

**CHAPTER 342**  
**SB 313-FN - FINAL VERSION**

03/08/2018 0984s  
03/08/2018 1022s  
5Apr2018... 1282h  
3May2018... 1769h  
05/23/2018 2086EBA

2018 SESSION

18-2956  
01/03

SENATE BILL        ***313-FN***

AN ACT            reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds.

SPONSORS:        Sen. Bradley, Dist 3; Sen. Morse, Dist 22; Rep. S. Schmidt, Carr. 6; Rep. Umberger, Carr. 2; Rep. Danielson, Hills. 7; Rep. Kotowski, Merr. 24

COMMITTEE:       Finance

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**AMENDED ANALYSIS**

This bill:

I. Establishes the New Hampshire granite advantage health care program which shall replace the current New Hampshire health protection program. Under this program, those individuals eligible to receive benefits under the Medicaid program and newly eligible adults shall choose coverage offered by one of the managed care organizations contracted as vendors under the Medicaid program.

II. Establishes the granite workforce pilot program.

III. Increases the amount of liquor revenues to be deposited into the alcohol abuse prevention and treatment fund and provides that moneys deposited into the fund shall be transferred to the New Hampshire granite advantage health care trust fund for substance use disorder prevention, treatment, and recovery.

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                         Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Eighteen*

AN ACT            reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds.

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

1            342:1 New Chapter; New Hampshire Granite Advantage Health Care Program.  
2 Amend RSA by inserting after chapter 126-Z the following new chapter:

CHAPTER 126-AA

NEW HAMPSHIRE GRANITE ADVANTAGE HEALTH CARE PROGRAM

126-AA:1 Definitions. In this chapter:

I. "Commissioner" means the commissioner of the department of health and human services.

II. "Department" means the department of health and human services.

III. "Fund" means the New Hampshire granite advantage health care trust fund.

IV. "Program" means the New Hampshire granite advantage health care program.

V. "Remainder amount" means, for the 6-month period between January 1, 2019 and June 30, 2019 and for each single identified fiscal year thereafter for any authorized period of the granite advantage health care program, the cost of the program, including administrative costs attributable to the program, minus the following:

(a) The amount of revenue transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-A:1, IV;

(b) All federal reimbursement for the program that period or fiscal year, including federal reimbursement for administrative costs related to the program;

(c) Any surplus funds generated as a result of the managed care organizations managing the cost of their services below the minimum medical loss ratio established by the commissioner for the managed care program beginning on July 1, 2019 and thereafter; and

(d) Taxes attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided for under this chapter, consistent with RSA 400-A:32, III(b).

126-AA:2 New Hampshire Granite Advantage Health Care Program Established.

I.(a) The commissioner shall apply for any necessary waivers and state plan

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1 amendments to implement a 5-year demonstration program beginning on January 1,  
2 2019 to create the New Hampshire granite advantage health care program which shall be  
3 funded exclusively from non-general fund sources, including federal funds. The  
4 commissioner shall include in an application for the necessary waivers submitted to the  
5 Centers for Medicare and Medicaid Services (CMS) a waiver of the requirement to  
6 provide 90-day retroactive coverage and a state plan amendment allowing state and  
7 county correctional facilities to conduct presumptive eligibility determinations for  
8 incarcerated inmates to the extent provided under federal law. To receive coverage  
9 under the program, those individuals in the new adult group who are eligible for  
10 benefits shall choose coverage offered by one of the managed care organizations (MCOs)  
11 awarded contracts as vendors under Medicaid managed care, pursuant to RSA 126-A:5,  
12 XIX(a). The program shall make coverage available in a cost-effective manner and shall  
13 provide cost transparency measures, and ensure that patients are utilizing the most  
14 appropriate level of care. Cost effectiveness shall be achieved by offering cash  
15 incentives and other forms of incentives to the insured by choosing preferred lower cost  
16 medical providers. Loss of incentives shall also be employed. MCOs shall employ  
17 reference-based pricing, cost transparency, and the use of incentives and loss of  
18 incentives to the Medicaid and newly eligible population. For the purposes of this  
19 subparagraph, "reference-based pricing" means setting a maximum amount payable for  
20 certain medical procedures.

21 (b) The department shall ensure through managed care contracts that MCOs  
22 incorporate measures to promote continuity of coverage, including, but not limited to,  
23 assisting over income participants in applying for coverage on the federal marketplace  
24 in New Hampshire and maintaining care and case management during the pendency of  
25 such application.

26 (c) The MCOs shall promote personal responsibility through the use of  
27 incentives, loss of incentives, and case management to the greatest extent practicable.

28 (d) Prior to submitting the waiver or state plan amendment to CMS, the  
29 commissioner shall present the waiver or state plan amendment to the governor and the  
30 fiscal committee of the general court for approval. The program shall not commence  
31 operation until such waivers or state plan amendments have been approved by CMS. All  
32 necessary waivers and state plan amendments shall be submitted by June 30, 2018. If all  
33 waivers necessary for the program are not approved by December 1, 2018, the  
34 commissioner shall immediately notify all program participants that the program will be  
35 terminated in accordance with the federally required Special Terms and Conditions No.  
36 11-W-003298/1.

37 (e) In order to combat the opioid and heroin crisis facing New Hampshire, the

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1 department shall establish behavioral health rates sufficient to ensure access to, and  
2 provider capacity for, all behavioral health services including, as appropriate,  
3 establishing specific substance use disorder services rate cells for inclusion into  
4 capitated rates for managed care.

5 (f) Any person transitioning from the premium assistance program to the  
6 program shall not lose coverage due solely to the transition, which shall be for a period  
7 of at least 90 days. All MCOs shall honor all preexisting authorizations for care plans  
8 and treatments for all program participants for a period of not less than 90 days after  
9 enrollment.

10 (g)(1) The commissioner shall include in MCO contracts with the state  
11 clinically and actuarially sound incentives designed to improve care quality and  
12 utilization and to lower the total cost of care within the Medicaid managed care  
13 program. The commissioner shall also include in the MCO contract provisions an  
14 obligation for the MCO to include provider alignment incentives to leverage the  
15 combined efforts of the parties to achieve the purposes of the incentives. Preferential  
16 auto-assignment of newly eligible members, shared incentive pools, and differential  
17 capitation rates are among the options for incentives the commissioner may employ to  
18 achieve improved performance. Initial areas to improve care quality and utilization and  
19 to lower the total cost of care may include, but are not limited to:

20 (A) Appropriate use of emergency departments relative to low acuity  
21 non-emergent visits.

22 (B) Reduction in preventable admissions and 30-day hospital  
23 readmission for all causes.

24 (C) Timeliness of prenatal care and reductions in neonatal abstinence  
25 births.

26 (D) Timeliness of follow-up after a mental illness or substance use  
27 disorder admission.

28 (E) Reduction of polypharmacy resulting in drug interaction harm.

29 (2) The commissioner shall include in MCO contracts actuarially  
30 appropriate rebate provisions for failure to implement contractually agreed upon  
31 incentive measures.

32 (3) The commissioner shall establish for the managed care program  
33 beginning on July 1, 2019 and thereafter a minimum medical loss ratio that is actuarially  
34 sound and that encourages cost efficiency in the delivery of care to the entire Medicaid  
35 population. Any surplus funds generated from the MCOs managing the cost of their  
36 services below the established minimum medical loss ratio for the beneficiaries of the  
37 program shall be transferred to the fund and shall be included in the calculation of the

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1 remainder amount.

2 (h) Savings generated as a result of individuals disenrolled from the program  
3 for failing to meet the work and community engagement requirement shall not be  
4 included in any calculation submitted to CMS to establish federal budget neutrality of  
5 any waiver issued for the program.

6 (i) Consistent with the state plan amendment submitted by the department  
7 and approved by CMS, all contracts between a Medicaid managed care organization and  
8 a federally qualified health care center, as defined in section 1905(1)(2)(B) of the Social  
9 Security Act, 42 U.S.C. section 1396d(1)(2)(B), providing services in geographic areas  
10 served by the plan, shall reimburse each such center for such services as provided in 42  
11 U.S.C. section 18022(g).

12 II.(a) To receive benefits under this section and to the extent allowed by federal  
13 law, the individual shall:

14 (1) Provide all necessary information regarding financial eligibility,  
15 assets, residency, citizenship or immigration status, and insurance coverage to the  
16 department in accordance with rules, or interim rules, including those adopted under  
17 RSA 541-A;

18 (2) Inform the department of any changes in financial eligibility,  
19 residency, citizenship or immigration status, and insurance coverage within 10 days of  
20 such change; and

21 (3) At the time of enrollment acknowledge that the program is subject to  
22 cancellation upon notice.

23 (b) If allowed by federal law, all resources which the individual and his or her  
24 family own shall be considered to determine eligibility under this paragraph, including  
25 cash, bank accounts, stocks, bonds, permanently unoccupied real estate, and trusts. The  
26 home in which the individual resides, furniture, and one vehicle owned by the  
27 individual applying for benefits shall be or excluding the individual's household  
28 resources, the total countable resources equal or fall below excluding the individual's  
29 household's resources, the total countable resources equal or fall below \$25,000, he or  
30 she shall be considered asset eligible.

31 III.(a) Newly eligible adults who are unemployed shall be eligible to receive  
32 benefits under this paragraph if the commissioner finds that the individual is engaging  
33 in at least 100 hours per month based on an average of 25 hours per week in one or more  
34 work or other community engagement activities, as follows:

35 (1) Unsubsidized employment including by nonprofit organizations.

36 (2) Subsidized private sector employment.

37 (3) Subsidized public sector employment.

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1                   (4) On-the-job training.

2                   (5) Job skills training related to employment, including credit hours  
3 earned from an accredited college or university in New Hampshire. Academic credit  
4 hours shall be credited against this requirement on an hourly basis.

5                   (6) Job search and job readiness assistance, including, but not limited to,  
6 persons receiving unemployment benefits and other job training related services, such  
7 as job training workshops and time spent with employment counselors, offered by the  
8 department of employment security. Job search and job readiness assistance under this  
9 section shall be credited against this requirement on an hourly basis.

10                  (7) Vocational educational training not to exceed 12 months with respect  
11 to any individual.

12                  (8) Education directly related to employment, in the case of a recipient  
13 who has not received a high school diploma or a certificate of high school equivalency.

14                  (9) Satisfactory attendance at secondary school or in a course of study  
15 leading to a certificate of general equivalence, in the case of a recipient who has not  
16 completed secondary school or received such a certificate.

17                  (10) Community service or public service.

18                  (11) Caregiver services for a nondependent relative or other person with a  
19 disabling medical or developmental condition.

20                  (12) Participation in substance use disorder treatment.

21                  (b) If an individual in a family receiving benefits under this paragraph fails to  
22 comply with the work or community engagement activities required in accordance with  
23 this paragraph, the assistance shall be terminated. The commissioner shall adopt rules  
24 under RSA 541-A to determine good cause and other exceptions to termination.  
25 Following approval by the joint health care reform oversight committee, pursuant to  
26 RSA 161:11, to initiate rulemaking, any rules proposed under this subparagraph shall be  
27 submitted to the fiscal committee of the general court, which shall review the rules prior  
28 to submission to the joint legislative committee on administrative rules and make  
29 recommendations to the commissioner regarding the rules. An individual may apply for  
30 good cause exemptions which shall include, at a minimum, the following verified  
31 circumstances:

32                   (1) The beneficiary experiences the birth or death of a family member  
33 living with the beneficiary.

34                   (2) The beneficiary experiences severe inclement weather, including a  
35 natural disaster, and therefore was unable to meet the requirement.

36                   (3) The beneficiary has a family emergency or other life-changing event  
37 such as divorce.

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1           (4) The beneficiary is a victim of domestic violence, dating violence, sexual  
2 assault, or stalking consistent with definitions and documentation required under the  
3 Violence Against Women Reauthorization Act of 2013 under 24 C.F.R. section 5.2005 and  
4 24 C.F.R. section 5.2009, as determined by the commissioner pursuant to rulemaking  
5 under RSA 541-A.

6           (5) The beneficiary is a custodial parent or caretaker of a child 6 to 12  
7 years of age who, as determined by the commissioner on a monthly basis, is unable to  
8 secure child care in order to participate in qualifying work and other community  
9 engagement either due to a lack of child care scholarship or the inability to obtain a  
10 child care provider due to capacity, distance, or another related factor.

11           (c) This paragraph shall only apply to those considered able-bodied adults as  
12 described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act of 1935, as amended,  
13 42 U.S.C. section 1396a(a)(10)(A)(i).

14           (d) This paragraph shall not apply to:

15           (1) A person who is unable to participate in the requirements under  
16 subparagraph (a) due to illness, incapacity, or treatment, including inpatient treatment,  
17 as certified by a licensed physician, an advanced practice registered nurse (APRN), a  
18 licensed behavioral health professional, a licensed physician assistant, a licensed  
19 alcohol and drug counselor (LADC), or a board-certified psychologist. The physician,  
20 APRN, licensed behavioral health professional, licensed physician assistant, LADC, or  
21 psychologist shall certify, on a form provided by the department, the duration and  
22 limitations of the disability.

23           (2) A person participating in a state-certified drug court program, as  
24 certified by the administrative office of the superior court.

25           (3) A parent or caretaker as identified in RSA 167:82, II(g) where the  
26 required care is considered necessary by a licensed physician, APRN, board-certified  
27 psychologist, physician assistant, or licensed behavioral health professional who shall  
28 certify the duration that such care is required.

29           (4) A custodial parent or caretaker of a dependent child under 6 years of  
30 age or a child with developmental disabilities who is residing with the parent or  
31 caretaker; provided that the exemption shall only apply to one parent or caretaker in  
32 the case of a 2-parent household.

33           (5) Pregnant women.

34           (6) A beneficiary who has a disability as defined by the Americans with  
35 Disabilities Act (ADA), section 504 of the Rehabilitation Act, or section 1557 of the  
36 Patient Protection and Affordable Care Act and is unable to meet the requirement for  
37 reasons related to that disability; or who has an immediate family member in the home

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1 with a disability under federal disability rights laws and who is unable to meet the  
2 requirement for reasons related to the disability of that family member, or the  
3 beneficiary or an immediate family member who is living in the home or the beneficiary  
4 experiences a hospitalization or serious illness.

5 (7) Beneficiaries who are identified as medically frail, under 42 C.F.R.  
6 section 440.315(f), and as defined in the alternative benefit plan and in the state plan and  
7 who are certified by a licensed physician or other medical professional to be unable to  
8 comply with the work and community engagement requirement as a result of their  
9 condition as medically frail. The department shall require proof of such limitation  
10 annually, including the duration of such disability, on a form approved by the  
11 department.

12 (8) Any beneficiary who is in compliance with the requirement of the  
13 Supplemental Nutritional Assistance Program (SNAP) and/or Temporary Assistance to  
14 Needy Families (TANF) employment initiatives.

15 (e) The commissioner shall adopt rules under RSA 541-A pertaining to the  
16 community engagement requirement. Following approval by the joint health care  
17 reform oversight committee, pursuant to RSA 161:11 to initiate rulemaking, any rules  
18 proposed under this subparagraph shall be submitted to the fiscal committee of the  
19 general court, which shall review the rules prior to submission to the joint legislative  
20 committee on administrative rules and make recommendations to the commissioner  
21 regarding the rules. The rules shall be consistent with the terms and conditions of any  
22 waiver issued by the Centers for Medicare and Medicaid Services for the program and  
23 shall address, at a minimum, the following:

- 24 (1) Enrollment, suspension, and disenrollment procedures in the program.  
25 (2) Verification of compliance with community engagement activities.  
26 (3) Verification of exemptions from participation.  
27 (4) Opportunity to cure and re-activation following noncompliance,  
28 including not being barred from re-enrollment.

- 29 (5) Good cause exemptions.  
30 (6) Education and training of enrollees.

31 (7) Annual certification of medical frailty pursuant to 42 C.F.R. section  
32 440.315(f), including proof and duration of such condition on a form supplied by the  
33 department.

34 IV. The commissioner shall implement the work and community engagement  
35 requirement under paragraph III beginning January 1, 2019 in accordance with the  
36 terms and conditions of any waiver approved by CMS. The waiver request submitted by  
37 the commissioner shall be consistent with all the terms of this chapter. In the event that



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1 the final approved waiver is inconsistent with any of the terms of this chapter, the  
2 commissioner shall provide written notification to the governor, the speaker of the  
3 house of representatives, and the president of the senate, informing them of the  
4 differences between the terms of this chapter and the approved waiver. Verification of  
5 qualifying activities, exemptions, and enrollee status shall be accomplished in the  
6 following manner:

7 (a) MCOs under contract with the department shall share enrollee reported  
8 information regarding the work and community engagement requirement status  
9 obtained through standard contract activities including enrollment, outreach activities,  
10 and enrollee care management. The MCOs shall work collaboratively with the  
11 department and any outside contractor in encouraging and monitoring work and  
12 community engagement activities.

13 (b) For the period of January 1, 2019 through June 30, 2020 only, the  
14 department shall verify enrollee status to the greatest extent practicable through the  
15 verification of enrollee and MCO reported status and information, including information  
16 from the eligibility file. Enrollees shall be required to report information regarding  
17 their qualifying activities, exemptions, enrollee status, and changes in their status to the  
18 department in accordance with the department's rules.

19 (c) No later than January 1, 2019, the commissioner shall submit to the  
20 governor, the president of the senate, and the speaker of the house of representatives a  
21 plan for the implementation of a fully automated verification system that utilizes state  
22 and commercial data sources to assess compliance with all work and community  
23 engagement activities beginning on July 1, 2020. The plan shall provide an option to  
24 hire a third party vendor to manage the automated verification system.

25 V. A person shall not be eligible to enroll or participate in the program, unless  
26 such person verifies his or her United States citizenship by 2 forms of identification and  
27 proof of New Hampshire residency by either a New Hampshire driver's license or a  
28 nondriver's picture identification card issued pursuant to RSA 260:21.

29 VI. No person, organization, department, or agency shall submit the name of any  
30 person to the National Instant Criminal Background Check System (NICS) on the basis  
31 that the person has been adjudicated a "mental defective" or has been committed to a  
32 mental institution, except pursuant to a court order issued following a hearing in which  
33 the person participated and was represented by an attorney.

34 VII. For any person determined to be eligible and who is enrolled in the program,  
35 the MCO shall support the individual to arrange a wellness visit with his or her primary  
36 care provider, either previously identified or selected by the individual from a list of  
37 available primary care providers. The wellness visit shall include appropriate

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1 assessments of both physical and mental health, including screening for depression,  
2 mood, suicidality, and unhealthy substance use, for the purpose of developing a health  
3 wellness and care plan.

4 VIII. Any person receiving benefits from the program shall be responsible for  
5 providing information regarding his or her change in status or eligibility, including  
6 current contact information. The commissioner shall adopt rules, under RSA 541-A,  
7 pertaining to the opportunity to cure and for re-activation following noncompliance.  
8 Following approval by the joint health care reform oversight committee, pursuant to  
9 RSA 161:11, to initiate rulemaking, any rules proposed under this subparagraph shall be  
10 submitted to the fiscal committee of the general court, which shall review the rules prior  
11 to submission to the joint legislative committee on administrative rules and make  
12 recommendations to the commissioner regarding the rules.

13 126-AA:3 The New Hampshire Granite Advantage Health Care Trust Fund.

14 I. There is hereby established the New Hampshire granite advantage health care  
15 trust fund which shall be accounted for distinctly and separately from all other funds  
16 and shall be non-interest bearing. The fund shall be administered by the commissioner  
17 and shall be used solely to provide coverage for the newly eligible Medicaid population  
18 as provided for under RSA 126-AA:2, to pay for the administrative costs for the program,  
19 and reimburse the federal government for any over payments of federal funds. All  
20 moneys in the fund shall be nonlapsing and shall be continually appropriated to the  
21 commissioner for the purposes of the fund. The fund shall be authorized to pay and/or  
22 reimburse the cost of medical services and cost-effective related services, including  
23 without limitation, capitation payments to MCOs. No state general funds shall be  
24 deposited into the fund. Deposits into the fund shall be limited exclusively to the  
25 following:

26 (a) Revenue transferred from the alcohol abuse prevention and treatment  
27 fund pursuant to RSA 176-A:1, IV;

28 (b) Federal Medicaid reimbursement for program costs and administrative  
29 costs attributable to the program;

30 (c) Surplus funds generated as a result of MCOs managing the cost of their  
31 services below the medical loss ratio established by the commissioner for the managed  
32 care program beginning on July 1, 2019;

33 (d) Taxes attributable to premiums written for medical and other medical  
34 related services for the newly eligible Medicaid population as provided for under this  
35 chapter, consistent with RSA 400-A:32, III(b);

36 (e) Funds received from the assessment under RSA 404-G;

37 (f) Funds recovered or returnable to the fund that were originally spent on the

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1 cost of coverage of the granite advantage health care program; and

2 (g) Gifts, grants, and donations.

3 II. The commissioner, as the administrator of the fund, shall have the sole  
4 authority to:

5 (a) Apply for federal funds to support the program.

6 (b) Notwithstanding any provision of law to the contrary, accept and expend  
7 federal funds as may be available for the program and the commissioner shall notify the  
8 bureau of accounting services, by letter, with a copy to the fiscal committee of the  
9 general court and the legislative budget assistant.

10 (c) Make payments and reimbursements from the fund as outlined in this  
11 section.

12 III. The commissioner shall submit a report to the governor and the fiscal  
13 committee of the general court detailing the activities and operation of the trust fund  
14 annually within 90 days of the close of each state fiscal year.

15 IV. On or before August 15, 2018, the commissioner, in consultation with the  
16 insurance commissioner, shall estimate the remainder amounts for the period of  
17 January 1, 2019 to June 30, 2019 and for state fiscal year 2020. The commissioner shall  
18 report the estimated annual remainder amount to the insurance commissioner, the New  
19 Hampshire Health Plan, the governor, the speaker of the house of representatives, and  
20 the president of the senate. Thereafter, on or before August 15 of each fiscal year, the  
21 commissioner, in consultation with the insurance commissioner, shall estimate the  
22 remainder amounts for both the current and next fiscal year. The commissioner shall  
23 report the estimated remainder amount to the insurance commissioner, the New  
24 Hampshire Health Plan, the governor, the speaker of the house of representatives, and  
25 the president of the senate.

26 V. On or before August 15, 2020, the commissioner shall calculate the projected  
27 final remainder amount for the 6-month period between January 1, 2019 and June 30,  
28 2019. On or before August 15 of each subsequent year, the commissioner shall calculate  
29 the projected final remainder amount for the prior fiscal year. If the amount deposited  
30 from the high risk pool exceeds the limit on contributions established by RSA 404-G:5-a,  
31 IV(d), then any excess difference shall be retained in the fund and the next estimated  
32 remainder amount calculated by the commissioner shall be reduced by the amount of the  
33 difference.

34 VI. The commissioner, in accordance with the most current available  
35 information, shall be responsible for determining, quarterly commencing no later than  
36 December 31, 2018, whether there is sufficient funding in the fund to cover projected  
37 program costs for the nonfederal share for the next 6-month period. If at any time the

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1 commissioner determines that a projected shortfall exists, he or she shall terminate the  
2 program in accordance with the federally approved terms and conditions issued by CMS.

3 Upon making a determination that a projected shortfall exists, the commissioner shall:

4 (a) Within 48 hours of making the determination, notify the governor, the  
5 speaker of the house of representatives, the president of the senate, and the chairperson  
6 of the fiscal committee of the general court of the program's pending termination; and

7 (b) Within 10 business days of making the determination, notify program  
8 participants of the program's pending termination.

9 126-AA:4 Commission to Evaluate the Effectiveness and Future of the New  
10 Hampshire Granite Advantage Health Care Program.

11 I. There is hereby established a commission to evaluate the effectiveness and  
12 future of the New Hampshire granite advantage health care program.

13 (a) The members of the commission shall be as follows:

14 (1) Three members of the senate, appointed by the president of the senate,  
15 one of whom shall be a member of the minority party.

16 (2) Three members of the house of representatives, appointed by the  
17 speaker of the house of representatives, one of whom shall be a member of the minority  
18 party.

19 (3) The commissioner of the department of health and human services, or  
20 designee.

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

22 (5) A representative of each managed care organization awarded contracts  
23 as vendors under the Medicaid managed care program, appointed by the governor.

24 (6) A representative of a hospital that operates in New Hampshire,  
25 appointed by the New Hampshire Hospital Association.

26 (7) A public member, who has health care expertise, appointed by the  
27 senate president.

28 (8) A public member, who currently receives coverage through the  
29 program, appointed by the speaker of the house of representatives.

30 (9) A public member representing the interests of taxpayers in New  
31 Hampshire, appointed by the president of the senate.

32 (10) A representative of the medical care advisory committee, department  
33 of health and human services, appointed by the commissioner of the department of  
34 health and human services.

35 (11) A licensed physician, appointed by the New Hampshire Medical  
36 Society.

37 (12) A licensed mental health professional, appointed by the National

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1 Alliance on Mental Illness New Hampshire.

2 (13) A licensed substance use disorder professional, appointed by the New  
3 Hampshire Alcohol and Drug Abuse Counselors Association.

4 (14) An advanced practice registered nurse (APRN), appointed by the New  
5 Hampshire Nurse Practitioner Association.

6 (15) The chairperson of the governor's commission on alcohol and drug  
7 abuse prevention, treatment, and recovery, or designee.

8 (b) Of the commission members listed in this paragraph, only the 6 legislative  
9 members shall be voting members. All other members shall serve in an advisory  
10 capacity only.

11 (c) Legislative members of the commission shall receive mileage at the  
12 legislative rate when attending to the duties of the commission.

13 II.(a) The commission shall evaluate the effectiveness and future of the program.  
14 Specifically the commission shall:

15 (1) Review the program's financial metrics.

16 (2) Review the program's product offerings.

17 (3) Review the program's impact on insurance premiums for individuals  
18 and small businesses.

19 (4) Make recommendations for future program modifications, including,  
20 but not limited to whether the program is the most cost-effective model for the long term  
21 versus a return to private market managed care.

22 (5) Evaluate non-general fund funding options for longer term  
23 continuation of the program, including options to accept funding from the federal  
24 government allowing a self-administered program.

25 (6) Review up-to-date information regarding changes in the level of  
26 uncompensated care through shared information from the department, the department  
27 of revenue administration, the insurance department, and provider organizations and  
28 the program's impact on insurance premium tax revenues and Medicaid enhancement  
29 tax revenue.

30 (7) Review the granite workforce pilot program.

31 (8) Evaluate reimbursement rates to determine if they are sufficient to  
32 ensure access to and provider capacity for all behavioral health services.

33 (9) Review the number of people who are found ineligible or who are  
34 dropped from the rolls of the program because of the work requirement.

35 (10) Review the program's provider reimbursement rates and overall  
36 financing structure to ensure it is able to provide a stable provider network and  
37 sustainable funding mechanism that serves patients, communities, and the state of New

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1 Hampshire.

2 (b) Any funding solutions recommended by the commission shall not include  
3 the use of new general funds.

4 (c) The commission shall solicit information from any person or entity the  
5 commission deems relevant to its study.

6 (d) The commission shall make a recommendation on or by February 1, 2019  
7 to the commissioner concerning recommended monitoring and evaluation requirements  
8 for work and community engagement requirements, including a draft of proposed  
9 metrics for quarterly and annual reporting, including suggested costs and benefits  
10 evaluations.

11 III. The members of the commission shall elect a chairperson from among the  
12 members. The first meeting of the commission shall be called by the first-named senate  
13 member. The first meeting of the commission shall be held within 45 days of the  
14 effective date of this section. Four of the 6 voting members of the commission shall  
15 constitute a quorum.

16 IV. The commission shall make an interim report on or before December 1, 2020  
17 and a final report, together with its findings and any recommendations for proposed  
18 legislation, to the president of the senate, the speaker of the house of representatives,  
19 the senate clerk, the house clerk, the governor, and the state library on or before  
20 December 1, 2022. Both reports shall contain the commission's recommendation  
21 regarding whether the program should continue.

22 126-AA:5 Evaluation Report Required.

23 I. The program shall employ an outcome-based evaluation of its Medicaid  
24 program annually to:

25 (a) Provide accountability to patients and the overall program.

26 (b) Ensure that patients are making informed decisions in carrying out health  
27 care choices and utilizing the most appropriate level of care.

28 (c) Ensure that the use of incentives, the loss of incentives, cost transparency,  
29 and reference based pricing have been effective in lowering costs, while maintaining  
30 both quality and access and considering changes in health parameters.

31 II. The results of the evaluation conducted under this section shall be in the form  
32 of a report to be provided to CMS, the president of the senate, the speaker of the house  
33 of representatives, the governor, and the fiscal committee of the general court by  
34 December 31 of each year beginning in 2019.

35 342:2 Purpose Statement. The purpose of sections 3-9 of this act is to establish a pilot  
36 program by using allowable federal funds available from the Temporary Assistance to  
37 Needy Families (TANF) program to end the dependence of needy parents ages 18

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1 through 64 and low income childless adults ages 18 through 24 on governmental  
2 programs by promoting job and work preparation and placing them into high labor need  
3 jobs based on the goals set forth in 45 C.F.R. section 260.20. The long-term goal of this  
4 program is to place low-income individuals into unsubsidized jobs in high labor need  
5 areas, transition them to self-sufficiency through providing career pathways with  
6 specific skills, and assist in eliminating barriers to work such as transportation and  
7 childcare. Taken together, these measures are designed to help low-income participants  
8 break the cycle of poverty and move them from living on the margin to the middle class  
9 and beyond.

10 **342:3 Granite Workforce; Pilot Program Established.**

11 I. The commissioner of the department of health and human services shall use  
12 allowable funds from the Temporary Assistance to Needy Families (TANF) program to  
13 provide subsidies to employers in high need areas, as determined by the department of  
14 employment security based upon workforce shortages, and to create a network of  
15 assistance to remove barriers to work for low-income families. The funds shall be used  
16 to establish a pilot program, referred to as Granite Workforce, a TANF nonassistance  
17 program, which shall accept enrollments by applicants for an initial period of 6 months.  
18 The program shall be jointly administered by the department of health and human  
19 services and the department of employment security. No cash assistance shall be  
20 provided to eligible participants through Granite Workforce. The total cost of the pilot  
21 program shall not exceed \$3,000,000 in federal TANF funds for the biennium ending June  
22 30, 2019.

23 II. To be eligible for Granite Workforce, applicants shall be:

24 (a) In a household with an income up to 138 percent of the federal poverty  
25 level; and

26 (b) Parents aged 18 through 64 with a child under age 18 in the household; or

27 (c) Noncustodial parents aged 18 through 64 with a child under the age of 18;

28 or

29 (d) Childless adults between 18 and less than 25 years of age.

30 III. An eligible recipient, whose wages subsequently cause the household to  
31 exceed 138 percent of the federal poverty level shall continue to receive Granite  
32 Workforce program services as needed, including the subsidy for employers under  
33 section 4 of this act, provided the recipients wages do not cause the household to exceed  
34 250 percent of the federal poverty level. After the second employer subsidy is paid on  
35 behalf of a Granite Workforce recipient, the recipient shall no longer be eligible for  
36 Granite Workforce services as long as household income exceeds 138 percent or the  
37 federal poverty level.

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1           IV. The department of employment security shall determine eligibility and entry  
2 into the program, using nationally recognized assessment tools for vocational and job  
3 readiness assessments. Vocational assessments shall include educational needs,  
4 vocational interest, personal values, and aptitude. The department shall use the  
5 assessment results to work with the participant to produce a long-term career plan for  
6 moving into the middle class and beyond.

7           V. No person shall participate in the Granite Workforce program unless he or she  
8 is also enrolled in the New Hampshire Granite Advantage Health Care Program, as  
9 established in RSA 126-AA.

10          VI. Except as otherwise provided in paragraph II regarding program eligibility,  
11 administrative rules governing the New Hampshire employment program, adopted  
12 under RSA 541-A , shall apply to the Granite Workforce pilot program.

13           342:4 Granite Workforce; Subsidies for Employers.

14           I. After 3 months of the employment of the participant in a paying job and  
15 receiving verification of the continued employment and wages from the employer, the  
16 department of employment security shall pay the employer a subsidy equal to 50 percent  
17 of the employee's wages for the prior month, not to exceed \$2,000.

18           II. After 9 months of the continued employment of the participant in a paying job  
19 and receiving verification of the continued employment and wages from the employer,  
20 the department of employment security shall pay the employer a subsidy equal to 50  
21 percent of the employee's wages for the prior month, not to exceed \$2,000.

22           III. If an overpayment is made, the employer shall reimburse the department that  
23 amount upon being notified by the department.

24           342:5 Referral for Barriers to Employment. The department of health and human  
25 services, in consultation with the department of employment security, shall issue a  
26 request for applications (RFAs) for community providers interested in offering case  
27 management services to participants with barriers to employment. Participants shall be  
28 identified by the department of employment security using an assessment process that  
29 screens for barriers to employment including, but not limited to, transportation, child  
30 care, substance use, mental health, and domestic violence. Thereafter, the department  
31 of employment security shall refer to community providers those individuals deemed  
32 needing assistance with removing barriers to employment. When child care is identified  
33 as a barrier to employment, the department of employment security or the community  
34 provider shall refer the individual to available child care service programs, including  
35 specifically the child care scholarship program administered by the department of  
36 health and human services. In addition to employer subsidies authorized under this  
37 section, TANF funds allocated to the Granite Workforce program shall be used to pay for



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1 other services that eliminate barriers to work in accordance with all TANF guidelines.

2 342:6 Network of Education and Training.

3 I. If after the assessment conducted by the department of employment security  
4 additional job training, education, or skills development is necessary prior to job  
5 placement, the department of employment security shall address those needs by:

6 (a) Referring individuals to training and apprenticeship opportunities  
7 offered by the community college system of New Hampshire;

8 (b) Referring individuals to the department of business and economic affairs  
9 to utilize available training funds and support services;

10 (c) Referring individuals to education and employment programs for youth  
11 available through the department of education; or

12 (d) Referring individuals to training available through other colleges and  
13 training programs.

14 II. All industry specific skills and training will be provided for jobs in high need  
15 areas, as determined by the department of employment security based upon workforce  
16 shortages.

17 342:7 Job Placement. Upon determining the participant is job ready, the department  
18 of employment security shall place individuals into jobs with employers in high need  
19 areas, as determined by the department of employment security based upon workforce  
20 shortages. This includes, but is not limited to, high labor need jobs in the fields of  
21 healthcare, advanced manufacturing, construction/building trades, information  
22 technology, and hospitality. Training and job placement shall focus on:

23 I. Supporting health care/safety issues: training/jobs to combat the opioid crisis,  
24 including nurses, nursing assistants, clinicians, social workers, and treatment providers  
25 at the licensed alcohol and drug addictions counselor and licensed mental health  
26 counselor levels. Additionally, jobs to address long-term care needs, home healthcare  
27 services, and expanding mental/behavioral health services.

28 II. Advanced manufacturing to meet employer needs: training/jobs that include  
29 computer-aided drafting and design, electronic and mechanical engineering, precision  
30 welding, computer numerical controlled precision machining, robotics, and automation.

31 III. Construction/building trades to address critical infrastructure needs:  
32 training/jobs for building roads, bridges, municipality infrastructure, and ensuring safe  
33 drinking water.

34 IV. Information technology: training/jobs to allow businesses to excel in an ever-  
35 increasing network dependent business environment.

36 V. Hospitality-training/jobs to address the workforce shortage and support New  
37 Hampshire's tourism industry, to include but not be limited to hotel workers, restaurant

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workers, campground workers, lift operators, state park workers, and amusement park workers.

**342:8 Reporting Requirement; Measurement of Outcomes.**

I. The department of health and human services shall prepare a report on the outcomes of the Granite Workforce program using appropriate standard common performance measures. Program partners, as a condition of participation, shall be required to provide the department with the relevant data. Metrics to be measured shall include, but are not limited to:

(a) Degree of participation.

(b) Progress with overcoming barriers.

(c) Entry into employment.

(d) Job retention.

(e) Earnings gain.

(f) Movement within established federal poverty level measurements, including the Supplemental Nutrition Assistance Program (SNAP) and the New Hampshire granite advantage health care program under RSA 126-AA.

(g) Health insurance coverage provider.

(h) Attainment of education or training, including credentials.

II. The report shall be issued to the speaker of the house of representatives, the president of the senate, the governor, the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program established under RSA 126-AA:4, and the state library on or before December 1, 2019.

**342:9 Termination of Granite Workforce Program.**

I. The commissioner of the department of health and human services shall be responsible for determining, every 3 months commencing no later than December 31, 2018, whether available TANF reserve funds total at least \$40,000,000. If at any time the commissioner determines that available TANF reserve funds have fallen below \$40,000,000, the commissioners of the departments of health and human services and employment security shall, within 20 business days of such determination, terminate the Granite Workforce program. The commissioners shall notify the governor, the speaker of the house of representatives, the president of the senate, the chairperson of the fiscal committee of the general court, and Granite Workforce participants of the program's pending termination.

II. If at any time the New Hampshire granite advantage health care program, established under RSA 126-AA, terminates, the commissioners of the departments of health and human services and employment security shall terminate the Granite Workforce program. The date of the Granite Workforce program's termination shall

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1 align with that of the New Hampshire granite advantage health care program.

2 342:10 Insurance Premium Tax; New Hampshire Granite Advantage Health Care  
3 Program. Amend RSA 400-A:32, III to read as follows:

4 III.(a) Except as provided in subparagraph (b), the taxes imposed in paragraphs I  
5 and II of this section shall be promptly forwarded by the commissioner to the state  
6 treasurer for deposit to the general fund.

7 (b) Taxes imposed attributable to premiums written for medical and other  
8 medical related services for the newly eligible Medicaid population as provided for  
9 under RSA [126-A:5, XXIV-XXVI] **126-AA** shall be deposited into the New Hampshire  
10 ~~[health protection trust fund, established in RSA 126-A:5-b]~~ **granite advantage health**  
11 **care trust fund established in RSA 126-AA:3**. The commissioner shall notify the state  
12 treasurer of sums for deposit into the New Hampshire ~~[health protection]~~ **granite**  
13 **advantage health care** trust fund no later than 30 days after receipt of said taxes. **The**  
14 **moneys in the trust fund may be used for the administration of the New Hampshire**  
15 **granite advantage health care program, established in RSA 126-AA.**

16 342:11 Plan of Operation for the High Risk Pool. Amend RSA 404-G:5-a, IV(d) to read  
17 as follows:

18 (d) ~~[For the period of January 1, 2017 through December 31, 2018,]~~ An amount  
19 not to exceed ~~[50 percent of the remainder amount, as defined in RSA 126-A:5-e, I(b), less~~  
20 ~~the amount made available to the program pursuant to RSA 404-G:11, VI. The~~  
21 ~~association shall transfer all amounts collected pursuant to this subparagraph and the~~  
22 ~~amount made available to the program pursuant to RSA 404-G:11, VI to the New~~  
23 ~~Hampshire health protection trust fund, established pursuant to RSA 126-A:5-b]~~ **the**  
24 **lesser of the remainder amount, as defined in RSA 126-AA:1, V, or the amount of revenue**  
25 **transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-**  
26 **A:1, IV and taxes attributable to premiums written for medical and other medical-related**  
27 **services for the newly eligible Medicaid population. The association shall transfer all**  
28 **amounts collected pursuant to this subparagraph to the New Hampshire granite**  
29 **advantage health care trust fund established pursuant to RSA 126-AA:3.**

30 342:12 New Hampshire Granite Advantage Health Care Program; Federal Match.  
31 Amend 2014, 3:10, I as amended by 2016,13:13 to read as follows:

32 I. If at any time the federal match rate applied to medical assistance for newly  
33 eligible adults under ~~[RSA 126-A:5, XXIV-XXV between July 1, 2014 – December 31, 2016 is~~  
34 ~~less than 100 percent, less than 95 percent in 2017 and less than 94 percent in 2018, of the~~  
35 ~~amount as set forth in 42 U.S.C. section 1396d(y)(1), then RSA 126-A:5, XXIV and XXV~~  
36 ~~shall be]~~ **RSA 126-AA is less than 94 percent in 2018, less than 93 percent in 2019, and less**  
37 **than 90 percent in 2020 and any year thereafter in which the program is authorized,**

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1 *then the program is hereby* repealed 180 days after the event under this [subparagraph]  
2 *paragraph* occurs upon notification by the commissioner of the department of health  
3 and human services to the secretary of state and the director of legislative services *and*  
4 *consistent with the terms and conditions of any waiver approved by the Centers for*  
5 *Medicare and Medicaid Services for the program.* The commissioner shall [immediately  
6 ~~issue notice to program participants of the program's pending repeal~~]:

7 (a) *Within 48 hours after the event under this paragraph has occurred, notify*  
8 *the governor, the speaker of the house of representatives, the president of the senate,*  
9 *and the chairperson of the legislative fiscal committee of the program's pending*  
10 *termination; and*

11 (b) *Within 10 business days after the event in this paragraph has occurred,*  
12 *notify program participants of the program's pending termination.*

13 342:13 Liquor Commission; Funds. Amend RSA 176:16, III to read as follows:

14 III. [3.4] *Five* percent of the previous fiscal year gross profits derived by the  
15 commission from the sale of liquor shall be deposited into the alcohol abuse prevention  
16 and treatment fund established by RSA 176-A:1. For the purpose of this section, gross  
17 profit shall be defined as total operating revenue minus the cost of sales and services as  
18 presented in the state of New Hampshire comprehensive annual financial report,  
19 statement of revenues, expenses, and changes in net position for proprietary funds.

20 *III-a. In order to facilitate the initial funding of the granite advantage health*  
21 *care trust fund, established under RSA 126-AA:3, for the period of January 1 to June 30,*  
22 *2019, an amount no less than 1/2 of 5 percent of such gross profits based on the state*  
23 *comprehensive annual financial report for the state fiscal year 2017 shall be deposited*  
24 *into the alcohol abuse prevention and treatment fund no later than November 30, 2018.*

25 342:14 Alcohol Abuse Prevention and Treatment Fund. Amend RSA 176-A:1, II and  
26 III to read as follows:

27 II. The fund shall be nonlapsing and continually appropriated for the purposes of  
28 funding alcohol education and abuse prevention and treatment programs. *The*  
29 *commissioner of the department of health and human services may accept gifts, grants,*  
30 *donations, or other funding from any source and shall deposit all such revenue received*  
31 *into the fund.* The state treasurer shall invest the moneys deposited in the fund as  
32 provided by law. Interest earned on moneys deposited in the fund shall be deposited  
33 into the fund.

34 III. Moneys *received from all other sources other than the liquor commission*  
35 *pursuant to RSA 176:16, III* shall be disbursed from the fund upon the authorization of  
36 the governor's commission on alcohol and drug abuse prevention, treatment, and  
37 recovery established pursuant to RSA 12-J:1. Funds disbursed shall be used for alcohol

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1 and other drug abuse prevention, treatment, and recovery services, and other purposes  
2 related to the duties of the commission under RSA 12-J:3; *provided, however, that funds*  
3 *received from any source other than the liquor commission, pursuant to RSA 176:16, III,*  
4 *shall not be used to support the New Hampshire granite advantage health care program*  
5 *and shall not be deposited into the fund established in RSA 126-AA:3.*

6 *IV. Moneys received from the liquor commission pursuant to RSA 176:16, III and*  
7 *deposited into the fund shall be transferred to the New Hampshire granite advantage*  
8 *health care trust fund, established under RSA 126-AA:3, for use in ensuring the delivery*  
9 *of substance use disorder prevention, treatment, and recovery and other behavioral*  
10 *health services for persons enrolled in the New Hampshire granite advantage health*  
11 *care program; provided, however, that any program or service approved by the*  
12 *governor's commission on alcohol and drug abuse prevention, treatment, and recovery*  
13 *that would have been funded from moneys transferred from the fund shall be paid for*  
14 *with federal or other funds available from within the department of health and human*  
15 *services. For this purpose and no later than December 1, 2018, the sum of \$5,100,000*  
16 *from the alcohol abuse and prevention treatment fund shall be transferred to the granite*  
17 *advantage health care trust fund for use in the period of January 1 to June 30, 2019.*  
18 *Beginning July 1, 2019 the funds deposited into the fund shall be transferred to the*  
19 *granite advantage health care trust fund established under RSA 126-AA:3 annually no*  
20 *later than June 1 for use during the forthcoming fiscal year based upon the most*  
21 *recently issued comprehensive annual financial report of the state.*

22 342:15 Individual Health Insurance Market; Purpose. Amend RSA 404-G:1, II to read  
23 as follows:

24 II. Create a nonprofit, voluntary organization to facilitate the availability of  
25 affordable individual nongroup health insurance by establishing an assessment  
26 mechanism and an individual health insurance market mandatory risk sharing plan as a  
27 mechanism to distribute the risks associated within the individual nongroup market  
28 and to support the ~~[marketplace premium assistance program established in RSA 126-~~  
29 ~~A:5, XXV]~~ *New Hampshire granite advantage health care program established in RSA*  
30 *126-AA.*

31 342:16 Individual Health Insurance Market; Definitions. Amend RSA 404-G:2, X-a to  
32 read as follows:

33 X-a. "Plan of operation" means the plan of operation of the risk sharing  
34 mechanism, the high risk pool, support for the program established in RSA ~~[126-A:5,~~  
35 ~~XXV]~~ *126-AA*, and the federally qualified high risk pool, including articles, bylaws and  
36 operating rules, procedures and policies adopted by the association.

37 342:17 Managed Care Law; Right to External Review. Amend RSA 420-J:5-a, II(a) to

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1 read as follows:

2 (a) Health care services provided through Medicaid, the state Children's  
3 Health Insurance Program (Title XXI of the Social Security Act), Medicare or services  
4 provided under these programs but through a contracted health carrier, except where  
5 those services are provided through private insurance coverage pursuant to the  
6 ~~[marketplace premium assistance program under RSA 126-A:5, XXV]~~ ***New Hampshire***  
7 ***granite advantage health care program under RSA 126-AA*** in which case all provisions of  
8 this chapter shall apply.

9 342:18 Insurance Department; Administration Fund. Amend RSA 400-A:39, VI(a) to  
10 read as follows:

11 (a) Based on the annual statement filed in such year by each insurer under  
12 RSA 400-A:31, RSA 420-A:20, RSA 420-B:9, RSA 420-F:9, or other financial statement filed  
13 under RSA 415-E:11, the commissioner shall ascertain each insurer's amount of gross  
14 direct premiums written, including policy, membership and other fees, service charges,  
15 policy dividends applied in payment for insurance, and all other considerations for  
16 insurance originating from policies covering property, subjects, or risks located,  
17 resident or to be performed in New Hampshire after deducting return premiums and  
18 dividends actually returned or credited to policyholders. The premium for Medicaid  
19 managed care coverage provided by a health carrier contracting with the department of  
20 health and human services under RSA 126-A:5, XIX shall not be included in an insurer's  
21 assessable premium, except where that coverage is provided through the purchase of  
22 insurance coverage pursuant to the ~~[marketplace premium assistance program under~~  
23 ~~RSA 126-A:5, XXV, or through the health insurance premium payment program under~~  
24 ~~RSA 126-A:5, XXIII]~~ ***New Hampshire granite advantage health care program under RSA***  
25 ***126-AA***. If any such insurer does not otherwise timely provide the commissioner with  
26 the information necessary for such ascertainment, it shall do so on or before May 1 of  
27 each year.

28 342:19 New Subparagraph; Application of Receipts; New Hampshire Advantage  
29 Health Care Program. Amend RSA 6:12, I(b) by inserting after subparagraph (339) the  
30 following new subparagraph:

31 (340) Moneys deposited in the New Hampshire granite advantage health  
32 care trust fund under RSA 126-AA:3.

33 342:20 Severability. If any provision of this act or the application thereof to any  
34 person or circumstance is held invalid, or is not approved by the Centers for Medicare  
35 and Medicaid Services, the invalidity or nonapproval does not affect other provisions or  
36 applications of the act which can be given effect without the invalid provisions or  
37 applications, and to this end the provisions of this act are severable.

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1       342:21 Contingency. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take  
2 effect on the date of certification by the commissioner of the department of health and  
3 human services to the director of legislative services and the secretary of state that 42  
4 U.S.C. section 1396a(e)(14)(c) has been repealed or amended to permit the application of  
5 an asset test.

6       342:22 Funding; New Hampshire Granite Advantage Health Care Program. If the  
7 federal government amends 42 U.S.C. section 1396d(y)(1) to eliminate the state's share of  
8 funding for the New Hampshire granite advantage health care program, or if the federal  
9 government allows the use of savings within the Medicaid program to apply to the  
10 state's share of funding the program, or if any other state is permitted to receive funds  
11 from the federal government to allow a solely federally funded program, the  
12 commissioner of health and human services shall send a letter of notification regarding  
13 this change to the governor, the president of the senate, the speaker of the house of  
14 representatives, the commission to evaluate the effectiveness and future of the New  
15 Hampshire granite advantage health care program established in RSA 126-AA, and the  
16 chairperson of the appropriate standing committee of the house and senate. The  
17 commissioner shall apply for the necessary waivers to similarly fund the New  
18 Hampshire granite advantage health care program.

19       342:23 Applicability.

20       I. If the commission, established pursuant to RSA 126-AA:4 in section 1 of this act,  
21 issues an interim report recommending the New Hampshire granite advantage health  
22 care program's discontinuation, the speaker of the house of representatives and the  
23 president of the senate shall initiate legislation as soon as practicable to repeal the New  
24 Hampshire advantage health care program established in section 1 of this act.

25       II. If the federal government converts the Medicaid program from a program  
26 funded jointly by the federal government and the states into a block grant, the New  
27 Hampshire granite advantage health care program shall be repealed effective upon the  
28 implementation of such conversion, consistent with the terms and conditions of any  
29 waiver approved by the Centers for Medicare and Medicaid Services for the program. In  
30 the event of a repeal under this paragraph, the commissioner of the department of  
31 health and human services shall, within 48 hours after the event has occurred, notify the  
32 governor, the speaker of the house of representatives, the president of the senate, the  
33 chairperson of the fiscal committee, the secretary of state, and the director of legislative  
34 services of the program's pending termination and within 10 business days after the  
35 event under this paragraph has occurred, notify program participants of the program's  
36 pending termination.

37       342:24 Repeals. The following are repealed:

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- 1           I. RSA 404-G:2, X-c, relative to the marketplace premium assistance program.
- 2           II. RSA 126-AA:4, relative to the commission to evaluate the effectiveness and  
3 future of the New Hampshire granite advantage health care program.
- 4           III. RSA 126-AA, relative to the New Hampshire granite advantage health care  
5 program.
- 6           IV. RSA 126-A:5-c, relative to funding the state share of the New Hampshire  
7 health protection program.
- 8           V. RSA 126-A:5-d, relative to voluntary contribution.
- 9           VI. RSA 126-A:5, XXX, relative to the New Hampshire health protection program.
- 10          VII. RSA 6:12, I(b)(340), relative to the moneys deposited in the New Hampshire  
11 granite advantage health care trust fund.
- 12          342:25 Effective Date.
- 13          I. Paragraph II of section 24 of this act shall take effect December 1, 2022.
- 14          II. Paragraphs III and VII of section 24 of this act shall take effect December 31,  
15 2023.
- 16          III. Section 1 of this act shall take effect upon its passage.
- 17          IV. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect as  
18 provided in section 21 of this act.
- 19          V. Sections 3-9 of this act shall take effect January 1, 2019.
- 20          VI. The remainder of this act shall take effect December 31, 2018.

Approved: June 28, 2018

Effective Date:

- I. Paragraph II of section 24 shall take effect December 1, 2022.
- II. Paragraphs III and VII of section 24 shall take effect December 31, 2023.
- III. Section 1 shall take effect June 28, 2018.
- IV. RSA 126-AA:2, II(b) as inserted by section 1 shall take effect as provided in section 21.
- V. Sections 3-9 shall take effect January 1, 2019.
- VI. Remainder shall take effect December 31, 2018.



