



March 20, 2018

Representative Kotowski, Chairman
House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
Concord, NH 03301

RE: SB 313-FN reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds

Dear Representative Kotowski and members of the Committee:

Thank you for the opportunity to submit testimony in support of SB 313-FN, which establishes the New Hampshire Granite Advantage Health Care Program and will provide health insurance coverage to individuals living at or below 138% of the federal poverty level. We respectfully request that you recommend SB 313 "ought to pass" in order to protect the Granite State's access to health insurance coverage.

Bi-State is a non-profit organization that advocates for access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. We represent New Hampshire's 16 community health centers, which are located in medically underserved areas throughout our state. All community health centers are non-profit organizations that provide integrated oral health, substance use disorder treatment, behavioral health, and primary care services to patients regardless of insurance status or ability to pay. New Hampshire's health centers care for more than 113,000 patients, most of whom live below 200% of the federal poverty level or \$24,280 annually for an individual.¹ The New Hampshire Health Protection Program, or Medicaid expansion, has been the single most effective piece of legislation at expanding access to health insurance coverage and health care to low income New Hampshire residents.

Since August 2014, more than 130,000 unique individuals have accessed health insurance coverage through the Program.² In addition, the percentage of uninsured patients treated by the federally qualified health centers (FQHCs), a subset of the CHCs, decreased from 19.5% to 14.5% from 2014 to 2016.³ The number of patients served by the FQHCs increased by over 5,000.⁴ The Program is one of the most important tools our state has to increase access to behavioral health and substance use disorder treatment, which is critical during the opioid crisis. According to FQHC data, the number of patients who accessed behavioral health services increased by almost 2,300 patients in two years.⁵ The number of patients who accessed substance use disorder treatment at FQHCs increased by over 200 patients.⁶ Nine of the FQHCs currently offer medication assisted treatment, and the remaining three FQHCs are in the process of establishing programs.⁷ Patients who access MAT and other substance use disorder treatment services at health centers also receive behavioral health services, care management services, and other supportive services designed to increase access to care. It is unlikely that health care providers, including the

¹ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016); BSPCA Survey of Membership (2016).

² NH DHHS, *NHHPP Premium Asst. Prog.*, 16 (2016).

³ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).

⁴ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).

⁵ *Id.*

⁶ *Id.*

⁷ BSPCA Survey of Membership (2017).

community health centers, could have expanded substance use disorder treatment and behavioral health services but for the existence of the New Hampshire Health Protection Program because of a lack of reimbursement for those services. Because adequate reimbursement is such an important issue for continuation of services, we want to highlight a couple of concerns we have with SB 313 as currently drafted.

We have concerns regarding the funding mechanisms included in SB 313-FN, specifically pertaining to the use of monies in the Alcohol Fund. We agree that the use of the fund is appropriate given the utilization of substance use disorder treatment by Medicaid expansion enrollees, however, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery funds many programs throughout the state and we do not want to see those programs end if there were a lack of "federal or other funds available from within the department of health and human services."⁸ Medicaid does not pay for the development of treatment and recovery programs, making the grants available through the Commission critical to the creation and sustainability of substance use disorder treatment programs. In addition, the FQHCs were recently notified by the Department of Health and Human Services that they would receive a substantial reduction in their reimbursement rates for MAT. While we are working to resolve this issue with DHHS, we bring this to your attention to highlight the important role each funding source has for health care providers in our state, particularly when we are trying to increase access to SUD treatment during an opioid epidemic.

Bi-State is also concerned with the work requirement provisions included in SB 313. Any amendment to our Medicaid program through a waiver should "increase and strengthen overall coverage of low-income individuals" in New Hampshire.⁹ We want to ensure that any work requirement included in the New Hampshire Granite Advantage Health Care Program does not cause people to lose access to health care because a lack of access to health care can cause a barrier to employment. Research indicates that connecting vulnerable populations with needed care improves employability by providing recipients with stability.¹⁰ Health insurance helps individuals address the barriers to their employment, including the stress of not being able to go to the doctor or pay medical bills; behavioral health conditions; or lack of access to childcare and transportation.¹¹ The exemptions and exceptions included in the work requirement provisions should reflect New Hampshire's priorities and the lives of Granite Staters. We are grateful that the bill includes the opportunity for DHHS to consider real-life situations, especially given the cost of and lack of access to childcare in our state.

Community health centers see firsthand how important access to health insurance coverage is for their patients. Bi-State and our members want to ensure this program continues and we want to continue to work collaboratively on a New Hampshire solution to our Medicaid expansion program. For these reasons, we respectfully request that you support access to health insurance coverage and recommend SB 313 "ought to pass." Please feel free to contact me if you have any questions or would like additional information on the community health centers.

Sincerely,

Kristine E. Stoddard, Esq.
Director of NH Public Policy
603-228-2830, ext. 113
kstoddard@bistatepca.org

⁸ SB 313-FN, page 15 lines 14-15 (2018).

⁹ *About Section 1115 Demonstrations*, <https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html> (last visited Sept. 26, 2017).

¹⁰ See Center on Budget and Policy Priorities, *Medicaid Work Requirements Would Limit Health Care Access Without Significantly Boosting Employment* (July 13, 2017).

¹¹ See *id.*