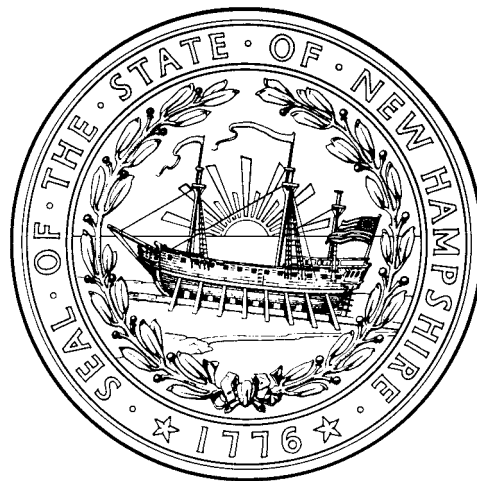


**November 21, 2013
Special Session**

STATE OF NEW HAMPSHIRE

Web Site Address: www.gencourt.state.nh.us



163rd Session of the New Hampshire General Court

Legislative Proceedings

SENATE JOURNAL

ADJOURNMENT – NOVEMBER 7, 2013 SESSION

COMMENCEMENT – NOVEMBER 21, 2013 SESSION

SPECIAL SESSION SENATE JOURNAL *(continued)*

November 7, 2013

HOUSE MESSAGE

The House of Representatives, pursuant to a call from the Governor and Council, has assembled and is now ready to proceed with the business of the 2013 Special Session.

INTRODUCTION OF A SPECIAL SESSION SENATE BILL

Sen. Bradley moved to introduce SS SB 1-FN-A and RESOLVED, that in accordance with the list in the possession of the Senate Clerk, Senate legislation numbered Special Session Senate Bill 1-FN-A, shall be by this Resolution read a first and second time by the therein listed title. Adopted.

FIRST AND SECOND READING AND REFERRAL

13-1030

SS SB 1-FN-A, relative to access to health insurance coverage. (Morse, Dist. 22; Bradley, Dist. 3; Odell, Dist. 8: Committee on Special Session Legislation)

Out of Recess. Call Senate to Order.

MOTION TO ADJOURN FROM LATE SPECIAL SESSION

Sen. Bradley moved that the Senate adjourn from the Late Session.

Adopted. Adjournment from the Late Special Session.

November 21, 2013

SPECIAL SESSION SENATE JOURNAL

The Senate reconvened at 10 a.m., a quorum being present.

The Reverend Kate Atkinson, guest chaplain to the Senate, offered the following meditative thoughts and prayer:

Good morning. Well, over the past couple of days a mountain of food has been building up in this building and then it's been making its way across the street into the basement of Saint Paul's Church. And from there it's going to be used to fill, round about 100, Thanksgiving baskets that will be distributed to the clients of our food pantry. And each of those baskets, thanks to your donations and others, will contain a frozen turkey or chicken, and depending, that depends on the size of the family, and it will also contain cans of vegetables and fruit and pie filling, and fresh vegetables and pie crust and dinner rolls and coffee and tea and you name it. Those baskets will be positively bursting. And they're going to provide a Thanksgiving feast for people who struggle every single day to put food on their tables. So, without those Thanksgiving baskets, Thanksgiving Day would be just another day of hunger and scarcity and hopelessness for families who have just as much of a right as we do to enjoy the abundance of life in the United States. We feed around 1,400 people per month, and the demand on our food pantry and our other outreach ministries is growing every single day. And when the people who are responsible for the leadership of our government set an example of generosity, which is what you've done, everybody benefits. And I think you'll see what I mean when you sit down to your own Thanksgiving meal next Thursday. I think you may find that your pumpkin pie tastes just a little bit sweeter because you've put food on someone else's table, and I thank you. Let us pray.

Generous God, beginning and end, giver of food and drink, clothing and warmth, love and hope: we thank you for using us to share your abundance with those who have so much less than we do. We thank you for the opportunity to give thanks by giving of ourselves. Amen.

Sen. Fuller Clark led the Pledge of Allegiance.

INTRODUCTION OF GUESTS

Sen. Reagan introduced Jacob Chadwick and Keith Chadwick from Pembroke High School, serving as Senate Pages for the day.

SPECIAL SESSION REPORT

COMMITTEE ON SPECIAL SESSION LEGISLATION

SS SB 1-FN-A, relative to access to health insurance coverage. Ought to Pass with Amendment, Vote 4-2. Senator Stiles for the committee.

Committee on Special Session Legislation

November 14, 2013

2013-2417s

01/04

Amendment to SS SB 1-FN-A

Amend RSA 126-A:5, XXIV(a) as inserted by section 2 of the bill by replacing it with the following:

XXIV.(a) There is hereby established the bridge to marketplace premium assistance program. This will be a voluntary premium assistance program for Medicaid eligible childless adults from 0 – 133 percent of the federal poverty level (FPL) and parents from 53 – 133 percent of FPL who are ineligible for the HIPP program until December 31, 2014 or one year after the program described in this paragraph commences and shall be administered by department of health and human services. The New Hampshire health protection trust shall provide premium assistance to support the purchase of health insurance coverage using federal funds under the Act, as defined in RSA 420-N:2, I. In order to receive assistance, Medicaid eligible childless adults from 0 – 133 percent of FPL and parents from 53 – 133 percent of FPL shall choose health care insurance coverage either from insurance products offered on the federally-facilitated exchange or an alternative benefit plan (ABP) offered by the managed care organizations awarded contracts as vendors to implement Medicaid managed care under RSA 126-A:5, XIX(a). Alternative benefit plans shall reimburse at rates that are sufficient to ensure improved access to and quality of care. Provider payments shall be in an amount no less than before the effect date of this paragraph. The department shall seek any necessary waivers or submit a state plan amendment to implement the provisions of this paragraph, including provisions to address individuals determined to be medically frail after completion of a health questionnaire screening process. The program shall not begin until such waivers or state plan amendments have been approved. Any costs to implement voluntary premium assistance shall be paid from federal funds awarded. For the purposes of this section, alternative benefit plan is defined as the Medicaid benchmark or benchmark equivalent coverage in section 1937 of the Social Security Act. Insurance products offered by the managed care organizations shall be decertified at the conclusion of the bridge to marketplace premium assistance program.

Amend RSA 126-A:5, XXV(a) as inserted by section 2 of the bill by replacing it with the following:

XXV.(a) There is hereby established the marketplace premium assistance program. This will be a premium assistance program for Medicaid eligible childless adults from 0-133 percent of the federal poverty level (FPL) and parents from 53 – 133 percent of FPL who are ineligible for the HIPP Program until December 31, 2016 and shall be administered by department of health and human services. The New Hampshire health protection trust shall provide premium assistance to support the purchase of health insurance coverage from qualified health plans (QHPs) offered in the federally-facilitated exchange using federal funds. In order to receive assistance, Medicaid eligible childless adults from 0 – 133 percent of the FPL and parents from 53 – 133 percent of FPL who are ineligible for the HIPP Program shall choose health care insurance coverage from insurance products offered on the federally-facilitated exchange. Plans available on the exchange shall reimburse at rates that are sufficient to ensure improved access to and quality of care. Provider payments shall be no less than before the effective date of this paragraph. On or before May 1, 2014, the commissioner shall submit a comprehensive statewide section 1115 demonstration waiver to implement the provisions of this paragraph, including provisions to address individuals determined to be medically frail after completion of a health questionnaire screening process. The program shall not begin until such waivers have been approved. Any costs to implement the premium assistance program shall be paid from federal funds awarded. The comprehensive statewide section 1115 waiver demonstration shall also request state fiscal relief in the form of federal matching funds for designated state and local health programs as prepared by the commission established by RSA 126-A:5-b. The waiver shall be approved by the Centers for Medicare and Medicaid Services by October 1, 2014.

Amend the introductory paragraph of RSA 126-A:5, XXV(d) as inserted by section 2 of the bill by replacing it with the following:

(d) The New Hampshire marketplace premium assistance program under this paragraph shall be implemented commencing after the conclusion of the bridge to marketplace premium assistance program, established in paragraph XXIV, or as soon thereafter as is practicable; provided that no eligibility changes shall be taken until:

Amend RSA 126-A:5 as inserted by section 2 of the bill by inserting after paragraph XXVII the following new paragraph:

XXVIII. Each health plan offered on a federally-facilitated or state based exchange shall, as a condition of participation in such exchange, (1) offer to each federally-qualified health center, as defined in section 1905(l)(2)(B) of the Social Security Act, 42 U.S.C. section 1396d(l)(2)(B), providing services in geographic areas served by the plan, the opportunity to contract with such plan to provide to the plan's enrollees all ambulatory services that are covered by the plan that the center offers to provide and (2) reimburse each such center for such services as provided in section 1302(g) of the Patient Protection and Affordable Care Act, Public Law 111-148, as added by section 10104(b)(2) of such Act. For purposes of this section "ambulatory services" means health care services provided on an outpatient basis.

Amend RSA 126-A:5-b as inserted by section 3 of the bill by replacing paragraph V with the following:

V. The commission may solicit information from any source the commission deems relevant to the waiver, including:

- (a) The New Hampshire Nurses' Association.
- (b) The New Hampshire Community Behavioral Health Association.
- (c) Planned Parenthood of Northern New England.
- (d) Community mental health centers.
- (e) The Bi-State Primary Care Association.
- (f) AARP.
- (g) Families First Health Center.

VI. On or before January 31, 2014, the commission shall make an initial report on the status of its work to the fiscal committee of the general court. On or before September 1, 2014, the commission shall make a final report of its findings and activities, including the form and status of the application for a section 1115 waiver, to the governor, senate president, and the speaker of the house of representatives.

Amend RSA 420-O:1, II(e) as inserted by section 4 of the bill by replacing it with the following:

(e) One member of the public, nominated by the board of directors of the New Hampshire Community Behavioral Health Association and appointed by the speaker of the house of representatives.

Amend RSA 420-O:3 as inserted by section 4 of the bill by inserting after paragraph V the following new paragraph:

VI. Solicit information from any source deemed relevant to the mission of the trust, including:

- (a) The New Hampshire Nurses' Association.
- (b) The New Hampshire Community Behavioral Health Association.
- (c) Planned Parenthood of Northern New England.
- (d) Community mental health centers.
- (e) The Bi-State Primary Care Association.
- (f) AARP.
- (g) Families First Health Center.

Amend the bill by replacing section 7 with the following:

7 Department of Health and Human Services; Medicaid Breast and Cervical Cancer Program. Enrollment in the Medicaid breast and cervical cancer program, under 42 U.S.C. section 1396a(aa), shall be suspended effective December 31, 2013 or upon the approval of any waivers or state plan amendments necessary to

implement RSA 126-A:5, XXIII and XXIV whichever is later. Any individual covered under the Medicaid breast and cervical cancer program prior to the date the program is suspended shall continue to be covered for the program unless his or her medical treatment has concluded, or until the next redetermination of his or her eligibility by the department, whichever event occurs later. After the date the program is suspended the individual's eligibility for assistance shall be determined by the department pursuant to RSA 126-A:5, XXIII-XXV. Commencing on the date the program is suspended, administrative rule He-W 641.09 shall be limited in its application to only those individuals enrolled in the Medicaid breast and cervical cancer program receiving treatment prior to the date the program is suspended. If, at any time after December 31, 2013, the assistance authorized in RSA 126-A:5, XXIII-XXV is no longer offered or fails to gain the necessary federal approvals, then the commissioner of the department of health and human services shall reinstate Medicaid coverage and open enrollment for those individuals eligible under this program.

The question is on the adoption of the Committee Amendment.

Recess/Out of Recess.

A roll call was requested by Sen. Soucy, seconded by Sen. Kelly.

The following Senators voted Yes: Forrester, Bradley, Cataldo, Odell, Bragdon, Boutin, Reagan, Rausch, Stiles, Morse.

The following Senators voted No: Woodburn, Watters, Pierce, Hosmer, Sanborn, Kelly, Gilmour, Lasky, Carson, Larsen, Soucy, D'Allesandro, Fuller Clark, Prescott.

Yeas: 10 - Nays: 14

Failed.

Sen. Bragdon asserts Rule 6-25 on SS SB 1-FN-A.

Recess/Out of Recess.

Sen. Gilmour offered a floor amendment.

Sen. Gilmour, Dist. 12

November 21, 2013

2013-2465s

01/04

Floor Amendment to SS SB 1-FN-A

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

1 Statement of Purpose. The state of New Hampshire shall develop the New Hampshire health protection program to provide a coordinated strategy to access private insurance coverage for uninsured, low-income citizens with income up to 133 percent of the federal poverty level (FPL) using available, cost-effective health care coverage options for Medicaid newly eligible adults at the earliest practicable date. The strategy shall promote the improvement of overall health through access to private insurance coverage options and draw appropriate levels of federal funding available through a Medicaid Section 1115 demonstration waiver. Increasing access to private health insurance will increase provider reimbursement rates and reduce the burden of uncompensated care in New Hampshire. The waiver shall be used to allow the state maximum flexibility to redesign Medicaid including establishing premium assistance programs that are customized to the state's reform goals.

2 New Paragraphs; Department of Health and Human Services; Changes to State Medicaid Program. Amend RSA 126-A:5 by inserting after paragraph XXII the following new paragraphs:

XXIII.(a) The commissioner shall provide access to the health insurance premium payment (HIP) program established by the department pursuant to section 1906 of the Social Security Act of 1935 to Medicaid newly eligible adults from 0 – 133 percent of the FPL who are eligible for medical assistance under section 1905(y) of the Social Security Act of 1935, as amended, 42 U.S.C. 1396d(y) ("newly eligible adults") until December 31, 2016 to maximize the use of private insurance and available federal assistance. The New Hampshire health protection trust shall provide premium assistance to support the purchase of health insurance coverage using federal funds. In order to receive assistance, all newly eligible adults shall participate in employer-sponsored insurance, if available either directly as an employee or indirectly through another individual who is eligible for employer-sponsored insurance and if cost effective according to standards approved

by the federal Centers for Medicare and Medicaid Services (CMS). The department shall seek any necessary waivers or submit a state plan amendment to implement the provisions of this paragraph, including provisions to address individuals determined to be medically frail after completion of a health questionnaire screening process. The program shall not begin until such waivers or state plan amendments have been approved. The costs of the benefits provided under HIPPA will be paid from federal funds awarded.

(b) Individuals who participate in the HIPPA program shall provide all necessary information regarding financial eligibility, residency, citizenship or immigration status, and insurance coverage to the department of health and human services in accordance with rules adopted under RSA 541-A and shall at the time of enrollment acknowledge that the HIPPA program is subject to cancellation upon notice. A determination of eligibility for the HIPPA program shall be a qualifying event under the Health Insurance Portability and Accountability Act.

(c) The commissioner may adopt rules or interim rules, pursuant to RSA 541-A, as necessary to implement any changes to the Medicaid program consistent with the 1115 waiver or state plan amendment. Any interim rules shall be effective for a period of one year, within which period the commissioner shall adopt rules pursuant to RSA 541-A.

(d) The New Hampshire mandatory HIPPA program under this paragraph shall be implemented commencing January 1, 2014 or as soon thereafter as is practicable; provided that no eligibility changes shall be implemented until:

(1) The CMS has granted the Medicaid waiver or approved the state plan amendment required under subparagraph (a).

(2) The commissioner submits to the fiscal committee of the general court written confirmation from CMS that the state of New Hampshire may end its voluntary change of Medicaid eligibility established pursuant to this paragraph with no financial penalty to the state consistent with the Medicaid waiver.

XXIV.(a) There is hereby established the bridge to marketplace premium assistance program. This will be a voluntary premium assistance program for Medicaid newly eligible adults who are ineligible for the HIPPA program and shall be administered by the department of health and human services. Subject to subparagraph XXV(e), coverage under this program shall extend until December 31, 2015. The New Hampshire health protection trust shall provide premium assistance to support the purchase of health insurance coverage using 100 percent federal matching funds under section 1905(y)(1) of the Social Security Act of 1935, as amended. In order to receive assistance, newly eligible adults shall choose health insurance coverage either from insurance products offered on the federally-facilitated exchange if determined to be cost effective, or an alternative benefit plan (ABP) offered by the managed care organizations awarded contracts as vendors to implement Medicaid managed care under RSA 126-A:5, XIX(a). Alternative benefit plans shall reimburse at rates that are sufficient to ensure improved access to and quality of care. The department shall seek any necessary waivers or submit a state plan amendment to implement the provisions of this paragraph, including provisions to address individuals determined to be medically frail after completion of a health questionnaire screening process. The program shall not begin until such waivers or state plan amendments have been approved. The costs of benefits provided under the voluntary premium assistance program will be paid from federal funds awarded. For the purposes of this section, alternative benefit plan is defined as the Medicaid benchmark or benchmark equivalent coverage in section 1937 of the Federal Social Security Act. Discontinuation of benefits to a newly eligible adult covered under any ABP including at the conclusion of the bridge to marketplace premium assistance program shall be a qualifying event under the Health Insurance Portability and Accountability Act.

(b) Individuals who participate in the voluntary premium assistance program shall provide all necessary information regarding financial eligibility, residency, citizenship or immigration status, and insurance coverage to the department of health and human services in accordance with rules adopted under RSA 541-A and shall at the time of enrollment acknowledge that the voluntary premium assistance program is subject to cancellation upon notice. A determination of eligibility for the voluntary premium assistance program shall be a qualifying event under the Health Insurance Portability and Accountability Act.

(c) The commissioner may adopt rules or interim rules, pursuant to RSA 541-A, as necessary to implement any changes to the Medicaid program consistent with the Medicaid state plan amendment or necessary waivers. Any interim rules shall be effective for a period of one year, within which period the commissioner shall adopt rules pursuant to RSA 541-A.

(d) The New Hampshire bridge to marketplace premium assistance program under this paragraph shall be implemented commencing January 1, 2014 or as soon thereafter as is practicable; provided that no eligibility changes shall be implemented until:

(1) CMS has granted the Medicaid state plan amendment or necessary waivers required under subparagraph (a).

(2) The commissioner submits to the fiscal committee of the general court written confirmation from CMS that the state of New Hampshire may end its voluntary change of Medicaid eligibility established pursuant to this paragraph with no financial penalty to the state consistent with the Medicaid state plan amendment.

XXV.(a) There is hereby established the marketplace premium assistance program. This will be a mandatory premium assistance program for newly eligible adults who are ineligible for the HIPP program and shall be administered by the department of health and human services. The New Hampshire health protection trust shall provide premium assistance to support the purchase of health insurance coverage from qualified health plans (QHPs) offered in the federally-facilitated exchange using federal funds. In order to receive assistance, newly eligible adults who are ineligible for the HIPP program shall choose health insurance coverage from insurance products offered on the federally-facilitated exchange. Plans available on the exchange shall reimburse at rates that are sufficient to ensure improved access to and quality of care. On or before March 1, 2015, the commissioner shall submit a section 1115 demonstration waiver to implement the provisions of this paragraph, including provisions to address individuals determined to be medically frail after completion of a health questionnaire screening process. The program shall not begin until such waiver has been approved. The costs of the benefits provided under the premium assistance program shall be paid from federal funds awarded. The waiver shall be approved by the Centers for Medicare and Medicaid Services by August 1, 2015.

(b) Individuals who participate in the marketplace premium assistance program shall provide all necessary information regarding financial eligibility, residency, citizenship or immigration status, and insurance coverage to the department of health and human services in accordance with rules adopted under RSA 541-A and shall at the time of enrollment acknowledge that the marketplace premium assistance program is subject to cancellation upon notice. A determination of eligibility for the marketplace premium assistance program shall be a qualifying event under the Health Insurance Portability and Accountability Act.

(c) The commissioner may adopt rules or interim rules, pursuant to RSA 541-A, as necessary to implement any changes to the Medicaid program consistent with the 1115 waivers. Any interim rules shall be effective for a period of one year, within which period the commissioner shall adopt rules pursuant to RSA 541-A.

(d) Coverage under the New Hampshire marketplace premium assistance program under this paragraph shall commence January 1, 2016; provided that no eligibility changes shall be implemented until:

(1) CMS has granted the Medicaid waiver required under subparagraph (a).

(2) The commissioner submits to the fiscal committee of the general court written confirmation from CMS that the state of New Hampshire may end its voluntary change of Medicaid eligibility established pursuant to this paragraph with no financial penalty to the state consistent with the Medicaid waiver.

(e) Failure to submit the waiver by March 1, 2015, secure the waiver by August 1, 2015, or commence coverage under the marketplace premium assistance program effective January 1, 2016 will result in a termination of the bridge to marketplace premium assistance plan effective 3 months from such date unless the New Hampshire general court reauthorizes the plan.

XXVI. Any unemployed individual who qualifies for the bridge to marketplace premium assistance program established in paragraph XXIV or the marketplace premium assistance program established in paragraph XXV shall be referred to the department of employment security for the purpose of helping the unemployed individual find suitable employment.

XXVII. For coverage under the bridge to marketplace premium assistance program under paragraph XXIV and to the extent that managed care organizations participate in the marketplace premium assistance program, the commissioner shall negotiate an amendment to one or more of its existing managed care contracts to provide new private insurance plans which will qualify for the bridge to marketplace premium assistance program under paragraph XXIV. Such plans shall maximize to the extent allowable wellness programs and cost-sharing mechanisms. The commissioner shall provide incentives for managed care organizations to offer APBs that are also certified as Qualified Health Plans(QHPs) on the New Hampshire marketplace.

XXVIII. For coverage in calendar year 2016, the commissioner and the insurance commissioner shall work with any willing managed care organization or accountable care organization to facilitate the creation of private insurance plans which will qualify for the New Hampshire marketplace premium assistance program under paragraph XXV. Such plans shall maximize to the extent allowable wellness programs and cost-sharing mechanisms.

3 New Section; Health and Human Services Waiver Advisory Commission. Amend RSA 126-A by inserting after section 5-a the following new section:

126-A:5-b Health and Human Services Waiver Advisory Commission Established; Membership; Duties.

I. There is established a health and human services waiver advisory commission, the purpose of which shall be to advise the commissioner of the department of health and human services on the preparation of Medicaid demonstration waivers required under this chapter submitted by the department to the Centers for Medicare and Medicaid Services (CMS) in 2014 or 2015 to improve population health, to reduce health risks for the Medicaid and CHIP population, enhance designated state health programs, and transform the Medicaid care delivery system.

II. The members of the commission shall be as follows:

- (a) One public member appointed by the governor.
- (b) One public member appointed by the president of the senate.
- (c) One public member appointed by the speaker of the house of representatives.
- (d) One representative of a critical access hospital, nominated by the New Hampshire Hospital Association and approved by the governor and council.
- (e) One representative of a non-critical access hospital, that is not a member of the New Hampshire Hospital Association, appointed by joint agreement of the president of the senate and the speaker of the house of representatives.
- (f) One member who is an executive director of a community mental health center, nominated by the New Hampshire Community Behavioral Health Association and approved by governor and council.
- (g) One representative of the community health centers, nominated by Bi-State Primary Care Association and approved by governor and council.
- (h) One member who is an executive director of an area agency appointed by governor and council.
- (i) The commissioner of the department of health and human services, or designee.

III. The first meeting of the commission shall be called by the commissioner, or designee, and shall be held within 20 days of the effective date of this section. Members of the commission shall elect a chairman of the commission. Four members of the commission shall constitute a quorum.

IV. The commission shall:

- (a) Advise the department on how an 1115 Medicaid demonstration waiver could serve to integrate and align New Hampshire's Medicaid care management program, the provision of coverage to the newly eligible under this chapter, existing Medicaid waived programs and other department initiatives in a manner that improves public health, and improves the quality of care and access to care for all Medicaid and CHIP beneficiaries.
- (b) Advise the department on ways in which a demonstration waiver could improve the sustainability of the state's Medicaid financing system, including through federal investment in designated state health programs, service delivery, and payment reform transformation initiatives.
- (c) Serve as a forum for the formal hearing and public comment on an 1115 Medicaid demonstration waiver that the department submits to CMS to implement the requirements of this chapter.
- (d) Create any subcommittees it deems necessary, which may include members of the public appointed by the chairpersons, to assist with the research analysis, or other work necessary to support its recommendations for a waiver application.
- (e) Provide recommendations to the commissioner on the implementation of any section 1115 waiver approved.

V. The department shall be the lead agency in providing administrative assistance to the commission, and shall cooperate with the commission and provide such information, data, testimony, and other assistance as requested subject to applicable laws.

VI. The department shall regularly update and consult with the commission throughout the process of preparing and submitting a waiver application and shall provide timely and detailed reports to the commission on the department's communications with the CMS during all phases of the waiver application and approval process.

VII. On or before February 15, 2014, the commissioner shall make an initial report on the status of the department's work on an 1115 Medicaid demonstration waiver application to the fiscal committee of the general court, and shall report on the waiver application and approval process at each meeting of the fiscal committee thereafter until the waiver application is acted upon by CMS.

VIII. The 1115 waiver for designated state health programs shall be filed with CMS by May 1, 2014.

4 New Chapter; New Hampshire Health Protection Trust Fund. Amend RSA by inserting after chapter 420-N the following new chapter:

CHAPTER 420-O

NEW HAMPSHIRE HEALTH PROTECTION TRUST FUND

420-O:1 New Hampshire Health Protection Trust Fund.

I. There is hereby established in the office of the state treasurer a non interest-bearing fund to be known as the New Hampshire health protection trust fund which shall be kept distinct and separate from all other funds. The fund shall be nonlapsing and continually appropriated to the commissioner of the department of health and human services, and shall be used solely to provide payment and/or reimbursement for medical services as set forth in this chapter for the newly eligible population under the New Hampshire health protection program established in RSA 126-A:5, XXIII-XXVIII.

II. The commissioner of the department of health and human services shall administer the fund and shall make or approve all deposits, payments, and reimbursements to and from the fund. The commissioner shall make disbursements from the fund for the purposes of payment and/or reimbursement for:

(a) The cost of the employee share of premiums, co-insurance, co-payments, deductibles and supplemental cost-sharing, plus the cost of any wrap-around services, to licensed health insurance carriers and/or private employers for coverage under employer-sponsored health insurance, for such costs that are determined by the department to be cost effective.

(b) The cost of health care benefits, including but not limited to, premiums and wrap-around benefits, for those newly eligible adults who obtain health coverage through the bridge to marketplace premium assistance program as provided in RSA 126-A:5, XXIV.

(c) The cost of premiums, co-insurance, co-payments, deductibles and supplemental cost-sharing plus the cost of any wrap-around services to licensed health insurance carriers in the New Hampshire marketplace premium assistance program as provided in RSA 126-A:5, XXV.

(d) Any other costs for providing or administering the health insurance premium program, the bridge to marketplace premium assistance program, and the premium assistance program for the newly eligible as established in RSA 126-A:5, XXIII-XXV, and as approved by the Centers for Medicare and Medicaid Services for the New Hampshire health protection program.

III. The commissioner shall submit a report to the governor, the president of the senate, and the speaker of the house of representatives detailing the activities and operation of the fund within 60 days of the close of the fiscal year and annually thereafter.

5 New Subparagraph; New Hampshire Health Protection Trust Fund. Amend RSA 6:12, I(b) by inserting after subparagraph (316) the following new subparagraph:

(317) Moneys deposited in the New Hampshire health protection trust fund established under RSA 420-O:1.

6 New Sections; New Hampshire Health Benefit Marketplace; Ambulatory Services. Amend RSA 420-N by inserting after section 10 the following new sections:

420-N:11 New Hampshire Health Benefit Marketplace. The health benefit marketplace established in New Hampshire under section 1311 of the Act shall have the functional capacity necessary to implement the provisions of RSA 126-A:5, XXIII through RSA 126-A:5, XXVIII, including, but not limited to facilitating the sale of qualified health plans to qualified individuals and qualified employers in the state. New Hampshire state agencies and departments may plan for and assume such responsibilities as are necessary to ensure that the marketplace has this functional capacity, including qualifying for, receiving, and expending grants, and contracting with any public or private entities. The commissioner shall adopt rules, under RSA 541-A, to implement this section.

420-N:12 Ambulatory Services. Each health plan offered on a federally-facilitated or state-based exchange shall, as a condition of participation in such exchange, offer to all federally-qualified health centers, as defined in section 1905(I)(2)(B) of the Social Security Act, 42 U.S.C. section 1396d(l)(2)(B), providing services in geographic areas served by the plan, the opportunity to contract with such plan to provide to the plan's enrollees all ambulatory services that are covered by the plan that the center offers and shall reimburse each such center for such services as provided in section 1302(g) of the Act. For purposes of this section, "ambulatory services" means health care services provided on an outpatient basis. Provider payments shall be no less than before the effective date of this section.

7 Appropriation; Department of Health and Human Services.

I. A sum equal to 5 percent of premium tax revenue collected in accordance with RSA 400-A:32 is hereby appropriated to the department of health and human services for the fiscal years 2014 and 2015 to fund the costs of implementing and administering the program established in RSA 126-A:5, XXIII-XXVIII. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.

II. Any balance of the funds appropriated to the commissioner pursuant to 2013, 144:130 that was not used by the commission to study the expansion of Medicaid eligibility in New Hampshire may be used by the department of health and human services in obtaining consulting services to implement the program established in RSA 126-A:5, XXIII-XXVIII under the same terms and conditions as originally appropriated.

8 Department of Health and Human Services; Medicaid Breast and Cervical Cancer Program. Enrollment in the Medicaid breast and cervical cancer program, under 42 U.S.C. section 1396a(aa), shall be suspended effective December 31, 2013 or upon the approval of any waivers or state plan amendments necessary to implement RSA 126-A:5, XXIII and XXIV whichever is later. Any individual covered under the Medicaid breast and cervical cancer program prior to the date the program is suspended shall continue to be covered for the program unless his or her medical treatment has concluded, or until the next redetermination of his or her eligibility by the department, whichever event occurs later. After the date the program is suspended the individual's eligibility for assistance shall be determined by the department pursuant to RSA 126-A:5, XXIII-XXV. Commencing on the date the program is suspended, administrative rule He-W 641.09 shall be limited in its application to only those individuals enrolled in the Medicaid breast and cervical cancer program receiving treatment prior to the date the program is suspended. If, at any time after December 31, 2013, the assistance authorized in RSA 126-A:5, XXIII-XXV is no longer offered or fails to gain the necessary federal approvals, then the commissioner of the department of health and human services shall reinstate Medicaid coverage and open enrollment for those individuals eligible under this program.

9 Applicability. If at any time the federal match rate received for any program under RSA 126-A:5, XXIII-XXV between January 1, 2014 – December 31, 2016 is less than 100 percent, RSA 126-A:5, XXIII, XXIV, XXV shall be repealed within 3 months of notification by the commissioner of the department of health and human services to the secretary of state and the director of legislative services, unless the New Hampshire general court reauthorizes the program.

10 Severability. If any provision of this act or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared to be severable.

11 Repeal. The following are repealed:

I. RSA 126-A:5-b, relative to the health and human services waiver advisory commission.

II. 2013, 144:129 and 131, relative to the Medicaid expansion committee and the repeal of the committee.

12 Effective Date.

I. Section 11, paragraph I of this act shall take effect September 1, 2015.

II. Section 11, paragraph II of this act shall take effect upon its passage.

III. The remainder of this act shall take effect upon its passage

2013-2465s

AMENDED ANALYSIS

This bill establishes the New Hampshire health protection program. The bill also establishes the New Hampshire health protection trust fund to accept federal moneys for the programs established in the bill. This bill deletes the prohibition on a state-based exchange. The commissioner of the department of health and human services is granted rulemaking authority for the purposes of the bill.

The question is on the adoption of the Floor Amendment.

Recess/Out of Recess.

A roll call was requested by Sen. Larsen, seconded by Sen. Soucy.

The following Senators voted Yes: Woodburn, Watters, Pierce, Hosmer, Kelly, Gilmour, Lasky, Larsen, Soucy, D'Allesandro, Fuller Clark.

The following Senators voted No: Forrester, Bradley, Cataldo, Odell, Sanborn, Bragdon, Carson, Boutin, Reagan, Rausch, Prescott, Stiles, Morse.

Yeas: 11 - Nays: 13

Failed.

Sen. Bragdon asserts Rule 6-25 on SS SB 1-FN-A.

Sen. Bradley offered a floor amendment.

Sen. Bradley, Dist. 3

Sen. Morse, Dist. 22

Sen. Odell, Dist. 8

November 20, 2013

2013-2454s

01/03

Floor Amendment to SS SB 1-FN-A

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

1 Statement of Purpose. The state of New Hampshire shall develop the New Hampshire health protection program to provide a coordinated strategy to access private insurance coverage for uninsured, low-income citizens with income up to 133 percent of the federal poverty level (FPL) using available, cost-effective health care coverage options for Medicaid newly eligible individuals at the earliest practicable date. The strategy shall promote the improvement of overall health through access to private insurance coverage options and draw appropriate levels of federal funding available through a Medicaid Section 1115 demonstration waiver. Increasing access to private health insurance will increase provider reimbursement rates and reduce the burden of uncompensated care in New Hampshire. The waiver shall be used to allow the state maximum flexibility to redesign Medicaid including establishing premium assistance programs that are customized to the state's reform goals. As part of the waiver application, the state shall request federal matching funds for non-Medicaid services to support designated state and local health programs and activities to create fiscal relief for the state.

2 New Paragraphs; Department of Health and Human Services; Changes to State Medicaid Program. Amend RSA 126-A:5 by inserting after paragraph XXII the following new paragraphs:

XXIII.(a) The commissioner shall provide access to the health insurance premium payment (HIPP) program established by the department pursuant to section 1906 of the Social Security Act of 1935 to Medicaid eligible childless adults from 0 – 133 percent of the federal poverty level (FPL) and parents from 53 – 133 percent of FPL and their spouse and dependents if applicable until December 31, 2016 to maximize the use of

private insurance and available federal assistance. The New Hampshire health protection trust shall provide premium assistance to support the purchase of health insurance coverage using federal funds. In order to receive assistance, all Medicaid eligible childless adults from 0 – 133 percent of FPL and parents from 53 – 133 percent of FPL shall participate in employer-sponsored insurance, if available either directly as an employee or indirectly through another individual who is eligible for employer-sponsored insurance and if cost effective as determined by the federal Centers for Medicare and Medicaid Services. The department shall seek any necessary waivers or submit a state plan amendment to implement the provisions of this paragraph, including provisions to address individuals determined to be medically frail after completion of a health questionnaire screening process. The program shall not begin until such waivers or state plan amendments have been approved. Any costs to implement HIPP will be paid from federal funds awarded.

(b) Individuals who participate in the HIPP program shall provide all necessary information regarding financial eligibility, residency, citizenship or immigration status, and insurance coverage to the department of health and human services in accordance with rules adopted under RSA 541-A and shall at the time of enrollment acknowledge that the HIPP program is subject to cancellation upon notice. Eligibility for the HIPP program shall be a qualifying event under the Health Insurance Portability and Accountability Act.

(c) The commissioner may adopt rules or interim rules, pursuant to RSA 541-A, as necessary to implement any changes to the Medicaid program consistent with the 1115 waiver or state plan amendment. Any interim rules shall be effective for a period of one year, within which period the commissioner shall adopt rules pursuant to RSA 541-A.

(d) The New Hampshire mandatory HIPP program under this paragraph shall be implemented as soon as is practicable after the comprehensive statewide section 1115 demonstration waiver is approved; provided that no eligibility changes shall be taken until:

(1) The federal Centers for Medicare and Medicaid Services has granted the Medicaid waiver or state plan amendment required under subparagraph (a).

(2) The commissioner submits and the fiscal committee of the general court by majority vote accepts written confirmation from the federal Centers for Medicare and Medicaid Services that the state of New Hampshire may end its voluntary change of Medicaid eligibility established pursuant to this paragraph with no financial penalty to the state consistent with the Medicaid waiver.

XXIV.(a) There is hereby established the marketplace premium assistance program. This will be a premium assistance program for Medicaid eligible childless adults from 0-133 percent of the federal poverty level (FPL) and parents from 53 – 133 percent of FPL who are ineligible for the HIPP Program until December 31, 2016 and shall be administered by department of health and human services. The New Hampshire health protection trust shall provide premium assistance to support the purchase of health insurance coverage from qualified health plans (QHPs) offered in the federally-facilitated exchange using federal funds. In order to receive assistance, Medicaid eligible childless adults from 0 – 133 percent of the FPL and parents from 53 – 133 percent of FPL who are ineligible for the HIPP Program shall choose health care insurance coverage from insurance products offered on the federally-facilitated exchange. Plans available on the exchange shall reimburse at rates that are sufficient to ensure improved access to and quality of care. On or before May 1, 2014, the commissioner shall submit a comprehensive statewide section 1115 demonstration waiver to implement the provisions of this paragraph, including provisions to address individuals determined to be medically frail after completion of a health questionnaire screening process. The program shall not begin until such waivers have been approved. Any costs to implement the premium assistance program shall be paid from federal funds awarded. The comprehensive statewide section 1115 waiver demonstration shall also request state fiscal relief in the form of federal matching funds for designated state and local health programs as prepared by the commission established by RSA 126-A:5-b. The waiver shall be approved by the Centers for Medicare and Medicaid Services by October 1, 2014.

(b) Individuals who participate in the marketplace premium assistance program shall provide all necessary information regarding financial eligibility, residency, citizenship or immigration status, and insurance coverage to the department of health and human services in accordance with rules adopted under RSA 541-A and shall at the time of enrollment acknowledge that the marketplace premium assistance program is subject to cancellation upon notice. Eligibility for the marketplace premium assistance program shall be a qualifying event under the Health Insurance Portability and Accountability Act.

(c) The commissioner may adopt rules or interim rules, pursuant to RSA 541-A, as necessary to implement any changes to the Medicaid program consistent with the 1115 waivers. Any interim rules shall be effective for a period of one year, within which period the commissioner shall adopt rules pursuant to RSA 541-A.

(d) The New Hampshire marketplace premium assistance program under this paragraph shall be implemented as soon as is practicable; provided that no eligibility changes shall be taken until:

(1) The federal Centers for Medicare and Medicaid Services has granted the Medicaid waiver required under subparagraph (a).

(2) The commissioner submits and the fiscal committee of the general court by majority vote accepts written confirmation from the federal Centers for Medicare and Medicaid Services that the state of New Hampshire may end its voluntary change of Medicaid eligibility established pursuant to this paragraph with no financial penalty to the state consistent with the Medicaid waiver.

XXV. Any unemployed individual that qualifies for the marketplace premium assistance program established in paragraph XXIV shall be referred to the department of employment security for the purpose of helping the unemployed individual find suitable employment.

XXVI. The commissioner shall work with any willing managed care organization or accountable care organization to facilitate the creation of private insurance plans which will qualify for the New Hampshire marketplace premium assistance program under paragraph XXIV. Such plans shall maximize to the extent allowable wellness programs and cost-sharing mechanisms.

3 New Section; Health Care Reform Commission Established. Amend RSA 126-A by inserting after section 5-a the following new section:

126-A:5-b Health Care Reform Commission Established; Membership; Duties.

I. There is established a health care reform commission, the purpose of which shall be to prepare a comprehensive statewide section 1115 demonstration waiver to be submitted by the department of health and human services pursuant to RSA 126-A:5, XXIV by May 1, 2014 in order to obtain federal matching funds for designated state and local health programs to improve access and quality of care for Medicaid-dependent patients.

II. The members of the commission shall be as follows:

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

(b) Two representatives of non-critical access hospitals, appointed by the New Hampshire Hospital Association.

(c) A representative of critical access hospitals, appointed by the New Hampshire Hospital Association.

(d) A representative of the New Hampshire Medical Society, appointed by the society.

(e) One member of the public representing local government appointed by the New Hampshire Municipal Association.

(f) One member of the public representing county government appointed by the New Hampshire Association of Counties.

III. The first meeting of the commission shall be called by the commissioner and shall be held within 21 days of the effective date of this section. Members of the commission shall elect a chairman of the commission. Five members of the commission shall constitute a quorum.

IV. The commission shall:

(a) Prepare a Medicaid waiver application under section 1115 of the Social Security Act, 42 U.S.C. 1315, to be submitted by the department of health and human services to obtain federal matching funds for designated state and local health programs to improve access and quality of care for Medicaid-dependent patients.

(b) Create any subcommittees it deems necessary, which may include members of the public appointed by the chairman, to assist with research, analysis, or other work necessary to support the waiver application.

(c) Review state-maintained data concerning the Medicaid program and interview state personnel with knowledge of the Medicaid program.

(d) Respond to questions or inquiries from the Centers for Medicare and Medicaid Services concerning the section 1115 waiver application. Members of the commission selected by the chairman shall attend all meetings with the Centers for Medicare and Medicaid Services during which the 1115 waiver application is to be discussed.

(e) Provide recommendations to the commissioner of the department of health and human services on the implementation of any section 1115 waiver approved.

(f) Prepare for submission through the department of health and human services any applications necessary to extend or modify the section 1115 waiver granted.

V. On or before January 31, 2014, the commission shall make an initial report on the status of its work to the fiscal committee of the general court. On or before September 1, 2014, the commission shall make a final report of its findings and activities, including the form and status of the application for a section 1115 waiver, to the governor, senate president, and the speaker of the house of representatives.

VI. The commission may solicit information that the commission deems relevant to its duties from any source, including:

- (a) The New Hampshire Nurses' Association.
- (b) The New Hampshire Community Behavioral Health Association.
- (c) Planned Parenthood of Northern New England.
- (d) The Bi-State Primary Care Association.
- (e) AARP.
- (f) Families First Health Center.
- (g) Any other source selected by the commission.

4 New Chapter; New Hampshire Health Protection Trust. Amend RSA by inserting after chapter 420-N the following new chapter:

CHAPTER 420-O

NEW HAMPSHIRE HEALTH PROTECTION TRUST

420-O:1 New Hampshire Health Protection Trust Established.

I. There is hereby established the New Hampshire health protection trust, a body corporate and politic. The main purpose of the New Hampshire health protection trust shall be to receive and expend federal funds to provide access to private insurance coverage for uninsured low-income citizens.

II. The New Hampshire health protection trust shall be governed by a board of trustees composed as follows:

- (a) The attorney general.
- (b) The state treasurer.

(c) One member of the public, nominated by the Business and Industry Association of New Hampshire and appointed by the governor and council.

(d) One member of the public, nominated by the board of directors of the New Hampshire Hospital Association and appointed by the president of the senate.

(e) One member of the public, nominated by the board of directors of the New Hampshire Community Behavioral Health Association and appointed by the speaker of the house of representatives.

III. Each member appointed under paragraph II shall hold office until a successor is appointed.

IV. All board members shall be New Hampshire residents.

V. Except for the attorney general and state treasurer no person who holds elected public office shall serve on the board.

420-O:2 Operation of Board of Trustees.

I. The board shall elect its own chairperson.

II. The board shall choose a secretary, who shall keep a record of proceedings.

III. Four voting members shall constitute a quorum for the transaction of business.

IV. The board shall meet at such times and places as it may determine, but shall hold regular meetings no less than once every 3 months. The chairperson shall call special meetings upon the written request of any 3 board members or upon the chairperson's own motion.

V. Members of the board shall not receive any compensation for their services.

420-O:3 Authority of the Board of Trustees. The trustees shall have the power to:

I. Enter into any contracts, leases, and any other instruments or arrangements that are necessary or proper to administer the program.

II. Sue or be sued, including taking any legal action necessary or proper.

III. Contract with appropriate legal, actuarial, and other persons as necessary to provide technical assistance in the operation of the programs established under RSA 126-A:5, XXIII-XXIV.

IV. Accept any moneys appropriated by or received from the United States government, any grant moneys from federal governmental agencies, public or private corporations, foundations or organizations for the benefit and support of the programs established under RSA 126-A:5, XXIII-XXIV.

V. Perform any other functions within the authority of the trust as may be necessary or proper to carry out the programs established under RSA 126-A:5, XXIII-XXIV.

VI. Solicit information that the board deems relevant to its duties from any source, including:

- (a) The New Hampshire Nurses' Association.
- (b) The New Hampshire Community Behavioral Health Association.
- (c) Planned Parenthood of Northern New England.
- (d) The Bi-State Primary Care Association.
- (e) AARP.
- (f) Families First Health Center.
- (g) Any other source selected by the board.

420-O:4 Tax Exemption. The trust shall be exempt from payment of all fees and all taxes levied by this state or any of its subdivisions, except taxes levied on real property.

420-O:5 Immunity for Members. There shall be no liability on the part of and no cause of action of any nature shall arise against any member of the board of trustees or the board's agents for any action or omission by them in the performance of their powers and duties under this chapter.

420-O:6 The New Hampshire Health Protection Trust Fund. There is hereby established in the office of the treasurer the New Hampshire health protection trust fund which shall be kept distinct and separate from all other funds. The board of trustees of the New Hampshire health protection trust is authorized to accept and expend all federal funds authorized to implement the New Hampshire health protection program. All such federal funds shall be deposited in the fund. All moneys in the trust fund shall be nonlapsing and shall be continually appropriated to the board of trustees of the New Hampshire health protection trust for purposes of implementing the New Hampshire health protection program.

5 New Subparagraph; New Hampshire Health Protection Trust Fund. Amend RSA 6:12, I(b) by inserting after subparagraph (316) the following new subparagraph:

(317) Moneys deposited in the New Hampshire health protection trust fund, established under RSA 420-O:6.

6 Appropriation; Health Care Reform Commission. Amend 2013, 144:130 to read as follows:

144:130 Appropriation. The sum of \$200,000 is hereby appropriated to the department of health and human services for the fiscal year ending June 30, 2014, for the purpose of providing administrative support to the commission established in RSA 126-A:66 as inserted by section 129 of this act. Contracts for administrative support or consulting services shall not require governor and council approval. ***Any unspent balance of the appropriation made under this section shall be extended and shall not lapse until November 1, 2014, and shall be for the use of the commission established in RSA 126-A:5-b.*** The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

7 Department of Health and Human Services; Medicaid Breast and Cervical Cancer Program. Enrollment in the Medicaid breast and cervical cancer program, under 42 U.S.C. section 1396a(aa), shall be suspended effective December 31, 2013 or upon the approval of any waivers or state plan amendments necessary to imple-

ment RSA 126-A:5, XXIII whichever is later. Any individual covered under the Medicaid breast and cervical cancer program prior to the date the program is suspended shall continue to be covered for the program unless his or her medical treatment has concluded, or until the next redetermination of his or her eligibility by the department, whichever event occurs later. After the date the program is suspended the individual's eligibility for assistance shall be determined by the department pursuant to RSA 126-A:5, XXIII-XXIV. Commencing on the date the program is suspended, administrative rule He-W 641.09 shall be limited in its application to only those individuals enrolled in the Medicaid breast and cervical cancer program receiving treatment prior to the date the program is suspended. If, at any time after December 31, 2013, the assistance authorized in RSA 126-A:5, XXIII-XXV is no longer offered or fails to gain the necessary federal approvals, then the commissioner of the department of health and human services shall reinstate Medicaid coverage and open enrollment for those individuals eligible under this program.

8 Applicability. If at any time the federal match rate received for any program under RSA 126-A:5, XXIII-XXIV between January 1, 2014 – December 31, 2016 is less than 100 percent, RSA 126-A:5, XXIII-XXIV shall immediately be repealed upon notification by the commissioner of the department of health and human services to the secretary of state and the director of legislative services.

9 Repeal. The following are repealed:

- I. RSA 126-A:5, XXIII, relative to health insurance premium payment (HIPP) program.
- II. RSA 420-O, relative to New Hampshire health protection trust.
- III. RSA 6:12, I(b)(317), relative to the New Hampshire health protection trust fund.
- IV. RSA 126-A:5-b, relative to the health care reform commission.
- V. 2013, 144:129 and 131, relative to the Medicaid expansion committee and the repeal of the committee.
- VI. 2013, 144:130, as amended by section 6 of this act, relative to an appropriation.

10 Effective Date.

- I. Section 9, paragraphs I-III of this act shall take effect December 31, 2016.
- II. Section 9, paragraph IV of this act shall take effect September 1, 2014.
- III. Section 9, paragraph V of this act shall take effect upon its passage.
- IV. Section 9, paragraph VI of this act shall take effect November 1, 2014.
- V. The remainder of this act shall take effect upon its passage.

A roll call was requested by Sen. Fuller Clark, seconded by Sen. Larsen.

The following Senators voted Yes: Forrester, Bradley, Cataldo, Odell, Sanborn, Bragdon, Carson, Boutin, Reagan, Rausch, Prescott, Stiles, Morse.

The following Senators voted No: Woodburn, Watters, Pierce, Hosmer, Kelly, Gilmour, Lasky, Larsen, Soucy, D'Allesandro, Fuller Clark.

Yeas: 13 - Nays: 11

Adopted.

Sen. Bragdon asserts Rule 6-25 on SS SB 1-FN-A.

The question is on the adoption of the motion of Ought to Pass as Amended

Sen. Bradley moved to Lay on the Table SS SB 1-FN-A.

A roll call was requested by Sen. D'Allesandro, seconded by Sen. Soucy.

The following Senators voted Yes: Forrester, Bradley, Cataldo, Odell, Sanborn, Bragdon, Carson, Boutin, Reagan, Rausch, Prescott, Stiles, Morse.

The following Senators voted No: Woodburn, Watters, Pierce, Hosmer, Kelly, Gilmour, Lasky, Larsen, Soucy, D'Allesandro, Fuller Clark.

Yeas: 13 - Nays: 11

Adopted.

Sen. Bragdon asserts Rule 6-25 on SS SB 1-FN-A.

Recess/Out of Recess.

HOUSE MESSAGE

The House of Representatives has passed Bills with the following titles, in the passage of which it asks the concurrence of the Senate:

SS HB 1-FN-A, relative to access to health insurance coverage.

INTRODUCTION OF A SPECIAL SESSION HOUSE BILL

Sen. Bradley moved to introduce SS HB 1-FN-A and RESOLVED, that in accordance with the list in the possession of the Senate Clerk, House legislation numbered Special Session House Bill 1-FN-A, shall be by this Resolution read a first and second time by the therein listed title. Adopted.

FIRST AND SECOND READING

SS HB 1-FN-A, relative to access to health insurance coverage.

Sen. Bragdon asserts Rule 6-25 on SS HB 1-FN-A.

Without Objection SS HB 1-FN-A, shall not be referred to a policy committee.

Sen. Larsen moved Ought to Pass on SS HB 1-FN-A.

The question is on the adoption of the motion of Ought to Pass.

A roll call was requested by Sen. Larsen, seconded by Sen. Soucy.

The following Senators voted Yes: Woodburn, Watters, Pierce, Hosmer, Kelly, Gilmour, Lasky, Larsen, Soucy, Fuller Clark.

The following Senators voted No: Forrester, Bradley, Cataldo, Odell, Sanborn, Bragdon, Carson, Boutin, Reagan, D'Allesandro, Prescott, Stiles, Morse.

Yeas: 10 - Nays: 13

Failed.

Sen. Bragdon asserts Rule 6-25 on SS HB 1-FN-A.

MOTION OF RECONSIDERATION

Sen. Carson, having voted on the prevailing side, moved to reconsider SS HB 1-FN-A, relative to access to health insurance coverage. Adopted.

Sen. Bragdon asserts Rule 6-25 on SS HB 1-FN-A.

The question is on the adoption of the motion of Ought to Pass.

A roll call was requested by Sen. Larsen, seconded by Sen. Soucy.

The following Senators voted Yes: Woodburn, Watters, Pierce, Hosmer, Kelly, Gilmour, Lasky, Larsen, Soucy, D'Allesandro, Fuller Clark.

The following Senators voted No: Forrester, Bradley, Cataldo, Odell, Sanborn, Bragdon, Carson, Boutin, Reagan, Rausch, Prescott, Stiles, Morse.

Yeas: 11 - Nays: 13

Failed.

Sen. Bragdon asserts Rule 6-25 on SS HB 1-FN-A.

Sen. Sanborn moved Inexpedient to Legislate on SS HB 1-FN-A.

A roll call was requested by Sen. Bradley, seconded by Sen. Sanborn.

The following Senators voted Yes: Forrester, Bradley, Cataldo, Odell, Sanborn, Bragdon, Carson, Boutin, Reagan, Rausch, Prescott, Stiles, Morse.

The following Senators voted No: Woodburn, Watters, Pierce, Hosmer, Kelly, Gilmour, Lasky, Larsen, Soucy, D'Allesandro, Fuller Clark.

Yeas: 13 - Nays: 11

Adopted.

Sen. Bragdon asserts Rule 6-25 on SS HB 1-FN-A.

Recess/Out of Recess.

MOTION TO ADJOURN FROM EARLY SPECIAL SESSION

Sen. Bradley moved that the Senate adjourn from the Early Special Session, that the business of the Late Special Session be in order at the present time.

Adopted. Adjournment from the Early Special Session.

Recess/Out of Recess

ANNOUNCEMENTS

LIST OF RULE 6-25'S FOR THE DAY

Senator Bragdon: SS SB 1-FN-A, SS HB 1-FN-A

Without objection all Rule 2-16's shall be entered into the permanent *Journal of the Senate*. Adopted.

MOTION FOR ADJOURNMENT

Sen. Bradley moved that the business of the day being completed, that the senate adjourn from the special session.

Adopted.

The Senate has adjourned the 2013 Special Session.

OUTSTANDING SPECIAL SESSION SENATE BILL

At the time of adjournment on November 21, 2013, the following Special Session Senate Bill remained on the table in the Senate:

SS SB 1-FN-A, relative to access to health insurance coverage.