e) Describe the role of state agencies in supporting the public health system in New Hampshire.

(f) Utilize existing data and plan for future data to support statewide and local planning.

(g) Identify priorities for the state health improvement plan.

III. The state health improvement plan shall guide the department in assessing, planning, implementing, and monitoring improvement in the health and well-being of New Hampshire's population.

IV. The state health improvement plan shall focus on strategies to:

(a) Improve the overall health and wellness of populations; improve the quality and experience of care and reduce cost both to individuals and overall to the healthcare system.

(b) Improve specific health outcomes and reduce inequities in measurable ways; and

(c) Optimize the public health and human service delivery systems.

V. The state health improvement plan shall identify priorities and evidence-based practices, recommend integration of services, and encourage the leveraging of resources across the state.

VI. The department shall make publicly available through an Internet website an analysis pertaining to state health assessment indicators, identification of state health priorities, goals, and the development of the state health improvement plan.

VII. The information made available shall be maintained as a public resource for centralized and decentralized decision making and policy analysis by state and local health and human service entities, housing developers, municipalities, policy makers, the public, and other entities as they consider health improvement planning and health in all policies.

VIII. The information may also be used by the department to align planning, integrate services, and leverage resources across the department.

IX. The commissioner, in consultation with the state health assessment and state health improvement plan advisory council, shall release to the public, the state health assessment no later than 12 months after the effective date of this section and the state health improvement plan no later than 24 months after the effective date of this section. The plan shall be reviewed annually and updated every 5 years, or earlier if determined necessary by the commissioner.

126-A:88 State Health Assessment and State Health Improvement Plan Advisory Council Established.

I. There is hereby established a state health assessment and state health improvement plan advisory council. The council should be diverse with respect to race, ethnicity, geography, ideology, and age, and shall be comprised of the following members:

(a) Two members of the house of representatives, one of whom shall be appointed by the speaker of the house of representatives and one of whom shall be appointed by the minority leader.

(b) Two members of the senate, one of whom shall be a member of the minority party, appointed by the senate president.

(c) The commissioner of the department of health and human services, or designee.

(d) The commissioner of the department of education, or designee.

(e) The commissioner of the insurance department, or designee.

(f) The commissioner of the department of safety, or designee.

(g) The commissioner of the department of corrections, or designee.

(h) The attorney general, or designee.

1 (i) The director of the division of public health services, department of health and human
2 services, or designee.
3 (j) The chairperson of state commission on aging, or designee.
4 (k) The director of the Manchester health department, or designee.
5 (l) A representative from the New Hampshire Public Health Association, appointed by
6 the association.
7 (m) A representative of the New Hampshire Alliance for Healthy Aging, appointed by
8 the alliance.
9 (n) A representative of the North Country Health Consortium, appointed by the
10 consortium.
11 (o) A representative of the New Hampshire Fiscal Policy Institute, appointed by the
12 institute.
13 (p) Two representatives from housing entities, one appointed by the New Hampshire
14 Housing Finance Authority, and one appointed by the New Hampshire Housing Authorities
15 Corporation.
16 (q) Three representatives of hospitals located in New Hampshire, One from an academic
17 medical center, one from a community hospital which is not a critical access hospital, and one from a
18 critical access hospital, appointed by the New Hampshire Hospital Association.
19 (r) A representative of a federally qualified community health center, appointed by the
20 Bi-State Primary Care Association.
21 (s) A psychiatrist or psychologist licensed in New Hampshire, appointed by the
22 commissioner of the department of health and human services.
23 (t) A physician, appointed by the New Hampshire Medical Society.
24 (u) An advanced practice nurse practitioner licensed in New Hampshire, appointed by
25 the New Hampshire Nurse Practitioners Association.
26 (v) A representative of municipal government, appointed by the New Hampshire
27 Municipal Association.
28 (w) A school superintendent, appointed by the New Hampshire School Administrators
29 Association.
30 (x) A representative of a peer recovery program, appointed by the commissioner of the
31 department of health and human services.
32 (y) An environmental health researcher from a New Hampshire college or university,
33 appointed by the commissioner of the department of health and human services.
34 (z) A representative of a philanthropic organization, appointed by the commissioner of
35 the department of health and human services.
36 (aa) A substance use disorder treatment provider, appointed by the NH Providers
37 Association.

(bb) A community action program representative, appointed by the New Hampshire Community Action Partnership.

(cc) The director of the Nashua health department, or designee.

(dd) A health officer, appointed by the New Hampshire Health Officers Association.

(ee) The commissioner of the department of business and economic affairs, or designee.

(ff) A representative from Community Support Network, Inc. (CSNI), appointed by CSNI.

(gg) A representative from New Hampshire Community Behavioral Health Association, appointed by association.

(hh) The director of the office of health equity, department of health and human services, or designee.

(ii) The director of the Josiah Bartlett Center for Public Policy, or designee.

II. The council may solicit information and participation from any person or entity determined necessary by the council in the performance of its duties. The council shall be administratively attached to the department.

III. Members of the council appointed under subparagraphs I(a) through (j) shall serve a term coterminous with their term in office. The members appointed pursuant to subparagraphs I(k) through (jj) shall serve 6-year terms provided that initial appointments shall be for staggered terms of one to 6 years. Legislative members shall receive mileage at the legislative rate when attending to the duties of the council. The first-named senate member shall convene the organizational meeting of the council within 45 days of the effective date of this section for the purpose of electing officers. The chairperson shall be elected upon a majority vote of the council. Twenty members shall constitute a quorum.

IV. The chairperson may establish subcommittees upon majority vote of the council. Membership of the subcommittees shall be established by the chairperson upon majority vote of the council. If any member of the council is absent without previously being excused by the chairperson for 3 or more regular meetings, the member may be removed upon a majority vote of the council.

V. The council shall be subject to the provision of RSA 91-A.

VI. The commissioner, in collaboration with the council, shall submit an annual report to the president of the senate, the speaker of the house of representatives, the governor, the chairpersons of the house and senate committees having jurisdiction over finance and health and human services, and chairperson of the oversight committee on health and human services, established under RSA 126-A:13, by November 1 of each year, commencing on November 1, 2021, on the council's activities and including the council's recommendations for legislation to include estimated cost and benefit summary based on existing resources.

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

2021-0488h

AMENDED ANALYSIS

This bill revises components of the state health improvement plan and revises the membership and duties of the state health assessment and state health improvement plan advisory council.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 157-FN

BILL TITLE: An Act relative to the state health improvement plan and the state health assessment and state health improvement plan advisory council.

DATE: **3/2/2021**

LOB ROOM: 306-8/Remote

MOTION: (Please check one box)

__X__ Adoption of
Amendment # 2021-0488h

Moved by Rep. Marsh Seconded by Rep. Knirk Vote: 20-0

MOTION: (Please check one box)

X OTP/A

Moved by Rep. Marsh Seconded by Rep. Merchant Vote: 20-0

CONSENT CALENDAR: __X__ **YES** ____ **NO**

Minority Report? ____ Yes __X__ No If yes, author, Rep: ____________ Motion______

Respectfully submitted: BAF
Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB157-FN **Motion:** OTP **AM #:** 2021-0488h **Exec Session Date:** 3/2/21

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	20		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.			Absent
Nelson, Bill G.	2		
Acton, Dennis F.	3		
Gay, Betty I.	4		
Cushman, Leah P.	5		
Folsom, Beth A. Clerk	6		
Kelsey, Niki	7		
King, Bill C.	8		
Kofalt, Jim	9		
Weber, Lucy M.	10		
MacKay, James R.	11		
Snow, Kendall A.	12		
Knirk, Jerry L.	13		
Salloway, Jeffrey C.	14		
Cannon, Gerri D.	15		
Nutter-Upham, Frances E.	16		
Schapiro, Joe	17		
Woods, Gary L.	18		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
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Report

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Health, Human Services and Elderly Affairs

Bill #: HB157-FN **Motion:** OTP **AM #:** 2021-0488h **Exec Session Date:** 3/2/21

Merchant, Gary	19		
TOTAL VOTE:	20	0	1

STATE OF NEW HAMPSHIRE
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UNAPPROVED

1 IV. The state health improvement plan shall focus on strategies to:
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UNAPPROVED

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25 Membership of the subcommittees shall be established by the chairperson upon majority vote of the
26 council. If any member of the council is absent without previously being excused by the chairperson
27 for 3 or more regular meetings, the member may be removed upon a majority vote of the council.
28 V. The council shall be subject to the provision of RSA 91-A.
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30 president of the senate, the speaker of the house of representatives, the governor, the chairpersons of
31 the house and senate committees having jurisdiction over finance and health and human services,
32 and chairperson of the oversight committee on health and human services, established under RSA
33 126-A:13, by November 1 of each year, commencing on November 1, 2021, on the council's activities
34 and including the council's recommendations for legislation to include estimated cost and benefit
35 summary based on existing resources.
36 2 Effective Date. This act shall take effect upon its passage.

UNAPPROVED

2021-0488h

AMENDED ANALYSIS

This bill revises components of the state health improvement plan and revises the membership and duties of the state health assessment and state health improvement plan advisory council.

UNAPPROVED

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB 157

BILL TITLE: **An Act repealing the state health assessment and state health improvement plan council.**

DATE: **1/26/2021**

ROOM: 206/8 **Time Public Hearing Called to Order: 1:08 pm**

Time Adjourned: 2:50 pm

Committee Members Present:
In Room 206/8: Reps. M. Pearson, Folsom, McMahon, Gay, Cushman, B. King, Weber, MacKay,
On Zoom from home:
Marsh, Nelson, Acton, Kelsey, Kofalt, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

TESTIMONY

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

Rep Jess Edwards

- This bill was caught up in the COVID omnibus bill and therefore is being re -introduced. The advisory council needs to be ended.
- The information in their health improvement plan is redundant to the work provided to other agencies
- "Shall" Ties the hands of the HHS Commissioner to using this one process of planning.

Point of order - Rep MacKay Is the chair a co-sponsor, should he step aside.
Chair Pearson - staying in position, remaining silent on the bill.

Rep Merchant: Do you still believe that there should be a plan, but allow the commissioner to decide the process?
Edwards: Would be willing to discuss adjusting language to reflect that.
Rep Woods: Do individual facilities create their own plans differing from one another?
Edwards: Commissioner could coordinate

*** Dr. Ramas, NH Medical Society**
High state spending on healthcare and low outcomes, council can convene to share best practices and improve outcomes.

Kristine Stoddard, Bi-State Primary Care Assoc.
Brings in more stakeholders, Variety of agencies
Rep Shapiro: Propose legislation?
Stoddard: Yes

Sen. Sherman
Each hospital and agency reflects the assessed health care needs of their community.

The Advisory Council looks at the overall state to identify gaps and redundancies which can lead to reduced costs.
Rep. Weber: Does the statute place the Commissioner in charge of the assessment and plan and the advisory council just provide information and counsel?
Sherman: Yes
Rep. Marsh: previous testimony state the council could produce bold legislation? Tweak the bill?
Sherman : Not necessarily bold but more on the pragmatic side filling gaps. This is not a regulatory but rather advisory council. Would be open to possible changes to the bill upon review.

*** Holly Stevens, New Futures**
The reason why the health assessment is required by the IRS codes is the non-profit status of facilities and agencies. The for-profit facilities are not required. NH needs overall health assessment with legislative oversight.

*** Lisa Morris, DHHS**
Council provides broad geographical, types of services, facilities and agencies. It is data driven and aggregates data to produce over all assessments to produce community health plans and to identify priorities. It is a guidebook for change, not mandates.
Rep Gay: What concrete plans have been identified
Morris: the council has not reached that stage yet.
Rep. Cushman: What is the relationship between the NH Regional Planning Commission?
Morris: Minimal, but would like more conversations with them.

***Rep. Knirk, Council Member**
The council size allows for diversity in practices and membership sharing best practices and delivery systems. It provides data to all providers and insurance carriers which can enhance delivery, competition, and lower costs.
Marsh: Open to a charge to include comparative studies against other states?
Knirk: Yes
Gay:$$$?
Knirk: Ø

Joan Ascheim, Public Health Officials Org.
The council also looks and the relationship to specific groups and issues.
ie: housing standards, healthy behavior, pregnant women

Rebecca Sky, Commission on Aging
NH has second oldest population in US. This council's health improvement plan could be a rallying point and provide more public transparency.

***** New Hampshire Hospital Association

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB157 on 2021-01-26

Support: 5 Oppose: 17 Neutral: 3 Total to Testify: 9

Name	Email Address	Phone	Title	Representing	Position	Testifying	Signed Up
Knirk, Jerry	jknirk@roadrunner.com	617.448.7557	An Elected Official	State Health Assessment/State Health Improvement Plan Advisory Council	Oppose	Yes (0m)	1/25/2021 9:55 AM
Ramas, Dr. Marie	marieramas.md@gmail.com	978.300.2404	A Member of the Public	NH Medical Society as a member of the SHA/SHIP advisory	Oppose	Yes (0m)	1/25/2021 9:18 AM
Morris, Lisa	lisa.morris@dhhs.nh.gov	603.931.0528	State Agency Staff	DHHS	Oppose	Yes (0m)	1/25/2021 5:14 PM
Stoddard, Kristine	kstoddard@bistatepca.org	480.794.0523	A Lobbyist	Bi-State Primary Care Association	Oppose	Yes (0m)	1/25/2021 4:14 PM
Sky, Rebecca	rebecca.sky@nh.gov	603.848.4204	State Agency Staff	NH State Commission on Aging	Neutral	Yes (0m)	1/26/2021 11:47 AM
Sherman, Senator Tom	jennifer.horgan@leg.state.nh.us	2717875	An Elected Official	SD24	Oppose	Yes (0m)	1/26/2021 8:12 AM
Edwards, Jess	jess.edwards@leg.state.nh.us	603.370.7885	An Elected Official	Rockingham District 4 (Auburn, Chester, Sandown)	Support	Yes (0m)	1/26/2021 8:23 AM
Ascheim, Joan	jascheim2@gmail.com	603.496.4284	A Member of the Public	NH Public Health Association	Oppose	Yes (0m)	1/26/2021 10:27 AM
Stevens, Holly	hstevens@new-futures.org	603.225.9540	A Lobbyist	New Futures	Oppose	Yes (0m)	1/26/2021 11:25 AM
Horrigan, Timothy	timothy.horrigan@leg.state.nh.us	603.868.3342	An Elected Official	Strafford 6	Oppose	No	1/26/2021 12:36 PM
Mohan, Kim	kimmohan@nhnpa.net	603.630.2210	A Member of the Public	New Hampshire Nurse Practitioner Association	Oppose	No	1/26/2021 12:42 PM
Mangipudi, Latha	Latha.mangipudi@leg.state.nh.us	603.891.1239	An Elected Official	Hills 35	Support	No	1/26/2021 1:55 PM
Phillips, Heather	HPhillips@memorialhospitalnh.org	603.356.5461	A Member of the Public	Myself	Support	No	1/22/2021 2:53 PM
Phillips, Theodore	phillips44@aol.com	203.556.1643	A Member of the Public	Myself	Oppose	No	1/22/2021 2:56 PM
Brannen, Tyler	tyler.j.brannen@ins.nh.gov	2712396	State Agency Staff	Insurance Department	Neutral	No	1/22/2021 1:59 PM
Lajoie, Katherine	jlje23@hotmail.com	603.826.4803	A Member of the Public	Myself	Oppose	No	1/26/2021 10:27 AM
Tilley, Patricia	patricia.tilley@dhhs.nh.gov	603.931.0750	State Agency Staff	DHHS	Oppose	No	1/26/2021 9:00 AM
McLeod, Ferngold	fern@mcleodsoft.net	603.484.9138	A Member of the Public	Myself	Neutral	No	1/26/2021 10:13 AM
Campion, Polly	pkc441@outlook.com	603.643.2837	A Member of the Public	State Commission on Aging	Oppose	No	1/26/2021 8:19 AM
ploszaj, tom	tom.ploszaj@leg.state.nh.us	603.279.9965	An Elected Official	Myself	Support	No	1/25/2021 8:35 PM
Rathbun, Eric	ericsrathbun@gmail.com	860.912.3751	A Member of the Public	Myself	Oppose	No	1/25/2021 7:00 PM
Piemonte, Tony	tony.piemonte@leg.state.nh.us	603.391.4676	An Elected Official	Myself	Support	No	1/25/2021 10:27 PM
Murphy, Nancy	murphy.nancya@gmail.com	603.424.0254	A Member of the Public	Myself	Oppose	No	1/26/2021 11:32 AM
Padmore, Michael	michael.padmore@nhms.org	603.858.4744	A Lobbyist	NH Medical Society	Oppose	No	1/25/2021 2:13 PM

Koutroubas, Alex	alex@dennehybouley.com	603.440.5113	A Lobbyist	Concord Hospital	Oppose	No	1/26/2021 7:26 AM

Testimony

January 26, 2021

The Honorable Mark Pearson, Chair
House Health, Human Services and Elderly Affairs Committee
Legislative Office Building Room 205
Concord, NH 03301

Re: New Futures' testimony in opposition to HB 157

Dear Chair Pearson and Members of the Committee:

New Futures appreciates the opportunity to testify in opposition to HB 157, relative to repealing the state health assessment and state health improvement plan council, which was established in law with bipartisan support only last session. New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and families to improve overall public health and improve health equity across the Granite State.

In the purpose and intent section of HB 157, it says that the state health assessment (SHA) is "entirely duplicative" of the community needs assessments (CNA) done by New Hampshire's non-profit hospitals. However, the incentive behind these two assessments is entirely different. In exchange for receiving non-profit status, non-profit hospitals complete CNAs which are tied to their community benefit plans detailing where certain hospital financial resources will be distributed within the community. Not all of New Hampshire's community hospitals have a non-profit status. Portsmouth Regional Hospital, Frisbee Memorial Hospital (Rochester), and Parkland Hospital (Derry) each merged with a for profit health care entity, which has rendered these three hospitals for profit organizations. As a result, none of these three hospitals are required to produce a CNA. The reason CNAs are included in the Internal Revenue Services tax code is because a non-profit hospital receives income tax breaks in exchange for doing a CNA and providing a benefit to the community it resides in.

The CNAs completed by New Hampshire's hospitals are not identical to nor are they a replacement for a SHA. The CNAs could certainly be used as one resource in the development of the SHA. However, per the statute, the SHA is more comprehensive than a simple compilation of the CNAs. The CNAs, as their name indicates, assess only the community the hospital serves. In addition to not including Portsmouth, Rochester, and Derry, they do not allow for comparisons of the communities to each other, which is important in developing the State Health Improvement Plan (SHIP).

Additionally, the Community Benefit Plans (CBP) informed by the CNAs, include very specific activities included in the governing statute. These include:

a. Charity care;

b. Financial or in-kind support of public health programs, including support of recommendations in any state health plan developed by the NH Department of Health and Human Services;

c. Allocation of funds, property, services, or other resources that contribute to community health care needs identified in a community benefits plan;

d. Donation of funds, property, services, or other resources which promote or support a healthier community; and

e. Support of medical research and education and training of health care practitioners.

The state's development of a SHIP would not be constrained by certain limited financial based activities that the CBPs are. The state health assessment and state health improvement plan council would be able to use many assessment tools and incorporate a wide range of both financial and non-financial activities to assist in improving the overall health and wellness of New Hampshire residents. Also, by developing a SHIP, the state's Department of Public Health could become accredited by the Public Health Accreditation Board. Other accredited states have found that accreditation leads to improved health outcomes for their residents and greater accountability for state government. Attached to this testimony is a hand-out describing the value that other states have identified as a result of becoming accredited.

If there is anything that the ongoing addiction crisis, mental health crisis, and the COVID-19 pandemic have taught us, it is that New Hampshire could benefit from having a stakeholder engaged process overseen by the legislature to assess and develop a plan to improve health outcomes, reduce health disparities and strengthen public health and human services delivery systems.

For all the reasons stated above, New Futures strongly urges the Committee to vote Inexpedient to Legislate on HB 157.

Please do not hesitate to contact me if you have any questions.

Respectfully submitted,

Holly A. Stevens, Esq.
Health Policy Coordinator

HB 157

Marie-Elizabeth Ramas, MD, FAAFP

1/26/2021

Opposition

Representing: New Hampshire Medical Society

Disclosures: Member of the SHA/SHIP Advisory Council, President-elect NH Academy of Family Physicians

While the United States spends over twice as much per capita on health care compared to other wealthy industrialized countries, our healthcare outcomes, from life-expectancy to infant and maternal mortality are the worst. How is it that the US can spend almost 20% of its whole budget on health delivery and still fail in outcomes? https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019?gclid=Cj0KCQiAmL-ABhDFARIsAKywVadKFEwWbkB6XXzFX_ANJMR7xPwCtq8plBsSmWEvP0bleGR_tQTl06QaAvIOEALw_wcB

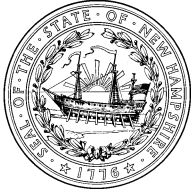
As a family doctor who has delivered care for generations of community members, one thing rings true. Health is determined more by factors outside of my examination room than in. In fact, 80% of our health is determined by where we live, eat, work and play. For those who believe that focusing on strategic initiatives outside of the direct health delivery system will increase our bottom line, they are gravely misdirected. New Hampshire is not immune to high health care spending either. In fact, our state is the fourth largest spender per capita on health-related costs in the country. (https://www.unionleader.com/news/health/nh-ranks-4th-in-health-care-spending-according-to-report/article_f2bb9147-389c-500e-b638-9cae86bbb5ac.html) That is because, like former state commissioner for Health and Human Services, Nick Vailas, stated in an article published in 2019 by the Union Leader, our hospital-based health care system drives high costs in New Hampshire. (https://www.unionleader.com/news/health/nh-ranks-4th-in-health-care-spending-according-to-report/article_f2bb9147-389c-500e-b638-9cae86bbb5ac.html) It is obvious that what we've been doing has not improved in the overall costs in the state or our health. Something needs to change.

It is well understood and accepted within the medical and public health spaces that the way to improve health care outcomes, reduce overall health care spending and narrow disparities is to shift our focus from the current fee-for-service, a-la-carte care model of health delivery to a more global preventive and value-based care system. Contrary to some criticism, this approach actually encourages healthy economic competition by incentivizing high-quality, low-cost care in the market. In fact, this is precisely why the Center for Medicaid and Medicare services has changed its reimbursement structure to incentivize robust primary care delivery, improved population health outcomes and bolster coordination of care for patients. This shift of medical reimbursement has saved both Medicare and private insurers billions of dollars. Moreover, this means that such a shift will also save us money as Granite Staters. Our health and wellness

encompasses all those aspects of our lives that contribute to our experience across the spectrum of what we define as community. These factors that affect our day-to-day living are better known as social determinants of health (SDOH). These have a greater impact on population health than factors like biology, behavior, and health care. Along with its peers, the American Academy Family Physicians also urges hospitals and health care systems to consider the SDOH in their strategic plans and to provide their staff, including family physicians, with opportunities to engage with and advocate on behalf of their community to advance health equity.
https://www.aafp.org/about/policies/all/social-determinants-health-family-medicine.html

As a former board of director of the American Academy of Family Physicians (AAFP) and current member of the AAFP Commission on Health of the Public and Sciences, I strongly encourage this committee to consider the vitality of the convening of the SHA/SHIP Advisory Council. This body is a multidisciplinary group that reflects the textured experience of the residents within this state. It puts into action the very recommendations of our trusted leaders in both health care and our economy. Certainly, in the face of COVID-19, the importance of creating a diverse, bipartisan and representative thinktank that can help define what health and wellness means to the many faces of the New Hampshire experience is integral in forming concentrated and well-defined goals as it relates to our health and wellness in the state.

The NH Medical Society is part of this group because our members need integrated resources to help our patients stay out of the ER and enjoy the wonderful amenities our state has to offer. I need to equip my patient with diabetes who is recently unemployed due to COVID-19, with resources to housing and healthy nutrition for her to keep her sugars controlled and out of the hospital. Children need positive school experiences to provide them the foundations they need to reach their unique potential because we know that appropriate education leads to healthier adults. We need to weave a supportive and comprehensive network that helps our patients be independent and involved residents. We cannot do that without first creating vision and direction. This is evidence-based, fiscally responsible, and patient-centric. The health and well-being of our state depends on it.



Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF PUBLIC HEALTH PROTECTION

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4524 1-800-852-3345 Ext. 4524
Fax: 603-271-8705 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

To: Representative Mark Pearson and Health, Human Services and Elderly Affairs Committee Members
From: Lisa Morris, Director and Patricia Tilley, Deputy Director DHHS/Division of Public Health Services
Re: HB 157, Repealing the State Health Assessment and State Health Improvement Plan Advisory Council
Date: January 26, 2021

The Department of Health and Human Services drafts this memorandum in opposition of HB 157, which repeals the State Health Assessment and State Health Improvement Plan Council.

In August 2019, at the request of DHHS, 27 multi-sector stakeholders from across the state gathered as the NH State Health Assessment/State Health Improvement Plan Council. The work of this Council is to ensure that a comprehensive and actionable picture of health and well-being in NH is completed. The work includes collecting and analyzing health and social data and identifying priorities to be including in a NH State Health Improvement Plan. These stakeholders represent health care, public health, mental health, substance misuse, safety, housing, education, aging, disability, and philanthropy, commercial insurance and fiscal policy. The vision of this collective is:

All people in NH have equitable opportunity to flourish and achieve optimal mental, physical, social, spiritual, and emotional wellness.

- *Equity is shaped at state and local levels such that individuals and communities have equitable access to opportunities*
- *Wellness happens where people live, learn, work, and play*
- *People include individuals and families across the lifespan*

To ensure legislative involvement and oversight, omnibus bill HB 1639 became law in 2020. RSA **126-A:87** creates an assurance that the Department, regardless of shifts in leadership, will use a data-driven, inclusive and transparent process for assessing, planning, implementing, and monitoring improvement in the health and well-being of New Hampshire's population. Legislative oversight of this process further aligns the planning process with budget and policy priorities. The health assessment and improvement plan must include the needs and priorities of other state agencies and the community.

Per RSA 126-A:88 , the State Health Assessment/State Health Improvement Plan Council is charged with the development of the NH State Heath Improvement Plan to be reviewed annually and updated every five (5) years to include an annual report to the house and senate committees with jurisdiction over finance and health and

human services. This large Council of over 30 individuals with cross sector and geographic representation is already deeply engaged in planning for data collection and priority setting (see attached membership list).

This Council understands that health outcomes are determined in part by where people, live, learn, work, and play. It is vital that in addition to describing health outcomes and prevalence of disease and conditions, NH must also address other determinants of health including: safe and affordable housing, education, access to healthy foods, safe neighborhoods and families, transportation, economic opportunity, environmental issues and access to healthcare.

Over the past 7 years, public health networks across the state have collaborated with hospitals and community leaders in performing community needs assessments, as required by federal and state statute for hospitals. The information obtained from these assessments are utilized in the development of regional community health improvement plans. These assessments help identify local priorities and strategies for improvement. **Rather than duplicate this process, the State Health Assessment and State Health Improvement Plan complements this process by aggregating and aligning community strengths while identifying opportunities for more efficient and effective use of state resources**.

The State Health Assessment will focus on four (4) categories: health status and outcome, access to opportunity, community and social connectivity. It will highlight birth outcomes, vaccine rates, chronic disease and health status and will focus on access, utilization and cost. ***Certificate of Need, as stated in HB-157, will not be considered as part of this process***.

If we want attainable, measurable success, our plans cannot be haphazard or ad-hoc. The strength of RSA 126-A:87 and 126-A:88 is multisector representation, and the assurance that DHHS is accountable to the legislature and the community for priority setting and efficient use of resources to reduce disparities, to strengthen our health and human service delivery system, and ultimately to improve health outcomes for all of New Hampshire's residents.

We all benefit from a predictable structure for data –driven priority setting. By building a transparent, routine and consistent process for assessment driven by experts in their fields, we will be able to set and achieve ambitious goals and drive innovation. **We hope that we have your support to continue this important work as codified by RSA 126-A:87 State Health Improvement Plan and RSA 126-A:88 State Health Assessment and State Health Improvement Plan Advisory Council.**

If you would like additional information, please feel free to contact:

Lisa Morris, Director Division of Public Health Services Lisa.morris@dhhs.nh.gov (603) 931-0528

Patricia Tilley, Deputy Director Division of Public Health Services Patricia.tilley@dhhs.nh.gov (603) 931-0750

STATE HEALTH ASSESSMENT AND STATE HEALTH IMPROVEMENT PLAN ADVISORY COUNCIL : *No Title*

General Info. ▶▶▶**Committee Reports:** Committee Web Page

Year:	2020	Bill Number:	HB1639	Effective Date:	7/29/2020
Chapter Law:		RSA Chapter:	126-A:82	Report Filed:	No
Comm. Status:	Active Statutory Committee			Final Report Due:	*None*
Amending Bills:	*None*				

Committee Members

Jerry Knirk - House Majority	William Marsh - House Minority
Tom Sherman - Senate Majority **(Chair)**	Jeb Bradley - Senate Minority
Ann Landry - DHHS	Tyler Brannen - Dept. of Insurance
Nick Mercuri - DOS: Designee	Helen Hanks - DOC
Diane Quinlan - Attorney General: Designee	Lisa Morris - DHHS: Public Health
Polly Campion - Chair of St. Comm. on Aging	Jaime Hoebeke - Manchester Health Dept.
Lisa Bujno - NH Public Health Assoc.	Martha McLeod - NH Alliance for Healthy Aging
Becky McEnany - North Country Health Consortium	Phil Sletten - NHFPI
Joshua Meehan - NHHAC	Lynn Lippitt - NHHFA
Greg Norman - NHHA: Lg. Health System	Heather Phillips - NHHA: Critical Care
Edward Shanshala, II - Bi-State Primary Care	Benjamin Hillyard - LCMHC
Marie Ramas, MD - NHMS	Julie Bosak - NHNPA
Charlene Lovett - NHMA	Daisy Pierce - Peer Recovery
Carolyn Murray, MD - Env. Health: Dartmouth	Adam Steel - NHSAA
Yvonne Goldsberry - Endowment for Health	Kerran Vigroux - NH Providers Association
Bobbie Bagley - Nashua Health Dept.	Kim McNamara - NH Health Officers Assoc.

Archived: Wednesday, March 17, 2021 3:38:00 PM
From: Phillips, Heather
Sent: Monday, January 25, 2021 11:23:36 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Vote Correction HB 157
Importance: High

Good Morning,

I am writing to you to correct my vote. I noticed on Friday afternoon that my vote was cast incorrectly. I tried to email the first email provided—it said it was no longer as valid email. I finally found this connected email to the voting.

I DO NOT support this bill. I sit on the State Health Improvement Advisory Council and work for one of the 26 critical access hospitals fully aware of the need to have a council of collective representation from our state regions to work together to ensure all regions are represented for the betterment of our populations health.

Is it possible to amend my vote?

Thank you

Heather Phillips, M.Ed., CHHC
Community Health Program Manager, Population Health/Primary Care
Let's Go! Program Coordinator, Mt. Washington Valley

Memorial Hospital
MaineHealth

"Your partner for a lifetime of good health"
3073 White Mountain Hwy | North Conway, NH 03860 | Office: 603-356-5461 ext. 2187
Cell: 603-986-5553 | Email: hphillips@memorialhospitalnh.org

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Archived: Wednesday, March 17, 2021 3:38:00 PM
From: Jerry Knirk
Sent: Monday, January 25, 2021 1:58:58 PM
To: Phillips, Heather
Cc: ~House Health Human Services and Elderly Affairs
Subject: Re: Vote Correction HB 157
Importance: High

Thanks Heather. In this case, you are not really voting on the bill. You are registering your opinion with the committee. I do not know if you can officially change it, but would Clerk Folsom please correct her opinion for the record?

Jerry

> On Jan 25, 2021, at 11:22 AM, Phillips, Heather <HPhillips@memorialhospitalnh.org> wrote:
>
> Good Morning,
>
> I am writing to you to correct my vote. I noticed on Friday afternoon that my vote was cast incorrectly. I tried to email the first email provided—it said it was no longer as valid email. I finally found this connected email to the voting.
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>
> Is it possible to amend my vote?
>
> Thank you
>
> ***Heather Phillips, M.Ed., CHHC***
> Community Health Program Manager, Population Health/Primary Care
> Let's Go! Program Coordinator, Mt. Washington Valley
>
> *<image001.png>*
>
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Thank you

Heather Phillips, M.Ed., CHHC

BILL INTRODUCTION Rep Jess Edwards (R-Auburn) with Rep Mark Pearson (R-Hampstead)

HB HOUSE BILL ***157*** AN ACT repealing the state health assessment and state health improvement plan council.

Section 501 (r) (3) of the Internal Revenue Code requires community hospitals to do a community needs assessment every 3 years (see below). The existing, on-going requirement has provisions for broad community input to address the needs of that community. It is a "Boots on the Ground" approach to identifying needs and creating plans to meet them. A copy of these plans are provided to the Department of Health and Human Services.

A new bureaucracy was created last summer as the legislature avoided COVID-19 and public transparency suffered. NH created the state health improvement plan council.

This bill repeals the bolt on Council that was formed a few short months ago. The Council is a supplemental side-step to accountability that should run from the Governor to the Commissioner and to the Public Health Officials employed by the state. It is accountable to no one. The council is so large that a quorum does not exist unless at least 17 people show up for a meeting. While attached to DHHS, the Commissioner has little ability to hire or fire members whose tenure was protected in law.

This bill repeals the legal requirement for the commissioner to develop a state health assessment and a state health improvement plan (126-A:87). Effective strategic management may require such a plan. However, if we have hired an effective strategic manager, the plan can and should be done without the requirement of law. For example, the state maintains a Health IT Strategic Plan guiding the long-term roadmap of systems replacements, improved functionality, and needed interfaces. Neither the requirement nor the details of that plan are in law. It's simply good management.

Some have argued that the Commissioners have failed to be good at taking the public health assessments provided to them from hospitals around the state and adding value to those plans. That's a management issue, not an organizational structure issue. It is poor management to compensate for the lack of leadership by creating parallel, unwieldy structures that are practically responsible for the work of the Commissioner and his Public Health team. To the community, it can be confusing trying to understand who is in charge, the Commissioner or the Council?

The process of adding value at the state-level to the bottoms up community health assessments already required in federal law is something an effective Commissioner can and should do. The HHS Oversight Committee chaired by the Chairman of the HHSEA Committee has the ability to perform an oversight function to ensure what needs to be done to enhance the health condition of our state's residents is being seen to.

Let's clean up the accountability model and eliminate redundancy and waste. Please vote OTP on HB157.

I.R.C. § 501(r)(3) Community Health Needs Assessments
I.R.C. § 501(r)(3)(A) In General —
An organization meets the requirements of this paragraph with respect to any taxable year only if the organization—

I.R.C. § 501(r)(3)(A)(i) —
has conducted a community health needs assessment which meets the requirements of subparagraph (B) in such taxable year or in either of the 2 taxable years immediately preceding such taxable year, and

I.R.C. § 501(r)(3)(A)(ii) —
has adopted an implementation strategy to meet the community health needs identified through such assessment.

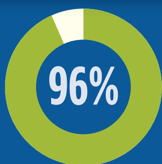
I.R.C. § 501(r)(3)(B) Community Health Needs Assessment —
A community health needs assessment meets the requirements of this paragraph if such community health needs assessment—

I.R.C. § 501(r)(3)(B)(i) —
takes into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and

I.R.C. § 501(r)(3)(B)(ii) —
is made widely available to the public.

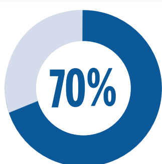
The Value of PHAB Accreditation

Strengthening Health Departments to Protect and Promote the Health of their Communities



Quality Improvement

The percentage of health departments who said that accreditation has stimulated QI and performance improvement opportunities*

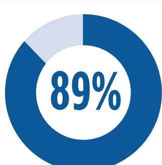


Partnerships

The percentage of health departments who said that acccreditation has strengthened their health department's relationship with key partners in other sectors.*

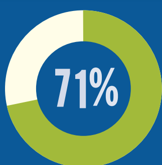
Accountability

The percentage of health departments who said that accreditation has improved the health department's accountability to external stakeholders*



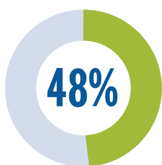
Workforce

The percentage of health departments who said that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development*



Resources

The percentage of health departments who said that since becoming accredited, the utilization of resources within their health department has improved*



Community Health/Equity

The percentage of health departments who said health department activities implemented as a result of being accredited have led to improved health outcomes in the community*

*All data cited above are from a NORC evaluation survey of health departments one year or four years after they were accredited, as of February 2020.

For more information about the Public Health Accreditation Board and the value of PHAB accreditation, please visit **https://www.phaboard.org/why-become-accredited/**

www.phaboard.org

The Value of PHAB Accreditation

Strengthening Health Departments to Protect and Promote the Health of their Communities

Quality Improvement

"As a result of going through the accreditation process, we are no longer a good health department, but rather a great health department that now embraces the concept of continuous performance improvement in the 21st century." *Weld County Department of Public Health and Environment, Greeley, Colorado*

Partnerships

"We are incredibly proud of all of our partnerships, but especially our multi-sector health improvement partnership, which continues in force today, bringing change to the community. This has increased our accountability to each other, created truly collaborative programming, and played a role that increased funding to our stakeholders." *Cerro Gordo County Department of Public Health, Mason City, Iowa*

Accountability

"Austin Public Health is now a more accountable organization while striving to uphold the rigor and excellence that public health accreditation signifies." *Austin Public Health, Austin, Texas*

Workforce

"The accreditation process has refined our focus and created a teamwork approach to every policy, program, and service we provide, both internally and externally." *Public Health-Idaho North Central District, Lewiston, Idaho*

Resources

"Since becoming accredited we have applied for and have been a recipient of more grants than before and are better equipped to more efficiently and effectively utilize those funds to benefit stakeholders." *Township of Bloomfield Department of Health & Human Services, Bloomfield, New Jersey*

Community Health/Equity

"Accreditation has empowered our department to activate and elevate health equity so that it's embedded throughout our public health practices. It has enabled us to make health equity synonymous with public health, not something seen as separate from, or in addition to, the 10 essential public health services. It is now in the fabric of everything we do." *County of San Diego Health and Human Services Agency, San Diego, California*

Better Service to the Community

"As an emergency response agency, we are now accredited as [are] our fire, police and 911. This allows us to help the public understand public health is part of public safety." *NORC Survey Respondent*

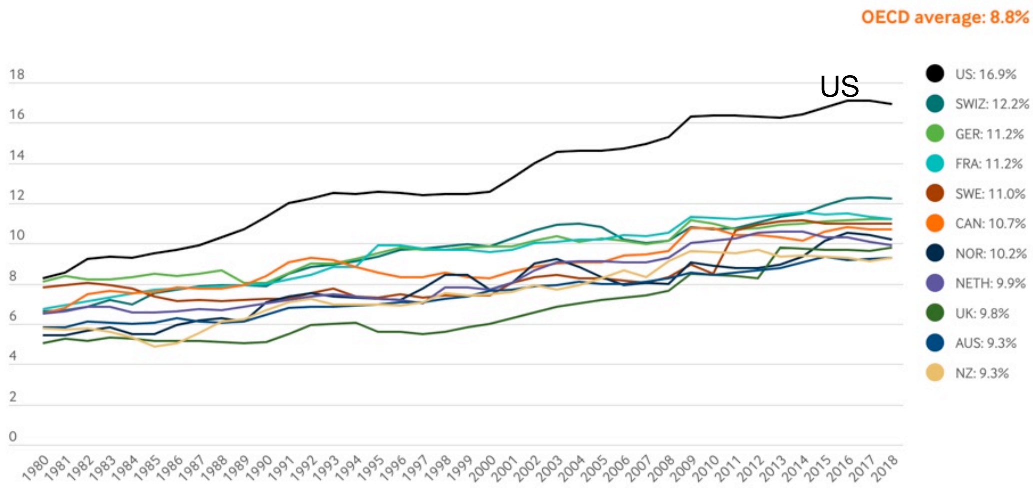
HB 157 Testimony
Rep Jerry Knirk, Carroll 3, Vice Chair of the State Health Assessment/State Health Improvement Plan Advisory Council and retired physician

The assertion in the statement of intent of HB 157 that allowing increased competition will reduce healthcare costs is simply not true. The United States has the most free-market competitive healthcare system of all developed countries, but international comparisons demonstrate that the US healthcare system spends nearly twice as much as the other developed countries and has the poorest outcomes in health parameters (see graphs below for OECD data). Our system is the least efficient system of all of the developed countries.

SPENDING

The U.S. Spends More on Health Care Than Any Other Country

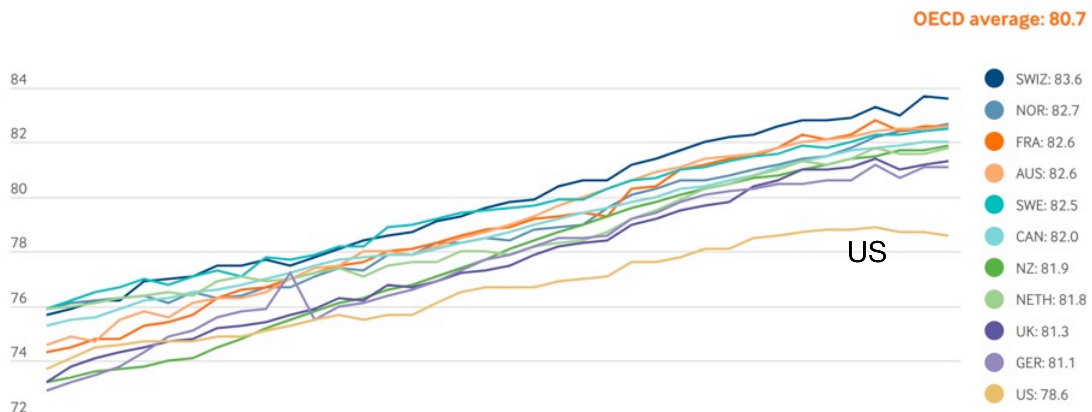
Percent (%) of GDP, adjusted for differences in cost of living
*Legend shows 2018 data**



HEALTH OUTCOMES

The U.S. Has the Lowest Life Expectancy

Years
Legend shows 2017 data



Competition and the free market works great for consumer products where you can shop for the best deal and decide not to purchase the item if the price is too high. However, healthcare is infrastructure; it does not function like a free market. Even if we solve the problem of cost transparency, it is very difficult to do comparison shopping when you're lying in the emergency room with a broken ankle, a heart attack, or an inflamed appendix. And you can not chose to not "purchase" the appendectomy you need because the price is too high.

The goal of the State Health Assessment/ State Health Improvement Plan is to improve health care outcomes and strengthen delivery systems. Improving management of chronic illness will save substantial heath care costs by preventing avoidable hospitalizations. It is far cheaper to treat hypertension with a cheap generic antihypertensive than it is to treat a stroke resulting from uncontrolled hypertension which includes the costly acute care, rehab and long term disability.

Given our current policy of free market financing of a significant portion of our health care system, the data which SHA/SHIP generates for improving health care delivery will actually assist competition. Any business needs to have data regarding the needs and opportunities in the "market" and information regarding how to deliver their "product" most efficiently at the lowest cost.   The SHA/SHIP data is not just for the use of the state. Non-profit entities, hospitals, healthcare systems, providers, and insurers will be able to make use of the data to determine how to improve delivery of healthcare to make it more cost effective and therefore decrease costs and increase quality.

Our current fee-for-service system which pays for production provides no incentive for providers to control costs. The insurers and the Center for Medicare and Medicaid Services have had to lead the way in trying to control costs with payment reforms. Payment reforms such as accountable care organizations hold providers accountable for outcomes and will drive competition amongst providers for cost-effective delivery of healthcare. The data gathered in the SHA/SHIP will help drive the decision-making as to where these efficiencies can be realized for both insurers and providers.

Lastly, SHA/SHIP has no regulatory authority and is not a certificate of need process. SHA/SHIP should finish its task.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

January 26, 2021

HB 157 – Repeals the State Health Improvement Plan and the State Health Improvement Plan Advisory Council

Testimony

Good afternoon, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is opposed to HB 157. NHHA is supportive of the State Health Improvement Plan work that is being directed by the Public Health Division of DHHS. We also support the work of the State Health Improvement Plan Advisory Council (Council), which NHHA has two seats on and have appointed a representative from a larger community hospital as well as a representative of a Critical Access Hospital. The Statement of Intent in HB 157 references the requirement of hospitals to file a community needs assessment every 3 years. It also references the repeal of the Certificate of Need law in NH.

I would like to clarify that the Council is not working on hospital community needs assessments. In addition, the council's work is in no way related to the the certificate of need law, that was repealed in 2016.

As stated in the law, that was passed last year; the priorities of the state health assessment and state health improvement plan advisory council is to "develop a plan to attain equitable opportunity for all New Hampshire families and individuals, regardless of age, to flourish and achieve optimal mental, physical, social, and emotional wellness in their communities, where they live, learn, work, play and age. The purpose of the state health improvement plan is to improve health outcomes, reduce disparities and strengthen public health and human services delivery systems with a focus on the social determinants of health".

The intent of the State Health Assessment Plan is to guide the department in assessing, planning, implementing, and monitoring improvement in the health and well-being of New Hampshire's population. The goals set out in the law, as well as the focus of the advisory council's work, is not related in any way to either the community needs assessment completed by health care providers nor what the certificate of need board was charged with in their review of specific health facilities building projects. These efforts by charitable trusts are very

specific to their communities and vary by community. Each hospital produces a community benefit report yearly. These are publicly available on their websites.

Every year, the Foundation for Healthy Communities, an affiliated organization of the NHHA, releases a statewide community benefits report highlighting the community investments made by hospitals to support community health improvement.
https://healthynh.org/images/FHC_Community_Benefit_Report_2019_FINAL.pdf

The work that the Council are charged with is at a much more macro level and is not duplicative of the charitable trusts requirements under the community needs assessment law.

NHHA does not believe this bill is necessary and we ask that you find this bill inexpedient to legislate. Thank you for the opportunity to provide our comments. I am happy to answer any questions the committee may have.

Bill as Introduced

HB 157 - AS INTRODUCED

2021 SESSION

21-0242
05/10

HOUSE BILL ***157***

AN ACT repealing the state health assessment and state health improvement plan council.

SPONSORS: Rep. Edwards, Rock. 4; Rep. M. Pearson, Rock. 34

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill repeals the state health improvement plan and the state health improvement plan advisory council.

- -

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.

HB 157 - AS INTRODUCED

21-0242
05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT repealing the state health assessment and state health improvement plan council.

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

1 1 Statement of Intent. The general court finds that Section 501(r)(3) of the Internal Revenue
2 Code requires community hospitals to do a community needs assessment every 3 years, and the
3 stated intent of the state health assessment is entirely duplicative of the collective effort of New
4 Hampshire's 26 acute care hospitals in this regard. The general court also finds the state health
5 improvement plan would undo the good work of SB 481 (2016), which repealed certificate of need in
6 New Hampshire, removing state government from health care planning, and allowing increased
7 competition to reduce health care costs in New Hampshire. The general court therefore repeals the
8 following statutes.
9 2 Repeal. The following are repealed:
10 I. RSA 126-A:87, relative to the state health improvement plan.
11 II. RSA 126-A:88, relative to the state health assessment and state health improvement
12 plan advisory council.
13 3 Effective Date. This act shall take effect upon its passage.