



# Your State House Concord, New Hampshire



April 28, 2023

To my constituents in Allenstown, Dunbarton, Epsom and Hooksett,

This week, my committee met for the last public hearings on Senate bills and to vote on many of the bills in committee. SB 74 was a housekeeping bill, updating language relative to the state department of personnel. I brought in an amendment with similar language changes, also a request of the department of administrative services. There were some questions, no opposition, and we immediately voted to adopt the amendment and pass the bill.

SB 108 would allow the employees at the public defender program to join the state employees health insurance plan. That is a full-featured plan; I was surprised to find that it cost less than their current plan, both for premiums and co-pays. The public defender program is already paid from general funds, and they offer employer-paid health insurance, so changing to the state employee plan would only be a cost impact to the state if many more employees chose this insurance – or if the public defenders were a lot more expensive to cover than the average state employee. With 250 public defenders versus 18,000 state employees (more or less) it would take a massive differential to change the average cost. We voted unanimously to recommend the bill.

SB 105, on the live birth worksheet, was a different story. The sponsor was convinced that her bill, which deleted most of the data collected, was necessary to protect the privacy of mothers and children; every other person testifying (for over 1.5 hours!) was opposed to most of these changes. Nobody was opposed to removing the criminal penalties for not fully and accurately completing the worksheet; the main opposition was in

removing the mother's (and father's, but not as vigorously) identification. Getting the results of the baby's blood test screening immediately is vital for treatment of the genetic conditions we test for - even a few days may delay diagnosis, and for many of these conditions there is no real treatment, only prevention, and the effects before diagnosis can be devastating. I was also concerned that the vital records department would be unable to issue a birth certificate without the data this bill would delete (names of the child and the parents!) and that we would lose all genealogy data. Other members of the committee were concerned about losing the address data: public health data on maternal mortality and other childbirth related situations would be impossible to collect or analyze if the only address were the hospital's. The bill went to subcommittee for further discussion; I cut off the agencies and lobbyists who had signed up to speak and told them to work with the subcommittee.

Then we debated and voted on most of the Senate bills we had heard earlier. All but one of the votes was unanimous, since the bills had gone to subcommittee and we'd worked out the kinks on most of them. SB 147, on the dentists' board, was amended to delete some of the controversial limits on child anesthesia, since a Senate committee has a retained bill on the topic. SB 203, on the manufactured housing board, was amended to delete the restructured board and simply keep the website available for five years. SB 53, on advanced refrigerants, was recessed until the building code review board met and approved the necessary code changes.

SB 49, on the OPLC fund, was amended to require any surplus above \$3 million at the end of the biennium be used to reduce license fees. We all agreed that while the agency needed some



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liquidity, but the excess should be minimal and not sent to the general fund. SB 44, expanding the scope of practice of masters level alcohol and other drug counselors (MLADC) to mental health treatment without the current requirement of substance use, was amended to clarify the educational requirements – a criminal justice degree isn't a good basis for mental health treatment.

SB 71, on workers' compensation for firefighters, had started with a major study commission on cancer detection and screening. This commission violated the House rules, in that legislators were in the minority – but adding more people likely would dilute the effectiveness of the commission. We amended the bill to keep the presumption of cancer being caused by workplace exposure (not guaranteed, but a place to start – the workers' comp agency didn't see a problem or much expense in this position) and delete the commission. A study by the insurance industry would be more effective, in our opinion, than one lead by the legislature.

SB 149, on nurse agencies, was not unanimous. We amended the bill to place the registry directly under the OPLC, not the board of nursing, and clarify what actions (revoking an arranged placement, creating a bidding war, placing a nurse with a suspended license, and so forth) could lead to discipline and what kinds of discipline could be imposed. I tend to agree that a consolidated complaint from the OPLC of a pattern of bad behavior is more likely to get action from the attorney general's consumer protection group than individual complaints, but I still think the bill is unenforceable. At least the amendment improves the bill, and we were unanimous in supporting it. The bill itself was recommended 15-4, and I was in the minority.

Finally, SB 207 turned out more difficult than anticipated. This bill created a study committee on licensing for mental health professionals, which I thought was redundant to the ED&A committee – we're working on licensing issues all the time! Therefore, I had an amendment to delete the study and just left the part about peer support counseling for first responders – I wasn't necessarily in support of it, but I was willing to discuss it and didn't remember much testimony. Fortunately, some lobbyists who worked with those groups were present, and explained why they thought the bill was necessary. I and the rest of the committee were thoroughly confused, so I sent the bill to subcommittee.



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