

New Hampshire Health Protection Program

Comparison of current law and HB 1696 (as approved by the Senate, March 31, 2016)

Current Law

HB 1696

Program Benefits & Delivery

Participants in the Health Protection Program generally receive health care coverage via commercial insurance plans they have selected through New Hampshire's Health Insurance Marketplace.

No change from current law.

Cost Sharing

Program participants with incomes under 100 percent of federal poverty level (FPL) do not face premiums, deductibles, or co-payments.

Program participants with incomes between 100 and 138 percent of FPL do not face premiums, but face deductibles and co-pays for select services.

As under current law, program participants with incomes under 100 percent of federal poverty level (FPL) will not face premiums, deductibles, or co-payments.

Program participants with incomes between 100 and 138 percent of FPL will not face premiums, but will face the same deductibles and co-pays for select services as under current law.

All program participants, regardless of income, will face an \$8 co-pay for emergency room visits for non-emergency purposes (rising to \$25 for each subsequent non-emergency visit).

Work Requirements

Unemployed program participants are referred to the Department of Employment Security for assistance in finding employment.

Program participants who do not have children, who are "able-bodied," and who are unemployed are required to engage in a combination of the following activities for at least 30 hours per week to be eligible for benefits: subsidized or unsubsidized employment; job training; job search; community service; some forms of education; and the provision of child care services under select circumstances. Participants who are temporarily disabled, participating in a state-certified drug court program, or providing medically necessary care to a dependent are exempt from such activities.

Unemployed participants will be permitted to receive coverage and the HPP will continue, if the preceding requirements are found to violate federal law or if the Centers for Medicare and Medicaid services fails to approve a plan to implement them

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Financing

100 percent of the Health Protection Program's benefit costs are federally funded through December 31, 2016.

As specified under the Affordable Care Act (ACA), no less than 90 percent of the Health Protection Program's benefit costs will be covered by federal funds.

HB 1696 meets the state's share of program costs, as well as related administrative costs, through a combination of: (1) any additional Insurance Premium Tax revenue arising from the Health Protection Program and (2) voluntary contributions from the Foundation for Healthy Communities and other charitable foundations and from health insurers operating in New Hampshire.

"Circuit Breaker"

If federal funding for the Health Protection Program falls below the 100 percent match specified in the ACA for the period July 1, 2014 through December 31, 2016, the program is terminated.

If federal funding for the Health Protection Program falls below levels specified in the ACA for the period January 1, 2017 through December 31, 2018, the program would be terminated within 180 days.

Program Termination

In the absence of legislative action, the Health Protection Program expires December 31, 2016.

HB 1696 extends the Health Protection Program through December 31, 2018.

In addition to the "circuit breaker" above, HB 1696 requires the Department of Health and Human Services to determine, on a quarterly basis, whether the combination of federal funds, additional Insurance Premium Tax revenue, and voluntary contributions are sufficient to meet anticipated expenses for the coming quarter. If they are not, the program would be terminated within 180 days.

Evaluation Commission

N/A

HB 1696 creates a commission to evaluate the effectiveness of the Health Protection Program, particularly its use of federal dollars to help low-income adults purchase private-sector health care plans (an element of the program known as "premium assistance"). The Commission will evaluate options, other than general funds, for financing the program beyond 2018 and, should the program continue, whether to preserve premium assistance or to return to the system of managed care used in New Hampshire's traditional Medicaid program. The Commission will report its findings by the end of 2017.