Senate Finance Committee

Deb Martone 271-4980

Amendment #2018-0700s, reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds, to

SB 313-FN, reforming New Hampshire's Medicaid and Premium Assistance Program.

Hearing Date: February 20, 2018

Time Opened: 1:33 p.m. **Time Closed**: 6:09 p.m.

Members of the Committee Present: Senators Daniels, Reagan, Giuda, Morse, Feltes, Bradley, Avard, Gray, Fuller Clark and Hennessey

Members of the Committee Absent: Senator D'Allesandro

Amendment Analysis: This bill establishes the New Hampshire granite advantage health care program which shall replace the current New Hampshire health protection program. Under this program, those individuals eligible to receive benefits under the Medicaid program and newly eligible adults shall choose coverage offered by one of the managed care organizations contracted as vendors under the Medicaid program. The amendment establishes the granite workforce pilot program, and increases the amount of liquor revenues to be deposited into the alcohol abuse prevention and treatment fund, and provides that moneys deposited into the fund may be transferred to the New Hampshire granite advantage health care trust fund for substance use disorder prevention, treatment and recovery.

Sponsors:

Sen. Bradley	Sen. Morse	Rep. S. Schmidt
Rep. Umberger	Rep. Danielson	Rep. Kotowski

Indicated support for the amendment: **NOTE: Some parties indicating support also expressed concerns with some provisions of Amendment #2018-0700s:** Senators Bradley, Feltes, Watters and Morse; Representatives Rosenwald, Ayala, Klee, Heath, Marsh, Josephson, Cornell, Jack, Mangipudi, Newman, Campion, Ebel, Horrigan and Knirk; Ed Shanshala II, CEO, Ammonoosuc Community Health Services, Inc; Jane Haige; Mike Aprelberg, United Way of Greater Nashua; Gary Woods, NH Medical Society/Kent Street Coalition; Monica Nagle, Mother's Day Freedom Project; Doug McNutt, Todd Fahey, Kathie Kaluzynski, Patty Alessandrini, Karen Ulmer Dorsch, Mary Roberge, Guy Chapdelaine, Catherine Arhault, Richard Moore, Jeannie Tucker, Gail Smuda and Robert Mulligan, AARP; Jo Jordan, Families First Health and Support Center; Greg White and Michelle Gaudet, Lamprey Health

Care; Ken Gordon, Coos County Family Health Services; Kristine Stoddard and Tess Kuenning, Bi-State Primary Care Association; Steve Ahnen, NH Hospital Association; Ken Norton, Marcia Morns, Susan Allen-Samuel and Dick Chevrefils, NAMI NH; Ed Rajsteter, Friends of NH Drug Courts; Paula Rogers, Anthem Blue Cross/Blue Shield; Rev. John Gregory-Davis, NH Conference of United Church of Christ; Susan McKeown; Joan Widmer, NH Nurses' Association; Dr. Stephanie Wolf-Rosenblum, Southern NH Health; Mayor Joyce Craig, City of Manchester; Lisabritt Solsky, Well Sense Health Plan; Carrie Duran; Susan Stearns; Lucy Hodder; UNH School of Law; Erica Hochberg; Doris Enman, North Country Serenity Center; Richard Wiggins; Cinthia Joy; Teresa Moler; J.J. Smith, MD, NH Public Health Association; Will Thomas, NH Veterans for Peace; Richard Silverberg, CEO, and Donna Toomey, HealthFirst Family Care Center; Christopher Stawasz, AMR; Lara Willard, Sara Garland and Mary Moynihan, Goodwin Community Health; Becky Whitley, NH Children's Behavioral Health Collaborative; Sarah Freeman, NH Providers Association; Nick Penejoevich; Dawn Withington; John Iudice; Atty. Michele Merritt and Katie Foster, New Futures; Christine Weber, Farnum Center; Neal Byles; Michael Vinci; Brian Harlow; Phil Spagnuolo; Lynn Fuller; Paula Mattis, NH Department of Corrections; Dawn McKinney and Dan Hobbs, NH Legal Assistance; Courtney Tanner, Hope on Haven Hill; Theresa McCafferty, Sobriety Centers of NH; Lisa Beaudoin, ABLE NH; Tom Sherman, MD; Louise Spencer; Karen Trudel; Allen Irwin, Revive Recovery Center; Norma MacKinley-Smith; Heather Stockwell; Zandra Rice Hawkins, Granite State Progress; Laurie Harding, Headrest; Paula Garvey and Timothy Guidish, Cystic Fibrosis Foundation; Maria Petagna; Bethany Arcoud; Barbara Publicover; Brittany Porter; Viola Katusine; Emily Hacker, Janice Bodrewe, Keith Kuenning and Brooke Lowe-Farmer, CFS; David Foote; Nicholas Pfeifer, SENHS; Debra Messer; Aly McKnight; Richard Gulla, SEA; Diane St. Germain; Kathy Staub; Laurie Ota, CMHC; Claudia Damon; Fred Portnoy; Kristy Letendre; Catherine Gruette; Sarah Sadowski; Bobbie Bagley; Alyssa Walker, NSKS; Michele Watson; Eileen Brady, Sisters of Mercy; Melissa Hinebauch; Ken Lewis, Peer Support; Dennis Jackabowski; Lynn Stanley, NASW N4; Monica Foster; McKenzie St. Germain; Mark Barker; William Merrow; Christopher Kennedy, NH Healthy Families; Brian Huckins; Michael Skelton, President/CEO, Greater Manchester Chamber of Commerce; Donna Marston and Peter Marston, Families Sharing Without Shame; Cheryle Pacapelli, DRSS; Pat Scholl; Tony Scholl; Stacy Fuller; Robert Finney; Christopher Rose; Meredith Cook, Roman Catholic Bishop of Manchester; Keith Littell; Victoria Cloup; David Meuse; Jo Porter; Eric Gallager; Robert Cloye; Jonathan Routhier, CSNI; Gail Brown, NH Oral Health Coalition; Natalie Moser; Maureen Prohl; Elizabeth Repp; Liz Tentarelli, League of Women Voters-NH; Liz McConnell; Elizabeth Cosell; Roger Stevigny; Susan Pinto; Kelly Richards; Ben Stinson; Diane Pepin, NH Alcohol & Drug Abuse Counselors; Nancy Vaughan, American Heart Association; Ginny Litaken; Kathy Cahill; Harriet Cady; Emily Schmalzer; Stefan Mattlage; Josie Pinto; Jen Thompson, NH Nurse Practitioner Association; Jennifer Bertrand; Heather Carroll, Alzheimer's Association; Susan Paschell, NH Community Behavioral Health Association; Abigail Rogers, March of Dimes; Judy Silva, NH Municipal Association; Renee Wortz; Matthew Dulces; Marie Straiton; Gail Lake-Phelps; Kayla Montgomery, Planned Parenthood; Michael Skibbie, Disability Rights Center.

Indicated opposition to the amendment: Representatives Cordelli, Hoell and Burt; Greg Moore, AFP-NH; Robert Joseph, Jr; Sue Rillovick; Christopher Maidment.

Takes no position on the amendment: Representative Spanos, Kevin Flynn, BIA; Esabe Crosly, CFO, LHC; Delores Perrotta, AARP; Ben Bradley, Wentworth-Douglass Hospital; Doug Hohenberger.

Summary of testimony presented in support:

Senator Jeb Bradley, Prime Sponsor:

- New Hampshire currently enjoys a unique and successful Medicaid expansion program.
- Fifty thousand people have health insurance as a result of our efforts. It has brought $400-$450 million of investment into New Hampshire. We have a healthier workforce as a result. We've reduced the hidden tax of uncompensated care. And, it is about the best tool we have for combating the opioid and heroin crisis gripping our state. Twenty-three thousand have accessed the substance abuse benefit under Medicaid. In addition, it has been very helpful in terms of the mental health crisis.
- SB 313-FN builds upon the strong foundation of Medicaid expansion with that success, but it also institutes key reforms.
- It protects New Hampshire taxpayers. There are no new taxes or fees, and no use of the General Fund. We continue with a sole purpose trust so that the funds that go into this trust cannot be co-mingled with any other state fund. And, we reenact the taxpayer protection mechanism that is so important, that if the federal government shortfalls New Hampshire funding the program would end.
- We continue the coverage for the 50,000 people.
- Amendment #2018-0700s is the replace-all amendment for SB 313-FN.
- This bill stresses wellness. We create incentives for the managed care companies that will take over managing the 50,000 people. Folks will receive not only a health assessment, but a mental health assessment as well.
- A key ingredient of the reform is stressing the appropriate level of care. We urge the use of urgent care facilities and walk-in clinics, rather than costly emergency rooms.
- Transparency will help individuals understand the options they have.
- The population is moved to managed care, and could produce a savings to the federal government up to $200 million, a significant taxpayer protection. Through managed care we anticipate better care coordination and better outcomes.
- By combining 50,000 with the traditional Medicaid population of 130,000, we anticipate the opportunity to have more competition among managed care providers.
- Individual market rates skyrocketed in 2018 in some measure because of the inclusion of the premium assistance in the individual market, driving up the rates. Higher drug and health care costs and loss of subsidies from Washington

also contributed to higher market rates. By separating the risk pool and moving people that have been on Medicaid expansion into managed care, we anticipate significant savings and stabilizing the individual market.

- Rates should be actuarially sound to ensure the appropriate access to services and provider continuity for mental health and substance abuse services.
- The work and community engagement provision in SB 313-FN is not meant to be punitive or deny people coverage. It is meant to provide opportunity. It calls for people to be engaged in one manner or another. However, exemptions are also built into the bill, including good-cause exemptions.
- The old Granite WorkForce program from a few years back is included in this proposal. A pilot program of six months with $3 million allocated to help the TANF population get required training, and offer subsidies to employers to hire these individuals.
- We continue to rely on the premium tax that was directly attributable to Medicaid, proceeds from the high risk pool, and five percent of the Alcohol Fund will be dedicated to substance abuse-type programs.
- Reauthorizing Medicaid expansion is the single most important initiative in preventing substance abuse and aiding the mental health crisis.
- The state expects some portion of the $200 million to come back to New Hampshire to ensure the existing contracts that the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery oversee, will be fully funded. That must be part of the final package.
- A commission to provide accountability and oversight is reauthorized in this legislation.
- This program would be reauthorized for five years. This will provide stability.

Senator Dan Feltes:

- Senator Feltes is supportive of SB 313-FN, but is suggesting some modifications to the proposal.
- Reauthorization is critical to reducing uninsured visits, uncompensated care, combating the opioid crisis, and critical to the health of our workforce.
- Over 23,000 people have accessed critical, time-sensitive treatment under Medicaid expansion.
- A bipartisan Medicaid Expansion Commission recommended that MCOs honor prior authorizations for a reasonable amount of time, but did not specify the time period.
- Senator Feltes suggested 120 days for people to transition from a premium assistance plan to the managed care model to avoid obstacles and ensure continuity of care.
- In the transition to a strictly MCO model, MCOs should help people who rise above 138 percent of the federal poverty level to apply for insurance on the health care market.
- MCOs should be required to provide coverage and care during the pendency of one's application to the health care market.
- The Commission recommended higher rates of reimbursement than what is normally provided for in traditional Medicaid reimbursement rates for behavioral health care and substance misuse treatment to ensure people have

access to these treatments.

- We need to incentivize primary care because up to 50 percent of the Medicaid population did not go to a PCP.
- Primary and preventative care prevents the need for emergency room visits and improves health outcomes.
- With respect to the state's share of funding for expansion, the use of alcohol and drug treatment money serves as a logical nexus for Medicaid expansion.
- It is concerning that children aged 7–10 years old could be home alone while their parents are out of the house trying to comply with work requirements.
- We need to take a look at other work requirement exemptions for victims of domestic violence, sexual assault, dating violence, and stalking.
- Merely having work requirements without barrier reduction and wraparound services will not provide the opportunity for people to get to work or to comply with work requirements. Providing these services could help people rise above 138% of the federal poverty level.
- Under Granite Workforce, TANF money can only apply to childless adults up to age 25, with no provision for barrier reduction or wraparound services for those over 25.
- This could make 70–80% of the Medicaid expansion population subject to work requirements.
- We should consider barrier reduction for people over 25, either from another source of funding or requiring MCO contracting for barrier reduction.

Representative Rosenwald:

- Representative Rosenwald was a member of the recent Medicaid Expansion Commission. The unanimous recommendations of that study commission are reflected in Amendment #2018-0700s.
- While everyone in Medicaid expansion has an income no higher than $22,000 for a parent with one child, 50 percent of the enrollees in New Hampshire (25,000 adults) have incomes of less than half of this amount, when taking family size into account.
- Significant barriers to health and the ability to hold down a stable job exist, and contribute to such extreme poverty in New Hampshire. These barriers include mental health, substance abuse, expensive or unavailable childcare, and unreliable transportation. A successful "hand up" will need to be comprehensive for some of our poorest adults.
- The work requirement section of this proposal needs additional refining. The exemption for a child up to 6 years old needs to be raised; otherwise, children's safety will be in jeopardy.
- Transferring funds from the Governor's Commission to the health care trust fund represents a significant change for the Governor's Commission, whose funds have not previously funded Medicaid services. More discussion and clarification on the Alcohol Fund mechanism is needed.

Commissioner Jeffrey Meyers, Department of Health and Human Services:

- Moving 41,000 people from the federal marketplace into a managed care program will allow the provision of consistent care for substance use disorders and mental health. The Medicaid Expansion Commission highlighted the need

to provide consistent benefits in these areas because private insurers offer varying benefits for substance use disorder and mental health.

- There are numerous provisions for continuity of coverage and cost transparency along with quality incentives that will be included in the next round of MCO contracts.
- The federal government will issue a waiver for the work requirements before the end of April.
- The work requirements are aligned with CMS guidance, and are consistent with approval given by the federal government for other states' work requirements.
- Participation in substance misuse treatment counts as compliance with the work requirements.
- Exemptions from the work requirements include those already in compliance with other federal work requirements, such as those for TANF and SNAP.
- The work requirements facilitate engagement and opportunity for work in a positive – not punitive – way.
- Under Granite Workforce, TANF funds will serve as employer subsidies and for barrier elimination, such as transportation. Participants in Granite Workforce will be able to apply for childcare scholarships.
- The Alcohol Fund mechanism does not leave the Governor's Commission short of funds for its prevention, treatment, and recovery programs. Services already approved by the Governor's Commission will continue to be funded with federal funds and other funds within DHHS. The five percent of liquor revenues amounts to approximately $10 million. The federal government will match this money, creating a $20 million pool that, in addition to premium tax revenue and high risk pool assessment revenue, will help fund the nonfederal costs. These funds, in addition to other federal funds, will be used to ensure the continuity of the Governor's Commission programs.
- Commissioner Meyers suggests raising the child exemption age to a more appropriate level.
- Individuals attending inpatient residential treatment will be exempt from the work requirements while they are in treatment.

<u>Ed Shanshala, CEO, Ammonoosuc Community Health Services, Inc</u>:

- Mr. Shanshala provided a petition of over 1,600 of their patients encouraging such an investment in their preventative health and welfare. In so doing, they are more capable of gainful work and being able to contribute to the economy. The materials provided to committee members include individual case studies that demonstrate the reality of how Medicaid expansion affects people's personal lives in a very positive way, and in the communities in which they live. Mr. Shanshala also included in his packet information that demonstrates how investing in Medicaid for those patients seen in federally qualified health centers saves between 15-25 percent of the total costs of a Medicaid recipient per year.
- Mr. Shanshala offered a few successful examples of individuals benefitting from the current New Hampshire Health Protection Plan.

<u>Mayor Joyce Craig, City of Manchester</u>:

- Approximately, 8,000 Manchester residents rely on Medicaid for health

insurance.

- Medicaid expansion is the single most effective way for Manchester to combat the opioid crisis.
- In Manchester, 90 percent of people suffering from substance use disorder receive Medicaid-funded services.
- Catholic Medical Center, Elliot Hospital, Dartmouth Hitchcock, the Greater Manchester Chamber of Commerce, along with Manchester's Police Chief, Fire Chief, and Director of Public Health have all voiced support for Medicaid expansion.
- Medicaid expansion keeps drug courts open and the Safe Station program operational.

Jane Haige:

- Ms. Haige believes people should hold jobs, and that it is advantageous to be aware of what is going on in society.
- Through examples, Ms. Haige expressed concerns for the work requirement and how it would be enforced.

Mike Aprelberg, President, United Way of Greater Nashua:

- Mr. Aprelberg approves of the increase in funding from the Alcohol Fund from 3.4 percent to 5 percent, but cautions committee members against raiding the fund and using the moneys for something other than substance abuse treatment and recovery.

Gary Woods, NH Medical Society and Kent Street Coalition:

- Legislation is the process by which we codify our moral inclinations.
- It is our moral obligation to care for the public.
- We must get someone healthy so that person can work; it is not the other way around.
- Work requirements have nothing to do with getting more people enrolled in coverage; they are punitive.
- A burdensome and expensive administrative effort is required to implement the work requirements.
- At what expense do we shift costs to the providers, hospitals, and insurers?
- There is a risk of a "diminution of providers". With less reimbursement, there are fewer providers.
- Availability does not equal access. If premiums are paid for but other costs are prohibitively expensive, then there is no accessibility.
- People will wait for more expensive care if they do not have access to primary care.

Carrie Duran:

- Ms. Duran is the mother of three girls, the guardian for her father, a part-time teacher and full-time student, a volunteer and an advocate for her daughter with Down Syndrome. She terms herself a "Medicaid Expansion Success Story".
- She ended up working at a deficit to her home and financial expenses for two years, so that she could afford to pay for childcare for her three daughters.
- Medicaid expansion changed her life. By having access to health insurance, Carrie takes care of her girls by taking care of herself. Her father, who suffers from Alzheimer's Disease, has now been placed in a nursing home.

- Carrie is able to take care of herself, having had her very first mammogram last year, and now gets annual physicals.
- The Medicaid expansion program is vitally important to mothers like Carrie.
- The State of New Hampshire and Medicaid are Carrie's "partners".

Monica Nagle, New Futures, Mother's Day Freedom Project:

- A drunk driver hit Ms. Nagle when she was 17, changing her life.
- She became an advocate for substance abuse disorder. She represents people with disabilities who do not work.
- Medicaid has helped her as a widow with two children.
- If you do not pay for health insurance on the "front end," costs will only rise on the "back end."

Doug McNutt, AARP:

- A substantial amount of AARP members who are age 50 plus are currently on the New Hampshire Health Protection Program. Health insurance is more expensive as you age.
- There are over 170,000 caregivers in New Hampshire that provide over $2 billion of unpaid family care. Their number one priority is to provide support for caregivers.
- AARP has supported Medicaid expansion over the years. But the work exemptions for caregivers is too narrow. Even the TANF provisions have an exemption for 60-plus individuals who are caretakers. That type of provision should be included in this bill.
- The caregiver exemption in the current proposal requires the individual to be a household member. That is difficult and doesn't reflect caregivers. Family caregivers save the government many dollars. Those individuals without a family caregiver will likely end up in an institution or on Medicaid, or both. We need a broader exemption to deal with this issue.
- Mr. McNutt offered further amendments in his written testimony.

Jo Jordan, Families First on the Seacoast:

- Ms. Jordan endured a pre-cancerous disease of the abdominal organs.
- She was laid off during the recession, became homeless, her health failed, and she was unable to work.
- She could not see a pain management specialist until she had insurance coverage.
- When Medicaid expansion began, she received specialized health care, now has stable housing, she went to work and developed a new career.
- Medicaid now covers her prescriptions, weekly appointments and specialists.
- Work requirements will complicate the Medicaid system with a tangle of reviews, documentation and work requirements that already exist under current law.

Emily Crosby, CFO,Lamprey Health Care:

- Lamprey Health Care is the oldest of the federally qualified health centers in New Hampshire. They serve over 16,000 of the most vulnerable and under-insured patients across the southern region of the state in Newmarket, Raymond and Nashua. Half of their patients live at or below the federal poverty level (an annual income of $25,100 for a family of four). Over 80

percent of their patients live at or below 200 percent of the federal poverty guidelines.

- The NHHPP changed the lives of their patients. They are able to afford health care insurance and obtain access to doctors' visits, prescriptions, medical devices, specialty care and diagnostic tests. Lamprey has been able to provide services in substance abuse disorders and behavioral health services.
- Ms. Crosby related the story of "Mary", a Lamprey patient with complex medical issues and unable to afford health insurance due to the part-time job she had. The cost of medications she needed were beyond her needs. She ultimately lost her job and insurance, and became depressed. With the help of the NHHPP, she is now back working, caring for herself and her family.
- Since the inception of the program, Lamprey has seen 1,400 of their uninsured patients gain coverage. Since 2014, they have experienced a reduction of $700,000 in sliding fee discounts, which is almost 50 percent.
- Lamprey Health Care has been able to use the increase in patient revenue to expand their services and increase hours of operation. They have hired more staff, increased their behavioral health services, and will soon roll out a Medically Assisted Therapies program for their prenatal patients with addiction. The NHHPP has truly increased access to care in their communities.

Ken Gordon, CEO, Coos County Family Health Services:

- Mr. Gordon's organization provides primary dental and behavioral health care, and substance abuse treatment services for over 12,000 in the Berlin-Gorham area, and operates the response program for survivors of domestic violence and sexual assault within the entire county.
- According to DHHS, about 900 people in the Berlin-Gorham area participate in the NHHPP. Most of them are patients of this health center.
- NHHPP enabled one patient who was self-employed to receive two major orthopedic surgeries he needed to continue work.
- The program has enabled Coos County Family Health to expand services, remain open seven days per week so that people do not have to use the emergency room after hours, open a dental clinic for everyone in the community, and begin a substance abuse treatment program for pregnant women and new moms.
- Behavioral health and drug treatment services are essential components of the response to the opioid epidemic.

Kristine Stoddard, Director, NH Public Policy, Bi-State Primary Care Association:

- It is appropriate to use the Alcohol Fund to help pay for expanded Medicaid because so many beneficiaries receive substance use disorder treatment services.
- Some providers that receive money from the Alcohol Fund were recently notified that their plans will lose funding because of a lack of funds, igniting concerns about their sustainability.
- Federally qualified health centers and other substance misuse treatment provider contracts will also lose funding.
- If you shift money away from the Governor's Commission programs, it could create a financial hole.

- The substance misuse disorder treatment rates of federally qualified health centers could be cut by up to one-third.
- Federally qualified health centers receive what is called an "encounter rate" through Medicaid. It is not clear whether or not the amendment's rate would apply to encounter rates for these health centers.
- In the bill that originally authorized NHHPP, these funding mechanisms were protected. Such protection does not exist in the proposed amendment.

Steve Ahnen, President, New Hampshire Hospital Association:

- New Hampshire's hospitals are partners with the state in caring for our most vulnerable citizens. It is their mission to care for those who are sick. They take that responsibility very seriously, providing the highest quality of care to anyone who walks through their doors, regardless of their ability to pay.
- This bill will provide the stability necessary to allow expanded Medicaid to continue.
- Medicaid expansion has helped to reduce the number of uninsured patients seeking care in hospital emergency departments. Hospitals statewide have seen a 41 percent reduction in the number of uninsured patients seeking care in the emergency department, a 47 percent reduction in the number of uninsured inpatient admissions, and a 46 percent reduction in the number of uninsured outpatient visits. This has resulted in a dramatic reduction in the amount of uncompensated care attributable to those without insurance. The state has experienced a drop in uncompensated care expenses of more than $67 million from $131.2 million in FY 2016, to an estimated $64.1 million in FY 2018. This is a direct reflection of the coverage gains brought about by the NHHPP.
- SB 313-FN builds on the recommendations of the bipartisan study commission that met over the past year and a half. One of the most fundamental recommendations is to move the Medicaid expansion population out of the individual marketplace, and into one of the existing Medicaid managed care organizations. However, this will cause hospitals to lose more than $35 million annually in reimbursement due to the significantly lower rates paid to providers under the traditional Medicaid program. New Hampshire's traditional Medicaid provider reimbursement rates are the lowest in the nation.
- The New Hampshire Hospital Association applauds provisions in this bill that look to raise reimbursement rates for behavioral health and substance use services.
- We must leverage additional federal resources to help ensure we have a stable provider network and sustainable financing for New Hampshire's overall Medicaid program. The commission established by this bill should look at an overall Medicaid rate and financing structure, including the DSH program, that is sustainable and ensures access to care across the system.
- Reauthorization of Medicaid expansion is an important investment in the health of our state and the people it serves.

Ken Norton, Executive Director, NAMI NH:

- As of the date of this hearing, 43 people are waiting in emergency rooms in some type of mental health crisis. Without Medicaid expansion, that number would be even higher.

- It is imperative that reimbursement rates be raised to ensure access to behavioral health services.
- Most people with serious mental illness want to work. Granite Workforce will help them to do so.
- A child with a severe mental disturbance should be added to the exemption on Page 5, Line 16 of the amendment.
- NAMI strongly objects to the required reporting of mental defectives to NICS.
- NAMI NH recommends adding a representative of the Medical Care Advisory Committee as appointed by the Chair to the Commission described in RSA 126-AA:4.
- A specific metric should be added to evaluate reimbursement rates to determine if they are sufficient in providing access.
- The number of people found ineligible or dropped from the rolls due to the work requirement should be tracked.
- Mr. Norton gave very detailed suggestions for changes to the legislation in his written testimony.

Ed Rajsteter, President, Friends of New Hampshire Drug Courts:

- Medicaid expansion is New Hampshire's number one tool in our fight against addiction.
- The Friends of New Hampshire Drug Courts are advocates for statewide drug courts. The statewide drug court program cannot exist without the continuation of Medicaid expansion. Medicaid expansion provides needed health coverage to more than 90 percent of New Hampshire's drug court participants.
- Drug courts are essential to New Hampshire's ability to fight the substance misuse crisis. These programs are evidence-based, and effective ways to help people access necessary resources and reduce the costs associated with incarceration. In 2017 the active drug courts served almost 300 individuals.
- Eight babies were born to sober mothers in New Hampshire drug court programs in 2016.
- Since the drug court program started in New Hampshire in 2004, there have been 352 graduates.
- Currently, there are 8 drug courts in the state. By the end of March 2018, ten drug courts will be operating out of the eleven superior courts in New Hampshire.

Representative Jerry Knirk:

- Representative Knirk is a spinal surgeon.
- He had a patient who worked two jobs but got injured and had no health insurance. He needed an MRI and surgery, but did not receive care until after Medicaid expansion passed.
- The costs of uncompensated care are shifted to those who have insurance and to the taxpayer.

Paula Rogers, Anthem Blue Cross/Blue Shield:

- Presently, Anthem operates in two capacities with the Medicaid expansion population. They have insured them for several years, approximately 10,000-11,000 individuals. As a carrier, they provide financing for the federal shortfall, along with the hospitals

- The present program abruptly ends on December 31st. Participants would no longer have access to health coverage, which is startling.
- The Plan President of NH Anthem Blue Cross/Blue Shield, Lisa Burton, was fully engaged with the Medicaid Expansion Commission discussions in regards to what was going to be done at the end of this calendar year.
- Anthem supports the removal of the expansion population into Medicaid.
- Anthem does have questions about the funding. For the last couple of years, the hospitals and Anthem have been sharing 50 percent of the federal shortfall. Under the present proposal, the hospitals are going to experience a drop in revenues because the Medicaid reimbursements are considerably lower than the commercial reimbursements they have enjoyed over the last couple of years. But that leaves Anthem, along with the other carriers, as a main funding source to pick up the federal shortfall. Anthem needs to know more about how that will play out. What exactly will make up the remaining 50 percent? What will the assessment mechanism mean to the insured population that bears that assessment?
- The shortfall gets a little broader as we go toward 2020, when it drops from 94 percent to 90 percent.
- As the Medicaid-level reimbursements drop, as opposed to the commercial reimbursements presently, the federal government is saving a fair amount of money. Is there an opportunity to pull back some of the monies that the federal government is saving to ensure that the funding going forward for the next five years is clearer to those that occupy a prominent position in that funding mechanism.

Reverend John Gregory Davis, NH Conference of United Church of Christ:

- There are only two reasons not to support this bill – one is that we cannot afford it, but we are one of the wealthiest states.
- The other reason is that some citizens simply do not matter.
- This is not a matter of not having the resources, but of having the will to help.

Susan McKeown:

- Ms. McKeown, as a co-founder of *Families Advocating for Substance Treatment, Education and Recovery* (FASTER), works to expand family support groups around the state to help parents dealing with a loved one suffering from substance use disorder.
- She has seen firsthand the value of Medicaid expansion.
- To deny access to this coverage, especially at a time of an ongoing health crisis, would be catastrophic to our citizens and result in a greater cost to our state, especially if found liable for not providing an adequate behavioral health delivery system.
- Although she supports reauthorization of Medicaid expansion, she also agrees further discussions are needed on the issues of the work requirement minimum age of six, and the percentage of the Alcohol Fund utilized.

Joan Widmer, Executive Director, NH Nurses' Association:

- Supporting the reauthorization of Medicaid expansion was voted the number one priority by New Hampshire nurses who participated in the Association's recent Legislative Town Hall Forum.

Dr. Stephanie Wolf-Rosenblum:

- There is considerable complexity to the proposed application process both for potential recipients and for the state. Studies show that public assistance applications are inversely proportional to the administrative burden of those applications. We should examine barriers to application that have the potential to reduce coverage.
- The bill needs greater clarity for definitions and descriptions in the assessment of resources for the purposes of eligibility. One example of this is the inclusion of the resources of the broadly defined family.
- Studies show that many adults in the integrated delivery network population have taken in family members. There needs to be clarity on the possibility of their homes and retirement funds being at risk.
- Loss of the retroactive coverage provision would disadvantage many care providers.

Susan Stearns:

- Ms. Stearns' child was first diagnosed with an emotional disorder at age 5, a serious emotional disorder by age 8, and a serious mental illness by the age of 14. Raising her child was not an easy task, but parenting is not for the faint of heart. They were lucky, as her employer offered health insurance that covered her child and he was able to access the mental health treatment that kept him at home, in school, and not in an emergency department or inpatient facility. Not at any time during his now 21 years of treatment did he require either.
- The fact that her son might not have access to basic treatment terrified Ms. Stearns. Her child had been a treatment success story. If he were to lose access to insurance he would decompensate, become unable to function, be at risk for hospitalization, or even homeless. As this would probably progress over a several year period, he probably would be determined to be disabled--and therefore, eligible for traditional Medicaid as his mental illness would have proven so disabling.
- Ms. Stearns' son is now covered by the NHHPP. She is grateful for the safety net that Medicaid expansion has provided to her child.

Richard Wiggins:

- Mr. Wiggins grew up in an environment of mental illness and substance misuse and is in recovery from alcoholism.
- He works with people who suffer from severe mental illness and substance use disorder.
- One of their treatment methods is having these patients spend time with a peer who has overcome similar challenges. With peer support, anyone with a difficult background can lead a healthy life and integrate back into society.

Paula Mattis, Director, Medical and Forensic Services, NH Department of Corrections:

- Medicaid expansion is a critical, challenging, complex issue. The Department supports Medicaid expansion but has concerns about this legislation.
- Ms. Mattis submitted written testimony and a graph with numbers that support her testimony.
- Their first concern is the 90-day retroactive coverage. The DHHS Commissioner is required to seek a waiver of the requirement to provide 90-day retroactive

coverage. This is a money issue for the State of New Hampshire. Medicaid limits the amount of reimbursement for services it will provide for those who are incarcerated. With Medicaid expansion, the Department of Corrections became eligible to seek Medicaid reimbursement for inpatient hospital stays for people incarcerated in New Hampshire. The state has deferred over $7 million as a result of that Medicaid provision. This amount increases every year. Medicaid reimburses the hospitals directly. However, it affects the Department's budget because money from the General Fund is not being allocated to the Department for that purpose. The Department is essentially deferring the cost.

- The second area of concern is exempted populations. The Department offers a variety of services and programs to help individuals prepare for community reentry. The Department is requesting a grace period of three months for individuals being released from correctional facilities to allow them enough time to become productively engaged in the activities listed in the proposal.
- The employing party usually wants to meet the prospective employee. When such a prospective employee is incarcerated that is difficult. There is also the need for continuation of health care.
- Forty percent of the men in the care and custody of the Department of Corrections, and 90 percent of the women receive behavioral health intervention, which includes both or either mental health and/or substance abuse treatment. Once released, if these services are unavailable, the chance for recidivism increases. They either return to prison or are admitted to hospitals for care that could have been avoided.
- The third area of concern is the community engagement activities. In any given year the Department releases approximately 1,600 individuals into the community. Counselor case managers help those individuals sign up for benefits, and reach out to housing opportunities and potential employers. It appears numerous, additional requirements will be stipulated through this legislation, connecting people with services. The Department is unsure at this time how that will affect them in preparing individuals for release. The possibility exists that these requirements may be more onerous. The Department will be forced to ask for more positions to keep up with such a demand.
- The highest risk of overdose is in the first 30 days of post-release.
- Having guaranteed health coverage at the point of release from incarceration reduces the barriers for those reentering our communities, ensures continuity of care, and will promote community tenure.

<u>J. J. Smith, MD, NH Public Health Association</u>

- Dr. Smith strives to provide care to anyone, no matter their ability to pay.
- Wraparound services make a real difference.
- We should develop an algorithm that can accurately calculate and directly provide reimbursement to MCOs.
- There should be another source of funds available for those ineligible for the expansion but who still cannot afford minimum care.
- Senators should consider raising taxes on tobacco, which can incentivize individuals to quit and can help to decrease long-term addiction with the

increased revenue.

- Even with this state's low unemployment rate, there are still barriers to good employment.
- Cutting people off from health care merely due to bad circumstances is detrimental.

Richard Silverberg, CEO, HealthFirst Family Care Center:

- The center provides services to approximately 7,000 patients, of which about 62 percent live at or below the federal poverty level.
- Systems of care have been put in place to enable patient referrals between the agencies, and to help clients receive the services they need.
- Expanded Medicaid has provided the resources and payment patrons are able to make with their coverage.
- Since 2014, the center has added three full-time behavioral specialists to its substance use disorder treatment to get people in immediately after referral from the emergency room, or one of the other service agencies.
- Mr. Silverberg related to committee members one of their client success stories, a man who was badly injured, and also was found to have a substance abuse disorder. Through the efforts of HealthFirst and expanded Medicaid coverage, this gentlemen is now healed, sober, and studying to be an electrician to support his family.

Lara Willard, Goodwin Community Health:

- In 2017, Goodwin Community Health had a two percent increase in patients, but a nine percent increase in visits. This was because people are accessing the care they need in the primary setting rather than in the emergency room.
- Before Medicaid expansion, people could get a diagnosis but could not seek the required care.
- Giving people the ability to have health visits more than just once per year helps with substance misuse treatment and mental health issues.
- The state's lower income population is on the line between becoming either productive or underemployed, and costly to the health care system.
- Medicaid expansion is meant to help people rise above the eligibility line.

Atty. Becky Whitley, NH Children's Behavioral Health Collaborative:

- Medicaid is the primary funder of behavioral health services to children, youth and young adults in this state. Ensuring access to the program is critical to maintain a robust system of care for our most vulnerable Granite Staters, and to provide services when needed and not just in a crisis.
- New Hampshire is grappling with several crises related to the health and wellbeing of our children, including the emergency room boarding crisis, long waitlists for services at our local community mental health centers, impacts of the opioid crisis, and reform in our child welfare system. We cannot afford to move backwards.
- Medicaid expansion is an important vehicle to reach uninsured children who may be eligible for Medicaid and the Children's Health Insurance Program (CHIP), which already provides a strong base of insurance coverage for our state's children.
- The evidence is strong that investing in Medicaid coverage for parents leads to

coverage increases and improved health outcomes for children. One of the most effective strategies to reach eligible but uninsured children is to extend Medicaid coverage to parents and other low-income adults.

- Robust research and data support the notion that insurance coverage for children is a solid and sound public investment. Returns include higher educational attainment and greater economic opportunities for children, and the creation of a more skilled workforce.

Nick Perencevich:

- Mr. Perencevich used to be a general surgeon who, since Medicaid expansion, has heard no complaints from patients about doctors dropping Medicaid.
- The number of people making emergency room visits has dropped by as much as 40-50 percent because they are able to obtain coverage.
- Most people picked up insurance through Medicaid expansion.
- Seventy percent of doctors in New Hampshire do not have a choice to take certain patients because they work within a large organization. The other 30 percent are mostly in primary care and private practice. They can choose to refuse Medicaid, due to its low reimbursement rates.

Sarah Freeman, Executive Director, NH Providers Association:

- More than 23,000 individuals have accessed care under the NHHPP for substance use treatment. They sought this treatment to address their own addictions, not only benefitting themselves but also their families, communities and employers. Providers were able to treat these patients with the confidence they would receive reimbursement for the services they rendered.
- The demand for these types of services has not decreased during the present addiction crisis. Yet, providers cite lack of stable funding as a barrier to expanding treatment services.
- The risk of expanding services for a program that could sunset at the end of this year without reauthorization is a risk that provider organizations must plan for when creating their budgets.
- SB 313-FN is critical to ensuring the stability of substance use disorder treatment infrastructure to help providers develop the treatment infrastructure necessary to meet the demand of the state.
- Ms. Freeman echoed the concerns of others previously expressed in using the Alcohol Fund as a funding mechanism. Just this month, many of her association's members received notices that the state contracts for the continuum of care facilitators would be terminated due to lack of funds. We need to insure that prevention, treatment and recovery contracts funded by Alcohol Fund dollars are protected, less we introduce more funding instability into the continuum of care infrastructure.

Dawn Withington:

- Dawn is a patient at Riverbend Community Mental Health for opioid misuse, and is 14 months sober.
- She was originally told the waiting list would be 4 months for rehab, forcing her to quit her substance use cold turkey.
- Having to go to PCPs before getting a referral is a waste of time and money.
- Dawn had to wait 4-6 months to see a specialist.

- We need to focus on educating both young people and doctors. Her doctor and pain management specialists have no idea how to handle her needs.
- Dawn is forced to spend $300 out-of-pocket each month before Medicaid kicks in.
- Ms. Withington hopes the Alcohol Fund allocation will be used for substance misuse treatment and recovery.

Mary Moynihan, Goodwin Community Health:

- Mary is an outreach enrollment specialist. She is also a federally certified marketplace navigator. She works with both patients and community members.
- Ms. Moynihan shared with committee members success stories as a result of coverage by the NHHPP. All three individuals are self-employed and earning income. Two have health conditions that are limiting their ability to work longer hours. The coverage allows these individuals to address their medical conditions. All three individuals were not looking for a handout, or to be part of the entitlement system. They changed their minds when they learned the NHHPP is only a temporary program to be on. They hope to grow their businesses and at some point, no longer qualify for the program.
- NHHPP continues to help working adults every day. The recipients of the program understand its value. They know it is a resource for them until they can get their feet back on the ground.

Atty. Michele Merritt, President/CEO, New Futures:

- Medicaid expansion is the most important tool to combat the opioid crisis.
- Individuals at or below 138 percent of the federal poverty level experience addiction rates twice the statewide average, but many of these people do not qualify for subsidies on the state's exchange or for traditional Medicaid.
- More than 23,000 individuals have received substance use disorder treatment solely through NHHPP.
- Atty. Merritt corrected a statement made earlier in the hearing about the vast majority of the 23,000 people making alcohol addiction-related claims. Approximately 82 percent of these claims are for opiate-specific treatment.
- Funding for drug court programs is contingent on reauthorization because to be eligible for drug court programs, one has to be able to pay for his or her own treatment. Ninety percent of those involved in drug courts receive this treatment coverage through NHHPP.
- Without reauthorization, drug courts would have to close despite their success.
- We cannot expect providers of substance misuse recovery and treatment to continually receive 40 percent less reimbursement than other providers.
- New Futures recommends the legislation cite substance misuse treatment as an exemption from work requirements. They are reserving their judgment on the bill's funding mechanism, but want the Alcohol Fund's mission to be protected.
- There should be an effort to replace all moneys taken from the Alcohol Fund with federal funds.
- Atty Merritt suggested there could be greater clarity as to what the benchmarks are for behavioral health rates, and what they are judged against.
- Providers must be able to sustain themselves. Eighty percent or more of provider patients are Medicaid expansion beneficiaries. As providers are

receiving 40 percent less from these patients, it inhibits their capacity to serve.

Neal Byles:

- Mr. Byles is a small business owner. He is also one of those folks who fall between the exchanges and traditional Medicaid.
- Three years ago he was forced to decide between his house and his health insurance. Both had remarkably similar payments. He chose his house.
- He is a Medicaid expansion success story. He has never been seriously ill, and his health concerns are relatively few. But he played "Russian Roulette" with his high blood pressure and his family history of strokes.
- During the last open enrollment, Mr. Byles qualified for Medicaid expansion, and is back on high blood pressure medication.
- Many individuals only take advantage of basic health care from the NHHPP.
- As a small business owner, obtaining health care coverage is one of the biggest obstacles to success.
- Medicaid expansion gives Mr. Byles some breathing room, and removes an extraordinary amount of stress from his life. Not having to worry so much all the time is invaluable.
- Approximately 80 percent nationally of families on Medicaid have at least one adult working. Of those, 86 percent are working full-time. It appears the work requirements contained in this legislation are a problem desperately searching for a solution. Small business owners may have trouble satisfying arbitrary hour requirements. Their days and weeks are highly variable.

Michael Vinci, Goodwin Community Health Center:

- Mr. Vinci told the story of Dena Stanley, who is self-employed and benefitting from Medicaid expansion.
- If Deena did not have access to health services, she would not be able to work or meet her medical needs for the migraine medication she requires.
- Medicaid expansion allows Deena's condition to improve rather than simply be maintained.

Brian Harlow:

- Mr. Harlow's household has been impacted by the opioid epidemic.
- Please fully fund the Alcohol Fund at 5 percent, as it was originally intended over 20 years ago.
- Not only are we in the midst of a mental health and substance misuse crisis, we're looking at future economic problems if left unaddressed or underfunded.
- Parents are being forced to re-parent in their later years if possible, or watch their young loved ones go into a hemorrhaging foster care system. This adversely affects health, productivity and earning potential. Furthermore, it negatively impacts us as a state in a myriad of ways, not least of which is the economic impact.
- Mr. Harlow is in long-term recovery.
- Programs being covered by Medicaid expansion are vital in the midst of our current opioid crisis.
- We need to take care of our fellow New Hampshire citizens.

Phil Spagnuolo:

- Mr. Spagnuolo had a job for more than 30 years but became addicted to opioids,

lost his job and his insurance. Medicaid allowed him to get the necessary treatment. He started volunteering for a community organization that helps with addiction recovery, and within 8 months was off of Medicaid. Mr. Spagnuolo obtained private insurance and is working full time.

Dawn McKinney, New Hampshire Legal Assistance:

- New Hampshire Legal Assistance supports the reauthorization of Medicaid expansion, but offers the following changes/improvements.
- Some of the provisions in this legislation conflict with the objectives of the Medicaid program, and are impermissible under federal law.
- The Kentucky waiver that CMS approved is currently being litigated. There could be implications from that lawsuit for New Hampshire.
- NHLA opposes work requirements. They share concerns previously raised about the inclusion of parents of school aged children in the work requirements. Ms. McKinney could not determine an appropriate age, but is worried about the safety issues.
- Parents losing coverage means kids losing coverage. Children with uninsured parents are uninsured at a rate of 21.6 percent. Compare that with children of insured parents whose uninsured rate is 0.9 percent.
- In terms of qualifying activities, improvements have been made. However, Ms. McKinney would like further discussions on the vocational time limit and some of the education limits.
- Currently, there is no phase-in of the work requirement. Being ready on Day One is going to be a challenge for folks.
- The 100 hours per month is an increase of what was previously approved in Kentucky and Indiana. Ms. McKinney is unsure if CMS will approve such a requirement.
- The work requirement creates an administrative burden and at great expense to implement and verify.
- Creating a work requirement without supporting work is a real concern. As currently written, the Granite Workforce program does not address barriers to work. It refers folks to programs that may or may not have availability or funding to support them. And it completely omits the 25 year old plus crowd. That is a real gap that needs to be addressed. It does supply subsidies to employers to hire Medicaid beneficiaries. However, in this economy is that truly necessary? Employers all need workers at the present time.
- Retroactive eligibility will drive up uncompensated care costs, increase medical debt and bankruptcy.
- An asset test will force those who have managed to save a little bit of money for retirement, into poverty in order to secure health care coverage.
- The 90-day transition period does not provide adequate continuity of coverage.
- NHLA is concerned about some of the details delegated to DHHS and the MCOs regarding RFPs and contracts. The general public should have the opportunity to provide input into those details to insure adequate protections for Medicaid beneficiaries.

Courtney Tanner, Executive Director, Hope on Haven Hill:

- Hope on Haven Hill is a substance misuse treatment center for pregnant

women. This organization has served 100 women since its opening in December, 2016, and only 5 of them were not covered by the NHHPP.

Lisa Beaudoin, ABLE NH:

- SB 313-FN is a work in progress, and ABLE NH shares many of the concerns expressed throughout the hearing.
- Individuals and families living with disabilities are twice as likely to live in poverty as families who are not touched by disability. More than one in four people with disabilities live in poverty.
- Medicaid expansion is a lifeline for families with disabilities across New Hampshire.
- There are severe workforce shortages across the human services sector. This frequently forces families to give up full-time work or well paid work for part-time work or jobs that provide flexibility in order to care for their family member, due to the severe workforce shortages.
- Sometimes, this is how families touched by disability slip below the 138 percent rate for poverty, thereby qualifying for Medicaid expansion.
- Medicaid expansion supports individuals with disabilities and their families by providing medical care accessible to the workforce. Incredibly dedicated individuals work for people with disabilities and their families.
- By covering thousands of hard working individuals, such as childcare workers, home health care employees, direct support professionals and other entry level health and human services workers, Medicaid expansion allows a small benefit in the line of work that is extremely demanding and poorly paid.
- Hourly wages in this sector rest between $10-$15 per hour. Often, agencies are forced to employ people below 40 hours because they cannot provide health care packages, which are inadvertently capped by some agencies for some workers due to limited Medicaid dollars. These workers change adult diapers, feed those who cannot feed themselves, and provide for other daily care needs.
- Medicaid expansion makes Ms. Beaudoin's family's life better.
- Individuals with disabilities and their families face extraordinary challenges every day that make sliding into poverty or getting out of poverty difficult.
- The New Hampshire Legislature must maintain an incentive on the fragile buoy that holds up an underpaid workforce in desperate need of workers.

Tom Sherman, MD:

- The five-year reauthorization plan allows companies to make business plans for longer than two years.
- People often start applying for Medicaid expansion only when they start to get sick. For this reason, a 30-day look-back would make their treatment affordable.
- Without Medicaid expansion, the state will have a 40 percent higher mortality rate.

Norma MacKinley-Smith:

- As a co-facilitator of the NAMI Nashua support and education group, Ms. MacKinley-Smith assists families in navigating the public health system.
- Many loved ones are excluded from treatment based on the type of insurance they have. Exclusion from effective treatment in the community can have a

profound effect on someone struggling with a mental health condition, sometimes resulting in exorbitant hospitalization bills (which they cannot pay), developing a substance use disorder, homelessness, incarceration or even death. There is a cost associated with providing insurance and treatment. Effective application of these dollars can prevent much greater cost down the line.

- While a work requirement is an honorable goal, we must protect the exclusion option for the unfortunate few who are truly unable to work.
- How long can we expect the community mental health centers to serve the population they do, while being reimbursed at 2006 rates?
- We need a new "Ten Year Plan" and need to fund it.

Paula Garvey, Cystic Fibrosis Foundation, and Family Advocacy Group Chair, Dartmouth Hitchcock Medical Center:

- Ms. Garvey's daughter was born with cystic fibrosis.
- Two hundred people in New Hampshire suffer from cystic fibrosis. Fifty percent of them depend on Medicaid.
- Our health system should not be based on the amount of money someone makes.

Senator Chuck Morse, New Hampshire Senate President:

- Senator Morse supports reauthorization. It is one of the most important things the Legislature will do this session.
- There is nothing punitive about a work requirement. As a state, this is one of our basic values.
- How can we make this proposal better?
- SB 313-FN is about delivering health care for all the citizens of New Hampshire.
- The sponsors and cosponsors of the bill continue to wait for additional information/confirmation from DHHS.
- We will fund the priorities of the Governor's Commission.

Summary of testimony presented in opposition:

Greg Moore, Director, Americans for Prosperity-NH:

- Why are we completely scrapping the Medicaid expansion program and rewriting it? The answer is, the past version failed. It failed the group market. It promised additional resources from the federal government would result in reduced or stabilized health insurance costs. They haven't seen that. It promised to help stabilize the individual marketplace. It has had just the opposite affect. Placing a pool of people whose claims costs are 44 percent higher into the individual marketplace, has resulted in the individual marketplace being pushed into a death spiral, resulting in a 52 percent increase in 2018. It has failed the taxpayers, who have been paying at least $200 million per year more than they've needed to for this program. And, it has certainly failed for the last 14 months having a scheme which has been illegally drawing down hundreds of millions of federal taxpayer dollars. It's also failed the beneficiaries; in a program that has not moved them towards independence and self sufficiency, but has instead caused them to have a loss if they increase their salaries so they no longer get their Medicaid-funded health insurance. Finally,

it has failed the public by having a program that is easily gamed by both providers and recipients.

- One of the good aspects of the bill is that it eliminates retroactive coverage. In addition, it moves the population out of the marketplace and into the MCO model. Other positive steps include the addition of an asset test and subsidized employment.
- The five-year authorization is a negative aspect. Any authorization should align itself with the state budget, given the fact we're losing General Fund dollars as a result of the proposal.
- The biggest problems with this proposal are the work requirements and the exemptions. In 2006, the mantra was how do we quickly work with individuals on TANF, and get them self-sufficient and independent. That has been lost with the many modifications to the work requirements. Moving people to self sufficiency is never a punishment. Keeping people trapped in the cycle of dependency is a punishment. While volunteering and babysitting have value, they do not move people to independence and self-sufficiency. All kinds of exemptions have been added, from bad weather to family problems. People who are currently working deal with those issues frequently. Requiring strong work requirements eliminates the ways the system can be gamed. For example, those who work under the table and still collect Medicaid.
- Layers of accountability have been stripped from the bill. Rules from exemptions have been stripped from the review of the Fiscal Committee and the Governor. That is a lack of accountability.
- Automatically exempting the medically frail; medical frailty is a self-attested status. Individuals get to self-attest as to whether or not they should have to participate in work requirements. That is a huge problem.
- The Granite Workforce initiative should not be limited to the TANF population. We should seek a federal waiver and go outside of the TANF population. Use the TANF reserves we have and expand it beyond. Stopping at age 25 is a mistake. It is a tiny portion of those on Medicaid. By and large those folks remain on their parents' insurance.
- The ROI on these barriers to employment needs to be looked at. The return on taxpayer money is very low.
- We should be moving people towards employment that actually works for them, as opposed to directing them to certain employment categories. How do we know what is the best employment spot for these people?
- If you are a Manchester veteran, for example, and your private insurance says you have to go to Catholic Medical Center in Manchester, but you feel like going to the Elliot Hospital in Manchester. SB 313-FN would require the Elliot Hospital to treat you or they would lose access to Medicaid reimbursement for the newly eligible population. This is wrong.
- The services attributed to the Governor's Commission must remain. We are taking resources away from those who have a demonstrable need in order to provide services to a majority of whom are fairly healthy. That is an interesting public policy discussion to have.
- TANF moms are subject to work requirements starting at the child's age of one.

That is an important consideration we should look at.

- The vast majority of individuals who access substance abuse services do so for alcohol treatment, not for opioid treatment. That situation has not changed in years.

Robert Joseph, Jr:

- Mr. Joseph is a multiple myeloma cancer patient. There is no cure, but it is treatable.
- The issue of health, safety and welfare of New Hampshire citizens is at stake. Critical are the frail populations of children, disabled, those afflicted with substance abuse disorders, and senior citizens whose quality of health is poor. Some managed care programs, more often than not, impair the ability for these populations to obtain the care they need.
- Many people do not enjoy the income to manage their health through current insurance programs.
- There is no one size that fits all. Managed care should be a choice, not a requirement. Offering incentives detracts from the larger picture of maintaining one's health.
- The opioid crisis in New Hampshire significantly needs this assistance to help people struggling with addictions. This is an investment in both the individual as well as the overall economy of this state.
- It is good that reimbursement rates to providers of behavioral health and substance abuse disorders are being increased.
- Sections of the bill dealing with veterans is appreciated. They deserve nothing but the best. But there are others who are deserving of quality health care.
- The work requirements in this proposal are concerning. For many, gainful employment becomes problematic as one gets older.
- The extension of Medicaid expansion is essential to the wellbeing of those less fortunate. While one may be physically able to work, circumstances may make it difficult to return to work. This is particularly acute for those nearing Social Security retirement age.
- Medicaid expansion has been successful. Ending it would be costly for New Hampshire. However, we need more input from the general public. Allow us to participate in decisions regarding our medical care.
- Mr. Joseph urged reauthorization of Medicaid expansion as it currently exists. "There is no need to fix something that ain't broke!"

Future Action: Pending

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