

SB 403-FN - AS INTRODUCED

2024 SESSION

24-2963
09/10

SENATE BILL ***403-FN***

AN ACT relative to health care workforce investments.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Perkins Kwoka, Dist 21; Sen. Soucy, Dist 18; Sen. Whitley, Dist 15; Sen. Altschiller, Dist 24; Sen. Watters, Dist 4; Sen. Chandley, Dist 11; Sen. Fenton, Dist 10; Sen. Prentiss, Dist 5; Sen. D'Allesandro, Dist 20; Rep. Edwards, Rock. 31; Rep. Grote, Rock. 24; Rep. Schapiro, Ches. 16; Rep. Wallner, Merr. 19

COMMITTEE: Health and Human Services

ANALYSIS

This bill:

I. Extends the deadlines of the legislative commission on the interdisciplinary primary care workforce issues.

II. Makes clarifying amendments to the home health care provider and nurse practice act statutes.

III. Establishes the position of and regulation of community health workers.

IV. Establishes various programs and provides appropriations therefor focused on community health and health care employment.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struckthrough]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Four

AN ACT relative to health care workforce investments.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Purpose and Findings.

2 I. New Hampshire's health care workforce is the foundation of our health care safety net,
3 and the foundation is in crisis due to a lack of consistent investments prior to the pandemic. The
4 COVID-19 compounded the structural deficits. As a result, residents of New Hampshire will go
5 without care until the cracks in the foundation are repaired. Recently, the state worked to stabilize
6 the system using federal funds including direct aid to hospitals, community providers, and long-term
7 care facilities, and investments in our Medicaid program; however, there remains a strong need to
8 invest in programs to foster a future health care workforce within the Granite State.

9 II. The state of New Hampshire shall address the health care workforce shortage through
10 establishing programs designed to incentivize students to seek employment in health care and
11 remain in New Hampshire upon graduation; removing career-advancement barriers for our
12 dedicated direct care providers; and equipping health care organizations with the tools necessary to
13 secure skilled clinicians.

14 III. This legislative proposal assumes the required appropriations will be drawn from
15 reallocations of Coronavirus State Fiscal Recovery Funds provided by the American Rescue Plan Act.
16 In total, the proposal includes spending of less than \$35 million, which is about 4/10 of one percent of
17 the \$1.1 billion in federal relief funds. The reallocation approach assumes: the federal deadlines to
18 encumber funds is December 31, 2024; and that the state will undertake a reallocation of previously
19 allocated funds, which will not be spent by December 31, 2024. This legislation envisions that the
20 appropriations will be encumbered by October 1, 2024 through contracts with the department of
21 health and human services and the entities listed below; and spent by December 31, 2026.

22 2 Commission on the Interdisciplinary Primary Care Workforce Issues; Reports. Amend RSA
23 126-T:4 to read as follows:

24 126-T:4 Reports. The commission shall make an interim report on November 1, [2020] **2026**
25 which shall focus on the status of the New Hampshire state loan repayment program and the New
26 Hampshire division of public health service's health professions survey, and a final report on
27 November 1, [2024] **2029**, including its findings and any recommendations for proposed legislation,
28 to the speaker of the house of representatives, the president of the senate, the governor, the
29 oversight committee on health and human services, and the chairpersons of the senate and house
30 executive departments and administration committees.

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1 3 Commission on the Interdisciplinary Primary Care Workforce Issues Extended. Amend 2010,
2 114:4, I as amended by 2015, 238:4; 2018, 248:3; and 2020, 17:7 to read as follows:

3 I. Section 3 of this act shall take effect November 1, [2024] **2029**.

4 4 New Paragraphs; Home Health Care Provider and Individual Home Care Service Provider.
5 Amend RSA 151:2-b by inserting after paragraph V the following new paragraphs:

6 VI. “Case management” means services which will assist individuals in gaining access to
7 needed medical, social, educational, and other services, but does not include the direct delivery of
8 other medical services. Case management includes the following:

9 (a) Assessment of an individual to determine service needs, including activities that
10 focus on needs identification, to determine the need for any medical, educational, social, or other
11 services. Such assessment activities include the following:

12 (1) Taking the individual’s history.

13 (2) Identifying the needs of the individual.

14 (3) Collateral contacts to gather information from other sources such as family
15 members, medical providers, and social workers.

16 (b) Development of a specific care plan based on the information collected through an
17 assessment, that specifies the goals and actions to address the medical and other services needed by
18 the individual, including activities such as ensuring the active participation of the individual and
19 working with the individual (or the individual’s authorized health care decision maker) and others to
20 develop such goals and to identify a course of action to respond to the assessed needs of the
21 individual.

22 (c) Referral and related activities to help an individual obtain needed medical and other
23 services.

24 (d) Monitoring and follow-up activities, including activities and contacts that are
25 necessary to ensure the care plan is effectively implemented and adequately addressing the needs of
26 the individual, and which may be with the individual, family members, providers, or other entities
27 and conducted as frequently as necessary to help determine such matters as whether services are
28 being furnished in accordance with an individual’s care plan; whether the services in the care plan
29 are adequate; and whether there are changes in the needs or status of the individual, and if so,
30 making necessary adjustments in the care plan and service arrangements with providers.

31 VII. “Service coordination” refers to case management services.

32 VIII. “Targeted case management” services are case management services delivered to a
33 specific class of individuals.

34 5 Nurse Practice Act; Certificate of Medication Administration for Licensed Nursing Assistants.
35 Amend RSA 326-B:27, I to read as follows:

36 I. The board may issue a certificate of medication administration to a current LNA who:

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(a) Has participated in and completed a board-approved medication administration education program;

(b) Has been employed as a licensed nursing assistant for one full year;

~~[(b)]~~ ***(c)*** Has passed an examination approved by the board; and

~~[(c)]~~ ***(d)*** Has paid the certification fee.

6 New Paragraph; Office of Professional Licensure and Certification; Definitions; Establishment. Amend RSA 310:2 by inserting after paragraph (bbb) the following new paragraph:

(bbb) Community health workers under RSA 326-N.

7 New Chapter; Community Health Workers. Amend RSA by inserting after chapter 326-M the following new chapter:

CHAPTER 326-N

COMMUNITY HEALTH WORKERS

326-N:1 Definitions.

I. "Applicant" means an individual applying to be certified or recertified as a community health worker.

II. "Certificate" means the document issued by the office of professional licensure and certification to qualified applicants for certification as community health workers.

III. "Certification" means the voluntary process by which the office of professional licensure and certification grants recognition and use of a credential to individuals who are eligible to practice as certified community health workers.

IV. "Certified community health worker" means a community health worker to whom the office of professional licensure and certification has issued a certificate to practice as a certified community health worker.

V. "Commissioner" means the commissioner of the department of health and human services.

VI. "Community health worker" means a public health worker who applies an understanding of the experience, language, and culture of the populations that the individual serves and who provides direct services aimed at optimizing individual and family health outcomes, including:

(a) Informal and motivational counseling and education;

(b) Interventions to maximize social supports;

(c) Community health integration services;

(d) Facilitation of access to health care and social services;

(e) Health screenings; and

(f) Other services that the commissioner defines by rules adopted under RSA 541-A;

VII. "Department" means the department of health and human services.

VIII. "Executive director" means the executive director of the office of professional licensure and certification.

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1 IX. "Recertification" means a renewal of certification.

2 X. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of
3 optimizing individual and family health outcomes.

4 326-N:2 Powers and Duties of the Executive Director. The powers and duties of the executive
5 director under this chapter include:

6 I. Accepting applications for certification under this chapter, and approving or denying such
7 applications.

8 II. Renewing certifications.

9 III. Suspending or revoking certification of a certified community health worker upon the
10 grounds listed in RSA 326-N:5, and conducting hearings regarding the denial, suspension, revocation
11 and renewal of certificates as provided in RSA 326-N:8.

12 IV. Accepting written complaints from the public against registrants and conducting
13 necessary investigations upon such written complaints.

14 V. Publicizing the complaint procedure.

15 VI. Adopting such rules under RSA 541-A as are necessary to carry out the purposes of this
16 chapter.

17 VII. Reporting to the governor and commissioner annually on the activities conducted under
18 this chapter.

19 326-N:3 Rulemaking.

20 I. The executive director shall, in consultation with the New Hampshire area health
21 education centers, adopt rules pursuant to RSA 541-A, relating to the following:

22 (a) Establishment and administration of a voluntary program for certification of
23 community health workers, including criteria for:

24 (1) Minimum and continuing education;

25 (2) Training;

26 (3) Experience; and

27 (4) Other qualifications that the executive director and the New Hampshire area
28 health education centers deem appropriate in accordance with the provisions of this chapter;

29 (b) Forms and procedures for the receipt, review, and action upon applications for initial
30 community health worker certification and for biennial recertification;

31 (c) Establishment of standards for continuing education and other requirements that the
32 commissioner deems appropriate for biennial recertification;

33 (d) Procedures for disciplinary action relating to applicants or certified community
34 health workers. The rules shall include guidelines for:

35 (1) Disciplinary action;

36 (2) Reprimands;

37 (3) Probation;

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1 (4) The denial, suspension, or revocation of certification or recertification; and

2 (5) Applicants' appeal rights;

3 (e) The determination, assessment, and collection of certification fees, recertification
4 fees, and disciplinary fines; and

5 (f) Other matters that the commissioner deems appropriate to carry out the provisions of
6 this chapter.

7 II. The executive director shall apply any fee it collects pursuant to this chapter to cover the
8 costs of administering the community health worker certification program established pursuant to
9 this chapter.

10 326-N:4 Application; Certification Fees; Issuance of Certification; Applicants from Other States.

11 I. Upon approval by the executive director, the executive director shall issue a certification
12 to any person who files an application for such certification within 30 days after the filing of such
13 application.

14 II. Every application for community health worker certification shall be accompanied by a
15 non-refundable registration fee.

16 III. Certification shall be renewed biannually on or before June 30 upon payment of the
17 renewal fee.

18 IV. A certified community health worker shall conspicuously display such certification in the
19 principal place of business for which the certification is issued.

20 V. The executive director may issue a certification to any applicant who is licensed or
21 certified in any other state provided the other state's requirements are substantially equivalent to or
22 more stringent than those of this state. An applicant whose state licensure or certification meets the
23 requirements set forth in this paragraph shall be deemed able to work as a certified community
24 health worker in this state not more than 60 days after the application is received by the executive
25 director pending final approval or denial for other reason by the executive director.

26 326-N:5 Suspension; Revocation or Refusal to Issue Certification. The executive director may
27 deny the application for a certified community health worker and may suspend or revoke the
28 certification issued pursuant to this chapter or refuse to issue a renewal thereof if it is determined
29 after hearing that such applicant or registrant:

30 I. Has made a material false statement or concealed a material fact in connection with his or
31 her application for certification;

32 II. Has had a certificate of registration issued under this chapter revoked or suspended
33 previously;

34 III. Has been found guilty of fraud or fraudulent practices after prosecution;

35 IV. Has failed to comply with any other provision of this chapter or any rules promulgated
36 by the executive director.

37 326-N:6 Use of Certified Community Health Worker Designation; Exemptions.

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1 I. In order to use the title "certified community health worker", the initials "CCHW", or
2 other designation indicating that the individual is a certified community health worker, an
3 individual shall be certified pursuant to the provisions of the RSA 326-N:4.

4 II. To ensure compliance with the provisions of this chapter or any rule that the executive
5 director has adopted and promulgated pursuant to this chapter, the office of professional licensure
6 and certification may issue cease-and-desist orders to persons violating the provisions of this
7 chapter.

8 III. A certified community health worker shall engage only in those activities authorized
9 pursuant to this chapter and by rules adopted pursuant to this chapter. While engaging in practice
10 as a certified community health worker, an individual shall not engage in or perform any act or
11 service for which another professional certificate, license, or other legal authority is required.

12 IV. Certification as a community health worker is voluntary. Nothing in this section shall
13 be construed as requiring community health workers to be certified for purposes of employment.
14 Nothing in this section shall be construed to prevent or restrict the practice, service, or activities of
15 any individual simultaneously certified as a community health worker and licensed, certified,
16 registered, or otherwise legally authorized in the state to engage in the practice of another profession
17 if that individual does not, while engaged in the authorized practice of another profession, use any
18 name, title, the initials "CCHW", or other designation indicating that the individual is a certified
19 community health worker.

20 326-N:7 Telemedicine. Certified community health workers shall be permitted to provide
21 services through the use of telemedicine.

22 326-N:8 Procedure for Complaints; Hearings; Judicial Review.

23 I. No certification shall be suspended or revoked until after a hearing before the executive
24 director, which shall be held in accordance with RSA 541-A, and upon written notice mailed to the
25 registrant by certified or registered mail. However, when a notice of hearing is mailed to a
26 registrant at the address shown in the records of the department and such a registrant fails to
27 attend such hearing, the executive director may suspend his or her registration without a hearing
28 pending his or her attendance at such hearing. Upon the denial of an application for a certificate of
29 registration, the executive director shall grant a hearing to an applicant upon receipt of a request for
30 a hearing made within 30 days after the applicant is notified of denial. The executive director shall
31 have the power to require the attendance of witnesses and issue subpoenas duces tecum in the
32 conduct of such hearing. If a certification is revoked or suspended or an application is denied, no
33 such certification shall be issued to such former registrant or applicant for at least 6 months, or
34 thereafter except at the discretion of the executive director. The applicant may be heard in person or
35 by counsel. The executive director shall notify the applicant of the time and place of the hearing.
36 The executive director shall have the power to subpoena any person in this state, or document,

1 record, or other relevant evidence, and to administer an oath to and take the testimony of any such
2 person or to cause his deposition to be taken.

3 II. Appeals from an order of suspension or revocation or a denial of an application of
4 certification shall be made pursuant to the provisions of RSA 541.

5 8 Department of Health and Human Services; Division of Public Health Services; Programs
6 Established.

7 I. The department of health and human services, division of public health services, rural
8 health and primary care section, shall contract with the New Hampshire Area Health Education
9 Center to increase the number of entry-level clinical staff, including direct care workers, through
10 investments in programs designed to improve care and access to care, particularly in rural and
11 underserved areas of this state, and to enhance the health and public health workforce in New
12 Hampshire. Such programs may include: engaging under-represented populations in the health care
13 professions in middle school and high school; offering health professions students opportunities to
14 experience learning in rural or medically underserved regions of New Hampshire designed to
15 encourage participants to settle and work in these regions; and enriching the standard health
16 curriculum by providing health professions students training in aspects of health care such as
17 integration of behavioral health and primary care, social determinants of health, cultural
18 competency, interprofessional team-based care, addressing the challenges associated with our
19 rapidly aging population, and addressing the challenges associated with substance misuse through
20 career ladder training and leadership programming.

21 II. The department of health and human services, division of public health services,
22 maternal and child health section, shall contract with community-based organizations, including
23 community health centers and family resource centers, to connect individuals and families to proper
24 supports to manage health care and the social determinants of health that impact quality of life
25 outcomes through the deployment of community health workers.

26 III.(a) The department of health and human services, division of public health services,
27 rural health and primary care section, shall contract with Coos County Family Health Services to
28 support its family medicine residency program. The residency program shall be accredited or
29 eligible for accreditation by a nationally recognized accreditation agency and affiliated with a
30 postsecondary educational institution. The residency program shall train up to 4 family medicine
31 residents per year.

32 (b) The division shall contract with organizations located within rural or underserved
33 areas of the state for the purpose of creating and expanding community-based advanced training
34 opportunities which shall include, but are not limited to, precepting and mentoring programs, and
35 internship and apprentice programs in community-based ambulatory care settings such as
36 community health centers.

1 IV. The department of health and human services, division of public health services, rural
2 health and primary care section, shall contract with the New Hampshire health sector partnership
3 initiative to serve as the health care workforce information center. The initiative shall conduct
4 regional meetings designed to inform employers on workforce programs, labor market information,
5 and health care workforce programs to help recruit, retain, or upskill employees, and shall work to
6 identify and address common workforce needs.

7 V. The department of health and human services, division of public health services, rural
8 health and primary care section, shall contract with the New Hampshire needs caregivers program
9 to promote, recruit, and train individuals to become licensed nursing assistants. The New
10 Hampshire needs caregivers program shall work with individuals to determine the supports needed
11 to become an LNA; connect individuals with supportive services; and provide scholarships to cover
12 the cost of tuition if necessary. The New Hampshire needs caregivers program shall assist
13 individuals in finding LNA courses and employment opportunities for graduates.

14 VI. The department of health and human services, division of public health services, rural
15 health and primary care section, shall contract with Bi-State Primary Care Association to continue
16 its national marketing campaign specifically designed to attract primary care physicians, nurse
17 practitioners, physician assistants, dentists, dental hygienists, psychiatrists, and mental health and
18 substance use disorder treatment professionals to New Hampshire.

19 VII. The department of health and human services, bureau of drug and alcohol services,
20 shall contract with the Institute on Disability at the university of New Hampshire to develop a
21 comprehensive apprenticeship program for paraprofessionals and individuals with lived experience,
22 including those from racial and ethnic minority communities, new Americans, and low-income
23 populations. The program shall include classroom instruction and on-the-job training, intensive
24 mentoring, and career counseling, and shall pursue licensure and certification as appropriate.

25 9 Department of Health and Human Services; Rural Health and Primary Care Section;
26 Appropriation.

27 I. The sum of \$10,000,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
28 the department of health and human services, division of public health services, rural health and
29 primary care section, for the purpose set forth in paragraph I of section 8 of this act. The governor is
30 authorized to draw a warrant for said sum out of any money in the treasury not otherwise
31 appropriated. Coronavirus State and Local Fiscal Recovery Funds provided by the federal American
32 Rescue Plan Act shall be used to the extent possible prior to the utilization of any other funds.

33 II. The sum of \$3,000,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
34 the department of health and human services, division of public health services, maternal and child
35 health section, for the purpose of funding community health workers at health care organizations
36 located in rural and underserved areas of the state. The community health workers shall work to
37 connect with individuals and families to ensure they have the proper supports to manage their

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1 health and the social determinants of health that impact quality of life. The governor is authorized
2 to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.
3 Coronavirus State and Local Fiscal Recovery Funds provided by the federal American Rescue Plan
4 Act shall be used to the extent possible prior to the utilization of any other funds.

5 III. The sum of \$1,000,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
6 the department of health and human services, division of public health services, rural health and
7 primary care section, for the purposes set forth in paragraph III(a) of section 8 of this act. This shall
8 support a family medicine residency program for the training of family medicine physicians. The
9 governor is authorized to draw a warrant for said sum out of any money in the treasury not
10 otherwise appropriated. Coronavirus State and Local Fiscal Recovery Funds provided by the federal
11 American Rescue Plan Act shall be used to the extent possible prior to the utilization of any other
12 funds.

13 IV. The sum of \$2,000,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
14 the department of health and human services, division of public health services, rural health and
15 primary care section, for the purposes established in paragraph III(b) of section 8 of this act. The
16 governor is authorized to draw a warrant for said sum out of any money in the treasury not
17 otherwise appropriated. Coronavirus State and Local Fiscal Recovery Funds provided by the federal
18 American Rescue Plan Act shall be used to the extent possible prior to the utilization of any other
19 funds.

20 V. The sum of \$12,000,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
21 the department of health and human services, division of public health services, rural health and
22 primary care section, to expand the state loan repayment program. The program shall be expanded
23 to include non-clinical staff employed by eligible sites and who hold bachelor's degrees. The governor
24 is authorized to draw a warrant for said sum out of any money in the treasury not otherwise
25 appropriated. Coronavirus State and Local Fiscal Recovery Funds provided by the federal American
26 Rescue Plan Act shall be used to the extent possible prior to the utilization of any other funds.

27 VI. The sum of \$900,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
28 the department of health and human services, division of public health services, rural health and
29 primary care section, for the purpose described in paragraph IV of section 8 of this act. The governor
30 is authorized to draw a warrant for said sum out of any money in the treasury not otherwise
31 appropriated. Coronavirus State and Local Fiscal Recovery Funds provided by the federal American
32 Rescue Plan Act shall be used to the extent possible prior to the utilization of any other funds.

33 VII. The sum of \$1,500,000 for the fiscal year ending June 30, 2025 is hereby appropriated
34 to the department of health and human services, division of public health services, rural health and
35 primary care section, for the purpose described in paragraph V of section 8 of this act. The governor
36 is authorized to draw a warrant for said sum out of any money in the treasury not otherwise

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1 appropriated. Coronavirus State and Local Fiscal Recovery Funds provided by the federal American
2 Rescue Plan Act shall be used to the extent possible prior to the utilization of any other funds.

3 VIII. The sum of \$500,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
4 the department of health and human services, division of public health services, rural health and
5 primary care section, for the purpose described in paragraph VI of section 8 of this act. The governor
6 is authorized to draw a warrant for said sum out of any money in the treasury not otherwise
7 appropriated. Coronavirus State and Local Fiscal Recovery Funds provided by the federal American
8 Rescue Plan Act shall be used to the extent possible prior to the utilization of any other funds.

9 IX. The sum of \$1,200,000 for the fiscal year ending June 30, 2025 is hereby appropriated to
10 the department of health and human services, bureau of drug and alcohol services, for the purpose
11 described in paragraph VII of section 8 of this act. The governor is authorized to draw a warrant for
12 said sum out of any money in the treasury not otherwise appropriated. Coronavirus State and Local
13 Fiscal Recovery Funds provided by the federal American Rescue Plan Act shall be used to the extent
14 possible prior to the utilization of any other funds.

15 10 Medicaid Reimbursement for Certified Community Health Workers; State Plan Amendment.
16 The commissioner of the department of health and human services shall submit a Title XIX
17 Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services to allow
18 for reimbursement for the services provided by certified community health workers. Upon approval
19 of the state plan amendment, and as of the effective date of the state plan amendment, the
20 department shall reimburse for services provided by certified community health workers.

21 11 Effective Date.

22 I. Sections 8 and 9 of this act shall take effect July 1, 2024.

23 II. The remainder of this act shall take effect 60 days after its passage.

SB 403-FN- FISCAL NOTE
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AN ACT relative to health care workforce investments.

FISCAL IMPACT: [X] State [] County [] Local [] None

Estimated State Impact - Increase / (Decrease)				
	FY 2024	FY 2025	FY 2026	FY 2027
Revenue	\$0	\$0	\$0	\$0
Revenue Fund(s)	General Fund			
Expenditures	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source(s)	Federal ARPA funds; state general funds			
Appropriations	\$0	\$32.1 million	\$0	\$0
Funding Source(s)				

- Does this bill provide sufficient funding to cover estimated expenditures? [X] See Below
- Does this bill authorize new positions to implement this bill? [X] No

METHODOLOGY:

This bill establishes and provides appropriations for various programs focused on community health and health care employment. The bill assumes the appropriations will be drawn first from federal funds provided by the American Rescue Plan Act of 2021 (ARPA), with any remainder to come from state general funds. The Department of Health and Human Services notes that the federal deadline to encumber ARPA funds is December 31, 2024. The Department assumes that in order to implement the bill's provisions, the state will undertake a reallocation of previously allocated funds which will not be spent by December 31, 2024.

The bill contains the following provisions with a fiscal impact:

- The bill would requires the Department's Division of Public Health Services to contract with the New Hampshire Area Health Education Center (AHEC) to increase the number of entry-level clinical staff, including direct care workers, through investments in programs designed to improve care and access to care, particularly in rural and underserved areas of the state, and to enhance the health and public health workforce in New Hampshire. The bill appropriates \$10 million in FY25 for this purpose.

- The bill requires the Department's Division of Public Health Services to contract with community-based organizations, including community health centers and family resource centers, to connect individuals and families to proper supports to manage health care and the social determinants of health that impact quality of life outcomes through the deployment of CHWs. The bill appropriate \$3 million in FY25 for this purpose.
- The bill requires the Department's Division of Public Health Services to contract with Coos County Family Health Services to support its family medicine residency program. The residency program shall be accredited or eligible for accreditation by a nationally recognized accreditation agency and affiliated with a post-secondary educational institution. The residency program shall train up to four family medicine residents per year. The bill appropriates \$1 million in FY25 for this purpose.
- The bill requires the Department's Division of Public Health Services to contract with organizations located within rural or underserved areas of the state for the purpose of creating and expanding community-based advanced training opportunities. The bill appropriates \$2 million in FY25 for this purpose.
- The bill appropriates \$12 million in FY25 to the Department's Division of Public Health Services to expand the state loan repayment program to include non-clinical staff employed by eligible sites and who hold bachelor's degrees.
- The bill requires the Department's Division of Public Health Services to contract with the New Hampshire health sector partnership initiative to serve as the health care workforce information center. The initiative shall conduct regional meetings designed to inform employers on workforce programs, labor market information, and health care workforce programs to help recruit, retain, or upskill employees, and shall work to identify and address common workforce needs. The bill appropriates \$900,000 in FY25 for this purpose.
- The bill requires the Department's Division of Public Health Services to contract with the New Hampshire Needs Caregivers program to promote, recruit, and train individuals to become licensed nursing assistants. The New Hampshire Needs Caregivers Program will work with individuals to determine the supports needed to become an LNA; connect individuals with supportive services; and provide scholarships to cover the cost of tuition if necessary. The bill appropriates \$1.5 million in FY25 for this purpose.

- The bill requires the Department's Division of Public Health Services to contract with the Bi-State Primary Care Association to continue its national marketing campaign designed to attract primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists, psychiatrists, and mental health and substance use disorder treatment professionals to New Hampshire. The bill appropriates \$500,000 in FY25 for this purpose.
- The bill establishes a new RSA 151:2-b, VII, clarifying that "service coordination" refers to case management services. The Department notes that currently, service coordination is a service covered through the 1915(c) Home and Community Based Developmental Disabilities, Acquired Brain Disorder, and In Home Supports Waivers. In order for services to be provided and funded pursuant to a Home and Community Based Services (HCBS) waiver, the service must not be a service available through the state's Medicaid state plan. New Hampshire's Medicaid State Plan currently provides payment for case management services, but not for service coordination. If the bill is adopted and service coordination is given the same definition as case management, the Department assumes that funding for service coordination would then be provided pursuant to the Medicaid State Plan instead of the HCBS waiver, as the HCBS waiver cannot be utilized to fund a service that is funded through the Medicaid State Plan. The Department anticipates that approximately \$20,000,000 for SFY 25 would be saved in the HCBS waiver accounts if service coordination were no longer covered as waiver service. The Department further states that by altering the definition of service coordination, amount, duration, and/or scope in existing waiver (changes that are prohibited by ARPA given that ARPA funds were used for certain home- and community-based services), the bill may result in the Department needing to pay back to the federal government up to \$60 million of ARPA funds.
- The bill directs the Department's Division of Medicaid Services to submit a Title XIX Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services to allow for reimbursement for the services provided by certified community health workers.
- The bill requires the Department's Division of Behavioral Health, Bureau of Drug and Alcohol Services (BDAS) to contract with the Institute on Disability at the University of New Hampshire to develop a comprehensive apprenticeship program for paraprofessionals and individuals with lived experience, including those from racial and ethnic minority communities, new Americans, and low-income populations. The program

shall include classroom instruction and on-the-job training, intensive mentoring, and career counseling, and shall pursue licensure and certification as appropriate. The bill appropriates \$1,200,000 in FY25 for this purpose

In addition to the impacts above, the Department anticipates the bill will require the addition of the following eight new positions, with first year salary and benefits costs as shown below:

- Program Specialist IV position, LG 25, Step 5 \$106,000 Salary/Benefits
- Administrator I LG 27 Step 5 \$113,000 Salary/Benefits
- Administrator I LG 27 Step 5 \$113,000 Salary/Benefits
- Administrator I LG 27 Step 5 \$113,000 Salary/Benefits
- Administrator II LG 29 Step 5 \$121,000 Salary/Benefits
- Program Specialist III LG 23 Step 5 \$99,000 Salary/Benefits
- Program Specialist III LG 23 Step 5 \$99,000 Salary/Benefits
- Administrative Assistant II LG 19 Step 5 \$87,000 Salary/Benefits

The Office of Professional Licensure and Certification (OPLC) states that the bill creates obligations and grants authority to the OPLC, in cooperation with the NH area health education centers, to draft rules for a new occupational certification and creates obligations for the executive director to establish fees, create standards of investigations, and procedures for disciplinary action. There may be additional administrative costs to the OPLC in the form of OPLC rule promulgation and legal support. There may also be costs associated with investigation and enforcement. The OPLC is unable to estimate these costs.

The OPLC states that it is unable to determine the number of applicants for the voluntary certification established by the bill. The OPLC assumes the certification fee would be \$155.00 for two years and estimates 30 individuals will choose to be certified in year one and this number will increase each year thereafter. OPLC assumes the increase in revenue will be as follows:

- FY 2024: \$4,650 (30 licensees X \$155) for biennium
- FY 2025: \$1,550 (10 (new licenses) X \$ 155)
- FY 2026: \$6,200 (40 (new plus renewal) X \$155) for biennium
- FY 2027: \$3,100 (10 (new licenses) + 10 (renewal licenses) X \$155)

AGENCIES CONTACTED:

Department of Health and Human Services and Office of Professional Licensure and Certification