

Comparing the Medicaid Expansion Proposals

Legislation now before both the House of Representatives (SS HB1) and the Senate (SS SB1) would enable New Hampshire to accept federal funds available through the Affordable Care Act (ACA) to provide access to health insurance to adults aged 19 through 64 with incomes under 138 percent of the federal poverty line. Each proposal would employ – to varying degrees and for varying periods of time – three approaches to achieving those goals. Each would expand the state’s existing Health Insurance Premium Program (HIPP); allow access to health coverage through the managed care organizations (MCOs) that currently deliver Medicaid services in New Hampshire, and; offer premium assistance to help with the purchase of health insurance through the new Marketplace established under the ACA. The table below summarizes the key elements of each proposal as well as the similarities and differences between them.

House Proposal
*SS HB1, as amended by
 House Finance Committee,
 November 14, 2013*

Senate Proposal
*SS SB1, as amended by
 Senate Committee on Special
 Session Legislation,
 November 14, 2013*

Health Insurance Premium Program (HIPP)

assistance for those with employer sponsored insurance

Start date	January 1, 2014 or as soon as possible thereafter	January 1, 2014 or as soon as possible thereafter
Duration	Permanent	Ends December 31, 2016

Medicaid Managed Care

available for those without access to employer sponsored insurance

Program name	New Hampshire Access to Health Plans	Bridge to Premium Assistance
Income ranges eligible	0 to 138 percent of the federal poverty line (FPL)	0 to 138 percent of the federal poverty line (FPL)
Start date	January 1, 2014 or as soon as possible thereafter	January 1, 2014 or as soon as possible thereafter
Duration	Permanent	Ends December 31, 2014 or one year after it begins

House Proposal
SS HB1, as amended by
House Finance Committee,
November 14, 2013

Senate Proposal
SS SB1, as amended by
Senate Committee on Special
Session Legislation,
November 14, 2013

Premium Assistance

assistance for those without access to employer-sponsored insurance to purchase coverage via Marketplace

Program name	Individual Premium Assistance	Marketplace Premium Assistance
Income ranges eligible	0 to 138 percent of the federal poverty line (FPL)	0 to 138 percent of the federal poverty line (FPL)
Start date	Voluntary participation begins January 1, 2014; Mandatory participation begins January 1, 2017	Immediately following termination of Bridge to Premium Assistance program (see above)
Duration	Voluntary participation ends December 31, 2014; Mandatory participation permanent after January 1, 2017	Ends December 31, 2016
Requirements for implementation	Federal waiver approved along with presence of certain health insurance market conditions	Federal waiver approved

Additional Provisions

Early termination	If federal funding falls below levels specified in Affordable Care Act (ACA), terminates programs within 6 months, in the absence of reauthorization	If federal funding falls below levels specified in Affordable Care Act (ACA), terminates programs immediately
Oversight and evaluation	Requires independent audit, innovation study, and bi-annual reporting by DHHS. Establishes commission to advise DHHS on the preparation of any Medicaid demonstration waiver	Establishes Trust to accept and expend federal Medicaid funds and creates Health Care Reform Commission to craft, submit, and negotiate Section 1115 waiver
Personal responsibility	No provision	Unemployed referred to job training
Appropriation	DHHS receives 5 percent of all insurance premium tax revenue for FY 2014 and 2015	Devotes remainder of the \$200,000 allocated to the Commission to Study the Expansion of Medicaid Eligibility to Health Care Reform Commission
State Marketplace	Repeals prohibition on state based exchange and provides state with functional capacity to implement Premium Assistance	No provision