Bill as Introduced

HB 434-FN – AS INTRODUCED

2009 SESSION

09-0063
01/09

HOUSE BILL ***434-FN***

AN ACT relative to a health insurance access program.

SPONSORS: Rep. Winters, Hills 17

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill establishes the New Hampshire health care access program which is to be administered by the department of health and human services and the department of insurance.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

09-0063
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nine

AN ACT relative to a health insurance access program.

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

1 Statement of Purpose. The general court finds that a significant number of state residents are unable to obtain affordable health insurance coverage. Therefore, it is the intent of the general court to expand the availability of health care options for uninsured residents by developing an affordable health care product that emphasizes coverage for basic and preventive health care services; provides inpatient hospital, urgent, and emergency care services; and is offered statewide by approved health insurers.

2 New Chapter; New Hampshire Health Access Program. Amend RSA by inserting after chapter 126-R the following new chapter:

CHAPTER 126-S

NEW HAMPSHIRE HEALTH CARE ACCESS PROGRAM

126-S:1 Definitions. In this chapter:

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

II. "Cover New Hampshire plan" means a consumer choice benefit plan approved under this chapter which guarantees payment or coverage for specified benefits provided to an enrollee.

III. "Cover New Hampshire plan coverage" means health care services that are covered as benefits under a cover New Hampshire plan.

IV. "Cover New Hampshire plan entity" means a health insurer, health maintenance organization, health-care-provider-sponsored organization, or health care district that develops and implements a cover New Hampshire plan and is responsible for administering the plan and paying all claims for cover New Hampshire plan coverage by enrollees.

V. "Cover New Hampshire plus" means a supplemental insurance product, such as for additional catastrophic coverage or dental, vision, or cancer coverage, approved under this chapter and offered to all enrollees.

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

VII. "Enrollee" means an individual who has been determined to be eligible for and is receiving health insurance coverage under a cover New Hampshire plan.

126-S:2 Program Established.

I. The commissioner of the department and the insurance commissioner shall jointly establish and administer the cover New Hampshire health care access program.

II. General cover New Hampshire plan components shall require that:

(a) Plans are offered on a guaranteed-issue basis to enrollees, subject to exclusions for preexisting conditions approved by the department and the insurance department.

(b) Plans are portable such that the enrollee remains covered regardless of employment status or the cost-sharing of premiums.

(c) Plans provide for cost containment through limits on the number of services, caps on benefit payments, and copayments for services.

(d) In order to provide for consumer choice, cover New Hampshire plan entities develop 2 alternative benefit option plans having different cost and benefit levels, including at least one plan that provides catastrophic coverage.

(e) Plans without catastrophic coverage provide coverage options for services including, but not limited to:

(1) Preventive health services, including immunizations, annual health assessments, well-woman and well-care services, and preventive screenings such as mammograms, cervical cancer screenings, and noninvasive colorectal or prostate screenings.

(2) Incentives for routine preventive care.

(3) Office visits for the diagnosis and treatment of illness or injury.

(4) Office surgery, including anesthesia.

(5) Behavioral health services.

(6) Durable medical equipment and prosthetics.

(7) Diabetic supplies.

(f) Plans providing catastrophic coverage, at a minimum, provide coverage options for all of the services listed under subparagraph (e); however, such plans may include, but are not limited to, coverage options for:

(1) Inpatient hospital stays.

(2) Hospital emergency care services.

(3) Urgent care services.

(4) Outpatient facility services, outpatient surgery, and outpatient diagnostic services.

(g) All plans offer prescription drug benefit coverage, use a prescription drug manager, or offer a discount drug card.

(h) Plan enrollment materials provide information in plain language on policy benefit coverage, benefit limits, cost-sharing requirements, and exclusions and a clear representation of what is not covered in the plan. Such enrollment materials shall include a standard disclosure form adopted by rule under RSA 541-A by the commissioner, to be reviewed and executed by all consumers purchasing cover New Hampshire plan coverage.

(i) Plans offered through a qualified employer shall meet the requirements of section 125 of the Internal Revenue Code.

126-S:3 Program Approval.

I. Public or private entities may design programs to encourage New Hampshire citizens to participate in the cover New Hampshire health care access program or to encourage employers to cosponsor some share of cover New Hampshire plan premiums for employees.

II. The department and the insurance department shall announce, no later than 6 months after the effective date of this chapter, an invitation to negotiate for cover New Hampshire plan entities to design a cover New Hampshire plan proposal in which benefits and premiums are specified.

III. The invitation to negotiate shall include guidelines for the review of cover New Hampshire plan applications, policy forms, and all associated forms and provide regulatory oversight of cover New Hampshire plan advertisement and marketing procedures. A plan shall be disapproved or withdrawn if the plan:

(a) Contains any ambiguous, inconsistent, or misleading provisions or any exceptions or conditions that deceptively affect or limit the benefits purported to be assumed in the general coverage provided by the plan.

(b) Provides benefits that are unreasonable in relation to the premium charged or contains provisions that are unfair or inequitable, that are contrary to the public policy of this state, that encourage misrepresentation, or that result in unfair discrimination in sales practices.

(c) Cannot demonstrate that the plan is financially sound and that the applicant is able to underwrite or finance the health care coverage provided.

(d) Does not guarantee that enrollees may participate in the cover New Hampshire plan entity's comprehensive network of providers, as determined by the department, the insurance department, and the contract.

126-S:4 License Not Required. The insurance licensing requirements relating to health maintenance organizations shall not apply to a cover New Hampshire plan approved under this chapter unless expressly made applicable. However, for the purpose of prohibiting unfair trade practices, cover New Hampshire plans are considered to be insurance subject to RSA 417.

126-S:5 Eligibility. Eligibility to enroll in a cover New Hampshire plan shall be limited to residents of this state who meet all of the following requirements:

I. Are between 19 and 64 years of age.

II. Are not covered by a private insurance policy and are not eligible for coverage through a public health insurance program, such as Medicare, Medicaid, or Healthy Kids, unless eligibility for coverage lapses due to no longer meeting income or categorical requirements.

III. Have not been covered by any health insurance program at any time during the past 6 months, unless coverage under a health insurance program was terminated within the previous 6 months due to:

(a) Loss of a job that provided an employer-sponsored health benefit plan;

(b) Exhaustion of coverage that was continued under COBRA;

(c) Reaching the limiting age under the policy; or

(d) Death of, or divorce from, a spouse who was provided an employer-sponsored health benefit plan.

IV. Have applied for health care coverage through a cover New Hampshire plan and have agreed to make any payments required for participation, including periodic payments or payments due at the time health care services are provided.

126-S:6 Records. Each cover New Hampshire plan shall maintain enrollment data and provide network data and reasonable records to enable the department and the insurance department to monitor plans and to determine the financial viability of the cover New Hampshire plan, as necessary.

126-S:7 Nonentitlement. Coverage under a cover New Hampshire plan is not an entitlement, and a cause of action shall not arise against the state, a local government entity, any other political subdivision of the state, or the department or the insurance department for failure to make coverage available to eligible persons under this chapter.

126-S:8 Program Evaluation. The department and the insurance department shall:

I. Evaluate the cover New Hampshire health care access program and its effect on the entities that seek approval as cover New Hampshire plans, on the number of enrollees, and on the scope of the health care coverage offered under a cover New Hampshire plan.

II. Provide an assessment of the cover New Hampshire plans and their potential applicability in other settings.

III. Use cover New Hampshire plans to gather more information to evaluate low-income, consumer-driven benefit packages.

IV. Jointly submit by November 2010, and annually thereafter, a report to the speaker of the house of representatives, the president of the senate, and the governor which provides the information specified in paragraphs I-III and recommendations relating to the successful implementation and administration of the program.

126-S:9 Rulemaking. The commissioner, jointly with the insurance commissioner, shall adopt rules, pursuant to RSA 541-A, relative to:

I. Guidelines to ensure that cover New Hampshire plans meet minimum standards for quality of care and access to care.

II. Grievance procedures.

III. Format and content of all forms required under this chapter.

IV. Regulatory oversight and changes in cover New Hampshire plan benefits, premiums, and policy forms.

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

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HB 434-FN - FISCAL NOTE

AN ACT relative to a health insurance access program.

FISCAL IMPACT:

The Department of Health and Human Services and the Department of Insurance state this bill may increase state revenue, and may increase state, county, and local expenditures by an indeterminable amount in FY 2009 and each year thereafter. This bill will have no fiscal impact on county and local revenue.

METHODOLOGY:

The Department of Health and Human Services states this seeks to create an affordable health insurance product. The bill requires the Department to commit the necessary start-up and infrastructure to support the designation and monitoring of Cover New Hampshire health plans. The commitment of Department resources is believed to be higher in the first two years after the bill's passage, and is expected to be reduced as the plans are up and running. The Department states that since it does not have statutory responsibility over commercial insurance, it does not presently have the necessary skill set internally to undertake the deliverables called for by the bill. The Department could not absorb the additional responsibilities without an additional appropriation sufficient to pay the properly qualified staff to carry out these duties on a short and long term basis. Since individuals eligible to enroll in the Cover New Hampshire plan cannot be eligible for publicly funded health coverage, this product does not present a potential cost avoidance to New Hampshire Medicaid. Also, as there does not appear to be any basis for drawing federal matching dollars for this endeavor, the necessary funds would need to come from the state general fund.

The Department of Insurance states Cover New Hampshire will not be offered through employers. However, if Cover New Hampshire premium revenues or the funds received by entities offering Cover New Hampshire coverage are not sufficient to cover the associated claim costs, entities may need to charge more for other products to subsidize the Cover New Hampshire program. To the extent county and local governments are required to pay higher

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premiums, they will experience increased costs. The state is self-funded, and will not be affected by any changes in insurance premiums as a result of this bill. The Department states that since the state collects premium tax on health insurance premiums, any change in aggregate premiums written would impact premium tax revenues.

This bill does not establish positions or contain an appropriation.

Committee Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

BILL NUMBER: **HB 434**

BILL TITLE: relative to a health insurance access program.

DATE: 3-18-09

THE COMMITTEE HAS VOTED TO RETAIN THIS BILL.

Tara G. Reardon, Chairman

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 434-FN Date 3-17-09

Committee Commerce c̄ CA

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

Name	Address	Phone	Representing	(check one) Pro	Con

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 434-FN

BILL TITLE: relative to a health insurance access program.

DATE: March 17, 2009

LOB ROOM: 302 **Time Public Hearing Called to Order:** 1200

Time Adjourned: 1212

(please circle if present)

Committee Members: Reps. Reardon, Butler, DeStefano, Kopka, McEachern, Hammond, Nord, Winters, Meader, Gidge, Schlachman, Hunt, Quandt, Belanger, D. Flanders, R. Holden, Dowling, Headd, Nevins and Palfrey.

Bill Sponsors: Rep. Winters

TESTIMONY

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

Rep. Joel Winters, sponsor – Got the idea for bill while campaigning; read from page 3 & 4 of bill. Bill applies to the 100,00 people in the state who have no coverage. If folks can't afford premiums this bill is the for early intervention; allows certain classes of people opt out of the program. Suggests the committee Retain over the summer.

Tyler Branner, NH Insurance Dept. – Couple of issues we would like to work through: 1 – exemption from licensure; 2- cost savings. Bill does get our attention.

Lisabritt Solsky, NH DHHS – No position. Retention is a good idea. We have no skill set in the HHS right now to work on this.

*George Reed, Christian Scientists, - Supports the bill. Would like to include spiritual care.

Respectfully Submitted:

James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 434-FN

BILL TITLE: relative to a health insurance access program.

DATE: March 17

LOB ROOM: 302 **Time Public Hearing Called to Order:** 12 00

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(please circle if present)

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Bill Sponsors: Rep. Winters

TESTIMONY

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

* Winters - sponsor - got idea for Bill while campaigning - Read fiscal pg 3 + 4 of Bill -
Bill applies to the 1001000 people in the State have no coverage - If folks can't afford premiums this Bill is for early intervention - allows certain classes if people opt out of the progr

suggest committee Retain over the summer -

#2 Tyler Brannan - NH Hosp Assn - Mentioned couple of issues we would like to work through
1) exemption from licensure
2) cost savings
Bill does get our attention

2

DHHS - Lisa Barth Solsky - No position
Retention is a good idea -
We have no skill set in HHS right
now to work on this

4 George Reed - would like to
include spiritual care -
Represents Quantum Scientific -

Sub-Committee Actions

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 434-FN

BILL TITLE: relative to a health insurance access program.

DATE: October 20, 2009

Subcommittee Members: Reps. Winters, Hammond, and Hunt

Comments and Recommendations: Received two handouts on how Florida plan is working and priced with this information and questions about what Washington will do with healthcare overhaul. It was decided this was not the right time to move forward.

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. Hunt

Seconded by Rep. Hammond

Vote: 3-0

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Joel Winters
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 434-FN

BILL TITLE: relative to a health insurance access program.

DATE: October 20th 2009

Subcommittee Members: Reps. Winters, Hammond, and Hunt

Comments and Recommendations:

Recived 2 Handouts on How Florida pkN is working AND priced. with THIS information AND Questions about what Washington will do with Health care overhaul, It was decided this was not the right time to move forward.

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. HUNT

Seconded by Rep. HAMMOND

Vote: 3-0

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.
Subcommittee Chairman/Clerk

COVER FLORIDA

www.CoverFloridaHealthCare.com

United Healthcare

Available Statewide

Toll-free Phone Number: 1-800-809-9831

Web Site: http://www.coverflorida-uhc.com

	Available Statewide (Individual)		Available Statewide (Group)	
	Preventive	Catastrophic	Preventive	Catastrophic
Benefits	$0 deductible Medical benefits up to: $500,000 lifetime	$500 deductible Medical benefits up to: $500,000 lifetime	$0 deductible Medical benefits up to: $500,000 lifetime	$500 deductible Medical benefits up to: $500,000 lifetime
Doctor Visits	$10 co-pay Up to $450 in office visits per year for in-network physicians	$20 co-pay Up to $1,000 in office visits per year for in-network physicians	$10 co-pay Up to $450 in office visits per year for in-network physicians	$20 co-pay Up to $1,000 in office visits per year for in-network physicians
Preventive Care	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.
Hospital Inpatient Services	N/A	10 days of inpatient hospital stays per year Services up to $2,000 per day (in-network) and $1,000 per day (out-of-network) $500 annual deductible	N/A	10 days of inpatient hospital stays per year Services up to $2,000 per day (in-network) and $1,000 per day (out-of-network) $500 annual deductible
Hospital Outpatient Services	100% in network coverage up to $600 per year, for preventive services only	Coverage up to $600 per year in preventive services (100% of charges covered in-network) and $400 per year in non-preventive services (80% of charges covered in-network)	100% in network coverage up to $600 per year, for preventive services only	Coverage up to $600 per year in preventive services (100% of charges covered in-network) and $400 per year in non-preventive services (80% of charges covered in-network)
Emergency Care	N/A	Hospital ER services up to $1,500 per year; 80% of charges covered for accident, trauma, heart attack, stroke Coverage for ambulance services up to $500 per year ($100 co-pay for ambulance services)	N/A	Hospital ER services up to $1,500 per year; 80% of charges covered for accident, trauma, heart attack, stroke Coverage for ambulance services up to $500 per year ($100 co-pay for ambulance services)
Prescription Drugs	$10 co-pay for generic drugs, up to $500 per year.	$10 co-pay for generic drugs, up to $500 per year.	$10 co-pay for generic drugs, up to $500 per year.	$10 co-pay for generic drugs, up to $500 per year.
Other Services Included in Plans	Durable Medical Equipment: 80% of charges covered (in-network); up to $500 per yr Behavioral Health: $40 co-pay (5 office visits/yr) Diabetic Supplies: $25 co-pay (in-network), $100 per year coverage.	Durable Medical Equipment: 80% of charges covered (in-network); up to $500 per yr Diagnostic Services: 80% of charges covered up to $500 with no co-pay for X-ray and other diagnostic services Behavioral Health: $40 co-pay (5 office visits/yr) $500 co-pay (inpatient hospital; coverage limited to 5 days) Diabetic Supplies: $25 co-pay (in-network), $100 per year coverage.	Durable Medical Equipment: 80% of charges covered (in-network); up to $500 per yr Behavioral Health: $40 co-pay (5 office visits/yr) Diabetic Supplies: $25 co-pay (in-network), $100 per year coverage.	Durable Medical Equipment: 80% of charges covered (in-network); up to $500 per yr Diagnostic Services: 80% of charges covered up to $500 with no co-pay for X-ray and other diagnostic services Behavioral Health: $40 co-pay (5 office visits/yr) $500 co-pay (inpatient hospital; coverage limited to 5 days) Diabetic Supplies: $25 co-pay (in-network), $100 per year coverage.
Monthly Rates (by age)	Female / Male	Female / Male	Female / Male	Female / Male
0 - 18	$86.28 / $86.28	$225.11 / $225.11	$57.52 / $57.52	$150.07 / $150.07
19 - 29	$130.64 / $79.36	$340.85 / $207.06	$87.10 / $52.91	$227.23 / $138.04
30 - 39	$137.52 to $139.82 / $83.54 to $101.27	$358.79 to $364.78 / $217.96 to $264.22	$91.68 to $93.21 / $55.69 to $67.52	$239.19 to $243.19 / $145.31 to $176.15
40 - 49	$138.37 to $141.47 / $110.44 to $123.89	$361.00 to $369.10 / $288.13 to $323.23	$92.24 to $94.31 / $73.62 to $82.59	$240.66 to $246.07 / $192.08 to $215.49
50 - 59	$153.02 to $186.69 / $145.36 to $185.94	$399.23 to $487.08 / $379.24 to $485.11	$102.01 to $124.46 / $96.91 to $123.96	$266.15 to $324.72 / $252.83 to $323.41
60 - 64	$186.69 / $185.94	$487.08 / $485.11	$124.46 / $123.96	$324.72 / $323.41
65+	$186.69 / $185.94	$487.08 / $485.11	$124.46 / $123.96	$324.72 / $323.41
Average Rate	$120.68	$314.86	$80.45	$209.90

*For example, if the doctor charges $100 for a visit, BCBSF will pay $50 for the visit and the Member is responsible for the remaining $50.

** BCBSF Out-of-Network providers are those that do not participate in this plan but are within BCBSF's network of physicians.

*** JMH Catastrophic Plans are not available for children aged 0 to 4. These prices are for plans for children 5 through 18.

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.

COVER FLORIDA

www.CoverFloridaHealthCare.com

Blue Cross Blue Shield of Florida

Available Statewide

Toll-free Phone Number: 1-877-872-6580

Web Site: http://www.bcbsfl.com

	Preventive	Catastrophic
Benefits	$0 deductible	$3,000 deductible Medical Benefits up to: $25,000 annually $50,000 lifetime
Doctor Visits	*BCBSF pays $50 or the allowed amount (whichever is less). Member pays the difference between the allowed amount and the BCBSF maximum payment amount.	*BCBSF pays $50 or the allowed amount (whichever is less). Member pays the difference between the allowed amount and the BCBSF maximum payment amount.
Preventive Care	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram
Hospital Inpatient Services	N/A	In-Network: Member pays annual deductible + 20% of charges Out-of-network**: Member pays annual deductible + preadmission deductible + 20% of charges Non-participating provider: Member pays preadmission deductible + 40% of charges Rehabilitation up to 21 days per year
Hospital Outpatient Services	N/A	In-Network/Out-of-Network**: Member pays annual deductible + 20% of charges Non-participating provider: Member pays annual deductible + portion of the charges that is not covered by BCBSF
Emergency Care	N/A	In-Network: Member pays annual deductible + 20% of charges Non-participating provider: Member pays annual deductible + 40% of charges
Prescription Drugs	BCBSF pays $15 per covered prescription drugs and Member pays remainder.	BCBSF pays $15 per covered prescription drugs and Member pays remainder.
Other Services Included in Plans	Diagnostic Services: No co-pay for Mammograms and Osteoporosis Screening Durable Medical Equipment: Member pays annual deductible + 20% of charges (this covers DME related to surgery only) Behavioral Health: limited to $500 per year with a $10,000 lifetime maximum	Diagnostic Services: No co-pay for Mammograms and Osteoporosis Screening Durable Medical Equipment: Member pays annual deductible + 20% of charges (this covers DME related to surgery only) Behavioral Health: limited to $500 per year with a $10,000 lifetime maximum

Monthly Rates (by age)	Female	Male	Female	Male
0 - 18	Not Offered	Not Offered	Not Offered	Not Offered
19 - 29	$23.70 to $40.51	$23.70 to $40.51	$67.39 to $106.63	$57.91 to $89.90
30 - 39	$41.64 to $48.96	$41.64 to $48.96	$109.59 to $133.44	$92.41 to $116.26
40 - 49	$49.56 to $54.57	$49.56 to $54.57	$135.96 to $159.95	$119.66 to $162.32
50 - 59	$55.19 to $62.85	$55.19 to $62.85	$163.06 to $198.01	$168.83 to $253.10
60 - 64	$64.03 to $69.71	$64.03 to $69.71	$203.05 to $225.41	$265.69 to $323.30
65+	-	-	-	-
Average Rate	$50.75		$148.08	

*For example, if the doctor charges $100 for a visit, BCBSF will pay $50 for the visit and the Member is responsible for the remaining $50.

** BCBSF Out-of-Network providers are those that do not participate in this plan but are within BCBSF's network of physicians.

*** JMH Catastrophic Plans are not available for children aged 0 to 4. These prices are for plans for children 5 through 18.

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly. These rates may vary by county.

COVER FLORIDA

www.CoverFloridaHealthCare.com

	Florida Health Care Plan Available in Volusia & Flagler Counties Toll-free Phone Number: 1-800-232-0578 Web Site: http://www.fhcp.com		Medica Health Plan of Florida Available in Miami-Dade & Broward Counties Toll-free Phone Number: 1-866-260-5278 Web Site: http://www.mhpfl.com	
	Preventive	Catastrophic	Preventive	Catastrophic
Benefits	$0 deductible plan $250 deductible plan $500 deductible plan	$0 deductible plan $250 deductible plan $500 deductible plan	$0 deductible Benefits up to $25,000 per year	$0 deductible Benefits up to $50,000 per year
Doctor Visits	$20 co-pay for primary care physicians $75 co-pay for specialists	$20 co-pay for primary care physicians $75 co-pay for specialists	$15 co-pay (primary care physician) $30 co-pay (specialist)	$25 co-pay (primary care physician) $50 co-pay (specialist)
Preventive Care	1 annual adult exam ($20 co-pay) 1 well woman assessment ($20 co-pay for primary care physician and $35 co-pay for OB/GYN) Well baby care and child health supervision services ($20 co-pay)	1 annual adult exam ($20 co-pay) 1 well woman assessment ($20 co-pay for primary care physician and $35 co-pay for OB/GYN) Well baby care and child health supervision services ($20 co-pay)	1 annual adult exam 1 annual well woman exam $15 co-pay (PCP); $30 co-pay (specialist)	1 annual adult exam 1 annual well woman exam $25 co-pay (PCP); $50 co-pay (specialist)
Hospital Inpatient Services	N/A	$750 per day co-pay Coverage up to 12 days per year	N/A	$200 per day co-pay for first 5 days of admission
Hospital Outpatient Services	N/A	$500 co-pay per visit for outpatient surgery	N/A	Rehabilitative Services ($100 co-pay; up to 20 visits per year)
Emergency Care	N/A	$250 co-pay per visit $75 co-pay per urgent care visit	N/A	Urgent Care: $50 co-pay Emergency: $200 co-pay (waived if admitted)
Prescription Drugs	$4 co-pay for generic, preferred drugs $10 co-pay for generic, non-preferred drugs	$4 co-pay for generic, preferred drugs $10 co-pay for generic, non-preferred drugs	$10 co-pay for generic drugs Plan discounts for brand drugs Benefit up to $500 per year	$10 co-pay for generic drugs Plan discounts for brand drugs Benefit up to $500 per year
Other Services Included in Plans	Office Surgery: including anesthesia and supplies in provider's office $500 co-pay per visit Behavioral Health: Individual/Group Therapy ($50 co-pay individual; $25 group); Medication Management ($35 co-pay); Up to 12 outpatient visits per year Diabetic Supplies: glucometer covered in full; $12 co-pay for lancets; $12 co-pay for 50 test strips	Office Surgery: including anesthesia and supplies in provider's office $500 co-pay per visit Behavioral Health: Individual/Group Therapy ($50 co-pay individual; $25 group); Medication Management ($35 co-pay); Up to 12 outpatient visits per year Diabetic Supplies: glucometer covered in full; $12 co-pay for lancets; $12 co-pay for 50 test strips	Behavioral Health: $30 co-pay for office counseling services Up to $1,200 per year Durable Medical Equipment: No co-pay Up to $500 per year Diabetic Supplies: 20% of charges for lancets, syringes, insulin, strips and monitor Up to $1,500 per year	Behavioral Health: $50 co-pay for office counseling services Up to $1,200 per year Durable Medical Equipment: No co-pay Up to $500 per year Diabetic Supplies: 20% of charges for lancets, syringes, insulin, strips and monitor Up to $1,500 per year
Monthly Rates (by age)	Female / Male	Female / Male	Female / Male	Female / Male
0 - 18	$57.61 to $70.93 / $21.01 to $45.23	$128.39 to $143.96 / $79.81 to $103.75	$47.61 to $138.41 / $41.97 to $128.00	$75.27 to $218.84 / $66.36 to $202.38
19 - 29	$57.61 to $82.88 / $21.01 to $35.83	$128.39 to $168.92 / $79.81 to $96.19	$61.75 to $73.86 / $43.70 to $53.24	$97.64 to $116.77 / $69.10 to $84.17
30 - 39	$74.55 to $97.69 / $36.09 to $55.04	$171.93 to $212.71 / $106.72 to $142.75	$75.75 to $87.05 / $55.39 to $65.99	$119.77 to $137.63 / $87.57 to $104.34
40 - 49	$94.04 to $129.61 / $55.88 to $85.79	$223.04 to $280.29 / $166.41 to $236.15	$89.49 to $107.52 / $67.15 to $94.56	$141.50 to $170.00 / $106.17 to $144.77
50 - 59	$135.39 to $184.13 / $93.85 to $146.49	$322.49 to $414.71 / $299.32 to $432.85	$108.85 to $137.61 / $96.04 to $155.22	$172.11 to $217.58 / $151.85 to $245.42
60 - 64	$181.97 to $207.07 / $160.15 to $183.97	$484.15 to $509.64 / $547.55 to $570.81	$140.37 to $163.24 / $164.39 to $193.16	$221.95 to $258.10 / $259.92 to $305.41
65+	$215.01 to $242.01 / $219.25 to $246.04	$638.24 to $664.88 / $731.27 to $757.36	$163.24 to $225.95 / $193.16 to $267.37	$258.10 to $357.25 / $305.41 to $422.73
Average Rate	$67.98 ($500 deductible) $71.12 ($250 deductible) $81.69 ($0 deductible)	$181.21 ($500 deductible) $185.37 ($250 deductible) $196.37 ($0 deductible)	$83.90	$141.20

*For example, if the doctor charges $100 for a visit, BCBSF will pay $50 for the visit and the Member is responsible for the remaining $50.
** BCBSF Out-of-Network providers are those that do not participate in this plan but are within BCBSF's network of physicians.
*** JMH Catastrophic Plans are not available for children aged 0 to 4. These prices are for plans for children 5 through 18.

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.

COVER FLORIDA

www.CoverFloridaHealthCare.com

	Total Health Choice Available in Miami-Dade & Broward Counties Toll-free Phone Numbers: 1-305-408-5825 within Miami-Dade County; 1-800-213-1133 outside Miami-Dade County; 1-800-955-8771 TDD Web Site: http://www.totalhealthchoiceonline.com		JMH Health Plan Available in Miami-Dade County Toll-free Phone Number: 1-800-721-2993 Web Site: http://www.jmhhp.com		
	Preventive (Plans I, II)	Catastrophic (Plans III, IV)	Preventive	Catastrophic	Combined
Benefits	Plan I: No prescription drug benefit Plan II: Includes prescription drug benefit	Plan III: No prescription drug benefit Plan IV: Includes prescription drug benefit Medical benefits up to $40,000 per year	$0 deductible plan Medical Benefits up to: $500,000 lifetime	$500 deductible plan $1,000 deductible plan $2,500 deductible plan $5,000 deductible plan Medical Benefits up to: $15,000 annual $500,000 lifetime	$500 deductible plan $1,000 deductible plan $2,500 deductible plan $5,000 deductible plan Medical Benefits up to: $15,000 per year $500,000 lifetime
Doctor Visits	$30 co-pay (primary care physician) $50 co-pay (specialist) $50 co-pay (allergy testing)	$30 co-pay (primary care physician) $50 co-pay (specialist) $50 co-pay (allergy testing)	$15 co-pay (primary care physician) $25 co-pay (specialist)	N/A	$15 co-pay (primary care physician) $25 co-pay (specialist)
Preventive Care	1 annual adult exam 1 annual well woman exam $30 co-pay (No co-pay for mammograms, prostate, cervical cancer and colorectal screenings)	1 annual adult exam 1 annual well woman exam $30 co-pay (No co-pay for mammograms, prostate, cervical cancer and colorectal screenings)	1 annual adult exam 1 annual well woman exam $25 co-pay	N/A	1 annual adult exam 1 annual well woman exam $25 co-pay
Hospital Inpatient Services	N/A	$500 per day co-pay for first 5 days	N/A	$100 co-pay per day for first 5 days Up to 12 days per year	$100 co-pay per day for first 5 days Up to 12 days of inpatient coverage per year
Hospital Outpatient Services	Coverage for therapies, observation, chemotherapy and nuclear medicine in non-hospital outpatient setting Co-pays of $500 (facilities), $100 (nuclear medicine), $50 (chemotherapy), $30 (radiation therapy)	Coverage for therapies, observation, chemotherapy and nuclear medicine Co-pays of $500 (facilities), $100 (nuclear medicine), $50 (chemotherapy), $30 (radiation therapy)	N/A	$50 co-pay for outpatient surgery $25 co-pay for outpatient care services	$50 co-pay for outpatient surgery $25 co-pay for outpatient care services
Emergency Care	$250 co-pay (hospital in-network) $500 co-pay (hospital out-of-network) $50 co-pay (urgent care services) $100 co-pay (ambulance services)	$250 co-pay (hospital in-network) $500 co-pay (hospital out-of-network) $50 co-pay (urgent care services) $100 co-pay (ambulance services)	N/A	Coverage for 3 hospital ER visits per year $175 co-pay (in-network) $200 co-pay + 40% of charges (out-of-network) Coverage for 6 urgent care visits per year $50 co-pay for each visit	Coverage for 3 hospital ER visits per year $175 co-pay (in-network) $200 co-pay + 40% of charges (out-of-network) Coverage for 6 urgent care visits per year $50 co-pay for each visit
Prescription Drugs	$30 co-pay: generic drugs $45 co-pay: brand drugs Up to $1,000 per year Available in Plan II only (no drug coverage under Plan I but a pharmacy discount card allows purchase of drugs at a discount at participating pharmacies)	$30 co-pay: generic drugs $45 co-pay: brand drugs Up to $1,000 per year Available in Plan IV only (no coverage under Plan III but a pharmacy discount drug card allows purchase of drugs at a discount at participating pharmacies)	$5 co-pay for generic drugs Discount on brand drugs Up $100 of coverage for drugs per month and $1,200 per year	N/A	$5 co-pay for generic drugs Discount on brand drugs Up $100 of coverage for drugs per month and $1,200 per year
Other Services Included in Plans	Diagnostic Services: $100 co-pay (CT scans, nuclear medicine, ultrasound) Diabetic Supplies: $30 co-pay Behavioral Health: $50 co-pay (not including substance abuse services) Up to 20 visits per year	Diagnostic Services: $100 co-pay (CT scans, nuclear medicine, ultrasound) Diabetic Supplies: $30 co-pay Behavioral Health: $50 co-pay (not including substance abuse services) Up to 20 visits per year	Behavioral Health: $35 co-pay; Up to 20 outpatient visits per year Durable Medical Equipment: $25 co-pay; up to $400 per year Diabetic Supplies: $25 co-pay; coverage for 50 test strips per month	Diagnostic Services: $25 co-pay	Diagnostic Services: $25 co-pay Behavioral Health: $35 co-pay; up to 20 outpatient visits per year Durable Medical Equipment: $25 co-pay; up to $400 per year Diabetic Supplies: $25 co-pay; coverage for 50 test strips per month

Monthly Rates (by age)	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0 - 18	Not Offered	Not Offered	Not Offered	Not Offered	$41.21	$41.21	$52.38 to $103.06***	$52.38 to $103.06***	$87.23 to $135.58***	$87.23 to $135.58***
19 - 29	$72.19 to $127.64	$57.32 to $74.96	$147.66 to $237.86	$115.97 to $139.68	$46.89 to $63.17	$35.65 to $46.22	$59.61 to $157.98	$45.31 to $115.59	$99.27 to $207.83	$75.47 to $152.07
30 - 39	$96.53 to $123.74	$63.40 to $86.92	$195.29 to $230.59	$128.27 to $161.58	$64.81 to $72.90	$47.33 to $56.81	$82.38 to $182.32	$60.17 to $142.07	$137.20 to $239.85	$100.20 to $186.90
40 - 49	$98.32 to $146.12	$74.87 to $114.14	$198.92 to $272.29	$151.48 to $212.70	$73.43 to $86.88	$59.03 to $80.19	$93.35 to $217.28	$75.04 to $200.55	$155.46 to $285.84	$124.97 to $263.84
50 - 59	$130.92 to $190.40	$102.39 to $227.25	$264.87 to $354.82	$207.16 to $423.49	$89.10 to $117.51	$83.38 to $123.65	$113.26 to $293.90	$105.99 to $309.26	$188.63 to $386.64	$176.52 to $406.85
60 - 64	$167.64 to $235.20	$203.40 to $313.39	$339.16 to $438.31	$411.52 to $584.02	$125.86 to $163.73	$132.15 to $173.53	$159.99 to $409.50	$167.98 to $434.02	$266.45 to $538.71	$279.76 to $570.97
65+	$404.83 to $479.66	$404.83 to $479.66	$819.03 to $893.86	$819.03 to $893.86	$251.17	$242.82	$319.28 to $628.17	$308.68 to $607.31	$531.73 to $826.39	$514.07 to $798.95
Average Rate	$130.85 (Plan I) $155.03 (Plan II)		$264.72 (Plan III) $288.91 (Plan IV)		$70.53		$92.43 ($5,000 deductible) $119.75 ($2,500 deductible) $165.14 ($1,000 deductible) $190.07 ($500 deductible)		$153.93 ($5,000 deductible) $184.50 ($2,500 deductible) $220.04 ($1,000 deductible) $239.23 ($500 deductible)	

*For example, if the doctor charges $100 for a visit, BCBSF will pay $50 for the visit and the Member is responsible for the remaining $50.
** BCBSF Out-of-Network providers are those that do not participate in this plan but are within BCBSF's network of physicians.
*** JMH Catastrophic Plans are not available for children aged 0 to 4. These prices are for plans for children 5 through 18.

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.

From official Cover Florida Web site (www.coverfloridahealthcare.com)

Cover Florida Health Access Program Summary

- *Cover Florida* gives Floridians access to more affordable health insurance options. Created without tax dollars, it is voluntary for both individuals and employers.
- *Cover Florida* plans were selected by the State of Florida through a competitive bidding process. Six private insurance companies were chosen based on their proposed robust, innovative and affordable health insurance products.
- Blue Cross Blue Shield of Florida and United Health Care will be available in all 67 Florida counties. In addition, four counties will have further options.
    - Broward County will have two additional options: Medica Health Plan of Florida and Total Health Choice.
    - Miami-Dade County will have three additional options: Medica Health Plan of Florida, Total Health Choice and JMH Health Plan.
    - Flagler and Volusia counties will have one additional carrier, Florida Health Care Plans.

Benefits

- The six carriers have designed 27 creative health insurance products .
- Each carrier offers at least two benefit options – one with catastrophic and hospital coverage, and one without. This flexibility gives Floridians more choices in selecting the plan that meets their needs.
- *Cover Florida* plans have a robust set of benefits that include coverage for preventive services, screenings, office visits, as well as office surgery, urgent care, hospital coverage, emergency care, prescription drugs, durable medical equipment, and diabetic supplies.
- *Cover Florida* gives Floridians the opportunity to choose primary and preventive care instead of costly visits to emergency rooms.

Eligibility for *Cover Florida*

- *Cover Florida* plans are available to all Florida applicants ages 19 to 64 who have been without health insurance for at least six months – even if there are pre-existing health conditions.
- Floridians may also be eligible to purchase *Cover Florida* plans under the following conditions:
    - Loss of a job that provided employer-sponsored health benefits.
    - Loss of benefits under COBRA.
    - Death of, or divorce from, a spouse who has provided employer-sponsored health benefits.
- *Cover Florida* plans are portable from one employer to another because they are individual policies. Employers may voluntarily share in the cost of the plan with their employees or may assist employees with a payroll deduction, providing a pre-tax benefit for the employee and a payroll tax break for the employer.

Sub-Committee Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 434-FN

BILL TITLE: relative to a health insurance access program.

DATE: October 14, 2009

Subcommittee Members: Reps. Winters, Hammond, and Hunt

Comments and Recommendations: Scheduled another meeting 10/20 at 2:30 p.m.

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Winters
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

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Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.
Subcommittee Chairman/Clerk

Testimony

CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR NEW HAMPSHIRE

Request for Amendment – Inclusion of Spiritual Care in House Bill 434

The Christian Science Committee on Publication for New Hampshire respectfully requests inclusion of the following amendment to HB 434 to allow for public access to spiritual care:

In Section 126-S:2, add a new section II(d) that reads:

> "II. General cover New Hampshire plan components shall require that: . . . (d) In order to provide for consumer choice, cover New Hampshire plan entities develop 2 alternative benefit option plans having different cost and benefit levels, including at least one plan that provides catastrophic coverage. **One or more plans that are part of the program shall provide benefits for spiritual care.**"

Explanation:

The purpose of this amendment is to provide for public access to spiritual care as part of the affordable health benefit plans offered by the New Hampshire Health Access Program (the "Program").

The goal of this legislation is to make effective, affordable health care more available to New Hampshire citizens. Including spiritual care in the affordable plans offered under the Program can help to achieve this goal. Spiritual care is both reliable and effective, and makes bodies -- and communities -- healthier. Spiritual care already meets the health care needs of many New Hampshire citizens. For example, New Hampshire citizens have relied on spiritual healing as practiced in Christian Science for over a century, and have found it to be both effective and efficient in the treatment of physical illness and disease.

Spiritual care is already covered under numerous existing State and federal health care programs (see reverse). If people are achieving complete healing through spiritual means without incurring large medical bills, society is benefited. Legislation that seeks to expand access to health care should provide the public with access to effective, affordable approaches (not just a medical approach), should encourage participation in the system, and should seek to minimize associated health care costs. Making spiritual care available to the public under affordable plans serves these objectives.

We applaud you for your efforts in bringing solutions to the health care access challenges in New Hampshire and appreciate the desire to make humanity safer and healthier. We respectfully request that the inclusion of spiritual care as a covered benefit be expressed clearly within this legislation, providing guidance so that this area of coverage will not be overlooked or ignored.

Contact: George Reed
Christian Science Committee on Publication for New Hampshire
68 Woodhill Road
Bow, NH 03304
(603) 774-5100/5400
NewHampshire@compub.org

Examples of Spiritual Care Coverage Included In Governmental and Private Insurance Plans

Existing Laws/Programs

- Medicare and Medicaid – Cover religious nonmedical nursing care in a religious nonmedical health care institution.
- TRICARE (for military dependents) – Covers care in Christian Science nursing facilities, Christian Science nursing services, and Christian Science practitioner services.
- Four plans under the Federal Employees Health Benefits Program (FEHBP) cover religious nonmedical nursing care and/or Christian Science practitioner services:
  - Government Employees' Health Association (GEHA);
  - Mail Handlers Benefit Plan;
  - Special Agents Mutual Benefit Association;
  - Association Benefit Plan.
- A number of states include coverage of spiritual treatment through prayer in their governmental employees' health insurance plans, such as Oklahoma, California, Colorado, Illinois, Kansas, Missouri, Oregon, and Texas.
- Various state insurance laws accommodate religious nonmedical providers from having to comply with medical criteria, such as Washington, Maine, Alaska, Massachusetts.
- Massachusetts – Recognition in regulations that the following types of coverage satisfy the standards for maintaining minimum creditable coverage: 1) "health arrangements provided by established religious organizations comprised of individuals with sincerely held beliefs" and 2) Health Savings Accounts (HSA's) with high deductible health plans.
- Massachusetts – Coverage of services delivered in accordance with the healing practices of Christian Science in the Massachusetts Student Health Insurance Program. 114.6 CMR 3.003.04(2)(b).

Federal Legislative Proposals

- Federal Legislation – HR 1841 (2008) (Stark) – extends Medicare coverage to all citizens.
- Federal Legislation – HR 2034 (2008) (Dingell), S 1218 (Kennedy) – Extends Medicare coverage to all and requires private insurers to offer coverage at least as extensive as that offered in any of the four largest FEHBP Plans (As stated above, four plans under FEHBP cover religious nonmedical nursing care and/or Christian Science practitioner services).
- Federal Legislation – HR 5348 (2008) (Langevin, Shays) – Provides citizens who are ineligible for employer provided private insurance coverage or public insurance coverage with coverage equivalent to that available under FEHBP plans.

Contact: George Reed
Christian Science Committee on Publication for New Hampshire
68 Woodhill Road
Bow, NH 03304
(603) 774-5100/5400
NewHampshire@compub.org

Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 434-FN

BILL TITLE: **relative to a health insurance access program.**

DATE:

LOB ROOM: 302

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Butler

Seconded by Rep. Winters

Vote: (RETAIN) (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Circle one: Consent or Regular}

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 434-FN

BILL TITLE: **relative to a health insurance access program.**

DATE: 3-18-09

LOB ROOM: 302

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Retain

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Butler

Seconded by Rep. Wintero

Retain

Vote: (Please attach record of roll call vote.)

17-0

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Circle one: Consent or Regular}

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 434-FN

BILL TITLE: **relative to a health insurance access program.**

DATE: October 28, 2009

LOB ROOM: 302

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Winters

Seconded by Rep. Hammond

Vote: 16-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 16-0 - YES

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 434-FN

BILL TITLE: **relative to a health insurance access program.**

DATE: October 28, 2009

LOB ROOM: 302

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Wintha

Seconded by Rep. Hammond

Vote: (Please attach record of roll call vote.) 16-0

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report 16-0

Respectfully submitted,

Rep. James F. Headd, Clerk

OFFICE OF THE HOUSE CLERK 2009 SESSION

COMMERCE AND CONSUMER AFFAIRS

Bill #: HB 474 Title: _____

PH Date: ___/___/___ Exec Session Date: 10/28/09

Motion: ITL Amendment #: _____

MEMBER	YEAS	NAYS
Butler, Edward A, Chairman	✓	
DeStefano, Stephen T	—	
Kopka, Angeline A	✓	
McEachern, Paul	✓	
Hammond, Jill Shaffer	✓	
Nord, Susi	✓	
Winters, Joel F	✓	
Meader, David R	✓	
Gidge, Kenneth N	—	
Schlachman, Donna L, V Chairman	✓	
Hunt, John B	✓	
Quandt, Matt J	✓	
Belanger, Ronald J	—	
Flanders, Donald H	✓	
Holden, Rip	✓	
Dowling, Patricia A	✓	
Headd, James F, Clerk	✓	
Nevins, Chris F	✓	
Palfrey, David J	✓	
EATON, Dan	16-0	

TOTAL VOTE:
Printed: 10/23/2009

Committee Report

CONSENT CALENDAR

November 24, 2009

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on COMMERCE AND CONSUMER AFFAIRS to which was referred HB434-FN,

AN ACT relative to a health insurance access program.

Having considered the same, report the same with the following Resolution: RESOLVED, That it is

INEXPEDIENT TO LEGISLATE.

Rep. Joel F Winters

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**COMMERCE AND CONSUMER AFFAIRS**
Bill Number:	**HB434-FN**
Title:	**relative to a health insurance access program.**
Date:	**November 24, 2009**
Consent Calendar:	**YES**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

People without health insurance would have been able to purchase plans through the New Hampshire Health Access Program in this bill based on a 2008 Florida law. Offered plans in Florida, however, turned out to be extremely bare bones and not price competitive, so the committee did not feel this legislation warranted further study.

Vote 16-0.

Rep. Joel F Winters
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

COMMERCE AND CONSUMER AFFAIRS

HB434-FN, relative to a health insurance access program. **INEXPEDIENT TO LEGISLATE.** Rep. Joel F Winters for COMMERCE AND CONSUMER AFFAIRS. People without health insurance would have been able to purchase plans through the New Hampshire Health Access Program in this bill based on a 2008 Florida law. Offered plans in Florida, however, turned out to be extremely bare bones and not price competitive, so the committee did not feel this legislation warranted further study. **Vote 16-0.**

Original: House Clerk
Cc: Committee Bill File

Ebbs, Heather

From: EdoftheNotch@aol.com
Sent: Monday, November 16, 2009 5:04 PM
To: Ebbs, Heather
Subject: HB434 Blurb

heather,

This is OK.

Ed Butler

HB434

People without health insurance would have been able to purchase plans through the New Hampshire Health Access Program in this bill based on a 2008 Florida law. Offered plans in Florida, however, turned out to be extremely bare bones and not price competitive, so the committee did not feel this legislation warranted further study.

Rep. Joel Winters