

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

Amendment to HB 157-FN

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

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

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

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8 1 State Health Improvement Plan; State Health Assessment and State Health Improvement
9 Plan Advisory Council. RSA 126-A:87 and RSA 126-A:88 are repealed and reenacted to read as
10 follows:

11 126-A:87 State Health Improvement Plan.

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

15 II. The state health assessment shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 126-A:88 State Health Assessment and State Health Improvement Plan Advisory Council
23 Established.

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

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

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

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

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

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

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

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

36 (h) The attorney general, or designee.

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1 (i) The director of the division of public health services, department of health and human
2 services, or designee.

3 (j) The chairperson of state commission on aging, or designee.

4 (k) The director of the Manchester health department, or designee.

5 (l) A representative from the New Hampshire Public Health Association, appointed by
6 the association.

7 (m) A representative of the New Hampshire Alliance for Healthy Aging, appointed by
8 the alliance.

9 (n) A representative of the North Country Health Consortium, appointed by the
10 consortium.

11 (o) A representative of the New Hampshire Fiscal Policy Institute, appointed by the
12 institute.

13 (p) Two representatives from housing entities, one appointed by the New Hampshire
14 Housing Finance Authority, and one appointed by the New Hampshire Housing Authorities
15 Corporation.

16 (q) Three representatives of hospitals located in New Hampshire, One from an academic
17 medical center, one from a community hospital which is not a critical access hospital, and one from a
18 critical access hospital, appointed by the New Hampshire Hospital Association.

19 (r) A representative of a federally qualified community health center, appointed by the
20 Bi-State Primary Care Association.

21 (s) A psychiatrist or psychologist licensed in New Hampshire, appointed by the
22 commissioner of the department of health and human services.

23 (t) A physician, appointed by the New Hampshire Medical Society.

24 (u) An advanced practice nurse practitioner licensed in New Hampshire, appointed by
25 the New Hampshire Nurse Practitioners Association.

26 (v) A representative of municipal government, appointed by the New Hampshire
27 Municipal Association.

28 (w) A school superintendent, appointed by the New Hampshire School Administrators
29 Association.

30 (x) A representative of a peer recovery program, appointed by the commissioner of the
31 department of health and human services.

32 (y) An environmental health researcher from a New Hampshire college or university,
33 appointed by the commissioner of the department of health and human services.

34 (z) A representative of a philanthropic organization, appointed by the commissioner of
35 the department of health and human services.

36 (aa) A substance use disorder treatment provider, appointed by the NH Providers
37 Association.

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

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

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

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

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

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

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

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

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

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

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

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

29 VI. The commissioner, in collaboration with the council, shall submit an annual report to the
30 president of the senate, the speaker of the house of representatives, the governor, the chairpersons of
31 the house and senate committees having jurisdiction over finance and health and human services,
32 and chairperson of the oversight committee on health and human services, established under RSA
33 126-A:13, by November 1 of each year, commencing on November 1, 2021, on the council's activities
34 and including the council's recommendations for legislation to include estimated cost and benefit
35 summary based on existing resources.

36 2 Effective Date. This act shall take effect upon its passage.

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AMENDED ANALYSIS

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