LEGISLATIVE COMMITTEE MINUTES

SB313

Bill as Introduced

SB 313-FN - AS INTRODUCED

2018 SESSION

18-2956
01/03

SENATE BILL ***313-FN***

AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program.

SPONSORS: Sen. Bradley, Dist 3; Sen. Morse, Dist 22; Rep. S. Schmidt, Carr. 6; Rep. Umberger, Carr. 2; Rep. Danielson, Hills. 7; Rep. Kotowski, Merr. 24

COMMITTEE: Finance

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.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

18-2956
01/03

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eighteen

AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program.

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

1 New Chapter; New Hampshire Granite Advantage Health Care Program. Amend RSA by inserting after chapter 126-Z the following new chapter:

CHAPTER 126-AA

NEW HAMPSHIRE GRANITE ADVANTAGE HEALTH CARE PROGRAM

126-AA:1 Definitions. In this chapter:

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

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

III. "Program" means the New Hampshire granite advantage health care program.

126-AA:2 New Hampshire Granite Advantage Health Care Program Established.

I.(a) The commissioner shall apply for any necessary waivers or state plan amendments to implement a 5-year demonstration program beginning on January 1, 2019 to create the New Hampshire granite advantage health care program which shall be funded exclusively from non-general fund sources, including federal funds. The commissioner shall include in the necessary waivers submitted to the Centers for Medicare and Medicaid Services (CMS) a waiver of the requirement to provide 90-day retroactive coverage. To receive coverage under the program, those individuals in the new adult group who are eligible for benefits shall choose coverage offered by one of the managed care organizations (MCOs) awarded contracts as vendors under Medicaid managed care, pursuant to RSA 126-A:5, XIX(a). The program shall make coverage available in a cost-effective manner and shall provide cost transparency measures, and ensure that patients are utilizing the most appropriate level of care. Cost effectiveness shall be achieved by offering cash incentives, waiving the cost of applicable deductibles, and other forms of incentives to be offered to the insured by choosing preferred lower cost medical procedures and treatment. Loss of incentives shall also be employed which may include, but not be limited to, a requirement that the insured pay a deductible for the higher cost medical procedure or treatment. MCOs shall employ reference-based pricing, cost transparency, and the use of incentives and loss of incentives to the Medicaid and newly eligible population. The department shall ensure through managed care contracts that MCOs incorporate measures to promote continuity of coverage and personal responsibility through the use of co-payments, deductibles, premiums, incentives, loss of incentives, and case management to the greatest extent practicable. For the purposes of this subparagraph, "reference-based pricing" means setting a maximum amount payable for certain medical procedures.

(b) Prior to submitting the waiver or state plan amendment to CMS, the commissioner shall present the waiver or state plan amendment to the governor and the fiscal committee of the general court for approval. The program shall not commence operation until such waivers or state plan amendments have been approved by CMS. If all necessary waivers and state plan amendments are not approved prior to June 30, 2018, the commissioner shall immediately notify all program participants that the program will be terminated in accordance with the Special Terms and Conditions No. 11-W-003298/1 issued by CMS.

(c) In order to combat the opioid and heroin crisis facing New Hampshire, reimbursement rates to providers of behavioral health, including substance use disorder and mental health services shall be higher than rates in existence under the former premium assistance program as of December 31, 2018.

(d) Any person transitioning from the premium assistance program to the program shall not lose coverage due solely to the transition.

II.(a) To receive benefits under this section, the individual shall:

(1) Provide all necessary information regarding financial eligibility, assets, residency, citizenship or immigration status, and insurance coverage to the department in accordance with rules, or interim rules, including those adopted under RSA 541-A;

(2) Inform the department of any changes in financial eligibility, residency, citizenship or immigration status, and insurance coverage within 10 days of such change; and

(3) At the time of enrollment acknowledge that the program is subject to cancellation upon notice.

(b) If allowed by federal law, all resources which the individual and his or her family own shall be considered to determine eligibility under this paragraph, including cash, bank accounts, stocks, bonds, permanently unoccupied real estate, and trusts. The home in which the individual resides in, furniture, and one vehicle owned by the individual applying for benefits shall be excluded from the eligibility requirements for benefits under this paragraph. If, after counting or excluding the individual's household's resources, the total countable resources equal or fall below $25,000, he or she shall be considered asset eligible.

III.(a) Newly eligible adults who are unemployed shall be eligible to receive benefits under this paragraph if the commissioner finds that the individual is engaging in at least 20 hours per week upon application of benefits, 25 hours per week after receiving 12 months of benefits over the lifetime of the applicant, and 30 hours per week after receiving 24 months of benefits over the lifetime of the applicant of one or a combination of the following activities:

(1) Unsubsidized employment.

(2) Subsidized private sector employment.

(3) Subsidized public sector employment.

(4) Work experience, including work associated with the refurbishing of publicly assisted housing, if sufficient private sector employment is not available.

(5) On-the-job training.

(6) Job search and job readiness assistance.

(7) Vocational educational training not to exceed 12 months with respect to any individual.

(8) Job skills training directly related to employment.

(9) Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency.

(10) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.

(b) If an individual in a family receiving benefits under this paragraph refuses to engage in work and related activities required in accordance with this subparagraph, the assistance shall be terminated. The commissioner shall adopt rules under RSA 541-A to determine good cause and other exceptions to termination.

(c) This subparagraph shall only apply to those considered, able-bodied adults as described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act of 1935, as amended, 42 U.S.C. section 1396a(a)(10)(A)(i). In this subparagraph, "childless" means an adult who does not live with a dependent child which includes a child under 18 years of age or under 20 years of age if the child is a full-time student in a secondary school or the equivalent.

(d) This subparagraph shall not apply to:

(1) A person who is temporarily unable to participate in the requirements under subparagraph (a) due to illness, incapacity, or treatment as certified by a licensed physician, an advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, a licensed drug and alcohol counselor (LADAC), or a board-certified psychologist. The physician, APRN, licensed behavioral health professional, licensed physician assistant, LADAC, or psychologist shall certify, on a form provided by the department, the duration and limitations of the disability.

(2) A person participating in a state-certified drug court program, as certified by the administrative office of the superior court.

(3) A parent or caretaker as identified in RSA 167:82, II(g) where the required care is considered necessary by a licensed physician, APRN, board-certified psychologist, physician assistant, or licensed behavioral health professional who shall certify the duration that such care is required.

(4) A parent or caretaker of a dependent child under 6 years of age or a child with developmental disabilities who is residing with the parent or caretaker.

IV. All veterans who are current New Hampshire residents shall receive medical and medical-related services from any hospital in this state providing services to the newly eligible Medicaid population.

V. A person shall not be eligible to enroll or participate in the program, unless such person verifies his or her United States citizenship by 2 forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a nondriver's picture identification card issued pursuant to RSA 260:21.

VI. No person, organization, department, or agency shall submit the name of any person to the National Instant Criminal Background Check System (NICS) on the basis that the person has been adjudicated a "mental defective" or has been committed to a mental institution, except pursuant to a court order issued following a hearing in which the person participated and was represented by an attorney.

126-AA:3 The New Hampshire Granite Advantage Health Care Trust Fund.

I. There is hereby established the New Hampshire granite advantage health care trust fund which shall be accounted for distinctly and separately from all other funds and shall be non-interest bearing. The trust fund shall be administered by the commissioner and shall be used solely to provide coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2, and to pay for the administrative costs for the program. The commissioner may accept any gifts, grants, donations, or other funding from any source and shall deposit all such revenue received into the fund. No state general fund appropriations shall be deposited into the fund. All moneys in the trust fund shall be nonlapsing and shall be continually appropriated to the commissioner for the purposes of the trust fund. The trust fund shall be authorized to pay and/or reimburse:

(a) The cost of the employee share of premiums, co-insurance, co-payments, deductibles, and supplemental cost-sharing, plus the cost of any wrap-around services that are determined by the department to be cost effective to licensed health insurance carriers and/or private employers for coverage under employer sponsored health insurance.

(b) The cost of medical services, including without limitation, premiums and wrap-around benefits for those newly eligible adults who obtain health coverage as provided in RSA 126-AA.

(c) The cost of premiums, co-insurance, co-payments, deductibles, and supplemental cost-sharing plus the cost of any wrap-around services as provided in this chapter.

(d) The costs of implementing the work requirements.

(e) Any other costs that are fully reimbursable by the federal government pertaining to the program.

II. The commissioner, as the administrator of the trust fund, shall have the sole authority to:

(a) Apply for federal funds to support the program.

(b) Notwithstanding any provision of law to the contrary, accept and expend federal funds as may be available for the program. The commissioner shall notify the bureau of accounting services, by letter, with a copy to the fiscal committee of the general court and the legislative budget assistant.

(c) Make payments and reimbursements from the trust fund as outlined in this section.

III. The commissioner shall submit a report to the governor and the fiscal committee of the general court detailing the activities and operation of the trust fund annually within 90 days of the close of each state fiscal year.

126-AA:4 Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program.

I. There is hereby established a commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

(a) The members of the commission shall be as follows:

(1) Three members of the senate, appointed by the president of the senate, one of whom shall be a member of the minority party.

(2) Three members of the house of representatives, appointed by the speaker of the house of representatives, one of whom shall be a member of the minority party.

(3) The commissioner of the department of health and human services, or designee.

(4) The commissioner of the department of insurance, or designee.

(5) A representative of an insurance carrier that offers policies for sale in New Hampshire on the exchange, appointed by the senate president.

(6) A representative of a hospital that operates in New Hampshire, appointed by the speaker of the house of representatives.

(7) A public member, who is a taxpayer, appointed by the senate president.

(8) A public member, who currently receives insurance coverage through the program, appointed by the speaker of the house of representatives.

(9) A licensed physician, appointed by the governor.

(10) A licensed mental health professional, appointed by the governor.

(11) A masters level licensed alcohol and drug counselor, appointed by the governor.

(b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

II.(a) The commission shall evaluate the effectiveness and future of the New Hampshire granite advantage health care program. Specifically the commission shall:

(1) Review the program's financial metrics.

(2) Review the program's product offerings.

(3) Review the program's impact on insurance premiums for individuals and small businesses.

(4) Make recommendations for future program modifications, including, but not limited to whether the New Hampshire advantage health care program is the most cost-effective model for the long term versus a return to private market managed care.

(5) Evaluate non-general fund funding options for longer term continuation of the program.

(6) Review up-to-date information regarding changes in the level of uncompensated care through shared information from the department, the department of revenue administration, the insurance department, and provider organizations and the program's impact on insurance premium tax revenues and Medicaid enhancement tax revenue.

(b) Any funding solutions recommended by the commission shall not include the use of new general funds.

(c) The commission shall solicit information from any person or entity the commission deems relevant to its study.

III. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Eight members of the commission shall constitute a quorum.

IV. The commission shall make an interim report on or before December 1, 2020 and a final report together with its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before December 1, 2022.

126-AA:5 Evaluation Report Required.

I. The program shall employ an outcome-based evaluation of its Medicaid program annually to:

(a) Provide accountability to patients and the overall program.

(b) Ensure that patients are making informed decisions in carrying out health care choices and utilizing the most appropriate level of care.

(c) Ensure that the use of incentives, the loss of incentives, cost transparency, and reference based pricing have been effective in lowering costs.

II. The results of the evaluation conducted under this section shall be in the form of a report to be provided to CMS, the president of the senate, the speaker of the house of representatives, the governor, and the fiscal committee of the general court by December 31 of each year beginning in 2019.

2 Insurance Premium Tax; New Hampshire Granite Advantage Health Care Program. Amend RSA 400-A:32, III to read as follows:

III.(a) Except as provided in subparagraph (b), the taxes imposed in paragraphs I and II of this section shall be promptly forwarded by the commissioner to the state treasurer for deposit to the general fund.

(b) Taxes imposed attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided for under RSA [~~126-A:5, XXIV-XXVI~~] ***126-AA*** shall be [~~deposited into the New Hampshire health protection trust fund, established in RSA 126-A:5-b. The commissioner shall notify the state treasurer of sums for deposit into the New Hampshire health protection trust fund no later than 30 days after receipt of said~~

~~taxes~~] ***used for the administration of the New Hampshire granite advantage health care program, established in RSA 126-AA.***

3 Plan of Operation for the High Risk Pool. Amend RSA 404-G:5-a, IV(b)-(d) to read as follows:

(b) Established no later than November 1 in the year preceding the calendar year for which the carrier's experience shall be used to calculate the assessment; ***and***

(c) Anticipated to be sufficient to meet the high risk pool's funding needs [~~and the association's share of the costs of the program, as defined in subparagraph (d); and~~

~~(d) For the period of January 1, 2017 through December 31, 2018, an amount not to exceed 50 percent of the remainder amount, as defined in RSA 126-A:5-c, I(b), less the amount made available to the program pursuant to RSA 404-G:11, VI. The association shall transfer all amounts collected pursuant to this subparagraph and the amount made available to the program pursuant to RSA 404-G:11, VI to the New Hampshire health protection trust fund, established pursuant to RSA 126-A:5-b~~].

4 New Hampshire Granite Advantage Health Care Program; Federal Match. Amend 2014,3:10, I as amended by 2016,13:13 to read as follows:

I. ***The New Hampshire granite advantage health care program, established in RSA 126-AA, shall be financially administered and managed not to exceed the amount of federal funding provided which shall include consumer price index medical inflation.*** If at any time the federal match rate applied to medical assistance for newly eligible adults under RSA [~~126-A:5, XXIV-XXV between July 1, 2014 – December 31, 2016~~] ***126-AA*** is less than [~~100~~] ***90*** percent[~~, less than 95 percent in 2017 and less than 94 percent in 2018,~~] of the amount as set forth in 42 U.S.C. section 1396d(y)(1), then RSA [~~126-A:5, XXIV and XXV~~] ***126-AA*** [~~shall be~~] ***is hereby*** repealed 180 days after the event under this [~~subparagraph~~] ***paragraph*** occurs upon notification by the commissioner of the department of health and human services to the secretary of state and the director of legislative services. The commissioner shall immediately issue notice to program participants of the program's pending repeal.

5 Individual Health Insurance Market; Purpose. Amend RSA 404-G:1, II to read as follows:

II. Create a nonprofit, voluntary organization to facilitate the availability of affordable individual nongroup health insurance by establishing an assessment mechanism and an individual health insurance market mandatory risk sharing plan as a mechanism to distribute the risks associated within the individual nongroup market and to support the [~~marketplace premium assistance program established in RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program established in RSA 126-AA.***

6 Individual Health Insurance Market; Definitions. Amend RSA 404-G:2, X-a to read as follows:

X-a. "Plan of operation" means the plan of operation of the risk sharing mechanism, the high risk pool, support for the program established in RSA [~~126-A:5, XXV~~] ***126-AA***, and the federally qualified high risk pool, including articles, bylaws and operating rules, procedures and

policies adopted by the association.

7 Managed Care Law; Right to External Review. Amend RSA 420-J:5-a, II(a) to read as follows:

(a) Health care services provided through Medicaid, the state Children's Health Insurance Program (Title XXI of the Social Security Act), Medicare or services provided under these programs but through a contracted health carrier, except where those services are provided through private insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program under RSA 126-AA*** in which case all provisions of this chapter shall apply.

8 Insurance Department; Administration Fund. Amend RSA 400-A:39, VI(a) to read as follows:

(a) Based on the annual statement filed in such year by each insurer under RSA 400-A:31, RSA 420-A:20, RSA 420-B:9, RSA 420-F:9, or other financial statement filed under RSA 415-E:11, the commissioner shall ascertain each insurer's amount of gross direct premiums written, including policy, membership and other fees, service charges, policy dividends applied in payment for insurance, and all other considerations for insurance originating from policies covering property, subjects, or risks located, resident or to be performed in New Hampshire after deducting return premiums and dividends actually returned or credited to policyholders. The premium for Medicaid managed care coverage provided by a health carrier contracting with the department of health and human services under RSA 126-A:5, XIX shall not be included in an insurer's assessable premium, except where that coverage is provided through the purchase of insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV, or through the health insurance premium payment program under RSA 126-A:5, XXIII~~] ***New Hampshire granite advantage health care program under RSA 126-AA.*** If any such insurer does not otherwise timely provide the commissioner with the information necessary for such ascertainment, it shall do so on or before May 1 of each year.

9 New Subparagraph; Application of Receipts; New Hampshire Advantage Health Care Program. Amend RSA 6:12, I(b) by inserting after subparagraph (339) the following new subparagraph:

(340) Moneys deposited in the New Hampshire granite advantage health care trust fund under RSA 126-AA:3.

10 Severability. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provisions or applications, and to this end the provisions of this act are severable.

11 Contingency. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect on the date of certification by the commissioner of the department of health and human services to the director of legislative services and the secretary of state that 42 U.S.C. section 1396a(e)(14)(c) has been repealed or amended to permit the application of an asset test.

12 Repeals. The following are repealed:

I. RSA 404-G:2, X-c, relative to the marketplace premium assistance program.

II. RSA 126-AA:4, relative to the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

III. RSA 126-AA, relative to the New Hampshire granite advantage health care program.

IV. RSA 126-A:5-c, relative to funding the state share of the New Hampshire health protection program.

V. RSA 126-A:5-d, relative to voluntary contribution.

VI. RSA 126-A:5, XXX, relative to the New Hampshire health protection program.

VII. RSA 6:12, I(b)(340), relative to the moneys deposited in the New Hampshire granite advantage health care trust fund.

13 Effective Date.

I. Paragraph II of section 12 of this act shall take effect December 1, 2022.

II. Paragraphs III and VII of section 12 of this act shall take effect December 31, 2023.

III. Section 1 of this act shall take effect upon its passage.

IV. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect as provided in section 11 of this act.

V. The remainder of this act shall take effect December 31, 2018.

LBAO
18-2956
Revised 1/25/18

SB 313-FN- FISCAL NOTE
AS INTRODUCED

AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program.

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

	Estimated Increase / (Decrease)			
STATE:	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**
Appropriation	$0	$0	$0	$0
Revenue	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	[ ] General [ ] Education [ ] Highway [X] Other - Insurance premium tax, voluntary contributions, insurer assessment, federal funding.			

LOCAL:

Revenue	$0	$0	$0	$0
Expenditures	Indeterminable Decrease	Indeterminable Decrease	Indeterminable Decrease	Indeterminable Decrease

METHODOLOGY:

This bill creates a new chapter, RSA 126-AA, establishing the New Hampshire Granite Advantage Health Care Program (Granite Advantage Program), which will become effective on December 31, 2018 and replace the New Hampshire Health Protection Program (NHHPP), scheduled by law to terminate on that date. The Granite Advantage Program will differ from the NHHPP in that, rather than making coverage available by purchasing health plans certified for sale on the federally facilitated marketplace, it will offer coverage via Medicaid managed care organizations (MCO). As with the NHHPP, the Granite Advantage Program will make coverage available to individuals with incomes up to 138% of the federal poverty level.

The existing NHHPP is funded via: (1) federal funds, which as of January 1, 2018 cover 94% of program costs, declining to 90% on January 1, 2020, (2) insurance premium tax revenue attributable to premiums purchased under the NHHPP, and (3) other non-general fund revenue sources. These other non-general fund revenue sources consist of an assessment on insurers under RSA 404-G, as well as voluntary contributions accepted under RSA 126-A:5, d. This bill retains funding source (1), since federal funds will remain available regardless of delivery type, as well as funding source (2), since MCO coverage will remain subject to the state's insurance premium tax. The bill modifies funding source (3) by removing the requirement that a

"remainder amount" (i.e., costs remaining after funding sources (1) and (2) have been exhausted) be calculated and split evenly between the insurance assessment and voluntary contributions. While the bill allows for the possibility of using gifts, grants, and donations to fund the Granite Advantage Program, it does not specify that they be used to fund any particular share of program costs. Likewise, the bill allows for an insurer assessment under RSA 404-G, but, as noted by the Insurance Department, does not specify what level of financial support the assessment is expected to provide. Given this, it is unclear how remaining program costs will be funded if federal revenue and State Insurance Premium Tax Revenues are not sufficient. The bill does, however, make clear that State General Funds shall not be used to support the program.

The Department of Health and Human Services states that, due to limited detail about the design and operation of the Granite Advantage Program, it is unable to provide a detailed analysis of the bill's fiscal impact. For informational purposes, the Department's contracted actuary prepared a report in October 2017 on the cost effectiveness of an MCO model versus that of the existing model, and concluded reimbursement rates to providers would, on average, be lower under an MCO model, resulting in lower overall program costs. Using assumed expenditures of $378 million for the non-medically frail population served by the NHHPP in FY 2018, the analysis projected that expenditures for the same period under an MCO model would be approximately $167 million. Since the State's share of program costs in FY 2018 is 6% of the total, the actuary projected that State expenditures under the MCO model would be approximately $10 million versus $22.7 million under the existing NHHPP. These numbers do not include the cost of the medically frail population, which is currently served by MCOs and would continue to be served by MCOs under this bill. The report did not address such factors as the impact on uncompensated care claims, disproportionate share payments to hospitals, Medicaid Enhancement Tax revenue, or Insurance Premium Tax Revenue.

The Insurance Department projects that, once federal funding drops to 90% in calendar year 2020, federal funds plus Insurance Premium Tax Revenue will collectively fund 92% of program costs. The Department based this projection on an estimated enrollment of 46,000 and an estimated per member per month cost of $350, as well as assumed Insurance Premium Tax revenues attributable to the program of $2.6 million in FY20, $2.7 million in FY21, and $2.8 million in each of FY22 and FY23. The Department estimates that if the insurer assessment under RSA 404-G is expected to fully fund the remaining State share of program costs (which, as noted above, is not specified by the bill itself), the assessment will need to raise approximately $15 million per year. The assessment needed to raise this amount will be approximately $2.75 per member per month on the base of approximately 475,000 covered lives.

The New Hampshire Municipal Association assumes the bill will reduce expenditures by an indeterminable amount due to a decrease in costs for local welfare assistance.

The Department of Corrections is unable to determine the bill's fiscal impact.

The New Hampshire Association of Counties assumes the bill will have no impact on county finances.

AGENCIES CONTACTED:

Departments of Health and Human Services, Administrative Services, Corrections, and Revenue Administration, Insurance Department, New Hampshire Municipal Association, and New Hampshire Association of Counties

Amendments

Sen. Bradley, Dist 3
Sen. Morse, Dist 22
February 16, 2018
2018-0700s
01/10

Amendment to SB 313-FN

Amend the title of the bill by replacing it with the following:

AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds.

Amend the bill by replacing all after the enacting clause with the following:

1 New Chapter; New Hampshire Granite Advantage Health Care Program. Amend RSA by inserting after chapter 126-Z the following new chapter:

CHAPTER 126-AA

NEW HAMPSHIRE GRANITE ADVANTAGE HEALTH CARE PROGRAM

126-AA:1 Definitions. In this chapter:

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

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

III. "Fund" means the New Hampshire granite advantage health care trust fund.

IV. "Program" means the New Hampshire granite advantage health care program.

V. "Remainder amount" means, for the 6-month period between January 1, 2019 and June 30, 2019 and for each single identified fiscal year thereafter for any authorized period of the granite advantage health care program, the cost of the program, including administrative costs attributable to the program, less all federal reimbursement for the program that period or fiscal year, including federal reimbursement for administrative costs attributable to the program, and taxes attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided for under this chapter, consistent with RSA 400-A:32, III(b).

126-AA:2 New Hampshire Granite Advantage Health Care Program Established.

I.(a) The commissioner shall apply for any necessary waivers and state plan amendments to implement a 5-year demonstration program beginning on January 1, 2019 to create the New Hampshire granite advantage health care program which shall be funded exclusively from non-general fund sources, including federal funds. The commissioner shall include in an application for the necessary waivers submitted to the Centers for Medicare and Medicaid Services (CMS) a waiver of the requirement to provide 90-day retroactive coverage. To receive coverage under the program, those individuals in the new adult group who are eligible for benefits shall choose coverage offered

by one of the managed care organizations (MCOs) awarded contracts as vendors under Medicaid managed care, pursuant to RSA 126-A:5, XIX(a). The program shall make coverage available in a cost-effective manner and shall provide cost transparency measures, and ensure that patients are utilizing the most appropriate level of care. Cost effectiveness shall be achieved by offering cash incentives and other forms of incentives to be offered to the insured by choosing preferred lower cost medical procedures and treatment. Loss of incentives shall also be employed. MCOs shall employ reference-based pricing, cost transparency, and the use of incentives and loss of incentives to the Medicaid and newly eligible population. For the purposes of this subparagraph, "reference-based pricing" means setting a maximum amount payable for certain medical procedures.

(b) The department shall ensure through managed care contracts that MCOs incorporate measures to promote continuity of coverage, including, but not limited to, assisting over income participants in applying for coverage on New Hampshire's health insurance exchange and maintaining care and case management during the pendency of such application.

(c) The MCOs shall promote personal responsibility through the use of incentives, loss of incentives, and case management to the greatest extent practicable.

(d) Prior to submitting the waiver or state plan amendment to CMS, the commissioner shall present the waiver or state plan amendment to the governor and the fiscal committee of the general court for approval. The program shall not commence operation until such waivers or state plan amendments have been approved by CMS. All necessary waivers and state plan amendments shall be submitted by June 30, 2018. If all waivers necessary for the program are not approved by December 1, 2018, the commissioner shall immediately notify all program participants that the program will be terminated in accordance with the federally required Special Terms and Conditions No. 11-W-003298/1.

(e) In order to combat the opioid and heroin crisis facing New Hampshire, the department shall establish behavioral health rates sufficient to ensure access to, and provider capacity for all behavioral health services including, as appropriate, establishing specific substance use disorder services rate cells for inclusion into capitated rates for managed care.

(f) Any person transitioning from the premium assistance program to the program shall not lose coverage due solely to the transition, which shall be for a period of at least 90 days, and all MCOs shall honor all pre-existing authorizations for care plans and treatments for all program participants for a period of not less than 90 days.

(g)(1) The commissioner shall include in MCO contracts with the state clinically and actuarially sound incentives designed to improve care quality and utilization and to lower the total cost of care within the Medicaid managed care program. The commissioner shall also include in the MCO contract provisions an obligation for the MCO to include provider alignment incentives to leverage the combined efforts of the parties to achieve the purposes of the incentives. Preferential auto-assignment of newly eligible members, shared incentive pools, and differential capitation rates

are among the options for incentives the commissioner may employ to achieve improved performance. Initial areas to improve care quality and utilization and to lower the total cost of care may include, but are not limited to:

(A) Appropriate use of emergency departments relative to low acuity non-emergent visits.

(B) Reduction in preventable admissions and 30-day hospital readmission for all causes.

(C) Timeliness of prenatal care and reductions in neonatal abstinence births.

(D) Timeliness of follow-up after a mental illness or substance use disorders..

(E) Reduction of polypharmacy resulting in drug interaction harm.

(2) The commissioner shall include in MCO contracts actuarial appropriate rebate provisions for failure to implement contractually agreed upon incentive measures.

(h) Savings generated as a result of individuals disenrolled from the program for failing to meet the work and community engagement requirement shall not be included in any calculation submitted to CMS to establish federal budget neutrality of any waiver issued for the program.

II.(a) To receive benefits under this section and to the extent allowed by federal law, the individual shall:

(1) Provide all necessary information regarding financial eligibility, assets, residency, citizenship or immigration status, and insurance coverage to the department in accordance with rules, or interim rules, including those adopted under RSA 541-A;

(2) Inform the department of any changes in financial eligibility, residency, citizenship or immigration status, and insurance coverage within 10 days of such change; and

(3) At the time of enrollment acknowledge that the program is subject to cancellation upon notice.

(b) If allowed by federal law, all resources which the individual and his or her family own shall be considered to determine eligibility under this paragraph, including cash, bank accounts, stocks, bonds, permanently unoccupied real estate, and trusts. The home in which the individual resides in, furniture, and one vehicle owned by the individual applying for benefits shall be excluded from the eligibility requirements for benefits under this paragraph. If, after counting or excluding the individual's household's resources, the total countable resources equal or fall below $25,000, he or she shall be considered asset eligible.

III.(a) Newly eligible adults who are unemployed shall be eligible to receive benefits under this paragraph if the commissioner finds that the individual is engaging in at least 100 hours per month based on an average of 25 hours per week in one or more work or other community engagement activities, as follows:

(1) Unsubsidized employment, including nonprofit organizations.

(2) Subsidized private sector employment.

(3) Subsidized public sector employment.

(4) On-the-job training.

(5) Job skills training related to employment, including credit hours earned from an accredited college or university in New Hampshire. Academic credit hours shall be credited against this requirement on an hourly basis.

(6) Job search and job readiness assistance, including, but not limited to, persons receiving unemployment benefits and other job training related services, such as job training workshops and time spent with employment counselors, offered by the department of employment security. Job search and job readiness assistance under this section shall be credited against this requirement on an hourly basis.

(7) Vocational educational training not to exceed 12 months with respect to any individual.

(8) Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency.

(9) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.

(10) Community service or public service.

(11) Caregiver services for a nondependent relative or other person with a disabling medical or developmental condition.

(12) Participation in substance use disorder treatment.

(b) If an individual in a family receiving benefits under this paragraph refuses to engage in work or community engagement activities required in accordance with this subparagraph, the assistance shall be terminated. The commissioner shall adopt rules under RSA 541-A to determine good cause and other exceptions to termination. An individual may apply for good cause exemptions which shall include, at a minimum, the following verified circumstances:

(1) The beneficiary experiences the birth, or death, of a family member living with the beneficiary.

(2) The beneficiary experiences severe inclement weather, including a natural disaster, and therefore was unable to meet the requirement.

(3) The beneficiary has a family emergency or other life-changing event such as divorce or domestic violence.

(c) This subparagraph shall only apply to those considered, able-bodied adults as described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act of 1935, as amended, 42 U.S.C. section 1396a(a)(10)(A)(i). In this subparagraph, "childless" means an adult who does not live with a dependent child which includes a child under 19 years of age or under 20 years of age if the child is a full-time student in a secondary school or the equivalent.

(d) This subparagraph shall not apply to:

(1) A person who is temporarily unable to participate in the requirements under subparagraph (a) due to illness, incapacity, or treatment, including inpatient treatment, as certified by a licensed physician, an advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, a licensed drug and alcohol counselor (LADAC), or a board-certified psychologist. The physician, APRN, licensed behavioral health professional, licensed physician assistant, LADAC, or psychologist shall certify, on a form provided by the department, the duration and limitations of the disability.

(2) A person participating in a state-certified drug court program, as certified by the administrative office of the superior court.

(3) A parent or caretaker as identified in RSA 167:82, II(g) where the required care is considered necessary by a licensed physician, APRN, board-certified psychologist, physician assistant, or licensed behavioral health professional who shall certify the duration that such care is required.

(4) A parent or caretaker of a dependent child under 6 years of age or a child with developmental disabilities who is residing with the parent or caretaker.

(5) Pregnant women.

(6) A beneficiary who has a disability as defined by the Americans with Disabilities Act (ADA), section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act and is unable to meet the requirement for reasons related to that disability; or who has an immediate family member in the home with a disability under federal disability rights laws and who is unable to meet the requirement for reasons related to the disability of that family member, or the beneficiary or an immediate family member who is living in the home or the beneficiary experiences a hospitalization or serious illness.

(7) Beneficiaries who are identified as medically frail, under 42 C.F.R section 440.315(f), and as defined in the alternative benefit plan in the state plan.

(8) Any beneficiary who is in compliance with the requirement of the Supplemental Nutritional Assistance Program (SNAP) and/or Temporary Assistance to Needy Families (TANF) employment initiatives.

(e) The commissioner shall adopt rules under RSA 541-A pertaining to the community engagement requirement. Those rules shall be consistent with the terms and conditions of any waiver issued by the Centers for Medicare and Medicaid Services for the program and shall address, at a minimum, the following:

(1) Enrollment, suspension, and disenrollment procedures in the program.

(2) Verification of compliance with community engagement activities.

(3) Verification of exemptions from participation.

(4) Opportunity to cure and re-activation following noncompliance, including not

being barred from re-enrollment.

(5) Good cause exemptions.

(6) Education and training of enrollees.

IV. The commissioner shall implement the work and community engagement requirement under paragraph III beginning January 1, 2019 in accordance with the terms and conditions of any waiver approved by CMS.

V. All veterans who are current New Hampshire residents shall receive medical and medical-related services from any hospital in this state providing services to the newly eligible Medicaid population.

VI. A person shall not be eligible to enroll or participate in the program, unless such person verifies his or her United States citizenship by 2 forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a nondriver's picture identification card issued pursuant to RSA 260:21.

VII. No person, organization, department, or agency shall submit the name of any person to the National Instant Criminal Background Check System (NICS) on the basis that the person has been adjudicated a "mental defective" or has been committed to a mental institution, except pursuant to a court order issued following a hearing in which the person participated and was represented by an attorney.

VIII. For any person determined to be eligible and who is enrolled in the program, the MCO shall support the individual to arrange a wellness visit with his or her primary care provider, either previously identified or selected by the individual from a list of available primary care physicians. The wellness visit shall include appropriate assessments of both physical and mental health, including screening for depression, mood, suicidality, and unhealthy substance use, for the purpose of developing a health wellness and care plan.

IX. Any person receiving benefits from the program shall be responsible for providing information regarding his or her change in status or eligibility, including current contact information. The commissioner shall adopt rules, under RSA 541-A, pertaining to the opportunity to cure and for re-activation following noncompliance.

126-AA:3 The New Hampshire Granite Advantage Health Care Trust Fund.

I. There is hereby established the New Hampshire granite advantage health care trust fund which shall be accounted for distinctly and separately from all other funds and shall be non-interest bearing. The fund shall be administered by the commissioner and shall be used solely to provide coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2, and to pay for the administrative costs for the program. The commissioner may accept any gifts, grants, donations, or other funding from any source and shall deposit all such revenue received into the fund. No state general fund appropriations shall be deposited into the fund. All moneys in the fund shall be nonlapsing and shall be continually appropriated to the commissioner for the purposes of

the fund. The fund shall be authorized to pay and/or reimburse:

(a) The cost of medical services, including without limitation, capitation payments to managed care organizations and wrap-around benefits for those newly eligible adults who obtain health coverage as provided in RSA 126-AA.

(b) The costs of implementing, verifying, and maintaining the work and community engagement requirements.

(c) Any other costs that are fully reimbursable by the federal government pertaining to the program.

II. The commissioner, as the administrator of the fund, shall have the sole authority to:

(a) Apply for federal funds to support the program.

(b) Notwithstanding any provision of law to the contrary, accept and expend federal funds as may be available for the program and the commissioner shall notify the bureau of accounting services, by letter, with a copy to the fiscal committee of the general court and the legislative budget assistant.

(c) Make payments and reimbursements from the fund as outlined in this section.

III. The commissioner shall submit a report to the governor and the fiscal committee of the general court detailing the activities and operation of the trust fund annually within 90 days of the close of each state fiscal year.

IV. On or before August 15, 2018, the commissioner, in consultation with the insurance commissioner, shall estimate the remainder amounts for the period of January 1, 2019 to June 30, 2019 and for state fiscal year 2020. The commissioner shall report the estimated annual remainder amount to the insurance commissioner, the New Hampshire Health Plan, the governor, the speaker of the house of representatives, and the president of the senate. Thereafter, on or before August 15 of each fiscal year, the commissioner, in consultation with the insurance commissioner, shall estimate the remainder amounts for both the current and next fiscal year. The commissioner shall report the estimated remainder amount to the insurance commissioner, the New Hampshire Health Plan, the governor, the speaker of the house of representatives, and the president of the senate.

V. On or before September 30, the commissioner shall calculate the estimated final remainder amount for the 6-month period between January 1, 2019 and June 30, 2019. On or before September 30 of each subsequent year, the commissioner shall calculate the estimated final remainder amount for the prior fiscal year. If the actual remainder amount is greater than the prior calculated estimated remainder for any fiscal year, the difference shall be retained in the trust fund and shall be used in the calculation of future estimated remainder amounts.

VI. The commissioner of the department of health and human services, in accordance with the most current available information, shall be responsible for determining, every 6 months commencing no later than December 31, 2018, whether there is sufficient funding in the fund, to cover projected program costs for the nonfederal share for the next 6-month period. If at any time

the commissioner determines that a projected shortfall exists, he or she shall terminate the program in accordance with the federally approved terms and conditions issued by CMS.

126-AA:4 Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program.

I. There is hereby established a commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

(a) The members of the commission shall be as follows:

(1) Three members of the senate, appointed by the president of the senate, one of whom shall be a member of the minority party.

(2) Three members of the house of representatives, appointed by the speaker of the house of representatives, one of whom shall be a member of the minority party.

(3) The commissioner of the department of health and human services, or designee.

(4) The commissioner of the department of insurance, or designee.

(5) A representative of each managed care organization awarded contracts as vendors under the Medicaid managed care program, appointed by the governor.

(6) A representative of a hospital that operates in New Hampshire, appointed by the speaker of the house of representatives.

(7) A public member, who has health care expertise, appointed by the senate president.

(8) A public member, who currently receives coverage through the program, appointed by the speaker of the house of representatives.

(9) A licensed physician, appointed by the governor.

(10) A licensed mental health professional, appointed by the governor.

(11) A masters level licensed alcohol and drug counselor, appointed by the governor.

(b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

II.(a) The commission shall evaluate the effectiveness and future of the program. Specifically the commission shall:

(1) Review the program's financial metrics.

(2) Review the program's product offerings.

(3) Review the program's impact on insurance premiums for individuals and small businesses.

(4) Make recommendations for future program modifications, including, but not limited to whether the program is the most cost-effective model for the long term versus a return to private market managed care.

(5) Evaluate non-general fund funding options for longer term continuation of the program, including options to accept funding from the federal government allowing a self-

administered program.

(6) Review up-to-date information regarding changes in the level of uncompensated care through shared information from the department, the department of revenue administration, the insurance department, and provider organizations and the program's impact on insurance premium tax revenues and Medicaid enhancement tax revenue.

(7) Review the granite workforce pilot program.

(b) Any funding solutions recommended by the commission shall not include the use of new general funds.

(c) The commission shall solicit information from any person or entity the commission deems relevant to its study.

(d) The commission shall make a recommendation on or by February 1, 2019 to the commissioner concerning recommended monitoring and evaluation requirements for work and community engagement requirements, including a draft of proposed metrics for quarterly and annual reporting, including suggested costs and benefits evaluations.

III. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Eight members of the commission shall constitute a quorum.

IV. The commission shall make an interim report on or before December 1, 2020 and a final report together with its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before December 1, 2022.

126-AA:5 Evaluation Report Required.

I. The program shall employ an outcome-based evaluation of its Medicaid program annually to:

(a) Provide accountability to patients and the overall program.

(b) Ensure that patients are making informed decisions in carrying out health care choices and utilizing the most appropriate level of care.

(c) Ensure that the use of incentives, the loss of incentives, cost transparency, and reference based pricing have been effective in lowering costs.

II. The results of the evaluation conducted under this section shall be in the form of a report to be provided to CMS, the president of the senate, the speaker of the house of representatives, the governor, and the fiscal committee of the general court by December 31 of each year beginning in 2019.

2 Purpose Statement. The purpose of sections 3-9 of this act is to establish a pilot program by using allowable federal funds available from the Temporary Assistance to Needy Families (TANF) program to end the dependence of needy parents and low income childless adults ages 18 through

24 on governmental programs by promoting job and work preparation and placing them into high labor need jobs based on the goals set forth in 45 C.F.R. section 260.20. The long-term goal of this program is to place low-income individuals into unsubsidized jobs in high labor need areas, transition them to self-sufficiency through providing career pathways with specific skills, and assist in eliminating barriers to work such as transportation and childcare. Taken together, these measures are designed to help low-income participants break the cycle of poverty and move them from living on the margin to the middle class and beyond.

3 Granite Workforce; Pilot Program Established.

I. The commissioner of the department of health and human services shall use allowable funds from the Temporary Assistance to Needy Families (TANF) program to provide subsidies to employers in high need areas, as determined by the department of employment security based upon workforce shortages, and to create a network of assistance to remove barriers to work for low-income families. The funds shall be used to establish a pilot program, referred to as Granite Workforce, a TANF nonassistance program, which shall accept enrollments by applicants for an initial period of 6 months. The program shall be jointly administered by the department of health and human services and the department of employment security. No cash assistance shall be provided to eligible participants through Granite Workforce. The total cost of the pilot program shall not exceed $3,000,000 in federal TANF funds for the biennium ending June 30, 2019.

II. To be eligible for Granite Workforce, applicants shall be:

(a) In a household with an income up to 138 percent of the federal poverty level; and

(b) Parents aged 18 through 64 with a child under age 18 in the household;

(c) Noncustodial parents aged 18 through 64 with a child under the age of 18; or

(d) Childless adults between 18 and less than 25 years of age.

III. The department of employment security shall determine eligibility and entry into the program, using nationally recognized assessment tools for vocational and job readiness assessments. Vocational assessments shall include educational needs, vocational interest, personal values, and aptitude. The department shall use the assessment results to work with the participant to produce a long-term career plan for moving into the middle class and beyond.

IV. Except as otherwise provided in paragraph II regarding program eligibility, administrative rules governing the New Hampshire employment program, adopted under RSA 541-A as chapter He-W 600, shall apply to the Granite Workforce pilot program.

4 Granite Workforce; Subsidies for Employers.

I. Upon placement of a participant into a paying job and receiving verification of employment and wages from the employer, the department of employment security shall pay the employer a subsidy of $2,000.

II. After at least 3 full months of the continued employment of the participant and receiving verification of the continued employment and wages from the employer, the department of

employment security shall pay the employer a second subsidy of $2,000.

III. If an overpayment is made, the employer shall reimburse the department that amount upon being notified by the department.

5 Referral for Barriers to Employment. The department of health and human services, in consultation with the department of employment security, shall issue a request for applications (RFAs) for community providers interested in offering case management services to participants with barriers to employment. Participants shall be identified by the department of employment security using an assessment process that screens for barriers to employment including, but not limited to, transportation, child care, substance use, mental health, and domestic violence. Thereafter, the department of employment security shall refer to community providers those individuals deemed needing assistance with removing barriers to employment. When child care is identified as a barrier to employment, the department of employment security or the community provider shall refer the individual to available child care service programs.

6 Network of Education and Training.

I. If after the assessment conducted by the department of employment security additional job training, education, or skills development is necessary prior to job placement, the department of employment security shall address those needs by:

(a) Referring individuals to training and apprenticeship opportunities offered by the community college system of New Hampshire;

(b) Referring individuals to the department of business and economic affairs to utilize available training funds and support services;

(c) Referring individuals to education and employment programs for youth available through the department of education; or

(d) Referring individuals to training available through other colleges and training programs.

II. All industry specific skills and training will be provided for jobs in high need areas, as determined by the department of employment security based upon workforce shortages.

7 Job Placement. Upon determining the participant is job ready, the department of employment security shall place individuals into jobs with employers in high need areas, as determined by the department of employment security based upon workforce shortages. This includes, but is not limited to, high labor need jobs in the fields of healthcare, advanced manufacturing, construction/building trades, information technology, and hospitality. Training and job placement shall focus on:

I. Supporting health care/safety issues: training/jobs to combat the opioid crisis, including nurses, nursing assistants, clinicians, social workers, and treatment providers at the licensed alcohol and drug addictions counselor and licensed mental health counselor levels. Additionally, jobs to address long-term care needs, home healthcare services, and expanding mental/behavioral

health services.

II. Advanced manufacturing to meet employer needs: training/jobs that include computer-aided drafting and design, electronic and mechanical engineering, precision welding, computer numerical controlled precision machining, robotics, and automation.

III. Construction/building trades to address critical infrastructure needs: training/jobs for building roads, bridges, municipality infrastructure, and ensuring safe drinking water.

IV. Information technology: training/jobs to allow businesses to excel in an ever-increasing network dependent business environment.

V. Hospitality-training/jobs to address the workforce shortage and support New Hampshire's tourism industry, to include but not be limited to hotel workers, restaurant workers, campground workers, lift operators, state park workers, and amusement park workers.

8 Reporting Requirement; Measurement of Outcomes.

I. The department of health and human services shall prepare a report on the outcomes of the Granite Workforce program using appropriate standard common performance measures. Program partners, as a condition of participation, shall be required to provide the department with the relevant data. Metrics to be measured shall include, but are not limited to:

(a) Degree of participation.

(b) Progress with overcoming barriers.

(c) Entry into employment.

(d) Job retention.

(e) Earnings gain.

(f) Movement within established federal poverty level measurements, including the Supplemental Nutrition Assistance Program (SNAP) and the New Hampshire granite advantage health care program under RSA 126-AA.

(g) Health insurance coverage provider.

(h) Attainment of education or training, including credentials.

II. The report shall be issued to the speaker of the house of representatives, president of the senate, the governor, the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program established under RSA 126-AA:4, and the state library on or before December 1, 2018.

9 Insurance Premium Tax; New Hampshire Granite Advantage Health Care Program. Amend RSA 400-A:32, III to read as follows:

III.(a) Except as provided in subparagraph (b), the taxes imposed in paragraphs I and II of this section shall be promptly forwarded by the commissioner to the state treasurer for deposit to the general fund.

(b) Taxes imposed attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided for under RSA [~~126-A:5,~~

~~XXIV-XXVI~~] ***126-AA*** shall be deposited into the New Hampshire [~~health protection trust fund, established in RSA 126-A:5-b~~] ***granite advantage health care trust fund established in RSA 126-AA:3.*** The commissioner shall notify the state treasurer of sums for deposit into the New Hampshire [~~health protection~~] ***granite advantage health care*** trust fund no later than 30 days after receipt of said taxes. ***The moneys in the trust fund may be used for the administration of the New Hampshire granite advantage health care program, established in RSA 126-AA.***

10 Plan of Operation for the High Risk Pool. Amend RSA 404-G:5-a, IV(c)-(d) to read as follows:

(c) Anticipated to be sufficient to meet the high risk pool's funding needs[~~, and the association's share of the costs of the program, as defined in subparagraph (d)~~]; ~~and~~

(d) [~~For the period of January 1, 2017 through December 31, 2018,~~] An amount not to exceed 50 percent of the remainder amount, as defined in [~~RSA 126-A:5-c, I(b), less the amount made available to the program pursuant to RSA 404-G:11, VI~~] ***RSA 126-AA:1, V.*** The association shall transfer all amounts collected pursuant to this subparagraph [~~and the amount made available to the program pursuant to RSA 404-G:11, VI~~] to the New Hampshire [~~health protection~~] ***granite advantage health care program*** trust fund, established pursuant to [~~RSA 126-A:5-b~~] ***RSA 126-AA:3.***

11 New Hampshire Granite Advantage Health Care Program; Federal Match. Amend 2014, 3:10, I as amended by 2016,13:13 to read as follows:

I. If at any time the federal match rate applied to medical assistance for newly eligible adults under [~~RSA 126-A:5, XXIV-XXV between July 1, 2014 - December 31, 2016 is less than 100 percent, less than 95 percent in 2017 and less than 94 percent in 2018, of the amount as set forth in 42 U.S.C. section 1396d(y)(1), then RSA 126-A:5, XXIV and XXV shall be~~] ***RSA 126-AA is less than 94 percent in 2018, less than 93 percent in 2019, and less than 90 percent in 2020 and any year thereafter in which the program is authorized, then the program is hereby*** repealed 180 days after the event under this [~~subparagraph~~] ***paragraph*** occurs upon notification by the commissioner of the department of health and human services to the secretary of state and the director of legislative services. The commissioner shall immediately issue notice to program participants of the program's pending repeal ***consistent with the terms and conditions of any waiver approved by the Centers for Medicare and Medicaid Services for the program.***

12 Liquor Commission; Funds. Amend RSA 176:16, III to read as follows:

III. [~~3.4~~] ***Five*** percent of the previous fiscal year gross profits derived by the commission from the sale of liquor shall be deposited into the alcohol abuse prevention and treatment fund established by RSA 176-A:1. For the purpose of this section, gross profit shall be defined as total operating revenue minus the cost of sales and services as presented in the state of New Hampshire comprehensive annual financial report, statement of revenues, expenses, and changes in net position for proprietary funds.

13 New Paragraph; Alcohol Abuse Prevention and Treatment Fund. Amend RSA 176-A:1 by inserting after paragraph III the following new paragraph:

IV. Upon the approval of the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, moneys deposited into the fund may be transferred to the New Hampshire granite advantage health care trust fund, established under RSA 126-AA:3, for use in ensuring the delivery of substance use disorder prevention, treatment, and recovery and other behavioral health services for persons enrolled in the New Hampshire granite advantage health care program; provided, however, that any program or service approved by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery that would have been funded from moneys transferred from the fund shall be paid for with federal or other funds available from within the department of health and human services.

14 Individual Health Insurance Market; Purpose. Amend RSA 404-G:1, II to read as follows:

II. Create a nonprofit, voluntary organization to facilitate the availability of affordable individual nongroup health insurance by establishing an assessment mechanism and an individual health insurance market mandatory risk sharing plan as a mechanism to distribute the risks associated within the individual nongroup market and to support the [~~marketplace premium assistance program established in RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program established in RSA 126-AA.***

15 Individual Health Insurance Market; Definitions. Amend RSA 404-G:2, X-a to read as follows:

X-a. "Plan of operation" means the plan of operation of the risk sharing mechanism, the high risk pool, support for the program established in RSA [~~126-A:5, XXV~~] ***126-AA***, and the federally qualified high risk pool, including articles, bylaws and operating rules, procedures and policies adopted by the association.

16 Managed Care Law; Right to External Review. Amend RSA 420-J:5-a, II(a) to read as follows:

(a) Health care services provided through Medicaid, the state Children's Health Insurance Program (Title XXI of the Social Security Act), Medicare or services provided under these programs but through a contracted health carrier, except where those services are provided through private insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program under RSA 126-AA*** in which case all provisions of this chapter shall apply.

17 Insurance Department; Administration Fund. Amend RSA 400-A:39, VI(a) to read as follows:

(a) Based on the annual statement filed in such year by each insurer under RSA 400-A:31, RSA 420-A:20, RSA 420-B:9, RSA 420-F:9, or other financial statement filed under RSA 415-E:11, the commissioner shall ascertain each insurer's amount of gross direct premiums written,

including policy, membership and other fees, service charges, policy dividends applied in payment for insurance, and all other considerations for insurance originating from policies covering property, subjects, or risks located, resident or to be performed in New Hampshire after deducting return premiums and dividends actually returned or credited to policyholders. The premium for Medicaid managed care coverage provided by a health carrier contracting with the department of health and human services under RSA 126-A:5, XIX shall not be included in an insurer's assessable premium, except where that coverage is provided through the purchase of insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV, or through the health insurance premium payment program under RSA 126-A:5, XXIII~~] ***New Hampshire granite advantage health care program under RSA 126-AA.*** If any such insurer does not otherwise timely provide the commissioner with the information necessary for such ascertainment, it shall do so on or before May 1 of each year.

18 New Subparagraph; Application of Receipts; New Hampshire Advantage Health Care Program. Amend RSA 6:12, I(b) by inserting after subparagraph (339) the following new subparagraph:

(340) Moneys deposited in the New Hampshire granite advantage health care trust fund under RSA 126-AA:3.

19 Severability. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provisions or applications, and to this end the provisions of this act are severable.

20 Contingency. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect on the date of certification by the commissioner of the department of health and human services to the director of legislative services and the secretary of state that 42 U.S.C. section 1396a(e)(14)(c) has been repealed or amended to permit the application of an asset test.

21 Funding; New Hampshire Granite Advantage Health Care Program. If the federal government amends 42 U.S.C. section 1396d (y)(1) to eliminate the state's share of funding for the New Hampshire granite advantage health care program, or if the federal government allows the use of savings within the Medicaid program to apply to the state's share of funding the program, or if any other state is permitted to receive funds from the federal government to allow a solely federally funded program, the commissioner of health and human services shall send a letter of notification regarding this change to the governor, the president of the senate, the speaker of the house of representatives, the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program established in RSA 126-AA, and the chairperson of the appropriate standing committee of the house and senate. The commissioner shall apply for the necessary waivers to similarly fund the New Hampshire granite advantage health care program.

22 Repeals. The following are repealed:

I. RSA 404-G:2, X-c, relative to the marketplace premium assistance program.

II. RSA 126-AA:4, relative to the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

III. RSA 126-AA, relative to the New Hampshire granite advantage health care program.

IV. RSA 126-A:5-c, relative to funding the state share of the New Hampshire health protection program.

V. RSA 126-A:5-d, relative to voluntary contribution.

VI. RSA 126-A:5, XXX, relative to the New Hampshire health protection program.

VII. RSA 6:12, I(b)(340), relative to the moneys deposited in the New Hampshire granite advantage health care trust fund.

23 Effective Date.

I. Paragraph II of section 22 of this act shall take effect December 1, 2022.

II. Paragraphs III and VII of section 22 of this act shall take effect December 31, 2023.

III. Section 1 and sections 3-8 of this act shall take effect upon its passage.

IV. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect as provided in section 20 of this act.

V. The remainder of this act shall take effect December 31, 2018.

2018-0700s

AMENDED ANALYSIS

This bill:

I. 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.

II. Establishes the granite workforce pilot program.

III. 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.

Sen. Feltes, Dist 15
March 6, 2018
2018-0959s
01/03

Draft Amendment to SB 313-FN

Amend RSA 126-AA:2, III(a) as inserted by section 1 of the bill by deleting subparagraph (12).

Amend RSA 126-AA:2, III(d) as inserted by section 1 of the bill by inserting after subparagraph (8) the following new subparagraph:

(9) Participation in substance use disorder treatment.

Sen. Feltes, Dist 15
Sen. Fuller Clark, Dist 21
Sen. D'Allesandro, Dist 20
Sen. Hennessey, Dist 5
Rep. Rosenwald, Hills. 30
March 6, 2018
2018-0960s
01/03

Draft Amendment to SB 313-FN

Amend RSA 126-AA:3, I as inserted by section 1 of the bill by replacing it with the following:

I. There is hereby established the New Hampshire granite advantage health care trust fund which shall be accounted for distinctly and separately from all other funds and shall be non-interest bearing. The fund shall be administered by the commissioner and shall be used solely to provide coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2, and to pay for the administrative costs for the program. The commissioner may accept any gifts, grants, donations, or other funding from any source and shall deposit all such revenue received into the fund. No state general fund appropriations shall be deposited into the fund. All moneys in the fund shall be nonlapsing and shall be continually appropriated to the commissioner for the purposes of the fund. The fund shall be authorized to pay and/or reimburse the cost of medical services and cost-effective related services, including without limitation, capitation payments to managed care organizations. An amount not to exceed $1,500,000 from the fund for the biennium ending June 30, 2019 may be used to reduce barriers to work for childless adults age 25 or older, consistent with the requirements of the Granite Workforce pilot program.

Sen. Hennessey, Dist 5
March 6, 2018
2018-0961s
01/03

Draft Amendment to SB 313-FN

Amend RSA 126-AA:2, III(d)(4) as inserted by section 1 of the bill by replacing it with the following:

(4) A parent or caretaker of a dependent child under 13 years of age or a child with developmental disabilities or severe emotional disturbance who is residing with the parent or caretaker.

Sen. Bradley, Dist 3
Sen. Morse, Dist 22
March 6, 2018
2018-0970s
01/03

Amendment to SB 313-FN

Amend the title of the bill by replacing it with the following:

AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds.

Amend the bill by replacing all after the enacting clause with the following:

1 New Chapter; New Hampshire Granite Advantage Health Care Program. Amend RSA by inserting after chapter 126-Z the following new chapter:

CHAPTER 126-AA

NEW HAMPSHIRE GRANITE ADVANTAGE HEALTH CARE PROGRAM

126-AA:1 Definitions. In this chapter:

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

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

III. "Fund" means the New Hampshire granite advantage health care trust fund.

IV. "Program" means the New Hampshire granite advantage health care program.

V. "Remainder amount" means, for the 6-month period between January 1, 2019 and June 30, 2019 and for each single identified fiscal year thereafter for any authorized period of the granite advantage health care program, the cost of the program, including administrative costs attributable to the program, less the amount of revenue transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-A:1, IV, less all federal reimbursement for the program that period or fiscal year, including federal reimbursement for administrative costs attributable to the program, and taxes attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided for under this chapter, consistent with RSA 400-A:32, III(b).

126-AA:2 New Hampshire Granite Advantage Health Care Program Established.

I.(a) The commissioner shall apply for any necessary waivers and state plan amendments to implement a 5-year demonstration program beginning on January 1, 2019 to create the New Hampshire granite advantage health care program which shall be funded exclusively from non-general fund sources, including federal funds. The commissioner shall include in an application for the necessary waivers submitted to the Centers for Medicare and Medicaid Services (CMS) a waiver

of the requirement to provide 90-day retroactive coverage. To receive coverage under the program, those individuals in the new adult group who are eligible for benefits shall choose coverage offered by one of the managed care organizations (MCOs) awarded contracts as vendors under Medicaid managed care, pursuant to RSA 126-A:5, XIX(a). The program shall make coverage available in a cost-effective manner and shall provide cost transparency measures, and ensure that patients are utilizing the most appropriate level of care. Cost effectiveness shall be achieved by offering cash incentives and other forms of incentives to be offered to the insured by choosing preferred lower cost medical providers. Loss of incentives shall also be employed. MCOs shall employ reference-based pricing, cost transparency, and the use of incentives and loss of incentives to the Medicaid and newly eligible population. For the purposes of this subparagraph, "reference-based pricing" means setting a maximum amount payable for certain medical procedures.

(b) The department shall ensure through managed care contracts that MCOs incorporate measures to promote continuity of coverage, including, but not limited to, assisting over income participants in applying for coverage on the federal marketplace in New Hampshire and maintaining care and case management during the pendency of such application.

(c) The MCOs shall promote personal responsibility through the use of incentives, loss of incentives, and case management to the greatest extent practicable.

(d) Prior to submitting the waiver or state plan amendment to CMS, the commissioner shall present the waiver or state plan amendment to the governor and the fiscal committee of the general court for approval. The program shall not commence operation until such waivers or state plan amendments have been approved by CMS. All necessary waivers and state plan amendments shall be submitted by June 30, 2018. If all waivers necessary for the program are not approved by December 1, 2018, the commissioner shall immediately notify all program participants that the program will be terminated in accordance with the federally required Special Terms and Conditions No. 11-W-003298/1.

(e) In order to combat the opioid and heroin crisis facing New Hampshire, the department shall establish behavioral health rates sufficient to ensure access to, and provider capacity for all behavioral health services including, as appropriate, establishing specific substance use disorder services rate cells for inclusion into capitated rates for managed care.

(f) Any person transitioning from the premium assistance program to the program shall not lose coverage due solely to the transition, which shall be for a period of at least 90 days. All MCOs shall honor all pre-existing authorizations for care plans and treatments for all program participants for a period of not less than 90 days after enrollment.

(g)(1) The commissioner shall include in MCO contracts with the state clinically and actuarially sound incentives designed to improve care quality and utilization and to lower the total cost of care within the Medicaid managed care program. The commissioner shall also include in the MCO contract provisions an obligation for the MCO to include provider alignment incentives to

leverage the combined efforts of the parties to achieve the purposes of the incentives. Preferential auto-assignment of newly eligible members, shared incentive pools, and differential capitation rates are among the options for incentives the commissioner may employ to achieve improved performance. Initial areas to improve care quality and utilization and to lower the total cost of care may include, but are not limited to:

(A) Appropriate use of emergency departments relative to low acuity non-emergent visits.

(B) Reduction in preventable admissions and 30-day hospital readmission for all causes.

(C) Timeliness of prenatal care and reductions in neonatal abstinence births.

(D) Timeliness of follow-up after a mental illness or substance use disorder admission.

(E) Reduction of polypharmacy resulting in drug interaction harm.

(2) The commissioner shall include in MCO contracts actuarial appropriate rebate provisions for failure to implement contractually agreed upon incentive measures.

(h) Savings generated as a result of individuals disenrolled from the program for failing to meet the work and community engagement requirement shall not be included in any calculation submitted to CMS to establish federal budget neutrality of any waiver issued for the program.

(i) Consistent with the state plan amendment submitted by the department and approved by CMS, all contracts between a Medicaid managed care organization and a federally qualified health care center, as defined in section 1905(1)(2)(B) of the Social Security Act, 42 U.S.C. section 1396d(1)(2)(B), providing services in geographic areas served by the plan, shall reimburse each such center for such services as provided in 42 U.S.C. section 18022(g).

II.(a) To receive benefits under this section and to the extent allowed by federal law, the individual shall:

(1) Provide all necessary information regarding financial eligibility, assets, residency, citizenship or immigration status, and insurance coverage to the department in accordance with rules, or interim rules, including those adopted under RSA 541-A;

(2) Inform the department of any changes in financial eligibility, residency, citizenship or immigration status, and insurance coverage within 10 days of such change; and

(3) At the time of enrollment acknowledge that the program is subject to cancellation upon notice.

(b) If allowed by federal law, all resources which the individual and his or her family own shall be considered to determine eligibility under this paragraph, including cash, bank accounts, stocks, bonds, permanently unoccupied real estate, and trusts. The home in which the individual resides in, furniture, and one vehicle owned by the individual applying for benefits shall be excluded from the eligibility requirements for benefits under this paragraph. If, after counting

or excluding the individual's household's resources, the total countable resources equal or fall below $25,000, he or she shall be considered asset eligible.

III.(a) Newly eligible adults who are unemployed shall be eligible to receive benefits under this paragraph if the commissioner finds that the individual is engaging in at least 100 hours per month based on an average of 25 hours per week in one or more work or other community engagement activities, as follows:

(1) Unsubsidized employment, including nonprofit organizations.

(2) Subsidized private sector employment.

(3) Subsidized public sector employment.

(4) On-the-job training.

(5) Job skills training related to employment, including credit hours earned from an accredited college or university in New Hampshire. Academic credit hours shall be credited against this requirement on an hourly basis.

(6) Job search and job readiness assistance, including, but not limited to, persons receiving unemployment benefits and other job training related services, such as job training workshops and time spent with employment counselors, offered by the department of employment security. Job search and job readiness assistance under this section shall be credited against this requirement on an hourly basis.

(7) Vocational educational training not to exceed 12 months with respect to any individual.

(8) Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency.

(9) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.

(10) Community service or public service.

(11) Caregiver services for a nondependent relative or other person with a disabling medical or developmental condition.

(12) Participation in substance use disorder treatment.

(b) If an individual in a family receiving benefits under this paragraph refuses to engage in work or community engagement activities required in accordance with this subparagraph, the assistance shall be terminated. The commissioner shall adopt rules under RSA 541-A to determine good cause and other exceptions to termination. An individual may apply for good cause exemptions which shall include, at a minimum, the following verified circumstances:

(1) The beneficiary experiences the birth, or death, of a family member living with the beneficiary.

(2) The beneficiary experiences severe inclement weather, including a natural

disaster, and therefore was unable to meet the requirement.

(3) The beneficiary has a family emergency or other life-changing event such as divorce.

(4) The beneficiary is a victim of domestic violence, dating violence, sexual assault, or stalking consistent with definitions and documentation required under the Violence Against Women Reauthorization Act of 2013 under 24 C.F.R. section 5.2005 and 24 C.F.R. section 5.2009, as determined by the commissioner pursuant to rulemaking under RSA 541-A.

(c) This subparagraph shall only apply to those considered, able-bodied adults as described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act of 1935, as amended, 42 U.S.C. section 1396a(a)(10)(A)(i). In this subparagraph, "childless" means an adult who does not live with a dependent child which includes a child under 19 years of age or under 20 years of age if the child is a full-time student in a secondary school or the equivalent.

(d) This subparagraph shall not apply to:

(1) A person who is temporarily unable to participate in the requirements under subparagraph (a) due to illness, incapacity, or treatment, including inpatient treatment, as certified by a licensed physician, an advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, a licensed drug and alcohol counselor (LADAC), or a board-certified psychologist. The physician, APRN, licensed behavioral health professional, licensed physician assistant, LADAC, or psychologist shall certify, on a form provided by the department, the duration and limitations of the disability.

(2) A person participating in a state-certified drug court program, as certified by the administrative office of the superior court.

(3) A parent or caretaker as identified in RSA 167:82, II(g) where the required care is considered necessary by a licensed physician, APRN, board-certified psychologist, physician assistant, or licensed behavioral health professional who shall certify the duration that such care is required.

(4) A parent or caretaker of a dependent child under 13 years of age or a child with developmental disabilities who is residing with the parent or caretaker.

(5) Pregnant women.

(6) A beneficiary who has a disability as defined by the Americans with Disabilities Act (ADA), section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act and is unable to meet the requirement for reasons related to that disability; or who has an immediate family member in the home with a disability under federal disability rights laws and who is unable to meet the requirement for reasons related to the disability of that family member, or the beneficiary or an immediate family member who is living in the home or the beneficiary experiences a hospitalization or serious illness.

(7) Beneficiaries who are identified as medically frail, under 42 C.F.R section

440.315(f), and as defined in the alternative benefit plan in the state plan.

(8) Any beneficiary who is in compliance with the requirement of the Supplemental Nutritional Assistance Program (SNAP) and/or Temporary Assistance to Needy Families (TANF) employment initiatives.

(e) The commissioner shall adopt rules under RSA 541-A pertaining to the community engagement requirement. Those rules shall be consistent with the terms and conditions of any waiver issued by the Centers for Medicare and Medicaid Services for the program and shall address, at a minimum, the following:

(1) Enrollment, suspension, and disenrollment procedures in the program.

(2) Verification of compliance with community engagement activities.

(3) Verification of exemptions from participation.

(4) Opportunity to cure and re-activation following noncompliance, including not being barred from re-enrollment.

(5) Good cause exemptions.

(6) Education and training of enrollees.

IV. The commissioner shall implement the work and community engagement requirement under paragraph III beginning January 1, 2019 in accordance with the terms and conditions of any waiver approved by CMS. Verification of qualifying activities, exemptions, and enrollee status shall be accomplished in the following manner:

(a) MCOs under contract with the department shall share enrollee reported information regarding the work and community engagement requirement status obtained through standard contract activities including enrollment, outreach activities, and enrollee care management.

(b) For the period of January 1, 2019 through June 30, 2020 only, the department shall verify enrollee status to the greatest extent practicable through the verification of enrollee and MCO reported status and information, including information from the eligibility file. Enrollees shall be required to report information regarding their qualifying activities, exemptions, enrollee status, and changes in their status to the department in accordance with the department's rules.

(c) No later than January 1, 2019, the commissioner shall submit to the governor, president of the senate, and speaker of the house of representatives a plan for the implementation of a fully automated verification system that utilizes state and commercial data sources to assess compliance with all work and community engagement activities beginning on July 1, 2020. The plan shall provide an option to hire a third party vendor to manage the automated verification system.

V. All veterans who are current New Hampshire residents shall receive medical and medical-related services from any hospital in this state providing services to the newly eligible Medicaid population.

VI. A person shall not be eligible to enroll or participate in the program, unless such person

verifies his or her United States citizenship by 2 forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a nondriver's picture identification card issued pursuant to RSA 260:21.

VII. No person, organization, department, or agency shall submit the name of any person to the National Instant Criminal Background Check System (NICS) on the basis that the person has been adjudicated a "mental defective" or has been committed to a mental institution, except pursuant to a court order issued following a hearing in which the person participated and was represented by an attorney.

VIII. For any person determined to be eligible and who is enrolled in the program, the MCO shall support the individual to arrange a wellness visit with his or her primary care provider, either previously identified or selected by the individual from a list of available primary care physicians. The wellness visit shall include appropriate assessments of both physical and mental health, including screening for depression, mood, suicidality, and unhealthy substance use, for the purpose of developing a health wellness and care plan.

IX. Any person receiving benefits from the program shall be responsible for providing information regarding his or her change in status or eligibility, including current contact information. The commissioner shall adopt rules, under RSA 541-A, pertaining to the opportunity to cure and for re-activation following noncompliance.

126-AA:3 The New Hampshire Granite Advantage Health Care Trust Fund.

I. There is hereby established the New Hampshire granite advantage health care trust fund which shall be accounted for distinctly and separately from all other funds and shall be non-interest bearing. The fund shall be administered by the commissioner and shall be used solely to provide coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2, and to pay for the administrative costs for the program. The commissioner may accept any gifts, grants, donations, or other funding from any source and shall deposit all such revenue received into the fund. No state general fund appropriations shall be deposited into the fund. All moneys in the fund shall be nonlapsing and shall be continually appropriated to the commissioner for the purposes of the fund. The fund shall be authorized to pay and/or reimburse the cost of medical services and cost-effective related services, including without limitation, capitation payments to managed care organizations.

II. The commissioner, as the administrator of the fund, shall have the sole authority to:

(a) Apply for federal funds to support the program.

(b) Notwithstanding any provision of law to the contrary, accept and expend federal funds as may be available for the program and the commissioner shall notify the bureau of accounting services, by letter, with a copy to the fiscal committee of the general court and the legislative budget assistant.

(c) Make payments and reimbursements from the fund as outlined in this section.

III. The commissioner shall submit a report to the governor and the fiscal committee of the general court detailing the activities and operation of the trust fund annually within 90 days of the close of each state fiscal year.

IV. On or before August 15, 2018, the commissioner, in consultation with the insurance commissioner, shall estimate the remainder amounts for the period of January 1, 2019 to June 30, 2019 and for state fiscal year 2020. The commissioner shall report the estimated annual remainder amount to the insurance commissioner, the New Hampshire Health Plan, the governor, the speaker of the house of representatives, and the president of the senate. Thereafter, on or before August 15 of each fiscal year, the commissioner, in consultation with the insurance commissioner, shall estimate the remainder amounts for both the current and next fiscal year. The commissioner shall report the estimated remainder amount to the insurance commissioner, the New Hampshire Health Plan, the governor, the speaker of the house of representatives, and the president of the senate.

V. On or before September 30, the commissioner shall calculate the estimated final remainder amount for the 6-month period between January 1, 2019 and June 30, 2019. On or before September 30 of each subsequent year, the commissioner shall calculate the estimated final remainder amount for the prior fiscal year. If the actual remainder amount is greater than the prior calculated estimated remainder for any fiscal year, the difference shall be retained in the trust fund and shall be used in the calculation of future estimated remainder amounts.

VI. The commissioner of the department of health and human services, in accordance with the most current available information, shall be responsible for determining, every 6 months commencing no later than December 31, 2018, whether there is sufficient funding in the fund, to cover projected program costs for the nonfederal share for the next 6-month period. If at any time the commissioner determines that a projected shortfall exists, he or she shall terminate the program in accordance with the federally approved terms and conditions issued by CMS.

126-AA:4 Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program.

I. There is hereby established a commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

(a) The members of the commission shall be as follows:

(1) Three members of the senate, appointed by the president of the senate, one of whom shall be a member of the minority party.

(2) Three members of the house of representatives, appointed by the speaker of the house of representatives, one of whom shall be a member of the minority party.

(3) The commissioner of the department of health and human services, or designee.

(4) The commissioner of the department of insurance, or designee.

(5) A representative of each managed care organization awarded contracts as vendors under the Medicaid managed care program, appointed by the governor.

(6) A representative of a hospital that operates in New Hampshire, appointed by the speaker of the house of representatives.

(7) A public member, who has health care expertise, appointed by the senate president.

(8) A public member, who currently receives coverage through the program, appointed by the speaker of the house of representatives.

(9) A taxpayer, appointed by the president of the senate.

(10) A representative of the medical care advisory committee, department of health and human services, appointed by the chairperson of the committee.

(11) A licensed physician, appointed by the governor.

(12) A licensed mental health professional, appointed by the governor.

(13) A masters level licensed alcohol and drug counselor, appointed by the governor.

(14) An advanced practice registered nurse (APRN), appointed by the New Hampshire Nurse Practitioner Association.

(b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

II.(a) The commission shall evaluate the effectiveness and future of the program. Specifically the commission shall:

(1) Review the program's financial metrics.

(2) Review the program's product offerings.

(3) Review the program's impact on insurance premiums for individuals and small businesses.

(4) Make recommendations for future program modifications, including, but not limited to whether the program is the most cost-effective model for the long term versus a return to private market managed care.

(5) Evaluate non-general fund funding options for longer term continuation of the program, including options to accept funding from the federal government allowing a self-administered program.

(6) Review up-to-date information regarding changes in the level of uncompensated care through shared information from the department, the department of revenue administration, the insurance department, and provider organizations and the program's impact on insurance premium tax revenues and Medicaid enhancement tax revenue.

(7) Review the granite workforce pilot program.

(8) Evaluate reimbursement rates to determine if they are sufficient to ensure access to and provider capacity for all behavioral health services.

(9) Review the number of people who are found ineligible or who are dropped from the rolls of the program because of the work requirement.

(10) Review the program's provider reimbursement rates and overall financing structure to ensure it is able to provide a stable provider network and sustainable funding mechanism that serves patients, communities, and the state of New Hampshire.

(b) Any funding solutions recommended by the commission shall not include the use of new general funds.

(c) The commission shall solicit information from any person or entity the commission deems relevant to its study.

(d) The commission shall make a recommendation on or by February 1, 2019 to the commissioner concerning recommended monitoring and evaluation requirements for work and community engagement requirements, including a draft of proposed metrics for quarterly and annual reporting, including suggested costs and benefits evaluations.

III. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Eight members of the commission shall constitute a quorum.

IV. The commission shall make an interim report on or before December 1, 2020 and a final report together with its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before December 1, 2022.

126-AA:5 Evaluation Report Required.

I. The program shall employ an outcome-based evaluation of its Medicaid program annually to:

(a) Provide accountability to patients and the overall program.

(b) Ensure that patients are making informed decisions in carrying out health care choices and utilizing the most appropriate level of care.

(c) Ensure that the use of incentives, the loss of incentives, cost transparency, and reference based pricing have been effective in lowering costs.

II. The results of the evaluation conducted under this section shall be in the form of a report to be provided to CMS, the president of the senate, the speaker of the house of representatives, the governor, and the fiscal committee of the general court by December 31 of each year beginning in 2019.

2 Purpose Statement. The purpose of sections 3-9 of this act is to establish a pilot program by using allowable federal funds available from the Temporary Assistance to Needy Families (TANF) program to end the dependence of needy parents and low income childless adults ages 18 through 24 on governmental programs by promoting job and work preparation and placing them into high labor need jobs based on the goals set forth in 45 C.F.R. section 260.20. The long-term goal of this program is to place low-income individuals into unsubsidized jobs in high labor need areas,

transition them to self-sufficiency through providing career pathways with specific skills, and assist in eliminating barriers to work such as transportation and childcare. Taken together, these measures are designed to help low-income participants break the cycle of poverty and move them from living on the margin to the middle class and beyond.

3 Granite Workforce; Pilot Program Established.

I. The commissioner of the department of health and human services shall use allowable funds from the Temporary Assistance to Needy Families (TANF) program to provide subsidies to employers in high need areas, as determined by the department of employment security based upon workforce shortages, and to create a network of assistance to remove barriers to work for low-income families. The funds shall be used to establish a pilot program, referred to as Granite Workforce, a TANF nonassistance program, which shall accept enrollments by applicants for an initial period of 6 months. The program shall be jointly administered by the department of health and human services and the department of employment security. No cash assistance shall be provided to eligible participants through Granite Workforce. The total cost of the pilot program shall not exceed $3,000,000 in federal TANF funds for the biennium ending June 30, 2019.

II. To be eligible for Granite Workforce, applicants shall be:

(a) In a household with an income up to 138 percent of the federal poverty level; and

(b) Parents aged 18 through 64 with a child under age 18 in the household;

(c) Noncustodial parents aged 18 through 64 with a child under the age of 18; or

(d) Childless adults between 18 and less than 25 years of age.

III. The department of employment security shall determine eligibility and entry into the program, using nationally recognized assessment tools for vocational and job readiness assessments. Vocational assessments shall include educational needs, vocational interest, personal values, and aptitude. The department shall use the assessment results to work with the participant to produce a long-term career plan for moving into the middle class and beyond.

IV. Except as otherwise provided in paragraph II regarding program eligibility, administrative rules governing the New Hampshire employment program, adopted under RSA 541-A as chapter He-W 600, shall apply to the Granite Workforce pilot program.

4 Granite Workforce; Subsidies for Employers.

I. Upon placement of a participant into a paying job and receiving verification of employment and wages from the employer, the department of employment security shall pay the employer a subsidy of $2,000.

II. After at least 3 full months of the continued employment of the participant and receiving verification of the continued employment and wages from the employer, the department of employment security shall pay the employer a second subsidy of $2,000.

III. If an overpayment is made, the employer shall reimburse the department that amount upon being notified by the department.

5 Referral for Barriers to Employment. The department of health and human services, in consultation with the department of employment security, shall issue a request for applications (RFAs) for community providers interested in offering case management services to participants with barriers to employment. Participants shall be identified by the department of employment security using an assessment process that screens for barriers to employment including, but not limited to, transportation, child care, substance use, mental health, and domestic violence. Thereafter, the department of employment security shall refer to community providers those individuals deemed needing assistance with removing barriers to employment. When child care is identified as a barrier to employment, the department of employment security or the community provider shall refer the individual to available child care service programs, including, specifically the child care scholarship program administered by the department of health and human services. In addition to employer subsidies authorized under this section, TANF funds allocated to the Granite Workforce program shall be used to pay for other services that eliminate barriers to work in accordance with all TANF guidelines.

6 Network of Education and Training.

I. If after the assessment conducted by the department of employment security additional job training, education, or skills development is necessary prior to job placement, the department of employment security shall address those needs by:

(a) Referring individuals to training and apprenticeship opportunities offered by the community college system of New Hampshire;

(b) Referring individuals to the department of business and economic affairs to utilize available training funds and support services;

(c) Referring individuals to education and employment programs for youth available through the department of education; or

(d) Referring individuals to training available through other colleges and training programs.

II. All industry specific skills and training will be provided for jobs in high need areas, as determined by the department of employment security based upon workforce shortages.

7 Job Placement. Upon determining the participant is job ready, the department of employment security shall place individuals into jobs with employers in high need areas, as determined by the department of employment security based upon workforce shortages. This includes, but is not limited to, high labor need jobs in the fields of healthcare, advanced manufacturing, construction/building trades, information technology, and hospitality. Training and job placement shall focus on:

I. Supporting health care/safety issues: training/jobs to combat the opioid crisis, including nurses, nursing assistants, clinicians, social workers, and treatment providers at the licensed alcohol and drug addictions counselor and licensed mental health counselor levels. Additionally,

jobs to address long-term care needs, home healthcare services, and expanding mental/behavioral health services.

II. Advanced manufacturing to meet employer needs: training/jobs that include computer-aided drafting and design, electronic and mechanical engineering, precision welding, computer numerical controlled precision machining, robotics, and automation.

III. Construction/building trades to address critical infrastructure needs: training/jobs for building roads, bridges, municipality infrastructure, and ensuring safe drinking water.

IV. Information technology: training/jobs to allow businesses to excel in an ever-increasing network dependent business environment.

V. Hospitality-training/jobs to address the workforce shortage and support New Hampshire's tourism industry, to include but not be limited to hotel workers, restaurant workers, campground workers, lift operators, state park workers, and amusement park workers.

8 Reporting Requirement; Measurement of Outcomes.

I. The department of health and human services shall prepare a report on the outcomes of the Granite Workforce program using appropriate standard common performance measures. Program partners, as a condition of participation, shall be required to provide the department with the relevant data. Metrics to be measured shall include, but are not limited to:

(a) Degree of participation.

(b) Progress with overcoming barriers.

(c) Entry into employment.

(d) Job retention.

(e) Earnings gain.

(f) Movement within established federal poverty level measurements, including the Supplemental Nutrition Assistance Program (SNAP) and the New Hampshire granite advantage health care program under RSA 126-AA.

(g) Health insurance coverage provider.

(h) Attainment of education or training, including credentials.

II. The report shall be issued to the speaker of the house of representatives, president of the senate, the governor, the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program established under RSA 126-AA:4, and the state library on or before December 1, 2019.

9 Insurance Premium Tax; New Hampshire Granite Advantage Health Care Program. Amend RSA 400-A:32, III to read as follows:

III.(a) Except as provided in subparagraph (b), the taxes imposed in paragraphs I and II of this section shall be promptly forwarded by the commissioner to the state treasurer for deposit to the general fund.

(b) Taxes imposed attributable to premiums written for medical and other medical

related services for the newly eligible Medicaid population as provided for under RSA [~~126-A:5, XXIV-XXVI~~] ***126-AA*** shall be deposited into the New Hampshire [~~health protection trust fund, established in RSA 126-A:5-b~~] ***granite advantage health care trust fund established in RSA 126-AA:3.*** The commissioner shall notify the state treasurer of sums for deposit into the New Hampshire [~~health protection~~] ***granite advantage health care*** trust fund no later than 30 days after receipt of said taxes. ***The moneys in the trust fund may be used for the administration of the New Hampshire granite advantage health care program, established in RSA 126-AA.***

10 Plan of Operation for the High Risk Pool. Amend RSA 404-G:5-a, IV(d) to read as follows:

(d) [~~For the period of January 1, 2017 through December 31, 2018,~~] An amount not to exceed [~~50 percent of the remainder amount, as defined in RSA 126-A:5-c, I(b), less the amount made available to the program pursuant to RSA 404-G:11, VI. The association shall transfer all amounts collected pursuant to this subparagraph and the amount made available to the program pursuant to RSA 404-G:11, VI to the New Hampshire health protection trust fund, established pursuant to RSA 126-A:5-b~~] ***the lesser of the remainder amount, the amount of revenue transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-A:1, IV, and taxes attributable to premiums written for medical and other medical-related services for the newly eligible medicaid population, as defined in RSA 126-AA:1, V.***

11 New Hampshire Granite Advantage Health Care Program; Federal Match. Amend 2014, 3:10, I as amended by 2016,13:13 to read as follows:

I. If at any time the federal match rate applied to medical assistance for newly eligible adults under [~~RSA 126-A:5, XXIV-XXV between July 1, 2014 - December 31, 2016 is less than 100 percent, less than 95 percent in 2017 and less than 94 percent in 2018, of the amount as set forth in 42 U.S.C. section 1396d(y)(1), then RSA 126-A:5, XXIV and XXV shall be~~] ***RSA 126-AA is less than 94 percent in 2018, less than 93 percent in 2019, and less than 90 percent in 2020 and any year thereafter in which the program is authorized, then the program is hereby*** repealed 180 days after the event under this [~~subparagraph~~] ***paragraph*** occurs upon notification by the commissioner of the department of health and human services to the secretary of state and the director of legislative services. The commissioner shall immediately issue notice to program participants of the program's pending repeal ***consistent with the terms and conditions of any waiver approved by the Centers for Medicare and Medicaid Services for the program.***

12 Liquor Commission; Funds. Amend RSA 176:16, III to read as follows:

III. [~~3.4~~] ***Five*** percent of the previous fiscal year gross profits derived by the commission from the sale of liquor shall be deposited into the alcohol abuse prevention and treatment fund established by RSA 176-A:1. For the purpose of this section, gross profit shall be defined as total operating revenue minus the cost of sales and services as presented in the state of New Hampshire comprehensive annual financial report, statement of revenues, expenses, and changes in net

position for proprietary funds.

III-a. In order to facilitate the initial funding of the granite advantage health care trust fund, established under RSA 126-AA:3, for the period of January 1 to June 30, 2019, an amount no less than 1/2 of the 5 percent of such gross profits based on the state comprehensive annual financial report for the state fiscal year 2017 shall be deposited into the alcohol abuse prevention and treatment fund no later than November 30, 2018.

13 Alcohol Abuse Prevention and Treatment Fund. Amend RSA 176-A:1, II and III to read as follows:

II. The fund shall be nonlapsing and continually appropriated for the purposes of funding alcohol education and abuse prevention and treatment programs. *The commissioner of the department of health and human services may accept gifts, grants, donations, or other funding from any source and shall deposit all such revenue received into the fund.* The state treasurer shall invest the moneys deposited in the fund as provided by law. Interest earned on moneys deposited in the fund shall be deposited into the fund.

III. Moneys *received from all other sources other than the liquor commission pursuant to RSA 176:16, III* shall be disbursed from the fund upon the authorization of the governor's commission on alcohol and drug abuse prevention, treatment, and recovery established pursuant to RSA 12-J:1. Funds disbursed shall be used for alcohol and other drug abuse prevention, treatment, and recovery services, and other purposes related to the duties of the commission under RSA 12-J:3.

IV. Moneys received from the liquor commission pursuant to RSA 176:16, III and deposited into the fund shall be transferred to the New Hampshire granite advantage health care trust fund, established under RSA 126-AA:3, for use in ensuring the delivery of substance use disorder prevention, treatment, and recovery and other behavioral health services for persons enrolled in the New Hampshire granite advantage health care program; provided, however, that any program or service approved by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery that would have been funded from moneys transferred from the fund shall be paid for with federal or other funds available from within the department of health and human services. For this purpose and no later than December 1, 2018, the sum of $5,100,000 from the alcohol abuse and prevention treatment fund shall be transferred to the granite advantage health care trust fund for use in the period of January 1 to June 30, 2019. Beginning July 1, 2019 the funds deposited into the fund shall be transferred to the granite advantage health care trust fund established under RSA 126-AA:3 annually no later than June 1 for use during the forthcoming fiscal year based upon the most recently issued comprehensive annual financial report of the state.

14 Individual Health Insurance Market; Purpose. Amend RSA 404-G:1, II to read as follows:

II. Create a nonprofit, voluntary organization to facilitate the availability of affordable individual nongroup health insurance by establishing an assessment mechanism and an individual health insurance market mandatory risk sharing plan as a mechanism to distribute the risks associated within the individual nongroup market and to support the [~~marketplace premium assistance program established in RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program established in RSA 126-AA.***

15 Individual Health Insurance Market; Definitions. Amend RSA 404-G:2, X-a to read as follows:

X-a. "Plan of operation" means the plan of operation of the risk sharing mechanism, the high risk pool, support for the program established in RSA [~~126-A:5, XXV~~] ***126-AA***, and the federally qualified high risk pool, including articles, bylaws and operating rules, procedures and policies adopted by the association.

16 Managed Care Law; Right to External Review. Amend RSA 420-J:5-a, II(a) to read as follows:

(a) Health care services provided through Medicaid, the state Children's Health Insurance Program (Title XXI of the Social Security Act), Medicare or services provided under these programs but through a contracted health carrier, except where those services are provided through private insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program under RSA 126-AA*** in which case all provisions of this chapter shall apply.

17 Insurance Department; Administration Fund. Amend RSA 400-A:39, VI(a) to read as follows:

(a) Based on the annual statement filed in such year by each insurer under RSA 400-A:31, RSA 420-A:20, RSA 420-B:9, RSA 420-F:9, or other financial statement filed under RSA 415-E:11, the commissioner shall ascertain each insurer's amount of gross direct premiums written, including policy, membership and other fees, service charges, policy dividends applied in payment for insurance, and all other considerations for insurance originating from policies covering property, subjects, or risks located, resident or to be performed in New Hampshire after deducting return premiums and dividends actually returned or credited to policyholders. The premium for Medicaid managed care coverage provided by a health carrier contracting with the department of health and human services under RSA 126-A:5, XIX shall not be included in an insurer's assessable premium, except where that coverage is provided through the purchase of insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV, or through the health insurance premium payment program under RSA 126-A:5, XXIII~~] ***New Hampshire granite advantage health care program under RSA 126-AA.*** If any such insurer does not otherwise timely provide the commissioner with the information necessary for such ascertainment, it shall do so on or before May 1 of each year.

18 New Subparagraph; Application of Receipts; New Hampshire Advantage Health Care Program. Amend RSA 6:12, I(b) by inserting after subparagraph (339) the following new subparagraph:

(340) Moneys deposited in the New Hampshire granite advantage health care trust fund under RSA 126-AA:3.

19 Severability. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provisions or applications, and to this end the provisions of this act are severable.

20 Contingency. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect on the date of certification by the commissioner of the department of health and human services to the director of legislative services and the secretary of state that 42 U.S.C. section 1396a(e)(14)(c) has been repealed or amended to permit the application of an asset test.

21 Funding; New Hampshire Granite Advantage Health Care Program. If the federal government amends 42 U.S.C. section 1396d (y)(1) to eliminate the state's share of funding for the New Hampshire granite advantage health care program, or if the federal government allows the use of savings within the Medicaid program to apply to the state's share of funding the program, or if any other state is permitted to receive funds from the federal government to allow a solely federally funded program, the commissioner of health and human services shall send a letter of notification regarding this change to the governor, the president of the senate, the speaker of the house of representatives, the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program established in RSA 126-AA, and the chairperson of the appropriate standing committee of the house and senate. The commissioner shall apply for the necessary waivers to similarly fund the New Hampshire granite advantage health care program.

22 Repeals. The following are repealed:

I. RSA 404-G:2, X-c, relative to the marketplace premium assistance program.

II. RSA 126-AA:4, relative to the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

III. RSA 126-AA, relative to the New Hampshire granite advantage health care program.

IV. RSA 126-A:5-c, relative to funding the state share of the New Hampshire health protection program.

V. RSA 126-A:5-d, relative to voluntary contribution.

VI. RSA 126-A:5, XXX, relative to the New Hampshire health protection program.

VII. RSA 6:12, I(b)(340), relative to the moneys deposited in the New Hampshire granite advantage health care trust fund.

23 Effective Date.

I. Paragraph II of section 22 of this act shall take effect December 1, 2022.

II. Paragraphs III and VII of section 22 of this act shall take effect December 31, 2023.

III. Section 1 of this act shall take effect upon its passage.

IV. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect as provided in section 20 of this act.

V. Section 3-8 of this act shall take effect January 1, 2019.

VI. The remainder of this act shall take effect December 31, 2018.

2018-0970s

AMENDED ANALYSIS

This bill:

I. 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.

II. Establishes the granite workforce pilot program.

III. 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 shall be transferred to the New Hampshire granite advantage health care trust fund for substance use disorder prevention, treatment, and recovery.

Senate Finance
March 6, 2018
2018-0984s
01/03

Amendment to SB 313-FN

Amend the title of the bill by replacing it with the following:

AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds.

Amend the bill by replacing all after the enacting clause with the following:

1 New Chapter; New Hampshire Granite Advantage Health Care Program. Amend RSA by inserting after chapter 126-Z the following new chapter:

CHAPTER 126-AA

NEW HAMPSHIRE GRANITE ADVANTAGE HEALTH CARE PROGRAM

126-AA:1 Definitions. In this chapter:

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

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

III. "Fund" means the New Hampshire granite advantage health care trust fund.

IV. "Program" means the New Hampshire granite advantage health care program.

V. "Remainder amount" means, for the 6-month period between January 1, 2019 and June 30, 2019 and for each single identified fiscal year thereafter for any authorized period of the granite advantage health care program, the cost of the program, including administrative costs attributable to the program, less the amount of revenue transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-A:1, IV, less all federal reimbursement for the program that period or fiscal year, including federal reimbursement for administrative costs attributable to the program, and taxes attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided for under this chapter, consistent with RSA 400-A:32, III(b).

126-AA:2 New Hampshire Granite Advantage Health Care Program Established.

I.(a) The commissioner shall apply for any necessary waivers and state plan amendments to implement a 5-year demonstration program beginning on January 1, 2019 to create the New Hampshire granite advantage health care program which shall be funded exclusively from non-general fund sources, including federal funds. The commissioner shall include in an application for the necessary waivers submitted to the Centers for Medicare and Medicaid Services (CMS) a waiver of the requirement to provide 90-day retroactive coverage. To receive coverage under the program,

those individuals in the new adult group who are eligible for benefits shall choose coverage offered by one of the managed care organizations (MCOs) awarded contracts as vendors under Medicaid managed care, pursuant to RSA 126-A:5, XIX(a). The program shall make coverage available in a cost-effective manner and shall provide cost transparency measures, and ensure that patients are utilizing the most appropriate level of care. Cost effectiveness shall be achieved by offering cash incentives and other forms of incentives to be offered to the insured by choosing preferred lower cost medical providers. Loss of incentives shall also be employed. MCOs shall employ reference-based pricing, cost transparency, and the use of incentives and loss of incentives to the Medicaid and newly eligible population. For the purposes of this subparagraph, "reference-based pricing" means setting a maximum amount payable for certain medical procedures.

(b) The department shall ensure through managed care contracts that MCOs incorporate measures to promote continuity of coverage, including, but not limited to, assisting over income participants in applying for coverage on the federal marketplace in New Hampshire and maintaining care and case management during the pendency of such application.

(c) The MCOs shall promote personal responsibility through the use of incentives, loss of incentives, and case management to the greatest extent practicable.

(d) Prior to submitting the waiver or state plan amendment to CMS, the commissioner shall present the waiver or state plan amendment to the governor and the fiscal committee of the general court for approval. The program shall not commence operation until such waivers or state plan amendments have been approved by CMS. All necessary waivers and state plan amendments shall be submitted by June 30, 2018. If all waivers necessary for the program are not approved by December 1, 2018, the commissioner shall immediately notify all program participants that the program will be terminated in accordance with the federally required Special Terms and Conditions No. 11-W-003298/1.

(e) In order to combat the opioid and heroin crisis facing New Hampshire, the department shall establish behavioral health rates sufficient to ensure access to, and provider capacity for all behavioral health services including, as appropriate, establishing specific substance use disorder services rate cells for inclusion into capitated rates for managed care.

(f) Any person transitioning from the premium assistance program to the program shall not lose coverage due solely to the transition, which shall be for a period of at least 90 days. All MCOs shall honor all pre-existing authorizations for care plans and treatments for all program participants for a period of not less than 90 days after enrollment.

(g)(1) The commissioner shall include in MCO contracts with the state clinically and actuarially sound incentives designed to improve care quality and utilization and to lower the total cost of care within the Medicaid managed care program. The commissioner shall also include in the MCO contract provisions an obligation for the MCO to include provider alignment incentives to leverage the combined efforts of the parties to achieve the purposes of the incentives. Preferential

auto-assignment of newly eligible members, shared incentive pools, and differential capitation rates are among the options for incentives the commissioner may employ to achieve improved performance. Initial areas to improve care quality and utilization and to lower the total cost of care may include, but are not limited to:

(A) Appropriate use of emergency departments relative to low acuity non-emergent visits.

(B) Reduction in preventable admissions and 30-day hospital readmission for all causes.

(C) Timeliness of prenatal care and reductions in neonatal abstinence births.

(D) Timeliness of follow-up after a mental illness or substance use disorder admission.

(E) Reduction of polypharmacy resulting in drug interaction harm.

(2) The commissioner shall include in MCO contracts actuarial appropriate rebate provisions for failure to implement contractually agreed upon incentive measures.

(h) Savings generated as a result of individuals disenrolled from the program for failing to meet the work and community engagement requirement shall not be included in any calculation submitted to CMS to establish federal budget neutrality of any waiver issued for the program.

(i) Consistent with the state plan amendment submitted by the department and approved by CMS, all contracts between a Medicaid managed care organization and a federally qualified health care center, as defined in section 1905(1)(2)(B) of the Social Security Act, 42 U.S.C. section 1396d(1)(2)(B), providing services in geographic areas served by the plan, shall reimburse each such center for such services as provided in 42 U.S.C. section 18022(g).

II.(a) To receive benefits under this section and to the extent allowed by federal law, the individual shall:

(1) Provide all necessary information regarding financial eligibility, assets, residency, citizenship or immigration status, and insurance coverage to the department in accordance with rules, or interim rules, including those adopted under RSA 541-A;

(2) Inform the department of any changes in financial eligibility, residency, citizenship or immigration status, and insurance coverage within 10 days of such change; and

(3) At the time of enrollment acknowledge that the program is subject to cancellation upon notice.

(b) If allowed by federal law, all resources which the individual and his or her family own shall be considered to determine eligibility under this paragraph, including cash, bank accounts, stocks, bonds, permanently unoccupied real estate, and trusts. The home in which the individual resides in, furniture, and one vehicle owned by the individual applying for benefits shall be excluded from the eligibility requirements for benefits under this paragraph. If, after counting or excluding the individual's household's resources, the total countable resources equal or fall below

$25,000, he or she shall be considered asset eligible.

III.(a) Newly eligible adults who are unemployed shall be eligible to receive benefits under this paragraph if the commissioner finds that the individual is engaging in at least 100 hours per month based on an average of 25 hours per week in one or more work or other community engagement activities, as follows:

(1) Unsubsidized employment, including nonprofit organizations.

(2) Subsidized private sector employment.

(3) Subsidized public sector employment.

(4) On-the-job training.

(5) Job skills training related to employment, including credit hours earned from an accredited college or university in New Hampshire. Academic credit hours shall be credited against this requirement on an hourly basis.

(6) Job search and job readiness assistance, including, but not limited to, persons receiving unemployment benefits and other job training related services, such as job training workshops and time spent with employment counselors, offered by the department of employment security. Job search and job readiness assistance under this section shall be credited against this requirement on an hourly basis.

(7) Vocational educational training not to exceed 12 months with respect to any individual.

(8) Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency.

(9) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.

(10) Community service or public service.

(11) Caregiver services for a nondependent relative or other person with a disabling medical or developmental condition.

(12) Participation in substance use disorder treatment.

(b) If an individual in a family receiving benefits under this paragraph refuses to engage in work or community engagement activities required in accordance with this subparagraph, the assistance shall be terminated. The commissioner shall adopt rules under RSA 541-A to determine good cause and other exceptions to termination. An individual may apply for good cause exemptions which shall include, at a minimum, the following verified circumstances:

(1) The beneficiary experiences the birth, or death, of a family member living with the beneficiary.

(2) The beneficiary experiences severe inclement weather, including a natural disaster, and therefore was unable to meet the requirement.

(3) The beneficiary has a family emergency or other life-changing event such as divorce.

(4) The beneficiary is a victim of domestic violence, dating violence, sexual assault, or stalking consistent with definitions and documentation required under the Violence Against Women Reauthorization Act of 2013 under 24 C.F.R. section 5.2005 and 24 C.F.R. section 5.2009, as determined by the commissioner pursuant to rulemaking under RSA 541-A.

(c) This subparagraph shall only apply to those considered, able-bodied adults as described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act of 1935, as amended, 42 U.S.C. section 1396a(a)(10)(A)(i). In this subparagraph, "childless" means an adult who does not live with a dependent child which includes a child under 19 years of age or under 20 years of age if the child is a full-time student in a secondary school or the equivalent.

(d) This subparagraph shall not apply to:

(1) A person who is temporarily unable to participate in the requirements under subparagraph (a) due to illness, incapacity, or treatment, including inpatient treatment, as certified by a licensed physician, an advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, a licensed drug and alcohol counselor (LADAC), or a board-certified psychologist. The physician, APRN, licensed behavioral health professional, licensed physician assistant, LADAC, or psychologist shall certify, on a form provided by the department, the duration and limitations of the disability.

(2) A person participating in a state-certified drug court program, as certified by the administrative office of the superior court.

(3) A parent or caretaker as identified in RSA 167:82, II(g) where the required care is considered necessary by a licensed physician, APRN, board-certified psychologist, physician assistant, or licensed behavioral health professional who shall certify the duration that such care is required.

(4) A parent or caretaker of a dependent child under 13 years of age or a child with developmental disabilities who is residing with the parent or caretaker.

(5) Pregnant women.

(6) A beneficiary who has a disability as defined by the Americans with Disabilities Act (ADA), section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act and is unable to meet the requirement for reasons related to that disability; or who has an immediate family member in the home with a disability under federal disability rights laws and who is unable to meet the requirement for reasons related to the disability of that family member, or the beneficiary or an immediate family member who is living in the home or the beneficiary experiences a hospitalization or serious illness.

(7) Beneficiaries who are identified as medically frail, under 42 C.F.R section 440.315(f), and as defined in the alternative benefit plan in the state plan.

(8) Any beneficiary who is in compliance with the requirement of the Supplemental Nutritional Assistance Program (SNAP) and/or Temporary Assistance to Needy Families (TANF) employment initiatives.

(e) The commissioner shall adopt rules under RSA 541-A pertaining to the community engagement requirement. Those rules shall be consistent with the terms and conditions of any waiver issued by the Centers for Medicare and Medicaid Services for the program and shall address, at a minimum, the following:

(1) Enrollment, suspension, and disenrollment procedures in the program.

(2) Verification of compliance with community engagement activities.

(3) Verification of exemptions from participation.

(4) Opportunity to cure and re-activation following noncompliance, including not being barred from re-enrollment.

(5) Good cause exemptions.

(6) Education and training of enrollees.

IV. The commissioner shall implement the work and community engagement requirement under paragraph III beginning January 1, 2019 in accordance with the terms and conditions of any waiver approved by CMS. Verification of qualifying activities, exemptions, and enrollee status shall be accomplished in the following manner:

(a) MCOs under contract with the department shall share enrollee reported information regarding the work and community engagement requirement status obtained through standard contract activities including enrollment, outreach activities, and enrollee care management.

(b) For the period of January 1, 2019 through June 30, 2020 only, the department shall verify enrollee status to the greatest extent practicable through the verification of enrollee and MCO reported status and information, including information from the eligibility file. Enrollees shall be required to report information regarding their qualifying activities, exemptions, enrollee status, and changes in their status to the department in accordance with the department's rules.

(c) No later than January 1, 2019, the commissioner shall submit to the governor, president of the senate, and speaker of the house of representatives a plan for the implementation of a fully automated verification system that utilizes state and commercial data sources to assess compliance with all work and community engagement activities beginning on July 1, 2020. The plan shall provide an option to hire a third party vendor to manage the automated verification system.

V. A person shall not be eligible to enroll or participate in the program, unless such person verifies his or her United States citizenship by 2 forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a nondriver's picture identification card issued pursuant to RSA 260:21.

VI. No person, organization, department, or agency shall submit the name of any person to

the National Instant Criminal Background Check System (NICS) on the basis that the person has been adjudicated a "mental defective" or has been committed to a mental institution, except pursuant to a court order issued following a hearing in which the person participated and was represented by an attorney.

VII. For any person determined to be eligible and who is enrolled in the program, the MCO shall support the individual to arrange a wellness visit with his or her primary care provider, either previously identified or selected by the individual from a list of available primary care physicians. The wellness visit shall include appropriate assessments of both physical and mental health, including screening for depression, mood, suicidality, and unhealthy substance use, for the purpose of developing a health wellness and care plan.

VIII. Any person receiving benefits from the program shall be responsible for providing information regarding his or her change in status or eligibility, including current contact information. The commissioner shall adopt rules, under RSA 541-A, pertaining to the opportunity to cure and for re-activation following noncompliance.

126-AA:3 The New Hampshire Granite Advantage Health Care Trust Fund.

I. There is hereby established the New Hampshire granite advantage health care trust fund which shall be accounted for distinctly and separately from all other funds and shall be non-interest bearing. The fund shall be administered by the commissioner and shall be used solely to provide coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2, and to pay for the administrative costs for the program. The commissioner may accept any gifts, grants, donations, or other funding from any source and shall deposit all such revenue received into the fund. No state general fund appropriations shall be deposited into the fund. All moneys in the fund shall be nonlapsing and shall be continually appropriated to the commissioner for the purposes of the fund. The fund shall be authorized to pay and/or reimburse the cost of medical services and cost-effective related services, including without limitation, capitation payments to managed care organizations.

II. The commissioner, as the administrator of the fund, shall have the sole authority to:

(a) Apply for federal funds to support the program.

(b) Notwithstanding any provision of law to the contrary, accept and expend federal funds as may be available for the program and the commissioner shall notify the bureau of accounting services, by letter, with a copy to the fiscal committee of the general court and the legislative budget assistant.

(c) Make payments and reimbursements from the fund as outlined in this section.

III. The commissioner shall submit a report to the governor and the fiscal committee of the general court detailing the activities and operation of the trust fund annually within 90 days of the close of each state fiscal year.

IV. On or before August 15, 2018, the commissioner, in consultation with the insurance

commissioner, shall estimate the remainder amounts for the period of January 1, 2019 to June 30, 2019 and for state fiscal year 2020. The commissioner shall report the estimated annual remainder amount to the insurance commissioner, the New Hampshire Health Plan, the governor, the speaker of the house of representatives, and the president of the senate. Thereafter, on or before August 15 of each fiscal year, the commissioner, in consultation with the insurance commissioner, shall estimate the remainder amounts for both the current and next fiscal year. The commissioner shall report the estimated remainder amount to the insurance commissioner, the New Hampshire Health Plan, the governor, the speaker of the house of representatives, and the president of the senate.

V. On or before September 30, the commissioner shall calculate the estimated final remainder amount for the 6-month period between January 1, 2019 and June 30, 2019. On or before September 30 of each subsequent year, the commissioner shall calculate the estimated final remainder amount for the prior fiscal year. If the actual remainder amount is greater than the prior calculated estimated remainder for any fiscal year, the difference shall be retained in the trust fund and shall be used in the calculation of future estimated remainder amounts.

VI. The commissioner of the department of health and human services, in accordance with the most current available information, shall be responsible for determining, every 6 months commencing no later than December 31, 2018, whether there is sufficient funding in the fund, to cover projected program costs for the nonfederal share for the next 6-month period. If at any time the commissioner determines that a projected shortfall exists, he or she shall terminate the program in accordance with the federally approved terms and conditions issued by CMS.

126-AA:4 Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program.

I. There is hereby established a commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

(a) The members of the commission shall be as follows:

(1) Three members of the senate, appointed by the president of the senate, one of whom shall be a member of the minority party. .

(2) Three members of the house of representatives, appointed by the speaker of the house of representatives, one of whom shall be a member of the minority party.

(3) The commissioner of the department of health and human services, or designee.

(4) The commissioner of the department of insurance, or designee.

(5) A representative of each managed care organization awarded contracts as vendors under the Medicaid managed care program, appointed by the governor.

(6) A representative of a hospital that operates in New Hampshire, appointed by the speaker of the house of representatives.

(7) A public member, who has health care expertise, appointed by the senate president.

(8) A public member, who currently receives coverage through the program, appointed by the speaker of the house of representatives.

(9) A public member representing the interests of taxpayers in New Hampshire, appointed by the president of the senate.

(10) A representative of the medical care advisory committee, department of health and human services, appointed by the chairperson of the committee.

(11) A licensed physician, appointed by the governor.

(12) A licensed mental health professional, appointed by the governor.

(13) A licensed substance use disorder professional, appointed by the governor.

(14) An advanced practice registered nurse (APRN), appointed by the New Hampshire Nurse Practitioner Association.

(15) The chairperson of the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, or designee.

(b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

II.(a) The commission shall evaluate the effectiveness and future of the program. Specifically the commission shall:

(1) Review the program's financial metrics.

(2) Review the program's product offerings.

(3) Review the program's impact on insurance premiums for individuals and small businesses.

(4) Make recommendations for future program modifications, including, but not limited to whether the program is the most cost-effective model for the long term versus a return to private market managed care.

(5) Evaluate non-general fund funding options for longer term continuation of the program, including options to accept funding from the federal government allowing a self-administered program.

(6) Review up-to-date information regarding changes in the level of uncompensated care through shared information from the department, the department of revenue administration, the insurance department, and provider organizations and the program's impact on insurance premium tax revenues and Medicaid enhancement tax revenue.

(7) Review the granite workforce pilot program.

(8) Evaluate reimbursement rates to determine if they are sufficient to ensure access to and provider capacity for all behavioral health services.

(9) Review the number of people who are found ineligible or who are dropped from the rolls of the program because of the work requirement.

(10) Review the program's provider reimbursement rates and overall financing

structure to ensure it is able to provide a stable provider network and sustainable funding mechanism that serves patients, communities, and the state of New Hampshire.

(b) Any funding solutions recommended by the commission shall not include the use of new general funds.

(c) The commission shall solicit information from any person or entity the commission deems relevant to its study.

(d) The commission shall make a recommendation on or by February 1, 2019 to the commissioner concerning recommended monitoring and evaluation requirements for work and community engagement requirements, including a draft of proposed metrics for quarterly and annual reporting, including suggested costs and benefits evaluations.

III. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Ten members of the commission shall constitute a quorum.

IV. The commission shall make an interim report on or before December 1, 2020 and a final report together with its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before December 1, 2022.

126-AA:5 Evaluation Report Required.

I. The program shall employ an outcome-based evaluation of its Medicaid program annually to:

(a) Provide accountability to patients and the overall program.

(b) Ensure that patients are making informed decisions in carrying out health care choices and utilizing the most appropriate level of care.

(c) Ensure that the use of incentives, the loss of incentives, cost transparency, and reference based pricing have been effective in lowering costs.

II. The results of the evaluation conducted under this section shall be in the form of a report to be provided to CMS, the president of the senate, the speaker of the house of representatives, the governor, and the fiscal committee of the general court by December 31 of each year beginning in 2019.

2 Purpose Statement. The purpose of sections 3-9 of this act is to establish a pilot program by using allowable federal funds available from the Temporary Assistance to Needy Families (TANF) program to end the dependence of needy parents and low income childless adults ages 18 through 24 on governmental programs by promoting job and work preparation and placing them into high labor need jobs based on the goals set forth in 45 C.F.R. section 260.20. The long-term goal of this program is to place low-income individuals into unsubsidized jobs in high labor need areas, transition them to self-sufficiency through providing career pathways with specific skills, and assist

in eliminating barriers to work such as transportation and childcare. Taken together, these measures are designed to help low-income participants break the cycle of poverty and move them from living on the margin to the middle class and beyond.

3 Granite Workforce; Pilot Program Established.

I. The commissioner of the department of health and human services shall use allowable funds from the Temporary Assistance to Needy Families (TANF) program to provide subsidies to employers in high need areas, as determined by the department of employment security based upon workforce shortages, and to create a network of assistance to remove barriers to work for low-income families. The funds shall be used to establish a pilot program, referred to as Granite Workforce, a TANF nonassistance program, which shall accept enrollments by applicants for an initial period of 6 months. The program shall be jointly administered by the department of health and human services and the department of employment security. No cash assistance shall be provided to eligible participants through Granite Workforce. The total cost of the pilot program shall not exceed $3,000,000 in federal TANF funds for the biennium ending June 30, 2019.

II. To be eligible for Granite Workforce, applicants shall be:

(a) In a household with an income up to 138 percent of the federal poverty level; and

(b) Parents aged 18 through 64 with a child under age 18 in the household;

(c) Noncustodial parents aged 18 through 64 with a child under the age of 18; or

(d) Childless adults between 18 and less than 25 years of age.

III. The department of employment security shall determine eligibility and entry into the program, using nationally recognized assessment tools for vocational and job readiness assessments. Vocational assessments shall include educational needs, vocational interest, personal values, and aptitude. The department shall use the assessment results to work with the participant to produce a long-term career plan for moving into the middle class and beyond.

IV. Except as otherwise provided in paragraph II regarding program eligibility, administrative rules governing the New Hampshire employment program, adopted under RSA 541-A as chapter He-W 600, shall apply to the Granite Workforce pilot program.

4 Granite Workforce; Subsidies for Employers.

I. Upon placement of a participant into a paying job and receiving verification of employment and wages from the employer, the department of employment security shall pay the employer a subsidy of $2,000.

II. After at least 3 full months of the continued employment of the participant and receiving verification of the continued employment and wages from the employer, the department of employment security shall pay the employer a second subsidy of $2,000.

III. If an overpayment is made, the employer shall reimburse the department that amount upon being notified by the department.

5 Referral for Barriers to Employment. The department of health and human services, in

consultation with the department of employment security, shall issue a request for applications (RFAs) for community providers interested in offering case management services to participants with barriers to employment. Participants shall be identified by the department of employment security using an assessment process that screens for barriers to employment including, but not limited to, transportation, child care, substance use, mental health, and domestic violence. Thereafter, the department of employment security shall refer to community providers those individuals deemed needing assistance with removing barriers to employment. When child care is identified as a barrier to employment, the department of employment security or the community provider shall refer the individual to available child care service programs, including, specifically the child care scholarship program administered by the department of health and human services. In addition to employer subsidies authorized under this section, TANF funds allocated to the Granite Workforce program shall be used to pay for other services that eliminate barriers to work in accordance with all TANF guidelines.

6 Network of Education and Training.

I. If after the assessment conducted by the department of employment security additional job training, education, or skills development is necessary prior to job placement, the department of employment security shall address those needs by:

(a) Referring individuals to training and apprenticeship opportunities offered by the community college system of New Hampshire;

(b) Referring individuals to the department of business and economic affairs to utilize available training funds and support services;

(c) Referring individuals to education and employment programs for youth available through the department of education; or

(d) Referring individuals to training available through other colleges and training programs.

II. All industry specific skills and training will be provided for jobs in high need areas, as determined by the department of employment security based upon workforce shortages.

7 Job Placement. Upon determining the participant is job ready, the department of employment security shall place individuals into jobs with employers in high need areas, as determined by the department of employment security based upon workforce shortages. This includes, but is not limited to, high labor need jobs in the fields of healthcare, advanced manufacturing, construction/building trades, information technology, and hospitality. Training and job placement shall focus on:

I. Supporting health care/safety issues: training/jobs to combat the opioid crisis, including nurses, nursing assistants, clinicians, social workers, and treatment providers at the licensed alcohol and drug addictions counselor and licensed mental health counselor levels. Additionally, jobs to address long-term care needs, home healthcare services, and expanding mental/behavioral

health services.

II. Advanced manufacturing to meet employer needs: training/jobs that include computer-aided drafting and design, electronic and mechanical engineering, precision welding, computer numerical controlled precision machining, robotics, and automation.

III. Construction/building trades to address critical infrastructure needs: training/jobs for building roads, bridges, municipality infrastructure, and ensuring safe drinking water.

IV. Information technology: training/jobs to allow businesses to excel in an ever-increasing network dependent business environment.

V. Hospitality-training/jobs to address the workforce shortage and support New Hampshire's tourism industry, to include but not be limited to hotel workers, restaurant workers, campground workers, lift operators, state park workers, and amusement park workers.

8 Reporting Requirement; Measurement of Outcomes.

I. The department of health and human services shall prepare a report on the outcomes of the Granite Workforce program using appropriate standard common performance measures. Program partners, as a condition of participation, shall be required to provide the department with the relevant data. Metrics to be measured shall include, but are not limited to:

(a) Degree of participation.

(b) Progress with overcoming barriers.

(c) Entry into employment.

(d) Job retention.

(e) Earnings gain.

(f) Movement within established federal poverty level measurements, including the Supplemental Nutrition Assistance Program (SNAP) and the New Hampshire granite advantage health care program under RSA 126-AA.

(g) Health insurance coverage provider.

(h) Attainment of education or training, including credentials.

II. The report shall be issued to the speaker of the house of representatives, president of the senate, the governor, the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program established under RSA 126-AA:4, and the state library on or before December 1, 2019.

9 Insurance Premium Tax; New Hampshire Granite Advantage Health Care Program. Amend RSA 400-A:32, III to read as follows:

III.(a) Except as provided in subparagraph (b), the taxes imposed in paragraphs I and II of this section shall be promptly forwarded by the commissioner to the state treasurer for deposit to the general fund.

(b) Taxes imposed attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided for under RSA [~~126-A:5,~~

~~XXIV-XXVI~~] *126-AA* shall be deposited into the New Hampshire [~~health protection trust fund, established in RSA 126-A:5 b~~] ***granite advantage health care trust fund established in RSA 126-AA:3.*** The commissioner shall notify the state treasurer of sums for deposit into the New Hampshire [~~health protection~~] ***granite advantage health care*** trust fund no later than 30 days after receipt of said taxes. ***The moneys in the trust fund may be used for the administration of the New Hampshire granite advantage health care program, established in RSA 126-AA.***

10 Plan of Operation for the High Risk Pool. Amend RSA 404-G:5-a, IV(d) to read as follows:

(d) [~~For the period of January 1, 2017 through December 31, 2018,~~] An amount not to exceed [~~50 percent of the remainder amount, as defined in RSA 126-A:5-c, I(b), less the amount made available to the program pursuant to RSA 404-G:11, VI. The association shall transfer all amounts collected pursuant to this subparagraph and the amount made available to the program pursuant to RSA 404-G:11, VI to the New Hampshire health protection trust fund, established pursuant to RSA 126-A:5-b~~] ***the lesser of the remainder amount or the amount of revenue transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-A:1, IV and taxes attributable to premiums written for medical and other medical-related services for the newly eligible Medicaid population, as defined in RSA 126-AA:1, V.***

11 New Hampshire Granite Advantage Health Care Program; Federal Match. Amend 2014, 3:10, I as amended by 2016,13:13 to read as follows:

I. If at any time the federal match rate applied to medical assistance for newly eligible adults under [~~RSA 126-A:5, XXIV-XXV between July 1, 2014 - December 31, 2016 is less than 100 percent, less than 95 percent in 2017 and less than 94 percent in 2018, of the amount as set forth in 42 U.S.C. section 1396d(y)(1), then RSA 126-A:5, XXIV and XXV shall be~~] ***RSA 126-AA is less than 94 percent in 2018, less than 93 percent in 2019, and less than 90 percent in 2020 and any year thereafter in which the program is authorized, then the program is hereby*** repealed 180 days after the event under this [~~subparagraph~~] ***paragraph*** occurs upon notification by the commissioner of the department of health and human services to the secretary of state and the director of legislative services. The commissioner shall immediately issue notice to program participants of the program's pending repeal ***consistent with the terms and conditions of any waiver approved by the Centers for Medicare and Medicaid Services for the program.***

12 Liquor Commission; Funds. Amend RSA 176:16, III to read as follows:

III. [~~3.4~~] ***Five*** percent of the previous fiscal year gross profits derived by the commission from the sale of liquor shall be deposited into the alcohol abuse prevention and treatment fund established by RSA 176-A:1. For the purpose of this section, gross profit shall be defined as total operating revenue minus the cost of sales and services as presented in the state of New Hampshire comprehensive annual financial report, statement of revenues, expenses, and changes in net position for proprietary funds.

III-a. In order to facilitate the initial funding of the granite advantage health care trust fund, established under RSA 126-AA:3, for the period of January 1 to June 30, 2019, an amount no less than 1/2 of the 5 percent of such gross profits based on the state comprehensive annual financial report for the state fiscal year 2017 shall be deposited into the alcohol abuse prevention and treatment fund no later than November 30, 2018.

13 Alcohol Abuse Prevention and Treatment Fund. Amend RSA 176-A:1, II and III to read as follows:

II. The fund shall be nonlapsing and continually appropriated for the purposes of funding alcohol education and abuse prevention and treatment programs. *The commissioner of the department of health and human services may accept gifts, grants, donations, or other funding from any source and shall deposit all such revenue received into the fund.* The state treasurer shall invest the moneys deposited in the fund as provided by law. Interest earned on moneys deposited in the fund shall be deposited into the fund.

III. Moneys *received from all other sources other than the liquor commission pursuant to RSA 176:16, III* shall be disbursed from the fund upon the authorization of the governor's commission on alcohol and drug abuse prevention, treatment, and recovery established pursuant to RSA 12-J:1. Funds disbursed shall be used for alcohol and other drug abuse prevention, treatment, and recovery services, and other purposes related to the duties of the commission under RSA 12-J:3.

IV. Moneys received from the liquor commission pursuant to RSA 176:16, III and deposited into the fund shall be transferred to the New Hampshire granite advantage health care trust fund, established under RSA 126-AA:3, for use in ensuring the delivery of substance use disorder prevention, treatment, and recovery and other behavioral health services for persons enrolled in the New Hampshire granite advantage health care program; provided, however, that any program or service approved by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery that would have been funded from moneys transferred from the fund shall be paid for with federal or other funds available from within the department of health and human services. For this purpose and no later than December 1, 2018, the sum of $5,100,000 from the alcohol abuse and prevention treatment fund shall be transferred to the granite advantage health care trust fund for use in the period of January 1 to June 30, 2019. Beginning July 1, 2019 the funds deposited into the fund shall be transferred to the granite advantage health care trust fund established under RSA 126-AA:3 annually no later than June 1 for use during the forthcoming fiscal year based upon the most recently issued comprehensive annual financial report of the state.

14 Individual Health Insurance Market; Purpose. Amend RSA 404-G:1, II to read as follows:

II. Create a nonprofit, voluntary organization to facilitate the availability of affordable

individual nongroup health insurance by establishing an assessment mechanism and an individual health insurance market mandatory risk sharing plan as a mechanism to distribute the risks associated within the individual nongroup market and to support the [~~marketplace premium assistance program established in RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program established in RSA 126-AA.***

15 Individual Health Insurance Market; Definitions. Amend RSA 404-G:2, X-a to read as follows:

X-a. "Plan of operation" means the plan of operation of the risk sharing mechanism, the high risk pool, support for the program established in RSA [~~126-A:5, XXV~~] ***126-AA***, and the federally qualified high risk pool, including articles, bylaws and operating rules, procedures and policies adopted by the association.

16 Managed Care Law; Right to External Review. Amend RSA 420-J:5-a, II(a) to read as follows:

(a) Health care services provided through Medicaid, the state Children's Health Insurance Program (Title XXI of the Social Security Act), Medicare or services provided under these programs but through a contracted health carrier, except where those services are provided through private insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV~~] ***New Hampshire granite advantage health care program under RSA 126-AA*** in which case all provisions of this chapter shall apply.

17 Insurance Department; Administration Fund. Amend RSA 400-A:39, VI(a) to read as follows:

(a) Based on the annual statement filed in such year by each insurer under RSA 400-A:31, RSA 420-A:20, RSA 420-B:9, RSA 420-F:9, or other financial statement filed under RSA 415-E:11, the commissioner shall ascertain each insurer's amount of gross direct premiums written, including policy, membership and other fees, service charges, policy dividends applied in payment for insurance, and all other considerations for insurance originating from policies covering property, subjects, or risks located, resident or to be performed in New Hampshire after deducting return premiums and dividends actually returned or credited to policyholders. The premium for Medicaid managed care coverage provided by a health carrier contracting with the department of health and human services under RSA 126-A:5, XIX shall not be included in an insurer's assessable premium, except where that coverage is provided through the purchase of insurance coverage pursuant to the [~~marketplace premium assistance program under RSA 126-A:5, XXV, or through the health insurance premium payment program under RSA 126-A:5, XXIII~~] ***New Hampshire granite advantage health care program under RSA 126-AA.*** If any such insurer does not otherwise timely provide the commissioner with the information necessary for such ascertainment, it shall do so on or before May 1 of each year.

18 New Subparagraph; Application of Receipts; New Hampshire Advantage Health Care

Program. Amend RSA 6:12, I(b) by inserting after subparagraph (339) the following new subparagraph:

(340) Moneys deposited in the New Hampshire granite advantage health care trust fund under RSA 126-AA:3.

19 Severability. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provisions or applications, and to this end the provisions of this act are severable.

20 Contingency. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect on the date of certification by the commissioner of the department of health and human services to the director of legislative services and the secretary of state that 42 U.S.C. section 1396a(e)(14)(c) has been repealed or amended to permit the application of an asset test.

21 Funding; New Hampshire Granite Advantage Health Care Program. If the federal government amends 42 U.S.C. section 1396d (y)(1) to eliminate the state's share of funding for the New Hampshire granite advantage health care program, or if the federal government allows the use of savings within the Medicaid program to apply to the state's share of funding the program, or if any other state is permitted to receive funds from the federal government to allow a solely federally funded program, the commissioner of health and human services shall send a letter of notification regarding this change to the governor, the president of the senate, the speaker of the house of representatives, the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program established in RSA 126-AA, and the chairperson of the appropriate standing committee of the house and senate. The commissioner shall apply for the necessary waivers to similarly fund the New Hampshire granite advantage health care program.

22 Repeals. The following are repealed:

I. RSA 404-G:2, X-c, relative to the marketplace premium assistance program.

II. RSA 126-AA:4, relative to the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program.

III. RSA 126-AA, relative to the New Hampshire granite advantage health care program.

IV. RSA 126-A:5-c, relative to funding the state share of the New Hampshire health protection program.

V. RSA 126-A:5-d, relative to voluntary contribution.

VI. RSA 126-A:5, XXX, relative to the New Hampshire health protection program.

VII. RSA 6:12, I(b)(340), relative to the moneys deposited in the New Hampshire granite advantage health care trust fund.

23 Effective Date.

I. Paragraph II of section 22 of this act shall take effect December 1, 2022.

II. Paragraphs III and VII of section 22 of this act shall take effect December 31, 2023.

III. Section 1 of this act shall take effect upon its passage.

IV. RSA 126-AA:2, II(b) as inserted by section 1 of this act shall take effect as provided in section 20 of this act.

V. Section 3-8 of this act shall take effect January 1, 2019.

VI. The remainder of this act shall take effect December 31, 2018.

2018-0984s

AMENDED ANALYSIS

This bill:

I. 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.

II. Establishes the granite workforce pilot program.

III. 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 shall be transferred to the New Hampshire granite advantage health care trust fund for substance use disorder prevention, treatment, and recovery.

Sen. Bradley, Dist 3
Sen. D'Allesandro, Dist 20
March 8, 2018
2018-1022s
01/03

ADOPTED!

Floor Amendment to SB 313-FN

Amend the bill by replacing section 10 with the following:

10 Plan of Operation for the High Risk Pool. Amend RSA 404-G:5-a, IV(d) to read as follows:

(d) [~~For the period of January 1, 2017 through December 31, 2018,~~] An amount not to exceed [~~50 percent of the remainder amount, as defined in RSA 126-A:5-c, I(b), less the amount made available to the program pursuant to RSA 404-G:11, VI. The association shall transfer all amounts collected pursuant to this subparagraph and the amount made available to the program pursuant to RSA 404-G:11, VI to the New Hampshire health protection trust fund, established pursuant to RSA 126-A:5-b~~] ***the lesser of the remainder amount or the amount of revenue transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-A:1, IV and taxes attributable to premiums written for medical and other medical-related services for the newly eligible Medicaid population, as defined in RSA 126-AA:1, V.*** [***The association shall transfer all amounts collected pursuant to this subparagraph to the New Hampshire granite advantage health care trust fund established pursuant to RSA 126-AA:3.***

Committee Minutes

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.

Ed Shanshala, CEO, Ammonoosuc Community Health Services, Inc:

- 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.

Mayor Joyce Craig, City of Manchester:

- 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

dm
Date Hearing Report completed: February 27, 2018

Speakers

SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☒	☐	Ed Shanshala II	CEO Ammonoosuc Com. Health Svc
☒	☐	Jane Haigis	self
☒	☐	Mike Apfelberg	United Way
☐	☒	GREG Moore	AFP-NH
☒	☐	Gary Woods	NH Med. Soc. / Kent Street
☒	☐	MONICA NAGLE	MOTHER'S DAY FREEDOM PROJECT
☒	☐	Doug McNutt	AARP
☑	☐	Jo Jordan	Families First
☑	☐	~~Greg White~~	Lamprey HealthCare
☑	☐	Ken Gordon	Coos County Family Health Services
☑	☐	Kristine Stoddard	Bi-State Primary Care Association
☑	☐	Steve Ahnen	NH Hosp. Assn
☑	☐	KEN NORTON	NAMI NH
☑	☐	Ed Rastetter	Friends of NH Drug Court
☑	☐	PAULA ROGERS	Anthem Blue Cross/Blue Shield
☑	☐	Rev. John M. Gregory-Davis	NH Conference United Church of Christ
* ???	☒	~~Bob Joseph Jr.~~	SELF, MULTIPLE ORGANIZATIONS

SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☑	☐	Susan McKeown	Self
☑	☐	Joan Widmer	NH Nurses
☑	☐	Dr. Stephanie Wolf-Rosenblum	SNHH
☑	☐	Joyce Craig	self
☐ NO position	☐	Kevin Flynn	Business + Industry Association
☒ left	☐	Lisa Britt Solsky	Well Sense Health Plan
☑	☐	Carrie Duran	myself
☑	☐	Susan Stearns	self
☑ left	☐	Lucy Hodder	UNH School of Law
☑ left	☐	Erica Hochberg	self
☑ left	☐	Dyana Ermann	North Country Council
☒	☐	Richard Wiggins	self
☐ Left	☐	Cinthia Jay	
☒ left	☐	Teresa Moler	
☒	☐	Rep. Cindy Rosenwald	Hills 30
☒	☐	J.T. Smith, MD, MPH	NH Public Health Association
☒ left	☐	Will Thomas	NH Veterans for Peace

SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☒	☐	Richard D Silverberg	Health First
☒ Left	☐	Christopher Stawasz	ANHR
☒	☐	Lara Willard	Goodwin Commhealth
☒	☐	Becky Whitley	CBHC
☒	☐	Sarah Freeman	NH Providers Assoc.
☒	☐	NICK PERENCEVICH	SELF
☐	☒ ???	Dawn Withington	Statecitizen
☐ left	☒	Sue Rillovick	Self/Riverbend CMHC
☒	☐	Mary Mayniham	Goodwin Community Health
☒ left	☐	John Iudice, MLHDC	Self
☑	☐	Michele Merritt	New Futures
☑ Left	☐	Christine Weber	Farnum Center
☑	☐	Neal Boyle	Self
☒	☐	Michael Vinci	Self/Dena Stanley
☒	☐	Brian Harlow	Self/New Futures
☒	☐	Phil Spagnuolo	self
☑ Left	☐	Lynn Fuller	self

SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☒	☐	Paula Matthis	Dept. of Corrections
☒	☐	Dawn McKinney	NH Legal Assistance
☒	☐	Courtney Tanner	Hope on Haven Hill
☐	☐	~~Theresa McCafferty~~	~~Sobriety Center of NH~~
☒	☐	Lisa Beaudoin	ABLE NH
☒	☐	Tom Sherman	Physician Rye/Exeter
☒ Not Speaking	☐	~~Senator Soucy~~	
☒ Left	☐	Louise Spencer	Self Concord
☒	☐	~~Joan Widmer~~	~~NH Nurses Assoc~~
☒ Left	☐	Karen Trudel	Self
☒ Left	☐	Allen Irwin	Self / Revive Recovery Center
☒	☐	Norma Mackinley-Smith	Self
☒	☒	Heather Stockwell	Self
☒ Left	☐	Sandra Rice Hawkins	Granite State Progress
☒ Left	☐	Susan Allen-Samuel	Self - NAMI NH
☒ Left	☐	Laurie Harding	HEADREST, Lebanon
☐	☐		

SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☒	☐	~~REPRESENTATIVE JERRY KNIRK~~	~~CARROLL 3~~ ✓
☒ ✓	☐	Paula Garvey	3 cystic fibrosis foundation ✓
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☑	☐	MARIA PETAGNA	SELF
☑	☐	Bethany Arcand	self
☑	☐	Michelle Gaudet	Lamprey Health Care
☑	☐	Barbara Gubtiaver	self
☑	☐	Brittany Porter	self
☑	☐	Viola J Katusic	GSNP
☑	☐	Jessica Ayotte	NH State Rep. District 31
☑	☐	Kathie Kalukzynski	AARP
☑	☐	ROBERT MULLIGAN	AARP
☑	☐	Emily Hackett	CFS / self.
☑	☐	Paul T Foote	SELF
☑	☐	Brooke Lowe-Farmer	CFS / self
☐	☐	Eeoare McCosh	CFO LHC
☑	☐	NICHOLAS PFEIFER	SENHS
☑	☐	TODD FAHEY (w/ AARP amend)	AARP
☑	☐	Debra Messer	Self
☑	☐	Patty Alessandrini	AARP Self

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING	
☒	☐	Aly McKnight		✓
☐	☑	Rep Glenn Cordelli	Carroll 4	✓
☒	☐	Richard Gulla	SEA, SEIU Local 1984	✓
☒	☐	Karen Ulmer Borsch	AARP	✓
☒	☐	Diane St. Germain	self	✓
☒	☐	Kathy Staub	Self	✓
☒	☐	Mary A. Roberge	AARP	✓
☒	☐	Laurie Ota	CMHC	✓
☒	☐	Claudia C. Damon	self	✓
☐	☐	DELORES PERROTTA	AARP	✓
☑	☐	Fred Portroy	self	✓
☑	☐	Guy S. CHADELAINE	AARP	✓
☑	☐	Kristy Letendre	Coos County	✓
☒	☐	Catherine M. Gruette	Belknap	✓
☑	☐	Sarah Sidowski	self	✓
☒	☐	Bobbi D. Bagley	Self	✓
☒	☐	Catherine Arbour	AARP	✓

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING	
☒	☐	Richard Moore	AARP	✓
☒	☐	Jess Kvenning	Bi State PCA	✓
☒	☐	[illegible]	LHC	?
☒	☐	Alyssa Walker	NSKS	✓
☒	☐	Cinthia Jay		✓
☒	☐	Patricia Rogers		?
☒	☐	Michele Watson		✓
☐	☐	[illegible]	North Country Senate? Center	
☒	☐	Dick Chevrefils	NAMI NH	✓
☒	☐	Jeanie Tucker	AARP NH	✓
☒	☐	Eileen Brady	Nashua Sisters of Mercy	✓
☒	☐	Timothy Guidish	CF Foundation	✓
☒	☒	Sara Garland	Goodwin Comm. Health	
☒	☐	Melissa Hinebauch	SELF	✓
☒	☐	Donna Toomey	Health First	✓
☒	☐	Gail Smuda	AARP	✓
☒	☐	Senator Chuck Morse	SD #3	✓

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☑	☐	Ken Lewis	Peer Support
☑	☐	Dennis Jakubowski	Self
☑	☐	Lynn Stanley	NASW NH
☑	☐	Janice Budreau	Self / CFS
☑	☐	KEITH KUENNING	CFS
☑	☐	Katie Foster	New Futures
☑	☐	Monica Foster	self
☑	☐	McKenzie St Germain	Self
☑	☐	Mark Barker	self
☑	☐	William E Morrow	
☑	☐	CHRISTOPHER KENNEDY	NH HEALTHY FAMILIES
☑	☐	Rep Patricia Klee (Hills #30)	Self
☐	☒	Christopher Maidment	Self
☒	☐	Brian Hucklis	self
☒	☐	Michael Skelton	PresidentCEO Greater Manchester Chamber
☑	☐	Donna Marston	Families Sharing without Shame
☑	☐	Cheryle Pacapelli	DRSS-FO

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☒	☐	Pat Scholl	SELF
☒	☐	Tony Scholl	SELF
☒	☐	Stacy Fuller	Self
☒	☐	Robert Finney	SELF
☒	☐	Christoph Rose	Self
☒	☐	Meredith Cook	Roman Catholic Bishop of Manchester
☒	☐	Clement Kagunga	OSS (overcomers)?
☐	☐	Doug Hohenberger	self
☒	☐	Keith Littell	Self
☒	☐	Victoria Cloud	Self
☒	☐	David Meuse	SELF
☒	☐	Jo Porter	Self
☒	☐	Eric Gallager	Self
☒	☐	Robert Clyde	Self
☒	☐	Jonathan Routhier	CSNI
☒	☐	Gail T. Brown	NH Oral Health Coalition 603-415-5550
☒	☐	Natalie Moser	self

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING	
☒	☐	MAUREEN Prohl	Self	✓
☒	☐	Peter Marston	Families sharing without shame	✓
☒	☐			
☒	☐	Elizabeth Rapp	self	✓
☒	☐	Liz Tentarelli	League of Women Voters NH	✓
☒	☐	Liz McConnell	self	✓
☑	☐	Elizabeth Lovell (Concord)	self	✓
☒	☐	Roger Sevigny		✓
☑	☐	Susan Pinto	Self	✓
☑	☐	Kelly Richards	Self	✓
☑	☐	Marcia Morris	NAMI / self	✓
☑	☐	Ben Stinson	self	✓
☑ with concerns	☐	Dianne Pepin	NH Alcohol + Drug Abuse Counselors	✓
☑	☐	Nancy Vaughan	American Heart Assn	✓
☒	☐	Mary Heath	State Rep Hillsb 14	
☒	☐	Gwin Littlefield	self	✓
☒	☐	Kathy Cahill	self	✓

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
☑	☐	Harriet E Cady	self
☑	☐	Emily Schmalzer	self
☑	☐	STEFAN MATTLAGE	SELF
☑	☐	Josie Pinto	Self
☒	☐	Rep. William Marsh	Carroll 8.
☒	☐	Jen Thompson	NH Nurse Practitioner Assoc
☑	☐	Rep. Tim Josephson	Grafton 11
☐	☒	Rep John Burt	Goffstown, Weare, Deering
☑	☐	Will Thomas	NH Vets for Peace
☑	☐	Patricia Cornell	District 18
☑	☐	Jennifer Bertrand	My family + myself
☑	☐	Heather Carroll	The Alzheimer's Association
☑	☐	Dan Hobbs	NHLA
☑	☐	Susan Paschell	NH Community Behavioral Health Association
☑	☐	Abigail Rogers	March of Dimes
☑	☐	Judy Silva	NH Municipal Assoc.
☐	☐		

NOT SPEAKING

SENATE FINANCE COMMITTEE

Date: February 20, 2018 **Time:** 1:30 p.m. **Public Hearing on** 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.*

Please check all boxes that apply:

FAVOR	OPPOSED	NAME (Please print)	REPRESENTING	
☒	☐	Senator Dan Watters	4	✓
☒	☐	Pam Wintonyk	self	✓
☐	☐	Pat J. Long	Belknap Dem	✓
☒	☐	Rep. Mary Jack	H. Hls 36	✓
☑	☐	Rep Latha Mangipudi	Hills 35	✓
☑	☐	Sue Newman - Rep. Nashua	Hillsborough D9	✓
☑	☐	Matthew Wilder		✓
☑	☐	Theresa McCafferty	Sobriety Centers of N.	✓
☒	☐	Rep Polly Campion	Grafton #12	✓
☒	☐	Rep. Karen Ebel	Merr. #5	✓
☐	☐	Ben Bradley	Wentworth-Douglass Hospital	✓
☒	☐	MARIE STRATTON	self	✓
☒ with continued work!	☐	Gail Lakari-Phelps	self	✓
☒	☐	Kayla Montgomery	Planned Parenthood NH Action Fund	✓
☒	☐	Rep Timothy Horrigan	Strafford 16	✓
☐	☒	Rep JR Hoell	Mer 23	✓
☒	☐	Michael Skibbie	Disability Rights Ctr.	✓

Testimony

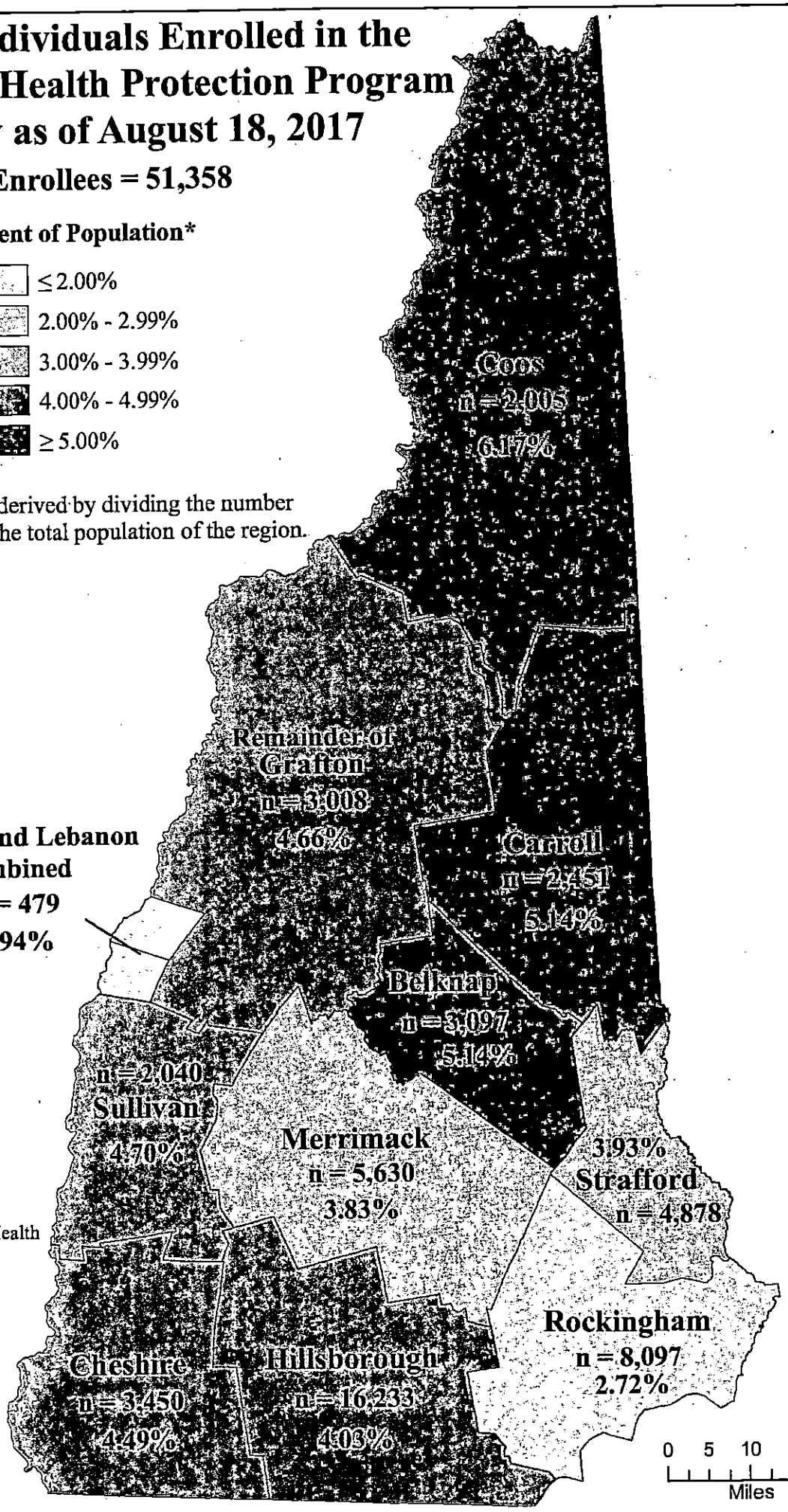
Percent of Individuals Enrolled in the New Hampshire Health Protection Program by County as of August 18, 2017

Total Enrollees = 51,358

Percent of Population*

- ≤ 2.00%
- 2.00% - 2.99%
- 3.00% - 3.99%
- 4.00% - 4.99%
- ≥ 5.00%

*Percentage is derived by dividing the number of enrollees by the total population of the region.



Sources:
- New Hampshire Department of Health and Human Services
- US Census Bureau

Prepared by: Tylor Young
Geographic Information Systems Analyst
tylor.young@dhhs.state.nh.us

NH DIVISION OF Public Health Services

Percent of Individuals Enrolled in the New Hampshire Health Protection Program by Town as of Augst 18, 2017

Total Enrollees = 51,358

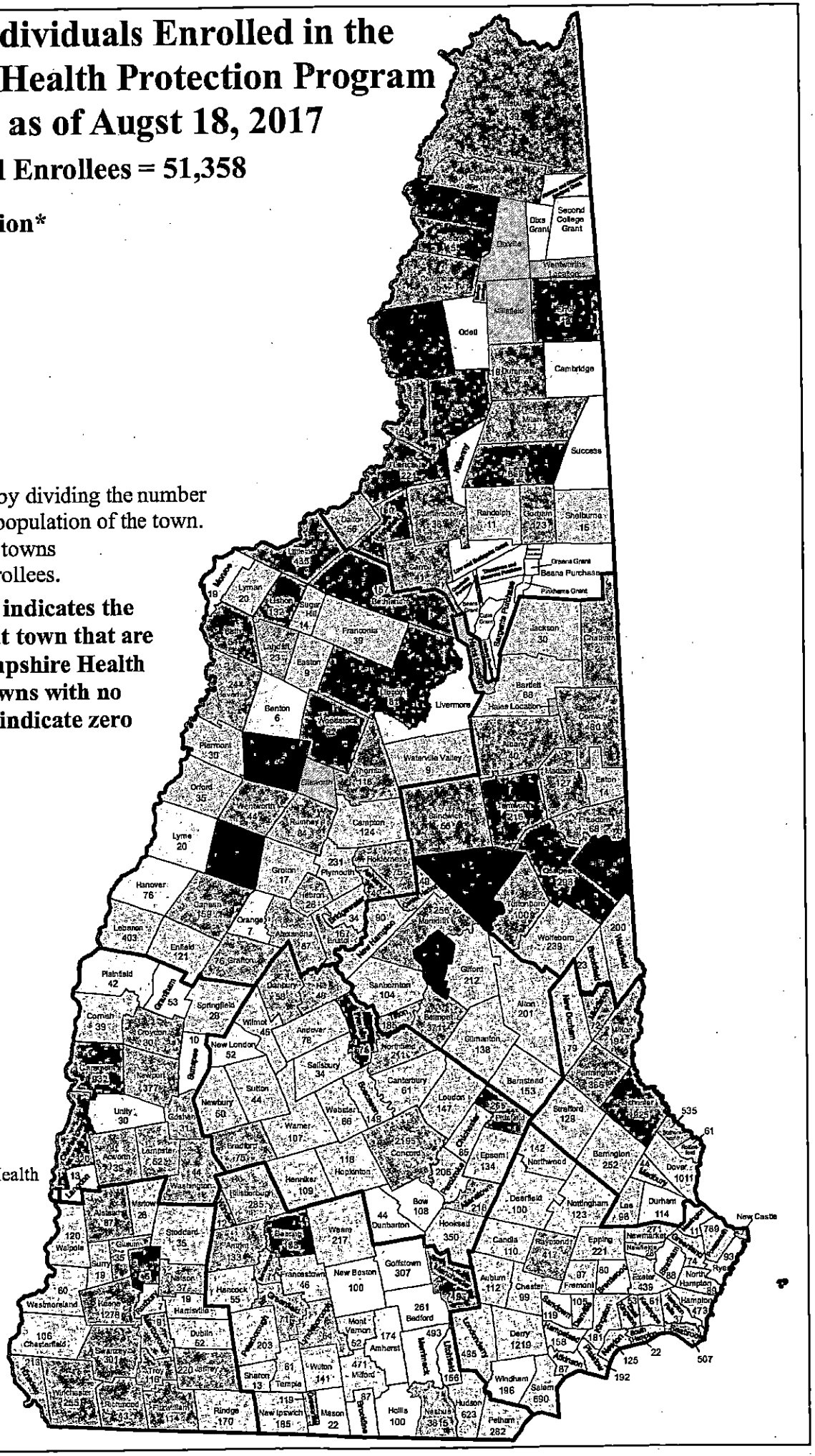
Percent of Population*

- Not shown**
- 0.0% - 1.99%
- 2.0% - 3.99%
- 4.0% - 5.99%
- 6.0% - 7.99%
- ≥ 8.0%

*Percentage was derived by dividing the number of enrollees by the total population of the town.

**Rate not calculated for towns with between 1 and 4 enrollees.

The number in the town indicates the count of people from that town that are enrolled in the New Hampshire Health Protection Program. Towns with no shading and no number indicate zero enrollees.



Sources:
- New Hampshire Department of Health and Human Services
- US Census Bureau

Prepared by: Tylor Young
Geographic Information Systems Analyst
tylor.young@dhhs.state.nh.us

NH DIVISION OF Public Health Services
Improving health, preventing disease, protecting those at risk
Department of Health and Human Services

New Hampshire
Health Protection Program

September 27, 2017
DHHS

NHHPP – private public partnership

- Count of *unique* people who received selected preventive services or condition treatment since the inception of the NHHPP while in an NHHPP health plan
- People are *deduplicated* across health plans covering NHHPP recipients:
  - Medicaid fee-for-service
  - Medicaid managed care plans
  - Premium assistance Qualified Health Plans

NHHPP – Preventive Services

- Count of *unique* people who received selected preventive services or condition treatment since the inception of the NHHPP while in an NHHPP health plan
- 25,800 people received preventive well care visits ("checkups")
- 10,500 people were screened for cervical cancer
- 6,600 people were screened for breast cancer
- 4,700 people were screened for colorectal cancer

NHHPP – Treatment for Conditions

- 41,600 people received mental health treatment services
- 11,000 people received substance use disorder treatment services
- 23,400 people received cardiovascular (including hypertension) treatment services
- 16,000 people received asthma or chronic obstructive pulmonary disease (COPD) treatment services
- 6,100 people received diabetes treatment services
- 1,300 people received cancer treatment services
- 900 people received maternity care treatment services

Definitions

Preventive

Well Care Service User is defined as the following criteria: claim for one or more preventive medicine well care services.

Cervical Cancer Screening (Pap Smear) Service User is defined as one or more claims for a pap smear procedure.

Breast Cancer Screening (Mammography) Service User is defined one or more claims for a mammography procedure.

Colorectal Cancer Screen (Colonoscopy) Service User is defined one or more claims for a colonoscopy procedure.

Treatment *(note: excludes screenings and evaluation services that may have been screening or disease follow-up)*

Mental Health Service User is defined as one or more claims for 1) psychotherapy, psychoanalysis, counseling, or case management services with a primary diagnosis of a mental health disorder (excludes SUD), 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of a mental health disorder or 3) pharmacy services for one of the following therapeutic class groups: antianxiety agents, antidepressants, antipsychotics, hypnotics, ADHD, psychotherapeutic and neurological agents primarily used to treat mental health disorders.

Substance Use Disorder Service User is defined as one or more claims for 1) substance use disorder specific treatment services (e.g., counselling, residential, methadone clinic), 2) behavioral health counseling services with a primary diagnosis of substance use disorder (PAP encounters only since some PAP payers do not use SUD specific counseling codes), 3) inpatient hospital stays with a primary diagnosis or diagnosis related group of a substance use disorder or 4) pharmacy services for medication assisted treatment therapeutic classes.

Definitions

Cardiovascular Disease Service User is defined as one or more claims for 1) cardiac surgery, including procedures such as vascular catheterizations, pacemaker insertion, valve repair/replacement, insertion of ventricular assist devices, and bypass, or tobacco cessation interventions with a primary diagnosis of cardiovascular disorder (including hypertension), 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of a cardiovascular disorder, 3) pharmacy services for one of the following therapeutic class groups: cardiotonics, antianginal agents, beta blockers, antiarrhythmics, calcium channel blockers, antihypertensives, diuretics, vasopressors, cardiovascular agents, anticoagulant, hematological agents or 4) durable medical devices used to treat cardiovascular disease.

Asthma/Chronic Obstructive Pulmonary Disease (COPD) Service User is defined as one or more claims for 1) inhalation treatment, tobacco cessation intervention, oxygen and related equipment and supplies, nebulizer, or physician administered albuterol services with a primary diagnosis of asthma or COPD, 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of asthma or COPD or 3) pharmacy services for one of the following therapeutic classes: cardiotonics, nasal agents, and antiasthmatic and bronchodilators used to treat asthma and COPD.

Diabetes Service User is defined as one or more claims for 1) foot examination and orthopedic footwear, amputation, ophthalmological services, medical nutrition therapy with a primary diagnosis of diabetes, 2) inpatient hospital stay with a primary diagnosis or diagnosis related group of diabetes, 3) pharmacy services for one of the following therapeutic class groups: antidiabetics such as insulin, and endocrine and metabolic agents used to treat diabetes or 4) durable medical supplies used to treat diabetes, such as syringes, test strips, lancets.

Cancer Service is defined as one or more claims for 1) mastectomy and reconstruction, radiation therapy planning and treatment, chemotherapy, other cancer treatment planning with a primary diagnosis of cancer or 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of cancer.

Maternity Care User is defined as one or more claims for 1) prenatal care, delivery, or postpartum care services or 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of maternity/delivery.

NHHPP - September 2017 Enrollment

Health Plan Enrollment: August 2017	
QHP Enrollment	
• Ambetter	16,414
• Anthem	10,452
• Harvard Pilgrim	11,633
• Minuteman Health	3,473
MCO Enrollment	
• Well Sense	4,112
• NHHF	2,815
Health Insurance Premium Program HIPP	113
Fee For Service	2,041
Total	**51,053**

New Hampshire Granite Advantage Health Care Program

Amendment #0700s to SB 313

Summary

I. Key Elements to the NH Granite Advantage Health Care Program

a. This bill repeals the New Hampshire Health Protection Program and creates an entirely new initiative: New Hampshire Granite Advantage Health Care Program

b. The program is authorized for five years and uses no general funds, no new increased taxes or fees and continues to rely on federal funds

c. The program reforms the current Medicaid Expansion program and transfers coverage for those eligible, from 0 – 138% of Federal Poverty Limit (FPL), into Managed Care Organizations (MCOs) resulting in improved care management, better health outcomes and lowering overall taxpayer costs.

   i. Moving to MCOs saves state and federal taxpayers approximately $200 million per year

   ii. The private insurance market experienced 52% rate increases in 2018, due, in part, to the expansion population. Moving to a managed care model alleviates those cost pressures.

d. Includes a provision to pursue a solely federally funded program, if approved by the Federal Government.

e. As part of the overall effort to develop wellness plans, screenings are included for mental health and substance abuse to maximize effective treatment. This will help in the fight against opioid and mental health crisis.

f. Robust work requirements are included, coupled with a new program (Granite Workforce) to remove barriers, ultimately helping those covered to gain access to long term employment.

II. Care provided under the NH Granite Advantage Health Care Program

a. Those currently enrolled in Anyone currently on the NH Health Protection Program will move to the NH Granite Advantage Health Care Program and will not lose coverage due to the program change.

   i. Individuals whose income increases and are no longer eligible will receive assistance from MCOs to purchase insurance on the federal exchange

   ii. Prior authorizations before the program transition will be honored for 90 days

b. As part of the overall effort to develop individual health care plans, a wellness visit and screenings are included for behavioral health and substance abuse to maximize treatment for overall health.

c. The New Hampshire Granite Advantage Health Program will include:

   i. Measures to increase transparency and a robust use of incentives to use lower cost providers and services, lowering overall costs.

ii. Measures ensuring sufficient capacity to continue to treat the opioid and mental health crises, through sufficient rates for behavioral health providers.
iii. Incentives for MCOS and providers to establish appropriate Emergency Room usage to lower overall healthcare costs.

III. Work and community engagement
a. The work requirement very closely resembles what is currently in law and includes changes required by Center for Medicare and Medicaid Services (CMS) including community engagements. There are exemptions such as for those who are disabled and medically frail.
b. Requires 100 hours of work or community engagement per month.
c. To achieve success resulting in employment, this legislation includes Granite Workforce, which uses Temporary Assistance to Needy Families (TANF) reserve funds.
i. Employers in high need areas, as designed by Employment Security, receive two stipends of $2,000 each
ii. Assists in removing barriers to work by addressing transportation issues, child care, substance use, mental health, and domestic violence
iii. Includes partnerships with Employment Security, Department of Business and Economic Affairs, Department of Education, and Community Colleges to provide skills required in high need areas of employment
iv. Starts as a pilot program for 6 months, costs $3 million in TANF reserve funds

IV. Funding
a. The State share shall consist of 5% of gross Liquor Commission profits, continued use of the insurance premium tax on applicable policies related to Medicaid, and continued use of funds from the high risk pool. Given the importance of combating opioid and mental health crisis we believe it is appropriate to use 5% of gross Liquor Commission profits and intend to replace those existing funds with non-general fund dollars.

New Hampshire Conference
United Church of Christ

a just world for all

February 27, 2018

Senator Gary Daniels
State House, Room 105
107 North Main Street
Concord, NH 03301

Dear Senator Daniels:

RE: SB 313, Reforming New Hampshire's Medicaid and Premium Assistance Program

The United Church of Christ in New Hampshire, representing over 130 congregations throughout the State, strongly supports the continuation of the expanded Medicaid Program in New Hampshire and the long-term authorization of the same through a sustainable funding mechanism.

Please find enclosed the resolution, "Affirming Support for the Continuation of the New Hampshire Health Protection Program," passed by the Board of Directors of the New Hampshire Conference, United Church of Christ, on February 22, 2018.

We urge your support of SB 313.

Sincerely,

Charles Buck
Transitional Conference Minister

140 Sheep Davis Road, Pembroke, NH 03275 603.225.6647 or 888.642.8229 www.nhcucc.org

New Hampshire Conference United Church of Christ

a just world for all

A Resolution of Christian Witness Affirming Support for the Continuation of the New Hampshire Health Protection Program (Medicaid Expansion in NH)

Submitted to the Board of Directors of the New Hampshire Conference, United Church of Christ, for consideration by the Economic Justice Mission Group, January 2018

For more information: Economic Justice Mission Group via John Gregory-Davis, Co-Pastor, Meriden Congregational Church, UCC, 603-649-3235, john@meridenucc.org; or Gail Kinney, Worker Justice Minister, Meriden Congregational Church, UCC, 603-381-7324, uniongale@aol.com

SUMMARY

This resolution builds upon a previous resolution adopted by the New Hampshire Conference UCC Council on September 19, 2013. It affirms that the New Hampshire Conference, United Church of Christ, (NHCUCC) is in strong support of the continuation of the expanded Medicaid Program in New Hampshire (known as the NH Health Protection Program) and encourages its long-term reauthorization and funding through the legislative process so that tens of thousands of NH's working poor and other eligible individuals will continue to have access to health care services, including treatment for substance abuse disorders.

BACKGROUND

The NHCUCC's 2013 resolution calling for the implementation of an expanded Medicaid Program for NH residents draws upon a national *Faith-Inspired Vision of Health Care* (to which our own denominational Justice and Witness Ministries and the NH Council of Churches are signatory) that embraces the notion that every individual in our society deserves "health, wholeness, and human dignity," including access to "a system of health care that is inclusive, accessible, affordable, and accountable." The 2013 resolution also lifts by the key tenets of this *Faith-Inspired Vision* that:

- *"Health care is a shared responsibility that is grounded in our common humanity.* In the bonds of our human family, we are created to be equal. We are guided by a divine will to treat each person with dignity and to live together as an inclusive community. Affirming our commitment to the common good, we acknowledge our enduring responsibility to care for one another. As we recognize that society is whole only when we care for the most vulnerable among us, we are led to discern the human right to health care and wholeness. Therefore, we are called to act with compassion by sharing our abundant health care resources with everyone."

- *"All persons should have access to health services that provide necessary care and contribute to wellness.* We believe humanity is sacred and that all persons should benefit from those actions which contribute to our health and wholeness. Therefore, we are called to act with justice and love to ensure that all of us have access to the health care we need in order to live out the fullness of our potential, both as individuals and as contributing members of our society. We must work together to identify and overcome all barriers to and disparities in such care."

RESOLUTION

WHEREAS, health and healing are prominent within the Biblical story; and love, mercy and resource-sharing are equally prominent within God's Word and Jesus' ministry, and these themes have a significant presence in the Bible, including Deuteronomy 15: 7-11, where it is written, *"If there is among you anyone in need, a member of your community in any of your towns within the land that the LORD your God is giving you, do not be hard-hearted or tight-fisted towards your needy neighbor..... Since there will never cease to be some in need on the earth, I therefore command you, 'Open your hand to the poor and needy neighbor in your land'"*; and Matthew 25: 44-45, where it is written, *"Lord, when was it that we saw you hungry or thirsty or a stranger or naked or sick or in prison, and did not take care of you? Then he will answer them, 'Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me'"*; and

WHEREAS, in 2014, the NH Legislature authorized the implementation of an Expanded Medicaid program (under the federal Affordable Care Act, or Obamacare) known as the NH Health Protection Program (NHHPP) that, since its inception, has made it possible for over 130,000 low-income individuals to secure access to critical health care services (as of late 2017), with over 50,000 NH residents typically being served by the program at any given point in time; and

WHEREAS, enrollment in the NH Health Protection Program encompasses thousands of hard-working individuals in New Hampshire, including child care providers, home health care workers and related health service providers, retail and food service workers, those who work within the travel and tourism industry, and many other low wage workers and working families in the state; and

WHEREAS, more than 23,000 individuals have gained access to substance abuse and addiction treatment services (as of late 2017) through the NH Health Protection Program, and access to such treatment has also supported significant numbers to individuals suffering addictions as they participate successfully in drug court programs; and

WHEREAS, without an expanded Medicaid Program, more than 50,000 individuals in NH at any given point in time would have little or no access to preventative care and care for chronic conditions, even as it is widely understood in the medical field that treatable conditions, left untreated, often evolve into significant health emergencies, with these emergencies often resulting not only in catastrophic health consequences but also in devastating and destabilizing economic consequences for the impacted individuals and their families; and

WHEREAS, when individuals lack access to health care, their health emergencies are primarily addressed in the least appropriate and most costly means possible through hospital emergency rooms, with the high costs of this uncompensated care being passed on to premium payers and others within the health care system;

NOW THEREFORE BE IT RESOLVED
That the New Hampshire Conference of the United Church of Christ, in the words of the Rev. Dr. Martin Luther King, Jr., recognizes the "fierce urgency of now" in terms of continuation of the Expanded Medicaid program in New Hampshire, and that the NHCUCC:

- declares publicly its support for continuation and long-term authorization of the Expanded Medicaid program in New Hampshire through a sustainable funding mechanism, with NHCUCC leadership conveying this support to the NH House and Senate leadership and to the Governor; and,

- encourages UCC clergy and lay members to participate in public vigils and to offer legislative testimony, in person or in writing, about the critical importance of maintaining the Expanded Medicaid program; and,

- invites UCC clergy and lay members to engage in other forms of faith witness and advocacy as appropriate to urge the continuation of the Expanded Medicaid program.

PLAN OF ACTION
Implementing Body: The Economic Justice Mission Group will take the lead in the implementation of this resolution and will work closely with the multi-faith NH Voices of Faith in this regard. The Mission Group also will ask for support from the Conference in making this resolution known publicly.

It is possible that other Mission Groups within the NHCUCC Justice and Witness Ministry (for example, the Opioid Crisis Mission Group) may also want to play an active role in promoting and participating in the advocacy called for in this resolution.

The NHCUCC *Weekly News* will be used as a key tool for educating our congregations about this resolution and the critical importance of maintaining the Expanded Medicaid program.

Anticipated Costs: No additional NHCUCC budgetary allocation beyond existing Mission Group budgets will be needed to publicize or carry out this resolution.

New Hampshire Hospital Association

Joint Senate Finance and Health and Human Services Committees
February 20, 2018

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

Good afternoon, Chairman Daniels, Chairman Bradley and members of the Finance and Health and Human Services Committees. My name is Steve Ahnen and I am president of the New Hampshire Hospital Association, representing all of our state's hospitals. I am pleased to be here today to testify on SB 313-FN to reauthorize New Hampshire's Medicaid expansion program.

New Hampshire's hospitals are partners with the state in caring for our most vulnerable citizens. It is our mission, to care for those who are sick. We take that responsibility very seriously, providing the highest quality of care to anyone who walks through our doors, regardless of their ability to pay.

Hospitals have been strong advocates for New Hampshire's Medicaid expansion program and have long supported its reauthorization. New Hampshire's Medicaid expansion program is providing health insurance coverage to over 50,000 low-income, formerly uninsured Granite State residents. This coverage enables these individuals the ability to be seen by a primary care doctor or in a health clinic, to receive important primary and preventive care, cost-effective management of chronic conditions, and life-saving mental health and substance use services. As a result of this coverage, these patients are now able to receive the right care, at the right time, in the right place.

Reauthorization of this important program will mean that these individuals are able to continue to get the care they need. SB 313 will provide the stability necessary to allow this program to continue, and we thank you Senator Bradley, the Senate President, the Governor, bipartisan leaders in both the House and Senate, Commissioner Meyers and many others, for their leadership in bringing this measure forward.

New Hampshire's Medicaid expansion program has helped to reduce the number of uninsured patients seeking care in hospital emergency departments. Since the inception of the program, 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: a drop of more than $67 million from $131.2 million in SFY 16 to an

estimated $64.1 million in SFY 2018, a direct reflection of the coverage gains brought about by the New Hampshire Health Protection Program.

We support reauthorization of Medicaid expansion because it's the right thing to do...for our patients, our state and our communities. SB 313 builds on the recommendations of the bipartisan study commission that met over the past year and a half chaired by Senator Bradley. One of the most fundamental recommendations is to move the Medicaid expansion population out of the individual marketplace into one of the existing Medicaid managed care organizations. While we agree with the need to aggressively manage the health of this population and share the belief that the Medicaid MCO's may have more experience with this population than those offering coverage on the exchange, we would be remiss if we didn't point out that 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. As you know, New Hampshire's traditional Medicaid provider reimbursement rates are the lowest in the nation. That's why we applaud provisions in this bill that look to raise reimbursement rates for behavioral health and substance use services. We strongly encourage you and pledge to work with you to leverage additional federal resources to help ensure that 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.

While it's important to understand those fiscal impacts, it's also important to understand the impact that this program is having on people in New Hampshire. Our hospitals and their clinicians have seen and cared for many of these patients and they see first-hand how this program is making a difference in their lives and in their health. For instance, the person with diabetes who was routinely seen in the hospital emergency room or admitted to the hospital is now able to get the insulin they need to manage their diabetes and receive the care they need with their primary care physician, or the single mom, working two jobs to support herself and her family who is now able to get the ongoing care she needs to take care of her chronic health conditions so that she can continue to support her family. These are just two stories, but there are hundreds, literally thousands occurring every day across New Hampshire that demonstrate the importance of reauthorizing this program.

Reauthorization of New Hampshire's Medicaid expansion program is an important investment in the health of our state and the people it serves. I thank you for the opportunity to testify in support of SB 313 and would be happy to answer any questions you might have.

NEW HAMPSHIRE
PUBLIC HEALTH
ASSOCIATION
Improving Health, Preventing Disease, Reducing Costs for All

4 Park Street, 4th Floor
Concord, NH 03301
603.228.2983 | info@nhpha.org
www.nhpha.org

February 20, 2018

Chairman Daniels and Members of the Senate Finance Committee
Chairman Bradley and Members of the Health and Human Services Committee

The New Hampshire Public Health Association(NHPHA) is writing this letter today in support of SB313, a bill which will maintain health care coverage to those individuals at 138% of the poverty level. NHPHA is a professional organization whose members share the common goal that everyone in New Hampshire live, learn, work and play in safe and healthy environments. One key element to this goal is ensuring that our most vulnerable continue to have access to health care insurance. As public health professionals, we know that health insurance is the key determinant governing the behavior of individuals seeking medical care that is both appropriate and sought after in a timely manner.

We also want to take this time to publicly thank our State Senate for all your hard work to date to provide for health care coverage for these 50,000+ citizens. Without healthcare coverage, these individuals would otherwise have gone without health care and would still be faced with the insecurity that comes when one no longer can afford to go to the doctor or other medical professionals to keep themselves healthy. For many, the previous New Hampshire Health Protection Program is instrumental in eliminating many of the financial barriers to receiving services crucial to living a full, healthy life. To many of our neighbors, that program is throwing a lifeline to recovery by making substance use treatment and other mental health services available. And given that the many of new enrollees are working in sectors critical to New Hampshire's economy – hospitality, food service, home health care, and construction – it's even more important that we keep those eligible folks healthy and productive.

Continuing this coverage under the new name of New Hampshire Granite Advantage Health Care Program is vitally important for those citizens to continue to have access to care, and to not have to choose between buying groceries and paying for a necessary doctor's visit. Being poor should not result in poor health. New Hampshire must be a state that continues to believe that is no longer acceptable that over 50,000 of our neighbors face the possibility that the safety net of health insurance coverage will be removed and with it the progress that they have made towards better health and a better life. Without the continuation of the program under its new name of New Hampshire Granite State Advantage Health Care Program that safety net is taken out from under those most in need, and health insurance and medical care would once again be placed beyond their reach.

While there are some provisions in SB313, such as the work requirement provision, that we want to see amended, we realize that today SB313 is a starting point and hope that this Senate body continues to work in a bi-partisan manner to do what is best for this population by continuing their health insurance coverage without placing on onerous restrictions that could result in the loss of coverage for some. Our community partners and those in our state legislative bodies need to continue to be there for our neighbors, our co-workers, our family and friends - your constituents - whose health, quality of life, and economic contributions depend upon the continuation of this vital program. And for these reasons, the New Hampshire Public Health Association stands with our allies before you here today, and urge you pass SB313.

If you have any questions or require additional information, my contact information is above.

Sincerely,

Joan H. Ascheim, MSN
Interim Executive Director

New Hampshire Public Health Association
4 Park Street, 4th Floor
Concord, NH 03301
603.228.2983 | info@nhpha.org
www.nhpha.org

Jennifer [redacted]
37 Waterford Drive, Sandown, NH
[redacted]@comcast.net

My husband and I have three young children 7 and under. At birth, my oldest child was diagnosed with Trisomy 21 which is commonly referred to as Down syndrome. I made the decision to resign from my job as an elementary school teacher to take care of her. In the first few years of her life, my daughter had doctor appointments several times a month to check for and monitor common health complications that come with her diagnosis. At one point, my daughter saw 18 different specialists, and each visit came with a co-pay and other expenses.

We have been fortunate that my husband has earned enough to cover our living expenses, but we would not have been able to cover all of our increased medical costs without the Medicaid expansion. Through Medicaid, my daughter receives occupational and physical therapy. Over the past few years, we have watched her learn new skills and make tremendous advancements navigating her environment safely, becoming more independent with self help skills, and regulating her sensory system which all help her to learn side by side with her peers in a general first grade classroom. Without Medicaid as a secondary insurance, we would not have been able to pay for the hundreds of dollars of co-pays each month for these life-changing therapies.

My daughter is currently only eligible for Medicaid through the expansion, so if the expansion ends, her insurance will also end. The insurance offered through my husband's employer does not cover any occupational or physical therapy for a child with a developmental disability. She would lose all of the therapies that help her navigate her world.

My husband and I have worked our entire adult lives. We pay taxes, and we contribute to the community that we live in. We didn't ask to have a child with medical complications. We don't want to need to use our insurance, but this is why insurance exists. Nobody should have to choose between paying for food and paying for therapy for a child. Nobody should have to choose between paying for a doctor's visit and paying rent. This isn't just about me and my family. Every single person listening today knows a person, like my daughter, with a pre-existing condition. Every person listening today has someone close to them that will get sick in the future and need to use insurance, preferably without astronomically high co-pays and deductibles. The Medicaid expansion made that possible for us. Thank you.

TO: SENATE FINANCE AND HEALTH AND HUMAN SERVICES COMMITTEES

FROM: NEAL BYLES, CO-OWNER SCORE 800 TEST PREP; OWNER "WITH THE BAND" AND GROUPIE SQUIRREL TEES,

RE: SENATE BILL #313

DATE: 20 FEBRUARY 2018

Senator Daniels, Senator Bradley, members of the Finance ad Health and Human Services Committees, thank you for giving me this opportunity to speak on Senate Bill #313 and Medicaid expansion.

My name is Neal Byles. I am the owner or co-owner of several small businesses, including "With the Band," an online multimedia comic strip, Groupie Squirrel Tees, and Score 800 Test Prep. Through my primary business, Score 800, I teach children and adults how to improve their scores on tests such as the SAT, ACT, LSAT, etc. I have also trained public and private school teachers to better prepare their students for standardized tests, and I have employed several part-time tutors.

Without question, the biggest obstacle to my succeeding as a small business owner has been health care costs. A couple of years ago, due in part to flagging business in test prep, I had to let my insurance lapse—I simply couldn't afford to both have insurance and keep my home.

Anyone who's ever been without health insurance for any length of time knows how stressful it is, how thoughts of "what if" haunt almost every moment of every day. But it isn't just the fear of cataclysmic accident or illness, it's the loss to access to everyday health care essentials, especially medications. I have Attention Deficit Disorder, which, when I was insured, I treated with medication that substantially improved my ability to organize, focus, and complete long term goals, things I've struggled with my entire life, and valuable skills both for teaching and running small businesses. I also have high blood pressure and a genetic predisposition for high cholesterol; I had to give up the medications I used to manage those conditions.

I am humbly aware that I have been extraordinarily lucky these last couple of years. I only had one health event: an abscessed tooth that sent me to the emergency room around this time last year. It was painful, and any student of history knows how dangerous abscesses can be, but ultimately it was one relatively minor incident. Even so, that one minor incident blew a hole in my budget, putting me behind in bills for months, and I am still, a year later, paying off that one emergency room visit, and the subsequent oral surgery, neither of which would I have needed if I had had access to the preventative care insurance provides.

But I have been lucky. I am in good health, which I now know because I currently make little enough that I qualify for Medicaid under the New Hampshire expansion, which enabled me to visit my doctor for the first time in years. Thanks to Medicaid, I don't have to rely so much on luck.

I don't expect to be on Medicaid for long. I have big plans for my businesses this year, and I fully expect to no longer qualify soon, but as any small business owner or parent knows, plans are the Universe's favorite opportunity to play practical jokes, so it would be good to know the expansion will still be there if I need it, and will be available to other workers and small business owners in the future. Because of the Medicaid expansion, I am healthier, more effective, and more productive than I was

without, and the same is true of the majority of Medicaid recipients. We work. We provide. We contribute. The Medicaid expansion doesn't undermine hard work and entrepreneurship. It encourages them. It expedites them. In some of our cases, it makes them possible at all. Please pass SB 313.

Thank you for your time and attention.

Daniel [redacted]
Boscawen, NH

Testimony for Senate Hearing
Finance Committee
Health and Human Services Committee

February 20, 2018

I was enrolled in the NHHPP when I came to the safe station in Manchester New Hampshire. I enrolled 11/15/17. I had to enroll in order to get the help I needed. By enrolling I was able to save my life. I am still currently in the program at this time. Having affordable healthcare allowed me to go back to my family as a whole person.

My son gets a better dad and I am able to love and appreciate my wife the way she deserves. I was able to gain employment while on the program.

Daniel [redacted]

Nikki [redacted]
Nashua, NH
Testimony for Senate Hearing re: Medicaid Expansion

February 20, 2018

To the Chairman and members of the committee:

My name is Nikki [redacted] and I am a woman in long term recovery from drugs and alcohol. I was struggling with a misdiagnosed mental illness and battling my addiction but didn't seek help out of fear of losing my health insurance. Needless to say I ended up losing my job and insurance due to all of the issues I was struggling with. I was now jobless, had no insurance and became increasingly more ill. I was hospitalized twice in a two week span and spent seven days at a crisis center for attempting to commit suicide.

I was able to get enrolled into Medicaid. Because of being on Medicaid I was able to get into Farnum Centers 28 day program. I was also able to get the medications I needed at the time. From there I went on to transitional living and then sober living. I was able to get stabilized and put my life back on track.

I became the house manager of the sober living house, became a recovery coach for an in-home addiction program, and am now currently a Director of a recovery center in Nashua. I now see on a daily basis the need for health insurance for people who normally would not have access to it. It is incredibly challenging in early recovery to maintain a job if you aren't getting the proper care you need. It becomes a cycle. You can't work at a job that provides health insurance because you are too sick due to lack of health insurance and treatment.

Access to healthcare is an essential piece of the puzzle for the entire state. These issues of substance abuse, mental health, and housing will create a ripple effect across the state. It's not an isolated issue or even just a community issue. This is a statewide issue and prevention is our greatest hope. With accessible healthcare we can prevent to go even further into this opioid crisis we can no longer deny.

Nikki [redacted]
Nashua

Dellie [redacted]
Concord, NH 03301

Re: Testimony in Support of Medicaid Expansion

February 20, 2018

To the Senate Finance Committee:

I am writing on behalf of my son. He suffers from schizoaffective disorder and relies on four daily medications to keep him alive. If he did not receive these medications, he would surely successfully take his own life. It is crucial for us that he continue to receive assistance to pay for his medical expenses.

Our son recently began a part-time job. We never thought that day would come. If he is able to one-day work full-time, he would hopefully qualify for medical benefits through his employer. Unfortunately, it is too early to know if he'll be able to work full-time. Therefore, we must rely on the NHHPP to fund the services he needs to stay in recovery.

Dellie [redacted]
Concord

Richard Chevrefils
9 Camelia Ave. Unit 6
Concord, NH 03301
603-224-9077

Senate Bill 313: Reforming New Hampshire's Medicaid and Premium Assistance Program

Senate Finance Committee
Senate Health and Human Services Committee

Dear Committee Members,

I submit this letter in support of Senate Bill 313, Reforming NH's Medicaid and Premium Assistance Program.

I serve as the current President of the Board of the National Alliance on Mental Illness New Hampshire (NAMI NH). Also, I have had the opportunity to experience the health care needs of New Hampshire citizens throughout my 35 years with the NH Department of Health and Human Services.

It has been my experience that the health care of our citizens is one of the prime factors in the success of families and individuals to function independently, to address challenges to wellness and contribute to the greater good of our state. Without access to good health care options people struggle.

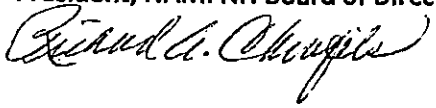
Senate Bill 313, the reforming and the reauthorization of the Medicaid and Premium Assistance Program is a priority to the 50,000 people who currently benefit from access to quality health care through the NH Health Protection Program. To the over 38,000 people who receive mental health services the reauthorization/reforming of the Medicaid and Premium Assistance Program is crucial to their health and their capacity to participate independently and contribute to their families and to our state.

The New Hampshire Health Protection Program has made a difference to the beneficiaries of the program and to all citizens; it has helped people achieve wellness; it has helped people recover; it has helped lower uncompensated care; and it has helped the working poor. The re-authorization/reforming of the Medicaid and Premium Assistance Program will continue to make a difference in the lives of New Hampshire citizens.

Government is about "We the people....." and the action to reauthorize/reform the NH Medicaid and Premium Assistance Program will impact the greater good for all our citizens'

Thank you for all that you do for the people of New Hampshire and thank you for your consideration and action to reauthorize and reform the NH Medicaid and Premium Assistance Program.

Sincerely,
Richard A. Chevrefils
President, NAMI NH Board of Directors



Politics > State-House (/Politics/State-House/)

Mom with 3 kids: Expanded Medicaid program is her 'rock'

By HOLLY RAMER
Associated Press

Tuesday, February 20, 2018

A single mother who works part time while attending college and caring for her ill father urged state senators Tuesday to continue New Hampshire's expanded Medicaid program, saying it has allowed her to set a strong and healthy example for her three girls.

Carrie Martin Duran of Wolfeboro spoke at a public hearing on a plan to continue the program, set to expire if lawmakers don't reauthorize it by December.

"I am on my own, taking care of my kids and taking care of my dad," she said. "I'm on my own, and I have to stay healthy. It's my foundation. It's my rock. I don't have a partner through this, but the state of New Hampshire and Medicaid is my partner."

The program has put about 50,000 low-income people on private insurance and relies on voluntary contributions from insurance companies and hospitals to cover some of the state's costs, a funding mechanism the federal government has rejected.

A bill proposed by Senate Republicans would continue the program for five years but change its structure to a managed-care model to save money and encourage wellness, impose new work requirements on enrollees and use 5 percent of liquor revenues to cover the state's cost as federal funding decreases. The state would seek other federal money to continue the services that money currently funds.

Sen. Jeb Bradley, R-Wolfeboro, called it "a good compromise."

"People are gonna need to stretch a little bit to get to yes, because that's what compromise is all about," Bradley said. "It's something that helps the 50,000 people, helps the providers, helps the employers in the state through a healthier workforce ... it's just good for the state of New Hampshire."

Those who spoke at the hearing were overwhelmingly in favor of continuing the program, though some raised concerns about the work requirements, including a provision that a single parent is subject to the requirements once a child reaches age 6.

"The idea that a 7-year-old can be left alone unsupervised for up to 25 hours a week all summer long when school is out or in the evenings or on weekends when the parent is working is not who we want to be as a state," said Rep. Cindy Rosenwald, D-Nashua. "Kids are going get hurt, they're going to get in trouble, and child welfare is going to be involved."

Dr. Gary Woods, a retired surgeon representing the New Hampshire Medical Society, argued that the work requirement is punitive because rather than helping someone get more care it provides a mechanism to delete people from the rolls. He rejected the argument that getting people to work will make them healthier.

"You get someone healthy, and then they can work, that's how it really works," he said.

Several hours into the hearing, the only opponent was the group Americans for Prosperity. Greg Moore, state director for the conservative group, said the program has failed to stabilize the individual market, failed taxpayers and failed to move participants toward self-sufficiency. He also said the work requirement proposal includes too many exemptions.

Re SB 313 February 20, 2018

My name is Debra [redacted] I am a mother and grandmother. My family and I live in Gilford New Hampshire. I'd like to share with you the profound effect childhood trauma has on an individual and their family.

I have three biological and two adopted children ranging in age from 38 to 12. This story is about our youngest son [redacted] as who was adopted by us in 2011, but has been with us for ten years. Early childhood trauma and maybe genetics have left [redacted] with a host of mental health health issues.

[redacted] has Reactive Attachment Disorder, Fetal Alcohol Effects, Childhood Mood Disregulation Disorder, ADHD, ODD, OCD, developmental and speech delays, vision issues, enuresis and bowel problems, and obesity.

[redacted] can be the sweetest, charming inquisitive child who we love dearly. [redacted] also has no impulse control and at time he rages. He has threatened us with physical harm (a hammer to our heads, and held a knife to us), and has stabbed the leather seats in our car over 25 times with a shank he made.

[redacted] has been admitted to the hospital numerous times until a bed opened at NH Hospital in the Anna Philbrick Wing. He was held in the ER for over 30 days total on four separate occasions. He has been court ordered to live at Pine Haven Boys Center. He has been there for 13 months.

The few child psychiatrists we have encountered in NH have not been helpful, and we certainly do not have enough. Had we been able to find the right psychiatrist and effective treatment for [redacted] at a younger age, both he and our family may have been spared further trauma and hospitalization. Due to the trauma WE have gone through with our son I have PTSD and anxiety and am currently in individual therapy and family therapy. Although treatment can be costly, the consequences of NOT providing treatment can be catastrophic. Our hope is that our son continues to get the help he needs to be a productive member of society. New Hampshire needs more schools with knowledgeable staff, and more qualified therapists and psychiatrists for children with challenging mental health issues. Parents need education, and help managing their own mental health challenges to minimize the effects on their growing children. Families need financial assistance to get the help they need; from respite, to repairing or modifying their homes.

New Hampshire needs to continue providing Medicaid Expansion to the approximately 50,000 residents who rely on it. For some of us, the proper insurance allows us to receive the care we need which subsequently allows us to continue to fulfill our roles in our families. Healthy families result in healthy individuals who fuel the New Hampshire economy.

Thank you for accepting my testimony on behalf of [redacted] and others who do not have a voice in this process.

DIOCESE OF MANCHESTER

February 20, 2018

The Honorable Gary Daniels, Chair
Senate Finance Committee
State House, Room 103
Concord, New Hampshire 03301

Re: SB 313 (Reforming New Hampshire's Medicaid and Premium Assistance Program)

Dear Senator Daniels and Members of the Finance Committee:

As Vice Chancellor of the Roman Catholic Diocese of Manchester, and on behalf of Bishop Peter Libasci, I write to you concerning SB 313. The Roman Catholic Church in New Hampshire, in principle, supports legislation to continue the New Hampshire Health Protection Program, currently set to expire at the end of this year, so long as an agreement to support the Program through an appropriate funding mechanism can be reached. The Program provides health insurance coverage to low-income adults ineligible for the New Hampshire Health Insurance Marketplace plans and traditional Medicaid coverage. If the Legislature does not take action to extend this Program, thousands working in New Hampshire will lose their coverage. With a special concern for those in poverty and vulnerable circumstances, we support efforts to increase access to health care that protects human life at all stages.

Our belief in achieving affordable and accessible health care coverage for all stems from the fundamental right to life and the dignity of the human person. The Church recognizes access to affordable health care as a basic human right. Unfortunately, many low-income families are left with the impossible choice of either paying for necessary medication and medical treatment or paying for food for the family. Too many of the poor, vulnerable, disabled, and legal immigrants cannot afford insurance premiums without foregoing other basic human needs like food, shelter, and clothing. As a civil society, we need to ensure that no one is left without the ability to obtain needed medication or medical treatment or obtain emergency care when health is at risk.

However, while we support continued expansion of Medicaid to cover more individuals, we wish to make it clear that we do not support expanded coverage of "objectionable services," such as contraception, sterilization, and abortion. We support life-affirming healthcare that supports and sustains life, which these objectionable services do not do.

Although SB 313 is an important step to helping New Hampshire residents, we urge the Legislature not to stop here and to seek opportunities to address the issue of poverty in our state in a truly comprehensive way, acting decisively toward helping the many in need in New Hampshire. As Pope Francis has said, "poverty in the world is a scandal," and we must work to address the root causes of poverty. We are grateful that the New Hampshire Legislature has invested significant effort examining potential solutions to make health care coverage available to those who are working but unable to afford health insurance. We would welcome the opportunity to collaborate with lawmakers and other religious and social service organizations to find ways to address the root causes of poverty in our state. Thank you for your consideration of our position and for your service to the people of New Hampshire.

Sincerely,

Meredith Cook

Meredith P. Cook, Esq.
Vice Chancellor

153 ASH STREET, MANCHESTER, NH 03104 (603) 669-3100 FAX (603) 669-0377 WWW.CATHOLICNH.ORG

Good Afternoon Mr. Chairman and members of the committee,

For the record, my name is Joyce Craig, and I'm the mayor of Manchester.

I'm here today because it's critical that Medicaid Expansion be reauthorized. Approximately 8,000 people who live in Manchester rely on Medicaid for their health insurance.

If Medicaid expansion is not reauthorized, it would be devastating to the 8,000 Manchester residents whose health and well-being relies on it — and it would be catastrophic to our community to lose Medicaid funding in the midst of an opioid epidemic.

Medicaid expansion is the single-most effective way for our community to combat the opioid crisis. In Manchester, approximately, 90% of people suffering from substance use disorder receive Medicaid-funded services. Without access to these essential funds, all of our efforts - including our newly developed community-centric network - would suffer.

In our city, Catholic Medical Center, Elliot Hospital, Dartmouth Hitchcock, and the Greater Manchester Chamber of Commerce have all voiced support for Medicaid expansion. As have our leaders on the front line – our Police Chief, Fire Chief and Director of Public Health. On a daily basis, they see how Medicaid expansion helps provide more treatment options, keeps drug court open and keeps Safe Station operational.

We cannot continue the uncertainty surrounding continued coverage for Granite Staters. Medicaid expansion is a bipartisan solution that supports New Hampshire's workforce. It offers both preventative care and treatment. It saves lives.

Mr. Chairman and members of the committee, I urge you to keep Manchester in mind when you vote on SB 313. Our residents rely on this critical funding. We must continue Medicaid expansion in New Hampshire.

Thank you.

Carrie [redacted]
Wolfeboro, NH
NHHPP Beneficiary
Health and Human Services Committee
Public Hearing on the New Hampshire Health Protection Program

February 20, 2018

Thank you for the opportunity to tell my story.

My name is Carrie [redacted] I am from Wolfeboro, New Hampshire, and I am currently on the New Hampshire Health Protection Program.

I went for a long time without any health insurance due to my low income. I can only work 20 hours a week because I am a single mother, and one of my three children has significant medical needs which require frequent appointments and trips to specialists outside of town. My daughter [redacted] has Down syndrome. My father was diagnosed this past year with Alzheimer's and I am now his guardian and caregiver.

When the Affordable Care Act was first implemented, and I found out health insurance was required, I tried to buy it through marketplace, but was then told that my income was too low. After being referred to the New Hampshire Health Protection Program I was thrilled to find out that I could be fully covered for the first time through this program.

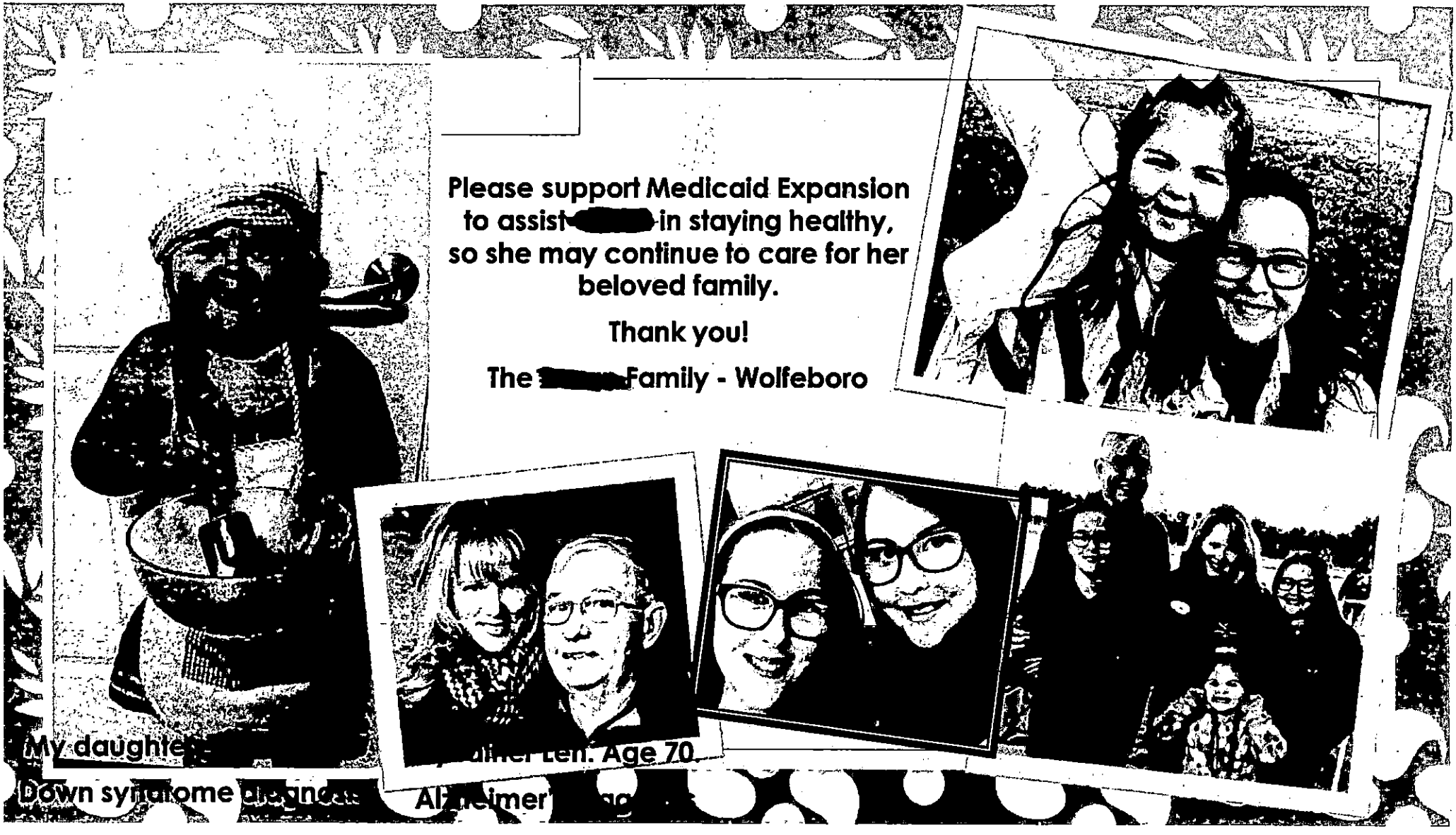
Thanks to the New Hampshire Health Protection Program I am now able to take care of my medical needs such as physicals and preventative care, which I had been putting off previously due to my lack of insurance. I am extremely thankful that I have access to primary and preventative care so that I can be around longer for my children and continue to assist my father. I've attached photos of them with my testimony today. As you can see I have a lot to stay healthy for!

I know that I will be able to pull myself out of this situation, but I need the assistance for a short time. I moved back to New Hampshire with my children after my marriage ended. On top of being a single mother of three, I am a teacher and a full-time student pursuing my credentials in special education. In 2015, I graduated from the New Hampshire Leadership program through the Institute on Disabilities at the University of New Hampshire.

I wanted to make sure my story was heard today because I know there are thousands of hard working Granite Stater's who share a similar story. They are trying to live with dignity and provide for their families. Like me, many others on the program love living in New Hampshire because of all the great things the state has to offer. I hope the New Hampshire Health Protection Program is reauthorized and continues to be something that we are proud of and is something that shows the compassion and wisdom we, as Granite Stater's, are known for having..

Thank you for your time.

Carrie [redacted]
Wolfeboro, NH


Please support Medicaid Expansion
to assist [redacted] in staying healthy,
so she may continue to care for her
beloved family.
Thank you!
The [redacted] Family - Wolfeboro
My daughter
Down syndrome
Age 70

Ryan [redacted]
Boscawen

Testimony for Senate Finance Committee

February 20, 2018

I got enrolled and got insurance during the second week of a 28-day program at Phoenix House. I struggled with addiction for 7 or 8 years. I was about to be homeless; I lost my job and apartment. I went to respite at Phoenix House, and then I came to the Homestead Inn. I'm still enrolled in the program.

It got me into Phoenix House, then Homestead Inn. It probably saved my life. I'm working now. I've lived at Homestead for 2 months. I have a sponsor; I go to AA every day. I've been sober for 4 months. Now I'm in recovery because of Medicaid. I don't know where I'd be without it.

Ryan [redacted]

Testimony of Sen. Dan Feltes on SB 313 (Medicaid expansion)

February 20, 2018

My name is Dan Feltes and I serve in the State Senate representing Concord, Hopkinton, Henniker, Warner and Penacook. Thank you for the opportunity to provide testimony today on Medicaid expansion.

The reauthorization of our bipartisan Medicaid expansion plan is critical to continue to reduce uninsured emergency room visits, critical to reducing uncompensated care, critical to the health of our workforce, and critical to combatting the opioid public health epidemic. Over 23 thousand Granite Staters have accessed timely and critical drug treatment services through Medicaid expansion – and that's a conservative estimate. Imagine what would have happened to them, their families, and our communities, if over 23 thousand folks didn't get help they needed.

In terms of this legislation, there has been much work and much agreement, but this remains a work in progress. The work began in earnest this past summer and into the fall on the Medicaid expansion commission that I served on, along with Sen. Bradley, Rep. Rosenwald, and many others who are here today. The folks on that commission devoted much time and much effort to study and evaluate the effectiveness of the premium assistance program, the Medicaid expansion population, our health care market, state and federal health care laws and opportunities, and to make recommendations to the General Court.

Ultimately, with varying stakeholders and varying political affiliations, the commission arrived at a unanimous, bipartisan recommendation to reauthorize Medicaid expansion for five years and under a managed care organization model, but with certain conditions. Those conditions and recommendations are attached to this testimony; however, I will briefly cover a few of them.

First, in transferring folks from the premium assistance program to the managed care organizations (MCOs), the Commission thought it important that there be a reasonable transition period and that the MCOs accept folks as they are; i.e. honor care plans and prior authorizations. The Commission did not specify exactly how long it recommended those prior care plans and authorizations to be honored by the MCOs after someone has transitioned to an MCO. Some have suggested a half year, or 180 days, some have suggested a mere a couple of months, or 60 days. This amendment says 90 days. I respectfully think that is too short, doesn't adequately further the goals of continuity of care, and this committee should consider a longer time frame, at least 120 days. And 120 days is consistent with some prior discussions.

Second, one of the major arguments for the premium assistance program model was that when folks go over-income, or over 138% of FPG, that they are already in a private health plan and so there is no break in coverage. The Commission determined it was critical to prevent possible breaks in coverage and to promote continuity of care. MCOs already help folks with various applications, and with greater clientele and business comes greater obligations, and so the Commission recommended that the MCOs assist person over-income apply for insurance on the exchange and continue care and case management

during the pendency of that application. The language in Sen. Bradley's amendment reflects that critical recommendation.

Third, in order to combat the opioid and mental health crises, the Commission recommended the reimbursement rate for behavioral health shall be higher than traditional Medicaid rates. The amendment before you attempts to capture that recommendation at page 2, lines 24-27 and I look forward to the public testimony on that point.

Finally, it important to note that, at least with respect to 2016 claims data, about half of the folks in Medicaid expansion had no claim whatsoever, which means they did not even have one doctor's visit at all. We need to ensure that preventative care is promoted, and there are a number of innovative provisions in Sen. Bradley's amendment that advance those goals. And, while the Commission made no affirmative recommendation on the issue of so-called "incentives", there much discussion and general agreement that incentives should be used to promote primary and preventative care visits as well as better and more appropriate use of the emergency room. Those incentives, and loss of incentives, were NOT contemplated to involve the use co-payments, premiums or deductibles, but rather something additive from the MCOs, like a gas card, and the potential loss of that something additive. Sen. Bradley's amendment before you reflects that conversation and understanding.

The Commission did not address our State share requirement, or the issue of a work requirement. I will address each now:

First, in terms of our State share, as you may know, CMS has issued a letter explaining that the voluntary provider payments design would no longer be allowable. So, for that portion of the State's share, another idea needed to be pursued. The idea of the alcohol and drug treatment is the use of dedicated fund, without the use general funds or raising taxes or fees. The use of the alcohol and drug treatment fund provides a rational and logical nexus to Medicaid expansion, as both are meant to help ensure public health and especially in light of the over 23,000 persons who have accessed timely and much needed opioid treatment with Medicaid expansion. That said, we ought to either ensure, or have some reasonable level of assurance, that we will hold harmless the alcohol and drug treatment fund. And by hold harmless I mean both in terms of the sheer amount of back-filled dollars, but also in terms of the use of those dollars.

Second, in terms of work requirements, you may be aware that CMS issued guidance allowing for waivers for what it calls work and community engagement requirements. CMS has approved waivers for Kentucky and Indiana. The work requirement included in House Bill 517 last year doesn't even come close to meeting the CMS guidelines. The amendment before you is more in-line with the CMS guidelines. However, there is more work that should be done. Specifically, the processing of the work requirement, including appeals, the continuity of coverage pending appeals, training and education of enrollees, could all be further refined. In addition, the exemptions to the work and community engagement requirement could also be enhanced. For example, House Bill 517 contained a provision that exempted persons with children under the age of 6 from the work requirement. That should be much higher, as no one here should want to leave children home alone while the parent is not home

attempting to comply with the work requirement. Also, victims of domestic violence, dating violence, sexual assault and stalking should be more fully considered, as survivors must first and foremost be concerned with their safety and security, not going out and about trying to comply with a work requirement.

Finally, many folks subject to the work requirement – and potentially the loss of health insurance for failing to meet that requirement – may face barriers to work. It is critical to break down barriers to work that may include transportation (like a blown tire), job assistance (like their share of skills training), or child care (like their cost share of the Child Care Scholarship). For many low-income workers, without any disposable income, these barriers to work cannot simply be overcome acting alone. Last year the House recognized barrier reduction is needed and cost-effective for low-income workers, and using TANF reserve dollars included in their budget a two-year, $11.5 million dollar pilot program called Granite Workforce. Somewhat similar but more limited language is included in the amendment before you today. However, TANF reserve dollars cannot be used for persons over the age 25. That's a significant gap, leaving thousands of folks without help. Therefore, there should be some mechanism for barrier reduction for persons over 25, whether it is through the use of "any other source of funds", or it is through contracting with the MCOs to do the barrier reduction with adequate monitoring from the Department. A work requirement without barrier reduction is a recipe for folks losing their health insurance. And, barrier reduction and wrap-around services are simply good public policy; it provides a pathway to work and independence, a pathway to better health outcomes consistent with the CMS guidance, results in less people on Medicaid expansion and more people filling open jobs in our economy.

Overall, this amendment is drastically different than my ideal bill, or Rep. Rosenwald's bill that I co-sponsored, but I am confident that, working together, there is opportunity for enhancements and opportunity for agreement, informed by the testimony we will all hear today.

Thank you very much for listening, and I very much look forward to listening to the testimony of folks behind me on these important concepts and issues.

Workforce Efforts

Inbox x

nedhelms3@aol.com 1:40 PM (23 hours ago)

Dan,

I enjoyed our conversation yesterday about the work that you and your colleagues are doing to find an effective way to connect benefit recipients with workforce opportunities. As I said to you my historical family connections, and my current Board involvement with Goodwill Industries both at the regional and the national level helps shape my views. Nationally every 23 seconds of every business day a person served by Goodwill earns a good job. That experience, dating back to the founding of Goodwill in 1902 has allowed us to learn about the requirement for successful job connection.

While it may sound like semantics I feel strongly that the way you conceive of and structure the program will be critical to its long term success and the success of those you serve. This means that I believe you and the state and its people will be better served if this is seen not just as a workforce requirement but most importantly as a pathway to work and independence. As such it must be based on both identifying and enhancing the connection to jobs and the building of skills and capabilities to do those jobs, but also on the identification and removal of barriers that stand between people and their success in those jobs. Those barriers, such as transportation, child support and so on must be considered in order to assure the sustainability of success of the program.

In my previous work as the Director of the Institute for Health Policy and Practice I was deeply involved in the early 2000's in a study taken on by UNH at the request of then Commissioner Morton to study and evaluate the New Hampshire transition from Aid to Families with Dependent Children (AFDC) to Temporary Aid to Needy Families (TANF). One of the major findings was that if the goal of the program is to primarily provide temporary aid then an equally important body of work that must occur at the same time is to be very proactive and innovative in searching for successful workforce placement. I would strongly suggest that an individual focus that identifies ways to make individuals and families successful in work over the long haul will be the wisest financial and personal investment we can make.

I am happy to talk with you further if that would be helpful, and as mentioned am happy to connect you with our senior workforce and job connection team at Goodwill of Northern New England about their experiences.

All the best,

Ned Helms

February 20, 2018

NH Senate Finance and Health & Human Services Committees

SB 313 for reauthorization of Medicaid Expansion

Members of the committees,

Thank you for giving me the opportunity to testify today. My name is Robert [redacted] My wife and I have a family member with a severe and persistent mental illness.

Through Medicaid assistance, she has been able to receive comprehensive wrap around mental health services at Riverbend Community Health Center in Concord. She is now stable, with the help of medication, and is doing quite well. In fact, she started working part time in June 2017 which is a major milestone on her path to recovery.

The downside however, was her monthly salary was above the Medicaid standard and she was dropped from receiving Medicaid assistance. She is now living without health insurance and cannot maintain the level of mental health care she was receiving under Medicaid.

After being removed from Medicaid, she applied for the NH state's MEAD (Medicaid for Employed Adults with Disabilities) program in June 2017 and is still awaiting a determination.

She is consistently working her treatment plan and is grateful for the opportunity to reclaim her life. I believe the network of care provided to her is critical; it does take a village. Her entire family is affected; she has a five year old son. This could happen to any family. We do not understand the mysteries of mental illness; our daughter was a highly functioning young adult.

Please continue funding support for Medicaid expansion as well as all Mental Health related services.

Thank you for your time and consideration.

Respectfully.

Robert [redacted]

Epsom, NH

Business and Industry Association
New Hampshire's Statewide Chamber of Commerce

122 North Main Street, Concord, NH 03301
Tel: 603.224.5388 • Fax: 603.224.2872 • Web: www.BIAofNH.com

February 20, 2018

Dear Chairman Daniels and members of the Senate Finance Committee:

The Business and Industry Association, New Hampshire's statewide chamber of commerce, has supported implementation and reauthorization of Expanded Medicaid since 2013. Such support has always been conditional, and the current New Hampshire Health Protection Program has operated in a way worthy of that support.

Due to the short amount of time provided between introduction of the legislation and today's hearing, BIA is unable to take a position on Senate Bill 313 at this time. In the coming days we will take a deeper look at the legislation, confer with members, and conduct other due diligence to assure the proposal adheres to the principles which have guided BIA's support of Medicaid Expansion to this point.

Attached is the document "BIA's Guiding Principles on Medicaid Expansion," which lists the five principles upon which BIA's conditional support has been based. It is by this yardstick SB 313 and any amendments will be measured.

Respectfully submitted,

Kevin Flynn
Director of Communications & Pubic Policy
Business and Industry Association

Business and Industry Association
New Hampshire's Statewide Chamber of Commerce

BIA'S GUIDING PRINCIPLES ON MEDICAID EXPANSION

PASSED BY THE BIA BOARD OF DIRECTORS NOVEMBER 12, 2013

The Business and Industry Association of New Hampshire supports the expansion of New Hampshire's Medicaid program to 138 percent of the federal poverty level provided the following principles are observed.

1) It is better for economic prosperity when individuals and families are insured. The uninsured don't receive appropriate healthcare services when and where they need them, which ultimately leads to a costlier healthcare system. Healthcare providers aren't reimbursed for treating uninsured patients, which ultimately impacts the amount cost-shifted onto other payers, such as businesses and their employees.
2) Any proposal to expand the state's Medicaid program should demonstrate it will not lead to additional cost-shifting to the business community and will lead to improved access, lower rates of the uninsured and better outcomes.
3) An expansion of the state's Medicaid program should maximize use of the private health insurance market to the extent allowed under federal law and minimize the effect of crowd-out (the number of individuals currently insured through an employer who drop private coverage to choose Medicaid).
4) Should federal funding become unavailable or become available at an amount less than previously committed, lawmakers should reevaluate the feasibility of continuing with an expanded Medicaid program.
5) Any expansion of the state's Medicaid program should not place additional financial burden on the business community, such as an increase in business tax rates.

THE NH PROVIDERS ASSOCIATION

Representing Alcohol & Other Drug Service Providers in New Hampshire

Senate Finance Committee
Senate Health and Human Services Committee
107 Main Street
Concord, NH 03301
RE: Support for SB 313

February 20, 2018

Dear Members of the Committees:

I submit this testimony on behalf of the NH Providers Association—a non-partisan, non-profit membership organization for substance use disorder (SUD) providers seeking ensure high quality substance use prevention, treatment, intervention, and recovery support services. The New Hampshire Health Protection Program (NHHHPP) dramatically increased access to life-saving services for individuals suffering from alcohol and drug addiction. Reauthorization of Medicaid Expansion is critical to addressing the addiction crisis. Accordingly, we respectfully urge the Committees to recommend SB 313 *ought to pass*.

1. Reauthorization is crucial to ensuring sufficient infrastructure for SUD treatment.
Despite the increase in health care coverage ensured by the NHHPP, access to some services, specifically residential treatment, remains limited due to the lack of system capacity. Members routinely cite lack of stable funding as a barrier to increasing capacity. Without assurances that Medicaid expansion will be protected, providers are unable to make the financial investment necessary to expand treatment infrastructure.

2. Reauthorization ensures access to care for individuals seeking SUD treatment.
More than 23,000 individuals who accessed care under the NHHPP sought treatment for substance use. These are people actively attempting to address their own addictions, not only benefiting themselves but also their families, communities, and employers. Failure to reauthorize the Medicaid expansion is effectively barring these individuals from getting help and creating a barrier for SUD providers to seek payment for services.

3. Reauthorization of Medicaid expansion is fiscally responsible.
Medicaid expansion enables hundreds of millions of our federal taxpayer dollars to be reinvested in New Hampshire. Failure to reauthorize Medicaid Expansion is a failure to ensure that our tax dollars are used to fight the addiction crisis here at home.

4. Funding for the entire continuum of care including prevention and recovery services must be protected.
As it is currently proposed, SB 313 would fund the Alcohol Fund at 5%. The Alcohol Fund is statutorily created, non-lapsing and continually appropriated fund intended to support alcohol education, abuse prevention, and treatment programs. The majority of Alcohol Fund expenditures for SFY 2016-2017 supported prevention, treatment, and recovery services for which there is no third party reimbursement or other payment source. Funding for these critical services must be protected.

Thank you,

Sarah Freeman
Executive Director
The NH Providers Association
(603) 225-9540 ext. 113

Jesse [redacted]
Boscawen, New Hampshire

Testimony for Senate Finance Committee

Feb 20, 2018

I enrolled in Medicaid Expansion in Claremont, NH at DHHS. I enrolled in August 2017. I have used it at Claremont Hospital for emergency care. I have also used it for detox and a rehabilitation program. I'm still in the program.

It means that I now have a second chance on life, literally. If not for this coverage, I wouldn't be here to talk about it. I just started working again.

Jesse [redacted]
Boscawen, New Hampshire

February 20, 2018

Chairman Daniels and Members of the Senate Finance Committee
Chairman Bradley and Members of the Health and Human Services Committee

I am here today to support Senate Bill 313. Reauthorizing Medicaid Expansion is an important issue to me personally.

I have 2 sons in long term recovery. Their recovery is a direct result of the NH Drug Court System. Medicaid Exansion allowed them to receive the treatment and tools that are essential to their recovery. Some of the services they received were, 1:1 counseling , group therapy, and accountability of frequent drug testing. Without Medicaid expansion , my sons, would not have been able to afford these costs. Instead they would have been incarcerated, and they would not be the productive members of society today. Today they continue to give back, work full time, pay taxes and child support.

For me, as a mom, this a blessing for which I will be forever grateful. There is no momentary value to the quality of life. Active Addiction shattered our family, effecting each one of us in a different manner. I had to make decisions I never dreamed a mom would have to make. Decisions like "detach with love", file criminal charges against your son, to keep him safe and know that he would eligible for Drug Court. This was my last HOPE. I was broken with nothing left.

Today we are a family that is again whole. My sons have worked very hard to be who they are today. I could not be more proud. Recovery has given us that. Medicaid Expansion made this process possible. Lets work together to continue this success story.

Sincerely,

Lyn[redacted]
Farmington

February 20, 2018 2018

To whom it may concern,

I regret that I cannot testify in person today.

Shortly after my daughter [redacted] was born, she was diagnosed with cystic fibrosis. Cystic fibrosis is a genetic condition that affects the lungs, digestive system and other organs. Although huge progress has been made in the treatment of CF, it is still a life shortening disease. It requires intensive daily maintenance including medications and treatments, frequent doctors and clinic visits, and unfortunately hospital stays – which can be 2-3 weeks in duration. Unfortunately, organ transplants are often necessary.

[redacted] and has multiple diagnoses along with her CF– Rheumatoid Arthritis, diabetes, IBS, Depression and others. She had a relatively good life up until her diagnosis with RA when she was [redacted] and since then daily activities we take for granted can be a struggle. We are fortunate to have the support of her amazing CF team at Dartmouth Hitchcock, RA team at CMC and other doctors to work tirelessly to help maintain her health. [redacted] is a sophomore in college and unfortunately is home at the moment due to health issues, we take it day by day. She works so hard to stay healthy - she goes to the gym when she finds it hard to breathe, she goes to class when she cannot climb the stairs. SHE IS AMAZING. We do everything in our power to make life somewhat easy for her. We are very fortunate to have access to good health insurance through my husband's work as all her conditions require a lot of treatments and medication. However, we constantly worry about her [redacted] birthday and the possibility that she will not have access to adequate insurance. Life is tough when you have to deal with chronic health conditions, worrying about how to pay for treatment should not be part of her life. Nearly 50% of families in New Hampshire who deal with CF depend on Medicaid to pay for healthcare. Medicaid Expansion has enabled families to have the stability in care and hopefully this will help with long-term outcomes. I know [redacted] wants to graduate college and work in the Public Health, but being realistic I also know that a high paying job that offers insurance might not be available, Medicaid expansion will give us the comfort of knowing that there will be options open to her. I ask you, as a mother to PLEASE remember [redacted] and all the brave Granite Staters who go through every day facing challenges that we will never experience. In a civilized world we ensure that all citizens are taken care of, we need to think of everyone and support those with chronic health conditions – we never know when circumstances can change. I urge you to vote to retain Medicaid expansion in NH.

Thank-you,

Paula [redacted]

30 Holly Hill Drive, Amherst, NH 03031.

coös county
Family Health

54 Willow Street
Berlin, NH 03570-1800
Ph: 1-603-752-3669
Fax: 1-603-752-3027

133 Pleasant Street
Berlin, NH 03570-2006
Ph: 1-603-752-2040
Fax: 1-603-752-7797

2 Broadway Street
Gorham, NH 03581-1597
Ph: 1-603-466-2741
Fax: 1-603-466-2953

59 Page Hill Road
Berlin, NH 03570-3568
Ph: 1-603-752-2900
Fax: 1-603-752-3727

February 20, 2018

Senator Jeb Bradley
Senate Health and Human Services Committee
Legislative Office Building Room 101
33 N. State Street
Concord, NH 03301

RE: SB 313-FN reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Chairman Bradley, Chairman Daniels, and Members of the Committees:

My name is Ken Gordon. I have the privilege of serving as the Chief Executive Officer of Coos County Family Health Services. We are a Federally Qualified Community Health Center serving the Berlin-Gorham region of the North Country, and are the only primary care practice in the region. We provide primary care, behavioral health, dental, and substance use disorder treatment for approximately 12,000 patients at five clinical sites. More than half of our patients live at or below the federal poverty level. We also operate the RESPONSE Center for Domestic Violence and Sexual Assault, a social service program serving all of Coos County.

The New Hampshire Health Protection Program has changed the lives of hundreds of our patients, and has also had a positive impact upon the operations of our health center. According to the NH Department of Health and Human Services, as of last month more than 900 individuals in the Berlin-Gorham region were participating in the program. Before the Health Protection Program existed, many of the patients who have benefited from this program did not have health insurance because it was simply financially out of reach to them. The program has improved these patients' access to primary care, as well as to prescription medicines, lab work, radiology and other specialty services that would otherwise be unavailable to them.

One of the patients we serve who benefited from the Health Protection Program is a self-employed logger who required major orthopedic surgeries in order to continue to work and support his family. With access to the Health Protection Program, he was able to receive the orthopedic care he required, and has now returned to gainful employment. In addition, the program has helped hundreds of other people in our region to receive preventative care, treatment for chronic conditions, and has helped to reduce the unnecessary utilization of other, more costly forms of health care services.

The Health Protection Program has also been good for businesses in our region by supporting the development of a healthier and more productive workforce. Health care provider organizations in the region have benefited, as well. In our experience, since the program began in 2014, the number of patients without health insurance or who rely upon our sliding fee

coös county
Family Health

54 Willow Street
Berlin, NH 03570-1800
Ph: 1-603-752-3669
Fax: 1-603-752-3027

133 Pleasant Street
Berlin, NH 03570-2006
Ph: 1-603-752-2040
Fax: 1-603-752-7797

2 Broadway Street
Gorham, NH 03581-1597
Ph: 1-603-466-2741
Fax: 1-603-466-2953

59 Page Hill Road
Berlin, NH 03570-3568
Ph: 1-603-752-2900
Fax: 1-603-752-3727

discount program has dropped by roughly half, strengthening the financial position of our organization, and allowing us to expand the services we offer to the entire community. In recent years, and in partnership with other community providers, we've been able to expand our hours of operation to include nights and weekends, established a dental clinic, and now offer behavioral health and drug treatment services.

These behavioral health and drug treatment programs have been essential to our community's fight against the ravages of opioid abuse, and the Health Protection Program has been instrumental in both positioning our organization to be able to offer these services, and providing patients who qualify for the program with access to these forms of treatment.

Thank you for your work to ensure that all New Hampshire residents have access to affordable health care services. Please feel free to contact me should you have questions or we can be of service to you or your constituents.

Sincerely,

Ken Gordon

Kenneth E. Gordon
Chief Executive Officer
Coos County Family Health Services

GOVERNING
THE STATES AND LOCALITIES

Implementing States' Medicaid Wishes Won't Be Cheap

As the Trump administration lets states experiment with work requirements and other eligibility rules, the costs are adding up. Some policy experts worry they are "shifting spending from health care for needy families to administrative bureaucracy."

BY MATTIE QUINN | FEBRUARY 19, 2018

After years of having most of their health care requests denied by the Obama administration, conservative states seeking to add eligibility requirements to Medicaid have received a blessing.

Last month, the Trump administration opened the door for states to, among other things, make employment a condition for Medicaid, the insurance program for the poor. It has already approved Kentucky and Indiana's waivers, and at least eight other states have asked the federal government for permission to make similar changes. Several more are likely to follow suit.

Much of the debate concerns the impact these requirements will have on the poor. Supporters of strict eligibility requirements believe government assistance programs should encourage people to work and escape poverty. Critics, meanwhile, focus on the people who will lose health insurance in the process and believe health care is key to getting and keeping jobs.

But ideological differences aside, health policy experts warn that changing decades-old rules and systems won't be cheap.

"Our concern isn't whether it's good or bad. But we want them to know there are costs involved," says Jeff Myers, president and CEO of Medicaid Health Plans of America, a trade group. "Our customer is the state. If this is what states want to do, then we need to make it valuable for them."

Two Big Costs

There are two big costs that come with implementing these kinds of changes, according to experts. There's the IT side: updating systems that house beneficiary data, in some cases creating entirely new ones. And then there's the personnel side: hiring more staff to track compliance and appeals, and training existing staff on the new requirements.

Medicaid, however, isn't the first government program to add work requirements. In the 1990s, federal law called for the condition to be added to welfare (formally called Temporary Assistance for Needy Families, TANF).

When Tennessee implemented TANF work requirements, the state spent more than $70 million, according to the Sycamore Institute, a nonpartisan policy institute. In New York City, the cost of just implementing job training programs for welfare recipents was about $17 million.

In most cases, states can get the feds to pick up part of the tab. States can receive a federal match for new administrative costs. Most of the time it's 50 percent, but Matt Salo, executive director of the National Association of Medicaid Directors, says

states can sometimes get up to a 90 percent match for IT systems development.

But the federal government said in a letter to state Medicaid directors last month that it would not help pay for "job training or other employment services, child care assistance, transportation, or other work supports to help beneficiaries prepare for work or increase their earnings."

States will be on the hook for big sums at a time when many state budgets are strapped. According to the Center for Budget and Policy Priorities (CBPP), 32 states operated with a budget shortfall in fiscal year 2017 or 2018.

"I don't know if states realize how fundamentally they'll have to change their eligibility systems," says Jennifer Wagner, a CBPP senior policy analyst. She estimates that states could be looking at "tens of millions of dollars to the eligibility system alone."

Case in point: Virginia Gov. Ralph Northam released data last week showing the state would be on the hook for $100 million for the first two years if it adds a work requirement to Medicaid. (Northam, a Democrat, wants to expand Medicaid, but his GOP-controlled legislature has signaled it would only consider that if work requirements are attached.)

In Kentucky, the state has reportedly budgeted about $170 million to implement its waiver -- almost 90 percent of which would be reimbursed by the federal government.

Similarly, in Wisconsin, GOP Gov. Scott Walker is proposing new eligibility requirements for food stamps. His office estimates the changes would cost the state roughly $38 million a year in operating expenses and $22 million for implementation costs, such as computer upgrades.

'Shifting Spending From Health Care ... to Administrative Bureaucracy'

States aren't just adding work requirements. Some are going to start kicking people off their insurance plan for months at a time if they fail to report a change in income, pay premiums or submit paperwork that proves they're still eligible.

Creating a system that will track employment, premium payments and other metrics will all be significant modifications. Four states are also proposing a time limit for how long people can receive Medicaid. CBPP's Wagner says she's seen firsthand how complicated that can be to track.

When time limits were placed on certain food stamp recipients, she was working as a caseworker in North Carolina. The administrative burden was too much for their system to track, so they resorted to marking each month by hand in that client's folder.

To account for the added costs, Myers, of Medicaid Health Plans of America, says it's reasonable to expect that some states may trim other areas of their budget -- health or otherwise.

Some states, however, are already being cost-conscious.

In an email to *Governing*, Arkansas Gov. Asa Hutchinson writes: "We have carefully evaluated how the implementation of the work requirement would impact our budget, and we have found an efficient way to administer the program through our existing online application site. ... We do not anticipate adding staff to implement the program."

And before Kentucky's waiver was approved, the state amended it from a

phased-in work requirement to a flat 20 hours per week, citing administrative burdens.

Kentucky also expects to drop close to 100,000 people from its Medicaid rolls if and when the new eligibility rules go into effect. (A lawsuit is currently pending.) That might save the state money, but Gov. Matt Bevin said in a January press conference that because the federal government won't reimburse states for job training expenses, "increases in job training efforts might offset any savings from fewer Medicaid beneficiaries."

"Our serious concern here is that they are shifting spending from health care for needy families to administrative bureaucracy and contracts with private vendors, and leaving families without access to health care," says Wagner.

Experts expect some states to outsource these system updates, but how the states communicate what they want and what the vendors will actually be able to do might be two separate things.

"There's a lot of space between [the state's wishes] and reality," says Myers.

Then there's the issue of manpower. Staff will need to be retrained to learn the ins and outs of the new requirements, and more people may need to be hired to keep up with increased compliance efforts. Some experts say this runs counter to how Medicaid has been run.

"Medicaid is a different beast than SNAP [otherwise known as food stamps] or TANF. SNAP and TANF rely more on interviews and one-on-ones with caseworkers. Medicaid is more streamlined. You can often sign up for eligibility online," says Wagner.

Myers doesn't dispute that getting more Medicaid recipients in the workforce is a good thing. But he's concerned that state officials aren't thinking about all the costs involved to make it happen.

"We just try to say 'sounds great, we can help you, but these are things we hope you're thinking about.'" ■

Testimony for Public Hearing
Senate Finance and Health
and Human Services Committees
Tuesday, 2/20/2018

Senate Bill 313 - Reforming New Hampshire's Medicaid and Premium Assistance Program

Speaking on behalf of the Cystic Fibrosis community, I would like to state our position for S.B. 313.

Cystic Fibrosis is a genetic disease for which there is no cure. However, the CF Foundation has built a network of care centers and funded research for medication and treatments to drastically improve and prolong the lives of CF patients. In the 1960's, children with CF typically didn't survive until their 2nd birthday and rarely reached the age of a kindergartner. Today the average age of a CF patient is 40 years and for the first time there are more people over the age of 18 than under. This is all due to specialized care that someone with CF cannot do without. Roughly 45 percent of the CF population in New Hampshire depends on Medicaid for this vital care. CF is a maintenance disease. Medicine and therapy must do what their bodies cannot and if a strict regimen is not followed, they will increasingly be hospitalized, further taxing the healthcare system.

In closing, Medicaid is vital in both a humanitarian and a fiscal sense. Thank you for your time and consideration.

Timothy Guidish
NH State Advocacy Chair
Cystic Fibrosis Foundation
16 Abbey Rd.
Merrimack, NH 03054
617-285-0562

The State Employees' Association of New Hampshire, Inc.

Service Employees International Union, Local 1984

CTW, CLC

February 20, 2018

Hon. Gary Daniels
Chair, Senate Finance
State House, Room 103
Concord, NH 03301

Dear Mr. Chairman and Members of Senate Finance and HHS Committees,

I am writing to you on behalf of the more than 10,000 state, county and local employees and retirees we represent in support of reauthorizing the New Hampshire Health Protection Program. While most of our members have fought for the security that comes with a good health plan, it has long been a mission of our organization to ensure that every American has access to quality, affordable health care. Every family deserves to have that same security, not just those who belong to a union.

The over 50,000 Granite Staters who are currently on the plan are counting on you to keep this program going but that number only tells part of the story. I urge you to think about the more than 130,000 people who have been on the program, as evidence that Medicaid expansion has helped people when they needed it, and created opportunity for tens of thousands to move to rise above the income limits toward more economic and health security.

The mental health and substance abuse treatment access this program provides is equally as critical. Our members see the effects of the crisis we are in first hand every day: the child protective service worker who is helping children and families, the nurses and staff at New Hampshire Hospital, who in the course of caring for patients are often at risk of being victims of assault, and the police officers who are our first responders in the middle of this epidemic. Reauthorizing the Medicaid expansion sends a message to these hard working men and women that you, our elected officials, are working together to help them on the front lines by getting more people access to preventative services earlier.

The fact that this program is such an important tool for our communities and our members is the same reason I urge this committee to take a measured approach when experimenting with any increased barriers around accessing the NH Health Protection Program. The work requirement, if adopted, should take into account that each parent this helps is also attempting to dig his or her way out of poverty. The benefit of access to health care should not simultaneously make it more difficult for parents to provide for their kids.

In addition, as you look to drive enrollees toward lower costs, I would submit to you our recent experiences with keeping the state employee medical plan trend relatively level. We have seen

207 North Main Street
Concord, NH 03301

Telephone (603) 271-3411
Fax (603) 271-3500

great success using incentives rather than punishments in pushing people toward lower cost procedures, and I urge the committee to take that approach when designing any specifics on enrollees' role in controlling their health care costs.

Thank you for your time and consideration. I urge you and the Senate Finance and Health and Human Services committee members to continue your work to reauthorize this essential program. Please look upon our organization for help in your efforts to construct a plan that makes sense for the people of New Hampshire.

Sincerely,

Richard Gulla
President
SEA, SEIU Local 1984

Thomas [redacted]
Woodsville

Testimony for Senate Finance Committee

February 20, 2018

I got signed up while the prison in 2016 and then got into treatment after prison. I spent 4 and a half years in Concord. I could have gone to treatment instead of prison, but I couldn't afford treatment. The same thing happened to me in 2012. I served twice for the same charge – federal and state. I paid out of pocket for Phoenix House. I used just as heavy in prison as I did on the streets.

I have a five year old son. I missed 2 years with him because I was in prison. I was charged as an adult at age 16.

Now, I am in recovery.

Sincerely,

Thomas [redacted]
Woodsville, NH

GRANITE STATE PROGRESS
EDUCATION FUND

Chairman Gary Daniels
Senate Finance Committee
New Hampshire Senate
Concord, New Hampshire, 03301

February 20, 2018

RE: SB 313, Reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Chairman Daniels, Vice Chairman Reagan, and Committee Members,

Thank you for the opportunity to provide testimony regarding *SB 313, Reforming New Hampshire's Medicaid and Premium Assistance Program.* Granite State Progress & Education Fund supports Medicaid expansion reauthorization and the underlying goals of this legislation.

Granite State Progress & Education Fund is a multi-issue advocacy organization working on issues of immediate state and local concern. For the last decade, our organization has engaged in activities to increase access to quality, affordable health care in New Hampshire, and to ensure consumers know about the programs and protections available to them.

Medicaid expansion reauthorization is critical to ensure 50,000 lower income Granite Staters have access to quality, affordable health care.

New Hampshire has come together time and again to craft an innovative, bipartisan solution to draw down federal dollars and expand access to health care coverage in New Hampshire. As Governor Chris Sununu said in his State of the State, we all agree Medicaid expansion should be reauthorized – it's just a matter of how we do it. As the legislature works to craft a uniquely New Hampshire solution, we call on you to focus on reducing barriers to coverage in order to improve the lives of Granite Staters and keep our state healthy and strong.

Positive aspects of the current version of SB 313, which we support, include:

- **Reauthorization for 5 years**, which is a positive step toward providing stability for Medicaid expansion enrollees;

- **Establishing behavioral health rates** sufficient to ensure access to, and provider capacity for, all behavioral health services including substance use disorder services;

- Establishing the **Granite Workforce Pilot Program** to promote job and work preparation in high labor need areas, such as health care, advanced manufacturing, construction and building trades, information technology, and hospitality; and to **create a network of assistance** to eliminate barriers to work such as transportation and child care issues;

- While the bill establishes a work requirement, which is not ideal, we do appreciate that it provides **exceptions for those who participate in community engagement activities** such as job training, job search assistance, educational training (GED, college, or vocational), community service, caregiver responsibilities, and substance abuse disorder treatment.

- We are similarly pleased to see the current bill includes **having MCO's (Managed Care Organizations) help people enroll in private health insurance** when they are ready to transition out of the program. Over the last several months our organization conducted a statewide public education and publicity campaign to inform Granite Staters how to enroll in the private health insurance marketplace before the annual deadline, an effort which involved direct mail, digital content, neighbor to neighbor outreach, and enrollment fairs throughout the state. Medicaid expansion enrollees will not have the benefit of a massive public education drive to educate and inform them about how to get enrolled, and that is why it is critical that we create a system that helps them sign up and reduces potential gaps in coverage.

These are all provisions that will help ensure our program remains strong and stable while taking into consideration the very real situations facing Granite State families, and which we encourage you to keep in place as legislative debate continues.

We also have major concerns with parts of the bill that the committee will need to address:

1. **Continuity of Care** – We are pleased to see that the current bill includes prior authorization for treatment and medications when a consumer transitions from the premium assistance program to MCO's. This is a critical provision to ensure no one loses care during transitions from one program to another. We would further encourage the legislature to **consider expanding prior authorization from 90 days to 120 or 180 days**. If the MCO's are doing their job, an individual should not need prior authorization for that long but this is a safeguard we can build in for Medicaid expansion enrollees, and one that will incentivize MCO's to ensure the new care plan is quickly put into place.

2. **Incentives** – The bill mentions incentives and it makes sense to include them to lower health care costs, as long as they are pro-active measures to encourage positive behavior, rather than policies that penalize or increase barriers to coverage. We urge the legislature to make it clear that the legislative intent is to provide incentives like wellness classes or gas cards for individuals who take pro-active steps to lower health care costs, rather than harmful measures like increased cost-sharing that only hurts Granite State families trying to utilize the health care we want to make sure they have available.

   For example, if I am a parent working two jobs and have a child with a high fever, I may not have the time to wait and take my child to a primary care physician in the morning. If I work at a job without earned sick leave, I might be risking my employment or my income to stay home multiple days. A family should not be penalized for having to make tough decisions, but they could receive incentives for making less costly choices when possible.

3. **Medicaid Expansion Work Requirement & Barriers to Coverage** – Creating and enforcing work requirements has been found to be cost-ineffective and burdensome, and we have included a recent article from Governing that speaks to this reality. As it appears the New

Hampshire legislature is committed to this idea, we call on you to craft a program that reduces the barriers that create the need for a program like Medicaid expansion in the first place. The current bill seeks to do this in two ways: it creates **work requirement exceptions** for those in education or job education, or those with caregiving responsibilities or undergoing substance use disorder treatment; and it establishes the Granite Workforce Pilot Program to eliminate barriers to work such as transportation and child care issues. We urge the legislature to strengthen these provisions by:

Including exemptions for parents of young children. While parents or caretakers for children under 6 years of age are excluded from the work requirement, **this exemption should be adjusted up to age 16 – or at least an age at which a young child could be left home alone** unsupervised after-school unless child care is provided by the State of New Hampshire.

Expanding Granite Workforce Pilot Program and establishing a two-year pilot program to ensure adequate data. While SB 313 establishes the Granite Workforce Pilot Program to eliminate barriers to work such as transportation and child care issues, the pilot program is **only slated for 6 months** which is barely enough time to set up a program with an individual let alone implement and evaluate it, and **only includes referrals.** A pilot program of at least two years and which addresses those barriers directly would provide more data. But more to the point – the work requirement will continue even after the pilot program ends, jeopardizing health care for people who experience those barriers, so as long as the work requirement is in place, New Hampshire should have a wrap-around network. **Work requirements without serious barrier reduction efforts only set people up to fail.** Lastly, TANF funds can only be directed to childless adults 18 through 24 years of age, so SB 313 currently leaves a huge barrier gap for those older than 24 years of age.

4. **Funding** – SB 313 funds the state portion of Medicaid expansion, in part, by adding more funding to the alcohol abuse prevention and treatment fund and then allocating that to the Medicaid expansion program. We cannot expand Medicaid by cutting other key public health programs. The **legislature needs to amend the bill** to assert that the alcohol fund will not dip below funding levels as of January 1, 2018 for any program or service that would have been funded from the fund originally.

It is the responsibility of Governor Sununu and the legislature to craft a New Hampshire solution that continues access to health care coverage in our state.

We encourage you to listen to the testimony provided here today and to take into consideration these points as you finalize the New Hampshire Granite Advantage Health Care Program. If our organization can be of any assistance, please do not hesitate to contact us.

Sincerely,

Zandra Rice Hawkins
Executive Director
Granite State Progress
(603) 225-2471
zandra@granitestateprogress.org

February 16, 2018

Senate Finance Committee
Senate Health and Human Services Committee
Statehouse, Room 302
107 North Main Street
Concord, New Hampshire 03301

Re: Testimony in support of SB 313 Reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Chairman Daniels, Chairman Bradley and distinguished members of the Senate Finance Committee and Senate Health and Human Services Committee:

Thank you for the opportunity to speak with you today. My name is Erica Hochberg. I am a social work student, a mother, an advocate for children and young adults, and a resident of Amherst. I am here today to ask you to support SB 313 Reforming New Hampshire's Medicaid and Premium Assistance Program.

Medicaid expansion supports the New Hampshire economy by providing essential low-wage employees access to affordable healthcare and allowing them to continue to work in the restaurant, home health care, child care and travel and tourism positions that New Hampshire so desperately needs. According to the Kaiser Family Foundation, in 2016, Medicaid and CHIP provided health and long-term care coverage to over 180,000 low-income children, pregnant women, adults, seniors, and people with disabilities in New Hampshire. Medicaid is a major source of funding for safety-net hospitals and nursing homes in the state. According to the National Alliance on Mental Illness, over 23,000 New Hampshire residents have used Medicaid expansion to access substance use disorder treatment. Over 130,000 others have used the program to access preventative care; many of those individuals were then able to return to work. The threats to this program by the American Health Care Act put the lives of our residents, and your constituents, at risk. When funding for expanded Medicaid runs out at the end of this year, an additional 50,000 individuals will be without any medical insurance at all.

In my work with adolescents, young adults and families in southern New Hampshire, I have witnessed first-hand the benefits of Medicaid expansion on the residents of our state. Health care has broad impact on a community. In the Manchester area, many of the families enrolled in parenting education and other support programs fall just above the federal poverty line. Their resources are limited. When they have to choose between food, housing and medical care, food and housing always come first. As a result, otherwise avoidable or easily addressed illnesses and injuries go untreated, often causing additional problems such as economic distress or interpersonal struggles between family members. Access to mental health care and substance use disorder treatment services, in particular, are crucial to the families with whom I have worked.

The impact of physical and mental health goes beyond just the individual. Access to health care affects an adult's ability to work. It affects a child's ability to thrive at school. It affects a

parent's ability to react appropriately to their child. A man with an unmanaged chronic health condition cannot show up at work regularly. He is more likely to use emergency room services in the absence of being able to attend preventative appointments and proactively manage his illness. A woman experiencing untreated major depression may be unable to interact with and care for her children. They may be neglected or abused. They may end up in the foster care system. Some may grow up to experience some of the myriad complications of having survived Adverse Childhood Experiences (ACEs). Research has shown that these complications include chronic health issues and substance use, among other things. Children without access to healthcare may not receive the medications they need to manage their asthma, requiring more frequent hospitalization. Their nutrition may not be adequately monitored. Developmental delays, some easily treated if caught early, may go unnoticed, hindering later learning and development.

There is no question that access to healthcare should be a basic human right. If the value of your constituents' lives is not reason enough to support SB 313, consider the state-wide economic implications of missed work and emergency room visits. Consider the impact of substance use: hundreds of our community members overdosed last year. Consider the impact on the elderly residents who contributed to their communities for years and now can't afford their medications. Consider the impact on the children whose basic needs aren't being met. Consider the ways in which so many of our social and economic issues as a state are interwoven with the mental and physical health of our residents. You have an opportunity to provide a crucial safety net to these families and contribute to the health and economic wellbeing of the state. Please vote favorably on SB 313 to continue funding for Medicaid expansion. Thank you for your time and consideration.

Sincerely,

Erica S. Hochberg, M.A.

February 20, 2018
Comments Re. Amendment to SB 313-FN
By: Lucy C. Hodder, Esq.

Honorable Members of the Committee:[1]

When assessing SB 313 and the updated "work requirement," it is important to understand the landscape and the latest guidance on Section 1115 waivers around work and community engagement requirements in the Medicaid program in 2018. ***See Recommendations** at p. 4 below.*

SB 313 reauthorizes Medicaid coverage for the New Hampshire Health Protection Program beneficiaries by creating a new Medicaid program for the adult population ages 19 through 64 up to 138% ($16,642) of the federal poverty level (the "newly eligible adults"). New Hampshire currently has approximately 52,000 New Hampshire residents enrolled in the NHHPP (as of August 2017). Of those, 41,394 are enrolled in a mandatory individual qualified health plan Premium Assistance Program ("PAP")(effective since January 1, 2016) receiving coverage through commercial insurance carriers offering plans in New Hampshire's federally facilitated Marketplace. Approximately 10,532 members, are considered "medically frail" or are for other reasons served by one of NH's two Medicaid Managed Care Organizations (MCOs).[2] Only 32% of NHHPP members had income over 100% FPL in 2016 (or over $11,770).[3]

Section 1115 Premium Assistance Program Waiver:

> **Section 1115 Waiver Definition:** Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations. https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html

Historically, Section 1115 waivers have focused on improving access and expanding benefits or eligibility categories within the Medicaid Program.

NH was one of very few states to succeed in implementing a bipartisan Premium Assistance Program under the Social Security Act's Section 1115 demonstration authority. The

---

[1] *These comments reflect my own opinions, and are not made on behalf of nor do they reflect the opinion of the University of New Hampshire.*
[2] In SFY 2016, NH drew down $405.9 million in federal matching funds for the NHHPP. 48% of federal source of funds in New Hampshire's Budget in SFY 15 was from through Medicaid, however, Medicaid made up 19% of all state fund spending in NH during the same time period. Cindy Mann, Manatt, Medicaid Tomorrow, May31, 2017.
[3] NH DHHS, NHHPP PAP, December 12, 2016

demonstration effected newly eligible adults, and was funded purely by federal dollars for the first few years. The federal match for the newly eligible adults is projected to be 94% in 2018, 93% in 2019 and 90% for 2020 and beyond.

NH's most recent Premium Assistance Waiver was intended to test whether the premium assistance structure and resulting coverage affords beneficiaries access to wider provider networks, provides for higher provider payments for covered services, encourages more cross-participation by plans in Medicaid and the Exchange, and achieves cost stabalization due to greater competition. DHHS was obligated to demonstrate that the program meets "the goals of improving access, reducing churning, improving quality of care thereby leading to enhanced health outcomes, and lowering costs."

In many ways, the PAP waiver worked as intended. The estimated number of beneficiaries have enrolled and are accessing care including primary, preventive and behavioral health care. Medicaid beneficiaries have accessed substance use disorder services as part of their Medicaid benefit for the first time. New Hampshire's uninsured rate dropped significantly (from 11% in 2011 to under 6% in 2017) and providers have experienced a significant increase in the percentage of patients able to access services covered by health insurance. Between 2014 and 2017, NH experienced competition and stabilized premium rates in the group and individual markets. See https://www.nh.gov/insurance/reports/documents/nhid-2016-medical-cost-drivers-final-report.pdf.

The latest Amendment to SB 313 seeks to create a new program, terminate the Premium Assistance Waiver, transition the premium assistance population to Medicaid Managed Care (thereby allegedly saving millions of dollars in provider payments through reduced rates), and seek a new 1115 waiver to impose a "work requirement" as a condition of eligibility for the newly eligible adults.

Section 1115: Work Requirement Waivers

Work requirements have not been approved by CMS in the past because CMS has determined such requirements are inconsistent with the general purposes of the Medicaid program which are to provide access to medical assistance for individuals and families whose income and resources are insufficient to meet the costs of necessary medical services. [4]

CMS 2018 Guidance on "Work and Community Engagement" Efforts: CMS recently explained its expectations around state activity seeking to "improve Medicaid enrollee health and well-being through incentivizing work and community engagement..." *See Letter to State Medicaid Directors from Brian Neale, CMS Director, January 11, 2018.* CMS offered the following guidance:

[4] Both the U.S. House and Senate versions of "repeal and replace" in 2017 included state options to impose work requirements in Medicaid. None of these efforts passed.

- States can incentivize work and community engagement only among non-elderly, non-pregnant, adult beneficiaries who are eligible on a basis other than disability.
- States can test incentives designed to promote better mental, physical, and emotional health in furtherance of the Medicaid program objectives.
- States should consider excepting and supporting populations such as:
    - Pregnant women
    - Primary caregivers of dependents
    - Individuals with disabilities
    - Individuals with health-related barriers to employment
    - Students
    - Victims of domestic violence
    - Individuals with disabilities
    - Individuals who may not be able to meet requirements
    - Individuals who are medically frail
    - Individuals with acute medical conditions.
- States are required to take steps to ensure individuals with opioid addiction and other substance use disorders have access to Medicaid coverage and treatment services.
- States should consider other extenuating circumstances such as:
    - Unemployment rate in the state
    - Availability of work support programs such as public transportation, childcare, etc.
    - Frequency and method of reporting activities
- State incentives should include activities other than employment which promote health and wellness, including, but not limited to:
    - Community services
    - Caregiving
    - Education
    - Job training
    - Substance use disorder treatment.
- Any demonstration incentivizing work and community engagement must be evaluated and demonstrate that the program furthers the health and wellness objectives of the Medicaid program.
- States should be sure not to discriminate against persons on the basis of disability, age, race, gender or other protected category.
- States will be required to assist beneficiaries in meeting work and community engagement requirements and link individuals to resources for job training, employment services, childcare assistance, transportation or other work supports to help beneficiaries prepare for work or increase their earnings (but states can't use Medicaid funds to provide these supports).
- States may consider flexible options to suspend the program features or take time to establish supports for localities that are facing economic stress or lack of viable transportation.

SB 313 - Recommendations:

SB 313 seeks to ensure the newly eligible adult population has continued access to essential health coverage. In considering how to support the newly eligible adult population's health and wellness, it's important to recognize that that NH is in the midst of a severe opioid epidemic and has regions that are economically distressed. NH's unemployment rate is one of the lowest in the country at 2.7%, which can make it difficult for the long term unemployed to find full-time work. About half of the newly eligible adults in the NHHPP report they are working yet making less than 138% FPL in income. "Income being too high" is the top documented reason clients dis-enrolled from NHHPP in November 2016.[5] Nationally, only 7% of newly eligible adults report not working for reasons other than attending school, caregiving, or a disability.[6]

Therefore, New Hampshire should consider the following in the context of reauthorization through SB 313 as amended:

- Retaining the flexibility to waive "work requirements" if **unemployment rates** dip further as finding full-time jobs at or more than 138% will be a barrier to success;
- Giving counties experiencing economic stress or childcare or transportation shortages the ability to **opt out** of "work requirements" or a longer time frame to impose;
- Adding a **one year stability period** for new eligible adults who enroll in Granite Advantage Health Care so that the beneficiaries can access Granite Workforce and other services and supports to ensure health and wellbeing and success in meeting work and engagement obligations;
- Reducing any work requirement or community engagement hours to no more than **10 hours per week** (as opposed to 25): 25 hours a week requires at least 6-7 hours a work a day which is almost impossible to achieve with sporadic, part-time or piece work.[7]
- Allowing exceptions for individuals with **dependent children below 16.5 yrs** (age to secure a driver's license).
- Providing substantial support for subsidized **childcare and afterschool programs** throughout the state.
- Improving **subsidized public transportation.**
- Researching NHHPP beneficiaries experience and status to assess population's status against the proposed categories and standards in the Granite Advantage Program in

[5] "New Hampshire Medicaid", Deb Fournier, Medicaid Symposium, May 31, 2017
[6] https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/
[7] An individual working 25 hours of work a week at $12.80/hr earns approximately $16,642 a year, or the equivalent of 138% FPL, making them potentially ineligible for Medicaid as a newly eligible adult.

order to conduct an analysis of the population as well as administrative costs and resources necessary to promote health and wellness.

- Addressing significant **administrative costs** and burdens associated with implementing, evaluating, monitoring and reporting on any state demonstration implementing a work requirement or community engagement program.

Thank you.

Lucy C. Hodder
Professor of Law
Director of Health Law and Policy
UNH School of Law
College of Health and Human Services
Institute for Health Policy and Practice
2 White Street
Concord, NH 03301
(603) 513-5212

February 20, 2018

Chairman Gary Daniels
Senate Finance Committee
State House, Representatives Hall
107 N. Main St.
Concord, NH 03303

RE: Support for SB 313 reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Senator Gary Daniels and Members of the Senate Finance Committee:

My name is Jo Jordon. I am a patient with Families First Health and Support Center of the Greater Seacoast and have served on the Board of Directors for two years. I continue to serve on the Board of the newly merged Families First Health and Support Center and Goodwin Community Health.

For most of my life, I have endured a painful, pre-cancerous disease that slowly, steadily eats my abdominal organs. It has required multiple surgeries.

Medicaid expansion has helped me dramatically. In hopes of generating a better understanding of both the good it has done and how it may continue to be of benefit, I am sharing my story.

I will tell you what life was like before and since the expansion of Medicaid.

Like many people during the recession, I was laid off from a well-paying job. I tried to get another full-time job that included insurance coverage; but due to my health, this was not possible. I became unemployed and then homeless for a time. Because I could not get proper treatment while I was uninsured, my health worsened. I was caught in a cycle of being unable to work because of illness, and unable to get my illness treated because the only health insurance available was through a full-time job.

Each one of us is only as good as our safety net. I was the safety net for the majority of my family; my successful career gave me the ability to aid three generations. When I was laid off from my job, those people (who it would be expected I would turn to for assistance) were already relying on me. I went through all of my savings and became homeless. All of this compounded my medical issues. The NH Health Protection Program has been a safety net for me.

By 2012, I desperately needed surgery #3. The longer the recession continued, the more my health declined.

During this time, I had access to excellent primary care at Families First. They helped me to find the specialists I needed; deal with the stress and anxiety; schedule the surgery I was so desperate for; and actually get to the hospital two hours across the state to have that surgery.

During the year-and-a-half seeking a surgical team that did not require insurance for a complex operation, my condition worsened. The disease was growing like a cancer, and impacting every

organ, structure, and bodily function below my diaphragm. I was in severe pain. Finally, I located a surgeon at Dartmouth-Hitchcock Hospital in Lebanon.

The surgery took place in June 2014, which was after the State had passed the NH Health Protection Program, but before it had taken effect. I suffered complications from the surgery. I had no access to aftercare services, other than my primary care at Families First of Portsmouth. I required extensive physical therapy and, instead of beginning it shortly after surgery, I had to wait four months. This made the therapy longer and more complicated because my body meanwhile "froze" into position.

I also needed to see a pain management specialist, which, again, could not happen until I received insurance coverage. I struggled along by taking pain medications prescribed by the hospital at surgery. Over the summer, I had to go to the Emergency Room at Portsmouth Regional Hospital because my pain had increased, changed, and was not being managed properly. This was an ER visit that could have been avoided if I had access to pain management and post-operative care.

Finally, Medicaid expansion took effect in New Hampshire. I am one of the approximately 50,000 people who benefited. Thanks to the NH Health Protection Program, I have received much needed specialized health care since September 2014. I now have stable housing. I was one of the first people to receive NHHP Medicaid, and the healthcare that resulted enabled me to work and create a plan for a new career.

Medicaid now covers my 8 prescriptions, weekly physical therapy, tests, treatments, and specialists.

So you see, stability of my health care is paramount to my life.

I strongly believe that prevention is the best medicine. With Medicaid coverage, I have had the opportunity to address other health needs that have been sidelined for several years: my annual physicals, a dermatologist appointment, an eye exam, and several other items.

I still hold out hope that I will return to the full time workforce and take up a new career. I obtained my Real Estate license so that I could control my workload and my pain levels. I desperately want to make a substantial difference again. With proper health care, this is a hope I can hold on to.

I am scheduled for yet another surgery in a couple of weeks. My intestines are being crimped closed. I can now only tolerate one or two small meals per day, and sitting is excruciating. The drive to Concord today will put me out of commission for most of the next 24 hours.

I understand that this is a hearing to address changes to the NHHP. Let me remind you that in order to receive Food Stamps, I must also work 20 hours per week or have documentation to justify not doing so. I should be on a semi-annual review schedule with the DHHS who administers that program. Honestly, there is always some reason why we must review my case at least quarterly, if not more frequently.

In addition to my 3 to 5 medical appointments each week, the physical therapy, the injections, and trying to manage my pain day in and day out, I find myself begging at my local Welfare office each month. I have to explain the current status of my condition, with documentation – a

trip to the bank for statements on my account, my utility bills, up-to-date medical information, and semi-annual updates from my landlord on my rent.

Then, I am at DHHS every one to three months, again explaining the current status of my condition – again with the same documentation. There is already a system in place, and I caution you of the possibility of creating a redundant system that overburdens DHHS yet further.

Here are my concerns about the prospect of changes to Medicaid coverage:

Will I continue to have the (prescription, and specialty) coverage that I need?

Now that my medical history is on record, will I be turned away from insurance in the future for pre-existing conditions? I have worked hard to avoid that problem my entire life. (Whenever people changes jobs, they change insurance companies. This situation has helped to keep my medical files private.)

Will I be turned away from small employers due to my potential drag on their insurance policies?

What will happen to my community health center? I have never experienced such a responsive, professional team. They coordinate and balance all of my needs.

Will I be forced to look for a new doctor, dentist, and stress management program?

Would anyone else even take my case? For-profit organizations want a quick turnover between patients, not a complicated case such as mine. We as Americans rely on our community health centers in a way most people never see. Community Health Centers take on the complicated medical issues that for-profit centers turn away: aiding patients who are between insurance plans and providing wrap-around support services as needed.

Thank you for your time, and thank you again for your support of the NH Health Protection Program's expansion of Medicaid.

Sincerely,

Jo Jordon
Dover, New Hampshire

GOOD AFTERNOON. NAME IS ROBERT JOSEPH JR, NEW HAMPTON.

THE ISSUE OF HEALTH, SAFETY, AND WELFARE OF NH'S CITIZENS IS AT STAKE. IT IS NOT A PARTY ISSUE, WHETHER YOU ARE DEMOCRAT OR REPUBLICAN. CRITICAL ARE THE FRAIL POPULATIONS OF THE CHILDREN, DISABLED, THOSE AFFLICTED WITH SUBSTANCE ABUSE DISORDERS, AND SENIOR CITIZENS WHOSE QUALITY OF HEALTH IS POOR.

AFTER READING SOME OF THE PROPOSALS PRESENTED BY SENATE BILL 313-FN, SIGNIFICANT CONCERNS ARISE.

MANY PEOPLE DO NOT ENJOY THE INCOMES TO MANAGE THEIR HEALTH THROUGH CURRENT INSURANCE PROGRAMS. THE PRESENT SYSTEM DOES WORK. HAVING RUN THROUGH MANAGE CARE PROGRAMS, SOME OF THESE PROGRAMS MORE OFTEN THAN NOT, IMPAIR THE ABILITY FOR THESE POPULATIONS TO OBTAIN THE CARE THEY NEED. THERE IS NO ONE SIZE FITS ALL. MANAGE CARE SHOULD BE A CHOICE, NOT A REQUIRMENT. OFFERING INCENTIVES IS NICE, BUT DETRACTS FROM THE LARGER PICTURE OF MAINTAINING ONE'S HEALTH.

THE OPOID CRISIS IN THIS STATE SIGNIFICANTLY NEEDS ~~THE~~ THIS ASSISTANCE ~~IN ORDER FOR SOME~~ FOR SOME PEOPLE STRUGGLING WITH ~~THEIR~~ ADDICTIONS. ~~IN THE LONG TERM~~. THIS IS AN INVESTMENT BOTH IN THE INDIVIDUAL AS WELL AS THE OVER ALL ECONOMY IN THIS STATE.

IT IS GOOD TO SEE THAT REIMBURSEMENT RATES TO PROVIDERS OF BEHAVIOR HEALTH AND SUBSTANCE ABUSE DISORDERS ARE BEING INCREASED.

THE SECTION REGARDING VETERANS IS ADMIRABLE AND APPRECIATED. THE VETERANS OF THIS COUNTRY DESERVE NOTHING BUT THE BEST.

THE LIST OF QUALIFICATIONS UNDER ITEM III, UNDER DEFINITIONS IS NICELY DONE.

OTHERS ARE DESERVING OF QUALITY HEALTH CARE. HEALTH ISSUES DO NOT DISCRIMINATE REGARDLESS OF AGE, MENTAL HEALTH, PHYSICAL DISABILITIES, RACE, OR CREED. DEATH DOES NOT DISCRIMINATE. QUALITY OF LIFE AND CARE MUST CONTINUE. THIS EXTENSION IS NEEDED TO PROVIDE THE HOPE FOR THOSE IN NEED RATHER THAN SUPPORT THE PARTY PLATFORM, REPUBLICAN OR DEMOCRAT. WE NEED BIPARTISAN EFFORTS TO PROMOTE THE CAUSE FOR THOSE AFFLICTED WITH ACUTE, SUB-ACUTE, AND CHRONIC MEDICAL CONCERNS. WE ARE PEOPLE, NOT NUMBERS.

THE WORK REQUIREMENT IS CONCERNING. THERE ARE PEOPLE WHO WORKED MANY YEARS IN FORMER JOBS, WHO, BY NO FAULT OF THEIR OWN, LOST THEIR WORK. FOR MANY, GAINFUL EMPLOYMENT BECOMES PROBLEMATIC AS ONE GETS OLDER. WHILE THESE PEOPLE MAY BE "ABLE BODIES", THE QUESTION ARISES AS TO WHO SAYS THEY ARE ABLE, AND TWO, WHO CASTS THE JUDGEMENT CALL.

THIS EXTENSION OF THE CURRENT MEDICAID PROGRAM IS ESSENTIAL TO THE WELL BEING OF THOSE WHO ARE LESS FORTUNATE, THROUGH NO FAULT OF THEIR OWN. WHILE A PERSON MAY IN FACT, BE PHYSICALLY ABLE TO WORK, ONE NEEDS TO UNDERSTAND THE CIRCUMSTANCES THAT MAKE IT DIFFICULT TO RETURN TO WORK IN A DIFFERENT JOB. THIS IS PARTICULARLY ACUTE FOR THOSE WHO ARE IN THEIR MID LIFE TO NEARING SOCIAL SECURITY RETIREMENT AGE.

THE PRESENT PROGRAM HAS BEEN SUCCESSFUL. ENDING IT WILL BE COSTLY FOR NH IN TERMS OF LOST PRODUCTIVITY, INCREASING EMERGENCY ROOM VISITS, AND ~~LOST OF~~ PAYMENTS TO COVER THE ER VISITS, AS WELL AS LONG TERM NEGATIVE IMPACTS ON THE STATE ECONOMY.

3

WE NEED MORE INPUT FROM THE GENERAL PUBLIC, NOT LESS. IT IS SUGGESTED ON PAGE FIVE, ITEM "I": BE CHANGED TO FOUR MEMBERS APPOINTED BY THE PRESIDENT OF THE SENATE, TWO OF EACH PARTY PRESENTLY, AND ALLOWING FOR ADDITIONAL MEMBERS FOR OTHER RESPECTIVE PARTIES. THESE PEOPLE WILL SELECT WHO THEIR CHAIR WILL BE. THE SAME APPLIES TO THE HOUSE OF REPRESENTATIVES. (2) PUBLIC MEMBERS SHOULD BE SELECTED BY THE COMMITTEE, NOT THE SENATE PRESIDENT. OTHER POSITIONS LOOK OKAY.

THIS LEGISLATURE MUST PUT THE PEOPLE FIRST. WE SHALL BE HEARD, AND YOU MUST LISTEN. IT IS OUR LIVES THAT ARE IMPACTED. WE CANNOT ALLOW PREJUDICED, JUDGEMENTAL ATTITUDES DEFINE OUR EXISTENCE, LET ALONE HOW WE WILL MANAGE OUR PUBLIC HEALTH, SAFETY, AND WELFARE, OR HOW WE WILL LIVE. LISTEN TO US. HEAR US. ALLOW US TO PARTICIPATE IN DECISIONS REGARDING OUR MEDICAL CARE. EVERYONE BENEFITS AS WELL AS OUR ECONOMY. REAUTH Existing Programs as it is. No Need to Fix something that can't be broken.

THANK YOU. ROBERT T JOSEPH JR

A Century of Advancing Health Care for All

TO THE POINT
Quick Takes on Health Care Policy and Practice

How Kentucky's 1115 Medicaid Work Demonstration Undermines the Program

Tuesday, January 30, 2018

By Sara Rosenbaum (/about-us/experts/rosenbaum-sara)

Earlier this month, Kentucky became the first state to gain approval to launch a demonstration that will make employment an eligibility requirement for Medicaid. Kentucky will be conducting what is known as a Section 1115 demonstration, which allows the U.S. Department of Health and Human Services (HHS) and states to test changes to Medicaid and other public welfare programs without formal legislative action. Shortly after HHS's approval of Kentucky's proposal, attorneys representing 15 Kentucky Medicaid beneficiaries filed a federal lawsuit (*Stewart v. Hargan*) against the HHS secretary to have the Trump administration's demonstration's work policies declared unlawful and any work on the Kentucky demonstration halted.

At the heart of the case is the plaintiffs' claim that the Trump administration's pursuit of Medicaid experiments that run directly counter to the program's core objective — to promote access to medical assistance (https://www.healthaffairs.org/action/showDoPubSecure?doi=10.1377%2Fhblog20180113.747190&format=full) among the nation's neediest populations so that they can gain health and independence — exceeds the power given the HHS secretary under 1115. Despite evidence suggesting the positive effects of Medicaid coverage (http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf) on work, the administration's HHS 1115 policy (https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf) threatens to do just the opposite — deprive people of assistance by denying Medicaid to those who fail to comply with multiple new work and reporting requirements through sanctions likely to trigger interruptions or loss of coverage. The administration's theory is that work makes people healthy. But aside from the fact that the correlation between work and health is not the same as causation (healthy people simply may be more likely to be able to work), there is no evidence that punitive work requirements promote health.

Kentucky is one of the nation's poorest states (http://www.publicnewsservice.org/2016-09-16/poverty-issues/income-up-in-ky-but-poverty-rate-remains-among-highest-in-nation/a53920-1), and its health insurance coverage gains following its Medicaid expansion led the nation. Of the 651,000 working-age adults (https://www.healthy-ky.org/res/uploads/media/ACA-study-7th-snapshot-Medicaid-Enrollment-release-FINAL-2-9-17.pdf) enrolled in Medicaid in Kentucky by the end of 2016, more than three-quarters owed their coverage to the Affordable Care Act (ACA). But this demonstration threatens to unwind these gains and undermine Medicaid, the nation's most important health care safety-net program.

Known as Helping to Engage and Achieve Long Term Health (HEALTH), the Kentucky demonstration purports to test the effects of imposing work requirements and other eligibility limits, although the HHS approval (https://www.politico.com/story/2018/01/12/trump-medicaid-work-requirement-kentucky-164638) itself does not clearly state the hypotheses that the demonstration will be designed to evaluate. Instead, the approval letter is essentially a statement on the positive health effects of withholding benefits from working-age adults.

The demonstration (https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ky/ky-health-pa.pdf) — which applies to all working-age Medicaid beneficiaries, both ACA expansion and traditional beneficiaries — imposes an array of sanctions for failing to satisfy work and community engagement requirements. Six-month lock-outs also would be imposed for failing to provide information needed to renew annual coverage in a timely fashion, or failing to timely report changes that could affect eligibility such as marriage or a child's graduation. Benefits such as vision and dental care will be eliminated and will be available only if adults can earn them from meager health savings accounts that they must also use to pay for most regular office visits. In addition, the program imposes premiums higher than any previously approved under a 1115 demonstration — and surpassing those paid by the poorest people who purchase plans on the Affordable Care Act's marketplace.

Unlike Medicaid demonstrations approved under the Obama administration, no one will gain coverage under Kentucky's demonstration. On the contrary, officials estimate that as many as 100,000 people (https://www.nytimes.com/2018/01/18/upshot/medicaid-enrollment-obstacles-kentucky-work-requirement.html) may lose coverage, although this figure probably is low since it is not possible to know how many people will be deterred from applying for Medicaid in the future.

Should the Kentucky plan ultimately move forward, the demonstration calls for a six-month implementation period, remarkably short given the sea of complex issues that lie ahead. Here are just a few questions:

- What constitutes work or community engagement?
- How will the medical frailty exemption be defined, what documentation will be required, and how frequently will people have to certify their exempt status?
- How will the state accurately track the work/community engagement status of hundreds of thousands of people, and with what documentation?

- What work and educational supports will be provided, how can people obtain them, and what if needed supports are not available?
- What will happen to people who experience a health emergency during a sustained period of ineligibility?
- What safeguards will be in place to ensure rapid and timely appeals of potentially erroneous adverse eligibility determinations and wrongful denial or termination of assistance?
- Finally, how will the requirements of a demonstration that introduces such fundamental changes to the way Medicaid operates be communicated to the population?

The evaluation design will be equally complex. The central question will be the impact of the work requirement on access to coverage and the ability to maintain coverage over time. But every aspect of the demonstration will require measuring: the impact of high premiums; of lockouts for reporting failures as well as premium nonpayment; of withdrawing or impeding coverage on access to care and health status. Moreover, the evaluation should not stop with adults: Given the research showing the potential effects of parental stress on child health (https://www.nih.gov/news-events/nih-research-matters/chronic-family-stress-linked-illness-children), measuring the effects of eliminating access to affordable care for parents on their children's health and well-being should be a feature of any evaluation design.

In approving this demonstration, the administration has green-lighted an experiment that begins to move Medicaid off its safety-net mooring. The plaintiffs in the *Stewart* case have asked the court to halt Kentucky's demonstration and any other work demonstrations going forward. In the absence of such a ruling, which is likely to take time given the complexity of the claims, more approvals may be on the way given the administration's pledge to fast-track similar state proposals (https://www.medicaid.gov/federal-policy-guidance/downloads/cib07242015-fast-track.pdf).

From mental illness to mental wellness

I started showing signs of mental illness in my teens back in the early ninnies. My parents, baby boomers, did not have access to education and knowledge as we do today, there were no internet and no knowledge of anyone having mental illness in our extended family. Therefore I went without treatment.

I started drinking and smoking at age 12. I had anger issues due to the fact I did not have the confidence to speak up for myself. I had great mood swings, family would say: "[redacted] is like a surprise bag you never know what you are gone a get." and it was true, one minute I could be nice as can be and extremely angry the next. I lived from valleys to mountain top there were no in-between. Studying was difficult. I had a poor memory, extremely forgetful and had difficulty focusing. I would spend an average of three hours a night studying vocabulary and or speeches to deliver in front of the whole class. I grew into adulthood not remembering words, names (that is before it became everyone's problem) My drinking became heavy after a threewheeler crash costing the life of my 17 years old cousin. I lived but she didn't. Guilt ruled my life. I started a search for meaning through AA and church, stop drinking and found faith.

In 2006 I was diagnosed with bipolar disorder that is the same year I got really sick, I woke up one morning in December and I could not get out of bed. I was only 30 years old. I went from dr. To dr. Who could not diagnose me. Everything looked good on the outside and tests came clear, thyroid, blood sugar and others. It was the last dr. I saw told me my body was shutting down. It was time for me to make some changes. My husband introduced me to Dr. Wells. My first change? Switch margarine to butter and walked around the block! i was not very consistent back then and even though I still greatly struggled with depression and a sens of worthiness I started teaching classes. Little did I know that It was beginning of my journey from mental illness to mental wellness. Fast forward to 2014, back at the dr. through trials and errors I found the drug that works well for me. I quite all sugary drinks and food, totally transformed my diet by eating superfoods, started seriously exercising and now run 2 miles every other day, I continue to do child hood healing meditations, I have been able to change the suicidal thoughts to positive loving thoughts towards myself and the world.

Today I am grateful for my husband who never gave up on me. I am grateful for super foods that nourishes my brain. I am grateful for my feet without them I would not be able to run and get endorphin's and I am grateful for medication because with them I am able to experience joy.

Thank you

[redacted]

1/30/18

My Name is [redacted] and I am a very good person as well as an Alcoholic and Drug Addict. Roughly 9 months ago I was about as distraught and Hopeless as a person could be. Throu The Grace of God and the incredible people and progran in the State of New Hampshire Iive gotten My Life back and am becoming the person I really am!

My Life could not be this good without the assistance of Medi-Caid, helping Me with Rehab and the medication I needed to reach the place I' at now. Medi-Caid has helped Me through the darkest times of My Life and its only getting better. I hope you continue to help others as you've helped Me, its saving Lives as We speak. My deepest grattitude towards anyone involved and again Thanku so Much!

I appreciate your Time.

Sincerely,

[redacted]

For:
Medi-Caid
People

February 20, 2018

Senator Bradley
Senate Health and Human Services Committee
Legislative Office Building Room 101
33 N. State Street
Concord, NH 03301

RE: SB 313-FN reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Chairman Bradley, Chairman Daniels, and Members of the Committees:

My name is Michelle Lennon and I am a Board Member of HealthFirst Family Care Center, wife a husband who struggles with SUD and Chronic Pain, after an accident, (he fell 40 ft from a roof at work and survived), Director of a Family Resource Center, and Pastor of a church in Tilton. The health care center provides primary care, oral health care, substance use disorder treatment, and behavioral health services to approximately 7000 patients at 3 locations. Approximately 62 percent of the patients live at or below the federal poverty level. The New Hampshire Health Protection Program has changed the lives of those patients and the health center and personally has helped my family as my husband's insurance lapsed after the workman's comp ended. Before the Health Protection Program existed, many of patients, like my husband, did not have health insurance simply because we could not afford it. The New Hampshire Health Protection Program improves patients' access to prescription medicines, lab work, and radiology services that our patients could not afford otherwise. In my husband's case, multiple surgeries and SUD treatment have got him on the road back to health and productive living.

The health center has had many clients who have been able to enroll in the expanded Medicaid program access SUD treatment services go back to work and are once again contributing members of their communities. My husband had his last surgery last October, and thanks to the expanded medicaid program, will be returning to work in just over a month.

The New Hampshire Health Protection Program is also good for businesses, including the community health center. Since 2014, the year the Program began, the center has seen an 85% percent reduction in uninsured patients. There is the offer a sliding fee discount based on income to patients and since 2014, there has been a 60% percent reduction in sliding fee discounts.

The ability to use the increase in patient revenue to expand services, increase hours of operation, and hire more staff has been an incredible tool in supporting our families at the Family Resource Center as well. Since 2014, HealthFirst Family Care Center has added 3 clinicians and 563 new clients to their health center(s). Since 2014, they have added SUD TREATMENT suboxzone prescribing and associated counseling and two full time Behavioral specialists who are fully integrated into their treatment teams. The New Hampshire Health Protection Program increased access to behavioral health and substance use disorder treatment in our communities. This has allowed our Family Resource Center's Recovery Coaches incredible support in seeing people successful in the recovery from Substance Use Disorder. Please vote in favor of continuing this important tool in accessing services.

Please feel free to contact me if you have any questions.

Sincerely, Michelle J Lennon

Rev. Michelle J. Lennon, Executive Director, Greater Tilton Area Family Resource Center
HealthFirst Family Care, Board Member

603-960-2128
ntccpastormb@gmail.com

[redacted]
newfutures

Date: 1/30
Location: Homestead Inn
Organizer: Meghan

Medicaid Expansion Story Collection Sheet

Name: [redacted]

Phone: [redacted] **Email:** [redacted]

Town: Boscawen **Zip Code:** 03303

Story Collection Process: *Through the New Hampshire Health Protection Program (NHHPP), more than 100,000 Granite Staters have been helped by having the ability to obtain the health care they need and deserve. Your story will help to demonstrate the incredible value of this program. (Make sure to describe to interviewee why we are here, what is the purpose, why we are asking to record interview and process of story collection)*

Are you, or have you ever been, enrolled in the New Hampshire Health Protection Program? (If individual is unsure, ask: 1. Where they signed up for health insurance; 2. If they pay/paid a premium; and, 3. How much they typically owed for co-pays)

Yes - Farnum Center

While in treatment, got into a bad car accident. Covered everything.

Tell us a little more about it; When did you enroll? Have you used your coverage? How and on what types of services?

Covered treatment 3 x
3 detoxes
3 28 days programs

Are you still in the program, and if not, why not?

Yes - "homeless & knew I needed treatment, called the state & explained"

What has access to affordable health insurance meant for you and/or your family? What would happen if you did not have access to coverage?

- had to change from Minuteman to Wellsense to get into Farnum Center

[redacted]

newfutures

Date:
Location:
Organizer:

Were you working prior to being enrolled?

- ***If yes*, did you experience any loss of financial security or an inability to support yourself due to a lack of paid leave?**

- ***If no*, did you gain employment while on the program?**

Now I have a job - working at Dunkin Donuts. Live at Sober house, go to meetings every day, working with sponsor.

Check Boxes Below:

- ☑ I give New Futures permission to contact me with New Hampshire Health Protection Program advocacy action alerts and I would like to learn about upcoming advocacy trainings
- ☑ I give New Futures permission to contact me about future in-district meetings
- ☑ I give New Futures permission to:
  - ☑ Document my story and send to a local legislator
  - ☑ Cite my story in a public hearing
  - ☑ Share my story in the form of a letter to the editor
- ☑ I give New Futures permission to cite my story:
  - ○ Anonymously
  - ○ With my first name
  - ☑ With my full [redacted]

Participant Signature: [redacted]

Other Notes: Important Aspects of the Story Include...

- ☐ Child Protection
- ☐ ACES (Adverse Childhood Experiences/ Trauma)
- ☐ Home Visiting/Utilizing Family Resource Centers
- ☐ Housing Benefit
- ☐ Child Removal- DCYF Involvement
- ☐ Barriers to insurance coverage

"It was frustrating to see people who were in treatment & had to leave b/c their insurance wouldn't cover it. They got kicked right out."

Testimony on SB 313 February 20, 2018

Good Afternoon Chairmen Daniels and Bradley, and committee Senators. Thank you for your service to the Granite State. My name is Norma MacKinley-Smith. I am a resident and a taxpayer from Nashua. I am here in support of SB 313.

You have the difficult task ahead of you to determine the most cost effective way to reauthorize what we currently know as "Medicaid Expansion". We know you are up to the task, as many of you have demonstrated a willingness to right the wrongs which resulted from 'skimping' in past legislative sessions. That short-sightedness has cost us dearly in lost lives and suffering. Thank you for supporting many of the specific asks in HB 400. New Hampshire is on the right track; we are undergoing a painful correction, but we can't fight this battle again.

As one of the co-facilitators of the NAMI Nashua support and education group I am privileged to assist families in navigating the public health system. Many of our 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), their developing a substance use disorder, homelessness, incarceration, or even death. Unfortunately, multiple family members of our group have lost their loved ones due to untreated symptoms of severe mental illness. We all know there is a cost associated with providing insurance and treatment; and that effective application of these dollars can prevent much greater cost down the line.

Our loved ones want to be well; they want to work and succeed in life. Many people who experience mental health challenges do in fact recover; however, it takes investment. While a work requirement is an honorable goal, we must protect the exclusion option for the unfortunate few who are truly unable to work. We must also empower the providers and clinicians who choose to work in the mental health field. How long can we expect the Community Mental Health Centers to serve the population they do, while being reimbursed at 2006 rates? How many of us drove here today on tires we bought in 2006, or work on 2006 computers? The work of the IDNs will undoubtedly have a positive impact (thank you to those of you were instrumental in bringing this to New Hampshire), however we must commit ourselves to gaining back all the ground we have lost. I say again, we are undergoing a painful correction, and we can't win this battle if we choose not to enact this legislation.

We need a new "Ten Year Plan", and this time around we need to fund it. The 50,000 people currently receiving insurance through the NHHPP will need insurance in order to access the supports and evidence based treatment necessary for continued wellness.

Thank you for tackling this complex and crucial issue.

Norma MacKinley-Smith
Nashua

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC SERVICES
P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-3707 FAX: 603-271-5539
TDD Access: 1-800-735-2964

Helen E. Hanks
Commissioner

Paula Mattis, MSW, FACHE
Director

SB 313-FN As Amended 2018-0700s

An act reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds.

Testimony of Paula Mattis, Director of Medical and Forensic Services, Department of Corrections
February 20, 2018

The Department of Corrections (DOC) would like to offer information relevant to SB 313-FN as amended and to explain our concerns regarding this proposed legislation as amended (2018-0700s).

I. 90 Day Retroactive coverage

On the first page of the amendment, Line 29 through Line 31, requires the commissioner of health and human services to seek a waiver of the requirement to provide 90-day retroactive coverage. This is the only way that Correctional facilities can seek Medicaid to review and to cover costs of Medicaid eligible inpatient stays. Medicaid expansion began in NH on August 15, 2014. The attached chart shows the amount that has been deferred (in yellow). Clearly, since Medicaid expansion went into effect, the amount of money deferred to be paid through Medicaid rather than the State General funds has significantly increased. (The amounts in blue are what are being expended from general fund dollars allocated to the NH DOC.)

The PEW Charitable Trust writes (August 2, 2016):
http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2016/08/how-and-when-medicaid-covers-people-under-correctional-supervision

Limited coverage of inmates

To be considered an inmate, a person must be in the lawful custody of a state or locality and held involuntarily in a correctional facility. States may not provide Medicaid coverage for health care services delivered to these individuals, with one exception: for care delivered outside the institution, such as at a hospital or nursing home, when the person has been admitted for 24 hours or more. Under these circumstances, states can obtain federal reimbursement that covers at least 50 percent—and much more, if the person is newly Medicaid-eligible—of prisoners' off-site inpatient costs, as long as they are eligible and enrolled in the program.

In the new guidance, CMS clarified that, in instances where an inmate is eligible but not enrolled at the time that covered inpatient services are delivered, states may secure retroactive Medicaid coverage and therefore federal reimbursement so long as the person applies for the program within three months of receiving treatment. For example, if an inmate is hospitalized from March 1 to 4, federal assistance may be sought if the inmate was Medicaid-eligible at the time of the hospital stay and submits an application for enrollment—often with assistance from public officials—to the state Medicaid agency by June 30.

States that expand their Medicaid eligibility under the ACA will generally realize the largest savings from this option because most inmates, as nondisabled adults without dependent children, are eligible for Medicaid coverage only under the expansion. Moreover, payments for these newly eligible individuals will trigger the enhanced federal match of at least 90 percent.

States have begun to report realized and projected savings. For example, Arkansas, Colorado, Kentucky, and Michigan detail combined fiscal years 2014 and 2015 savings of $2.8 million, $10 million, $16.4 million, and $19 million, respectively.[7]

Since Medicaid expansion became fully realized (FY2015 to January 31, 2018) we have deferred $7,292,751 to date for expenses incurred for Medicaid eligible inpatient hospitalization stays. The DOC does not receive those dollars; Medicaid pays community hospitals directly. Nonetheless, it means that general fund dollars were not expended. This is a direct result of Medicaid expansion.

II. Exempted Populations (Page 5)

A major concern that we have with this proposed legislation is that those being released from incarceration are not reflected in the list of people who are exempted due to being temporarily unable to participate in the activity requirements proposed by this legislation. (Please see page 5, lines 1 through 29.) Those being released from prison are not typically going to be involved immediately in an activity that is listed as an exemption. We are requesting that there be consideration to include those being released from correctional facilities be provided a grace period of three months in order to allocate enough time for those being released to become productively engaged in the activities listed starting on Page 3, continuing on Page 4. Keeping in mind that a large number of people in our care and custody have behavioral health issues (mental health and substance use disorders) the ability to access ongoing health care is critical. We know that 40% of the men and 90% of the women incarcerated at the DOC, fall into the category of needing behavioral health intervention.

III. Community Engagement Activities (Page 3 and 4)

In the course of a year approximately 1,600 people will be released from our facilities. Almost all of these individuals require assistance in applying for a variety of services, including Medicaid. This represents the DOC's commitment to assisting individuals with community re-entry but, more importantly, having access to health care and treatment services for substance use disorders and mental health issues reduces the stress that is inevitable when someone is returning to the community. It appears that there will be additional requirements for eligibility at the time of release. (Please see page 3, lines 16 through 31.) We cannot forecast how those requirements may affect our ability to help people prepare for release in terms of accessing medical care, but the possibility exists that we will not be able to keep up with the demand and this may result in a need to fund additional positions for this purpose.

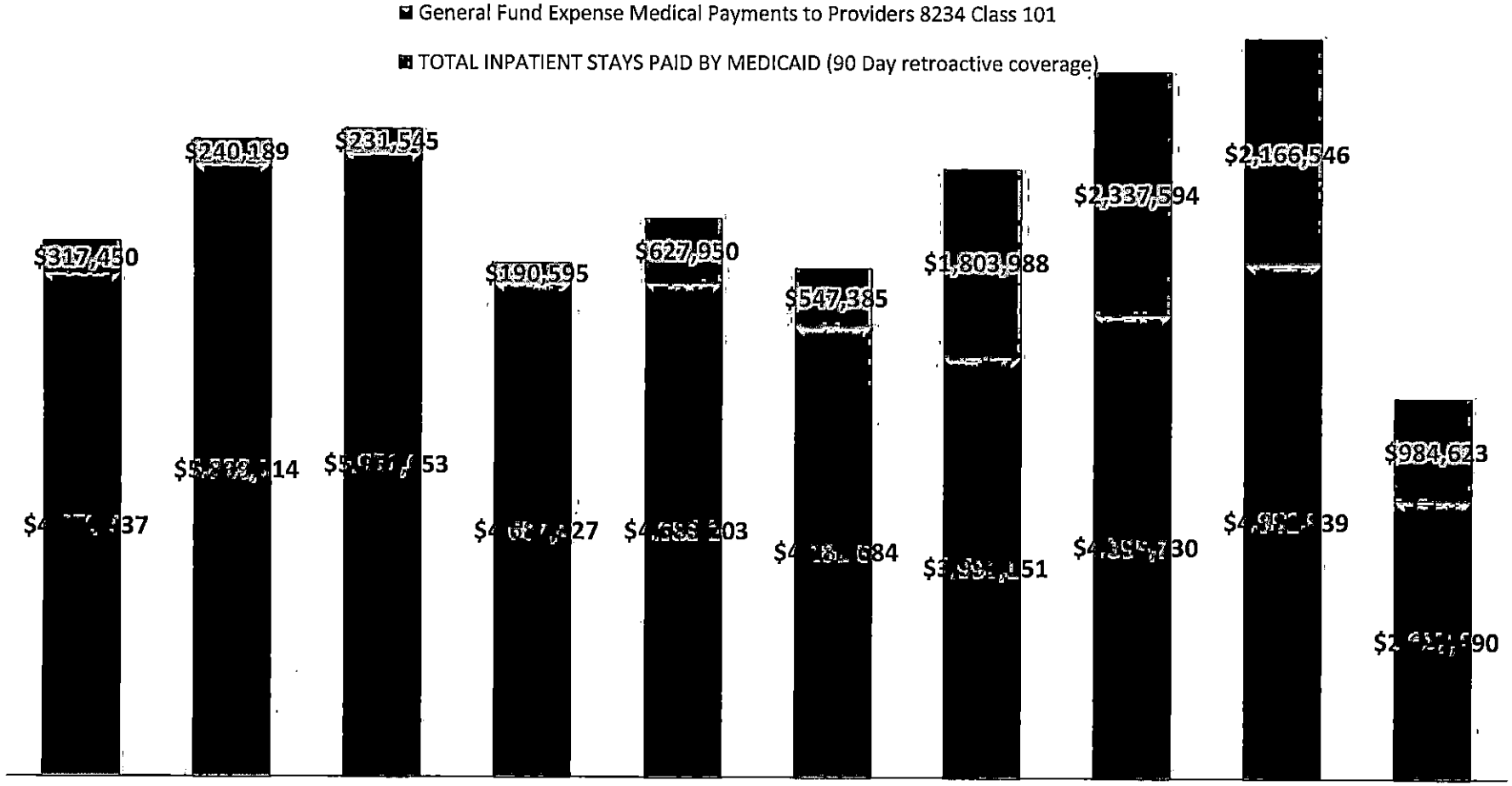
In summary, we respectfully request that the committee take into consideration the impacts this bill with have on the Department's budget as well as those exiting our facilities. Having guaranteed health coverage at the point of release from incarceration reduces the barriers for those re-entering our communities, ensures continuity of care and will promote community tenure.

Thank you for considering this testimony.

Respectfully submitted,

Paula Mattis

NH DOC Medicaid Paid Inpatient Stays & General Fund Paid Community Healthcare Costs (8234 -101) for services to People Incarcerated



Thank you, Senators Daniels and Bradley, and all members of both committees for accepting this testimony on behalf of many Granite State residents who are covered under the NH Health Protection Program. My name is Amy McCormack. I was born and raised in NH and have lived here most of my life I am a Family Nurse Practitioner, and I see patients in Plymouth. My practice accepts almost every insurance plan available in New Hampshire.

I have a vested interest in in this community and the entire state, and want us to flourish, however I'm alarmed by the state of mental health in New Hampshire. I've been aware of the ER/inpatient issues for a while as I worked in a hospital but I am just now discovering the issues with outpatient care. I am comfortable managing many psychiatric conditions and medications, yet as a Family Nurse Practitioner I have not been adequately trained to properly diagnose or manage all mental health conditions. Just as with other physical conditions (and mental illnesses *can be* physical illnesses as well), often it is appropriate for the patient to see a specialist. Typically, the sooner a patient receives appropriate care, the more effective it is, and the chances for recovery are improved.

I recently saw a patient who is new to both my practice and the state of NH who came to see me with a very long list of medications (psychiatric and otherwise) and diagnosis diagnoses. This individual had been in 3 different ERs within the past week, reported visual and auditory hallucinations, and had no strong support. I explained to the patient that I would refill the medications until they could be seen by psychiatric services. After the patient left I proceeded to try to find somewhere for the patient to go for outpatient services – I felt the need was urgent. Both I and my Medical Assistant called multiple places many times, pleading for appointments with zero luck. Dartmouth Hitchcock Medical Center reported a 3 month wait for urgent psychiatric evaluations; the patient's catchment area (White Mountain) reported a 4 month wait. The patient had Medicaid, and therefor would not be seen by anyone in private practice. When I saw the patient several days later she/he had decompensated to the point that they missed their appointment time, and stated they had forgotten how to get to my office. Obviously, I am extremely concerned about this patient, and even more concerning is that this case is representative of many of my patient's experiences. From my perspective, outpatient/community services are completely failing.

Many of my patients are insured through NHHPP, which enables them to access care for mental health conditions *prior to* progressing to experiencing serious, persistent mental illness. Timely, meaningful treatment can enable people to retain their jobs and keep their families intact, preventing them from becoming a burden on their family or taxpayers.

I implore you to find a way to not only reauthorize Medicaid Expansion, but to improve mental health care for any New Hampshire citizen who finds themselves in need of services. Thank you for your service to all New Hampshire citizens.

Sincerely,

Amy McCormack MSN APRN FNP-C

Chairman Gary Daniels and Members of the Finance Committee,

My name is Susan McKeown and I reside in Manchester. I spent my 41 year career as a Pediatric Nurse Practitioner at Child Health Services in Manchester serving the low income population, the majority of whom relied on NH Health Protection Program/Medicaid Expansion to obtain health care. As a co-founder of FASTER Families Advocating for Substance Treatment, Education and Recovery I worked to expand family support groups around the state to help parents dealing with a loved one suffering from substance use disorder.

I have seen firsthand the value of Medicaid Expansion. It has been critical in serving the 50,000 vulnerable citizens who without it, would be left without access to quality, affordable health care. Since it began, the program has allowed more than 23,000 N.H. residents access to Substance Use Disorder (SUD) treatment and early detection and treatment of mental health issues as well as physical disorders. I have seen families access this in the FASTER support group I have facilitated weekly in Manchester for the past 15 years and the 13 other groups in the state whose families depend on this insurance to receive treatment for their loved one.

To deny this access, 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. Please support the passage of SB313 to reinstate Medicaid Expansion. Thank you for the time you give to our state to address these important issues.

Respectfully submitted,

Susan McKeown APRN, CPS
299 Steinmetz Drive
Manchester, N.H. 03104

I agree with further discussion on the issue of the minimum age of six work requirements and the percentage of the alcohol fund utilized. SMK

NEW HAMPSHIRE LEGAL ASSISTANCE

Working for Equal Justice Since 1971

www.nhla.org

Claremont Office
24 Opera House Square
Suite 206
Claremont, NH 03743
603-542-8795
1-800-562-3994
Fax: 603-542-3826

Concord Office
117 North State Street
Concord, NH 03301
603-223-9750
1-800-921-1115
Fax: 603-223-9794

Manchester Office
1850 Elm Street
Suite 7
Manchester, NH 03104
603-668-2900
1-800-562-3174
Fax: 603-935-7109

Portsmouth Office
154 High Street
Portsmouth, NH 03801
603-431-7411
1-800-334-3135
Fax: 603-431-8025

Berlin Office
1131 Main Street
Berlin, NH 03570
603-752-1102
1-800-698-8969
Fax: 603-752-2248

Administration
117 North State Street
Concord, NH 03301
603-224-4107
Fax: 603-224-2053

TTY: 1-800-735-2964

February 20, 2018

Senate Health and Human Services and Finance Committees
State House
107 North Main Street
Concord NH 03301

Dear Honorable Members of the Senate Health and Human Services and Finance Committees:

I write on behalf of New Hampshire Legal Assistance (NHLA) to convey NHLA's wholehearted commitment to reauthorizing the Medicaid expansion program. NHLA is a non-profit law firm. We represent low-income and elderly clients in civil cases impacting their basic needs, including healthcare. Many of our clients have benefited from Medicaid expansion both in physical and financial health. We acknowledge the significant effort that went into developing SB 313, and recognize the improvements that were made to the existing statute. However, today I would also like to address some of our concerns.

This bill directs the Department of Health and Human Services (DHHS) to seek permission from the Centers for Medicare and Medicaid Services (CMS) for any necessary Medicaid waivers and amendments. Under 42 U.S.C. § 1315(a), such demonstration projects may only be approved if they promote the objective of the Medicaid program. The objective of the Medicaid program is to provide healthcare services. Provisions contained in this legislation are in conflict with that objective and therefore impermissible under federal law. In fact, a lawsuit has been filed against the federal government over the Kentucky waiver that CMS recently approved. NHLA will be monitoring this litigation closely for any potential implications for New Hampshire.

While we oppose work requirements outright, there are a number of specific changes that should be made to the provision as currently drafted to mitigate the negative impact on beneficiaries. It is important to note that the work requirements in this bill go further than those in the original Medicaid expansion law that New Hampshire passed. Most notably, it extends work requirements to parents with children over the age of six. This creates two challenges, first, research shows a negative impact on children's insurance rates when parents are uninsured. In March 2017, one study found the uninsurance rate among children was 21.6 percent with uninsured parents and 0.9 percent uninsurance rate among children with insured parents.[1] Secondly, parents of young school-aged children have to find jobs that fit with school hours or reliable child care, both of which are hard to come by.

Much of the implementation is left to DHHS to determine, but on the surface it fails to address the fluctuation inherent in low-wage jobs, such as seasonal work, varying hours, insufficient hours, and short notice of shifts. It provides no phase-in or flexibility with calculating hours over the course of the year. It requires 100 hours per month which is more than CMS approved in Kentucky and Indiana earlier this year.

Currently, receipt of medical assistance under New Hampshire Health Protection Program (NHHPP) requires the recipient to contact NH Employment Security for the purpose of finding employment and filing for unemployment. These additional requirements and verification will be administratively burdensome, and the staff and technology changes required to implement this will be costly. In addition, the time beneficiaries will have to put in to verify work and the complexity of the processes will undoubtedly cause some number of improper terminations.

[1] http://hrms.urban.org/quicktakes/health-insurance-coverage-children-parents-march-2017.html

There is little empirical evidence that work requirements increase long term employment rates or reduce poverty. One review of work rules in TANF concluded that not only could work requirements be costly and burdensome for states, but that there were only modest long-term gains in employment. In fact, the share of families living in deep poverty (below half the poverty line) rose in programs that imposed work requirements because of the loss of cash benefits.[2]

While legislators made some improvements to the qualifying activities to meet the work requirement, if there is a commitment to moving Granite Staters into long-term employment, vocational educational training should not be limited to 12 months. Nor should education be limited to those who have not completed high school. The jobs that will move individuals out of poverty, and the jobs that many NH employers are seeking to fill, require more than 12 months of training and/or higher education.

Work requirements for Medicaid are unnecessary, as New Hampshire has one of the lowest unemployment rates in the nation and the majority of NHHPP adult enrollees who are not disabled or elderly are already working. An issue brief by the Kaiser Foundation shows that, without a work requirement in place, in New Hampshire 60% of healthy (not on federal disability programs) and non-elderly adults are working and that 74% are in working families[3]. Even when excluding SSI, most Medicaid adults not working report major impediments to work such as illness/disability, going to school, and taking care of family[4].

As employers will tell you, good health is a pre-condition to work. Without access to medical care, untreated medical conditions, chronic pain, and dental needs are additional barriers to work. One study of adults on Medicaid reported that having that coverage made it easier to look for employment, continue working, pay their rent/mortgage, and buy food. .[5]

Making Medicaid eligibility contingent on work fails to address the barriers to work that exist, such as access to and cost of childcare and transportation. The Granite Workforce provision that is in the current draft, does not truly address barriers. It refers beneficiaries to existing programs, without providing additional funding for these programs. The funding put forward is to subsidize employers for hiring Medicaid beneficiaries, which doesn't seem necessary in NH's current job market.

Beyond the work requirement and lack of resources to address significant barriers to work, there are several other provisions that raise significant concerns for us. First, federal law directs state Medicaid programs to cover (and provides federal matching funds for) medical bills incurred up to 3 months prior to a beneficiary's application date.2 Ending this 90 day retroactive eligibility will only drive up uncompensated care, medical debt, and bankruptcies. Second, an asset test will force those who have managed to save a little money for retirement into poverty in order to secure health coverage. Third, a 90 day transition period does not provide consumer the protections necessary to ensure continuity of coverage. Finally, much of the details are delegated to DHHS and the managed care organizations (MCOs) via RFPs and contracts. It is critical that the public has the opportunity to monitor and provide input into this process, so as to ensure adequate protections for Medicaid beneficiaries.

Sincerely,

Dawn McKinney
Policy Director

---

[2] https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows

[3] http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/

[4] http://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements/

[5] http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf

AARP Real Possibilities in
New Hampshire

45 S. Main Street, Suite 202 | Concord, NH 3301
1-866-542-8168 | Fax: 603-224-6212 | TTY: 1-877-434-7598
aarp.org/nh | nh@aarp.org | twitter: @aarpnh
facebook.com/AARPNH

February 20, 2018
Hearing SB 313

Members of the Senate Finance and Health and Human Service Committees

AARP has approximately 230,000 members age 50 plus statewide. AARP supports SB 313 which creates the New Hampshire Granite Advantage program which will provide needed medical care to those who cannot afford medical insurance. This includes those who need support to deal with the opioid and heroin crisis New Hampshire is experiencing.

There are many adults aged 50-64 that are currently receiving medical care under the New Hampshire Health Protection Program. Many are working and many others are caregivers for parents, spouses and others. For those of them who are providing that care, they need affordable health care to continue their caregiving role. For people aged 50 + the options for health care are more limited based on cost due to age and those who are caregivers may not be working full time and eligible for provider based health care.

We believe that the language in section 126 AA: 2 III(d) (3) of the amendment is too narrow to provide for the needs of caregivers of elderly parents and adult spouses with disabilities. Chapter 167:82 I(d) provides an exception for a parent or caretaker relative who is 60 years of age or older. We believe caregivers deserve at least the same consideration. We also believe that the requirement in RSA 167:82(g) that requires a caretaker to be in the household does not reflect the reality of families where aren't always in the household, because there are multiple caregivers required to keep someone at home and out of institutional care or even off of Medicaid entirely.

We would propose the following amendment:
(3) A parent or caretaker as identified in RSA 167:82, II *(d) and* (g) where the required care is considered necessary by a licensed physician, APRN, board-certified psychologist, physician assistant, or licensed behavioral health professional who shall certify the duration that such care is required-, *provided that caretakers over 50 years of age caring for adults with disabilities need not be in the same household.*

For those who are taking care of spouses and parents with forms of dementia, the caregiver is critical is keeping people at home and out of nursing homes at a significant savings to the state. According to the Valuing the Invaluable study completed by AARP in 2015, 173,000 Granite Staters provide $2.3 billion in care to Granite State residents.

We are concerned that the exceptions to the work requirement which are from the New Hampshire Employment and Family assistance Program do not adequately address older caregivers who are caring for aging parents or spouses with dementia including early onset Alzheimer's where the caregiver is too young to be on Medicare but cannot afford health care. AARP welcomes the inclusion in the list of qualifying exemptions those caregivers, who support those who are enrolled in certain home-and community-based services (HCBS) programs or who might be without the support and caregivers. We are happy to work with the committee to address this issue. Thank You

Respectfully submitted,

Douglas McNutt
AARP New Hampshire
603-230-4106
Dmcnutt@aarp.org

support family caregiver legislation

AARP – 230,000 member

We supported Medicaid Expansion of this bill – with a concern about Caregivers

In fact Caregivers are a majority of AARP members a significant portion of whom are 50-64 years of age

We Believe that the caregiving exception of this bill is too narrow in that it does not include an exemption for those who are caring for an elderly parent or a spouse with dementia who requires care

We believe that the exception for 60+ caretakers under 167:89 should be included in the bill as Standard

102 National Partnership for Women & Families, *State and Local Action on Paid Sick Days* (Washington, DC: Author, November 2014).

103 San Diego, California's paid sick days ordinance was passed in July 2014 but has not yet been enacted. In June 2016, a referendum in San Diego will determine if that city will have its own paid sick days ordinance.

104 S.C. Reinhard et al., *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, Second Edition.

105 Ibid.

106 Connecticut's paid sick days law includes antidiscrimination provisions prohibiting employers from asking workers about their familial responsibilities.

107 $500,000 was awarded in 2014 to the three states and the District of Columbia.

108 R.I. Gen.Laws § 28-41-35(f) et. seq.

109 The Rhode Island Temporary Caregiver Insurance program provides up to 4 weeks of benefits to eligible workers to bond with a newborn or newly adopted child, and to care for a child, parent, parent-in-law, grandparent, spouse, or domestic partner with a serious health condition.

110 National Partnership for Women & Families, *First Impressions: Comparing State Paid Family Leave Programs in Their First Years* (Washington, DC: Author, February 2015).

111 California was the first state to enact a paid family leave law in September 2002. Leave can be taken intermittently or up to 6 weeks in any 12-month period.

112 Family Caregiver Alliance. *Fact Sheet: Conservatorship and Guardianship*. Accessed at: https://caregiver.org/conservatorship-and-guardianship.

113 As of June 2015, 41 states, Puerto Rico, and the District of Columbia have enacted the UAGPPJA.

114 In 2006, the Uniform Law Commission approved a revised UPOAA. It includes a presumption that the document is "durable." A durable power of attorney must be completed while an individual is competent. It remains valid even if the person becomes incapacitated. By 2015, 17 states had adopted the UPOAA.

115 Persons age 80 and older, comprising 24 percent of Medicare beneficiaries, also account for a disproportionate share (33 percent) of Medicare spending. See: Neuman, J. Cubanski, and A. Damico, *The Rising Cost of Living Longer: Analysis of Medicare Spending by Age of Beneficiary in Traditional Medicare* (Menlo Park, CA: Kaiser Family Foundation, January 2015).

116 D. Redfoot, L. Feinberg, and A. Houser, *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers* (Washington, DC: AARP Public Policy Institute, August 2013).

117 C.E. Henning-Smith and T.P. Shippee, "Expectations about future use of long-term services and supports vary by current living arrangement," *Health Affairs, 34* (2015): 39–47.

118 2015 AARP National Caregiving Survey of Registered Voters Age 40 and Older. Accessed at: http://www.aarp.org/research/topics/care/info-2015/national-survey-family-caregivers.html

119 The administration's 2016 budget request includes increased funding for the National Family Caregiver Support Program, Native American Caregiver Support Program, Lifespan Respite Care Program, and funds for a new family support program to establish evidence-based practices in local communities. See: U.S. Department of Health and Human Services, Fiscal Year 2016, Administration for Community Living, Justification of Estimates for Appropriations Committees Accessed at: http://acl.gov/About_ACL/Budget/docs/FY_2016_ACL_CJ.pdf.

120 S.C. Reinhard et al., *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, Second Edition.

Insight on the Issues 104, July 2015

601 E Street, NW
Washington DC 20049

Follow us on Twitter @AARPpolicy
on facebook.com/AARPpolicy
www.aarp.org/ppi

For more reports from the Public Policy Institute, visit http://www.aarp.org/ppi/.

Real Possibilities

Public Policy Institute

February 20, 2018

The Honorable Gary Daniels, Chair
Senate Finance Committee
State House Room 103
107 North Main Street
Concord, NH 03301

Re: New Futures' support for reauthorization of the Medicaid expansion program

Dear Chairman Bradley, Chairman Daniels and Members of the Joint Committee:

New Futures strongly supports reauthorization of New Hampshire's Medicaid expansion program, which has provided critical health insurance coverage to more than 170,000 Granite Staters. New Futures agrees with Senator Bradley, Senator Morse and the cosponsors of this bill that Medicaid Expansion has been *the* most important tool at New Hampshire's disposal to help combat the opiate epidemic. We simply cannot allow this crucial program to end.

Impact on the Opiate Epidemic

It is well established that addiction touches individuals across incomes; however, adults living between 0-138% of the federal poverty level are particularly sensitive to the epidemic. Rates of addiction among those living in this income bracket ($0-$16,000 per year for a single individual) in New Hampshire are 19.4%, double the statewide average. Prior to expanding Medicaid, the state had the capacity to treat between 4,000-6,000 individuals annually; placing New Hampshire second to last in the nation.

Since New Hampshire expanded its Medicaid program, more than 23,000 individuals have used their newfound coverage to access addiction treatment services, with 82% of those individuals accessing opiate-specific treatment. Considering these statistics, there is no doubt that the rapid growth witnessed in New Hampshire's addiction treatment field is a direct result of the state's decision to expand Medicaid. The expansive and robust substance use disorder service array provided through Medicaid expansion has allowed providers to increase capacity and, in turn, has allowed the state to reallocate Alcohol Fund dollars previously used for treatment toward other important service areas, such as prevention programming, recovery housing, diversion programs and building up the state's recovery support network.

The impact of Medicaid expansion on the opiate epidemic cannot be overstated. More than 80% of New Hampshire's Drug Court participants rely on health coverage through Medicaid expansion. It may not be well known that, to even participate in Drug Court, an individual must be able to pay for their treatment. For many, paying for treatment would be impossible without coverage through expanded Medicaid. To put it bluntly, without Medicaid expansion the state's Drug Court programs would cease to exist due to lack of eligible participants.

While access to Substance Use Disorder treatment services are a critical component of the Medicaid expansion, it is also worth noting the important role the program plays in connecting individuals to basic healthcare services. At New Futures, we have heard numerous stories of individuals self-

medicating with opiates to address pain and/or undiagnosed mental illness. Medicaid expansion allows individuals to access care and treatment for such health issues before their condition worsens to the point that they might turn to illicit substances. The robust service array offered through Medicaid expansion includes coverage for comprehensive screening in primary care and emergency setting; this builds upstream opportunities to identify individuals at-risk of developing a substance use disorder or mental illness and diverting them to lower-cost, clinically appropriate treatment options.

Medicaid Managed Care

New Futures is not opposed to the concept of shifting the Medicaid expansion population from private health plans to Medicaid managed care organizations (MCOs), as proposed in this bill. We believe that such a change may help to guarantee better care coordination, connections to treatment and reduce barriers to care for Medicaid expansion beneficiaries. That said, we believe strongly that a shift to MCOs, without additional considerations, will result in unintended hardships for several healthcare providers, including those at the forefront of the mental health and addiction crises.

Reimbursement rates for behavioral health providers vary significantly between the private market and Medicaid managed care organizations. Behavioral health providers have reported reimbursements by MCOs are, in some cases, 40% less than rates offered for the same service by private carriers. The Commission to Evaluate the Effectiveness of the Premium Assistance Program (PAP Commission) acknowledged this issue, recommending in their final report that a shift to an MCO model must also include enhanced behavioral health reimbursement rates. Reference to this goal can be found in this proposal, though additional language could be added to clarify the process for which rates are established or evaluated.

In addition to addressing the discrepancy in provider rates, the PAP Commission also recommended the reauthorization of Medicaid expansion include: incentives for preventative care; enhanced screenings and well-checks for beneficiaries; short-term suspensions of prior authorizations; and protections to ensure smooth care transitions for impacted beneficiaries. New Futures believes each of these recommendations are critical and supports their inclusion in this legislation. Current language requires all MCOs to honor "pre-existing authorizations for care plans and treatments." Although, it appears this language is intended to cover prior authorizations for medications, this section could be clarified to assure the MCOs honor *all* prior authorizations for a period of 90 days.

As a final note, and for sole purpose of clarifying misinformation, there is no evidence that the Medicaid expansion population has higher health care costs when compared to all others in the individual market. Per a Gorman Actuarial, Inc. presentation for the PAP Commission on September 27, 2017, the Medicaid expansion population in the individual market has costs that were comparable to individuals whose incomes were between 138% and 250%of the Federal Poverty Level (FPL) who receive cost sharing reductions. It is *only* those with incomes above 250 percent of FPL who have lower costs. We share this information not to push back against the shift to MCOs, but to provide a more accurate picture of this population.

Work Requirements

While New Futures remains suspect of work requirements generally, we believe those outlined in this legislation represent a substantial improvement over existing requirements. To streamline this section and eliminate confusion, reference to "substance use disorder treatment" as a qualifying

community engagement activity should be eliminated. An individual with a substance use disorder is "medically frail" under 42 C.F.R. 440.315(f), an exemption from the work requirement articulated in latter sections of this bill. New Futures believes inclusion of "substance use disorder treatment" as a qualifying community engagement activity will lead to unnecessary confusion about whether individuals with substance use disorder are, or are not, subject to the 100-hour monthly requirement.

We also suggest clarifying that an individual participating in the Granite Workforce program, or who is deemed a "full-time" student by an institution of higher education, satisfies the 100-hour monthly requirement. As most know, the time commitment of pursuing post-secondary education far exceeds time spent physically in a classroom, the benchmark for most academic hours. Very few full-time students will have 25 "academic hours" per week to meet this requirement. Program beneficiaries seeking to advance their education should not have to choose between studying for a test or maintaining their health insurance. The stated purpose of the work and community engagement requirements are to make individuals "workforce ready." Imposing such additional requirements on full-time students is counter to this stated goal, especially considering the health care workforce shortage that primarily includes bachelor's and master's level clinicians.

New Futures also supports provisions in this bill establishing a pilot for the Granite Workforce program, leveraging Temporary Assistance to Needy Families (TANF) dollars to reduce employment barriers for individuals subject to the work and community engagement requirements. New Futures cannot discern from the language of the bill whether populations or age groups not eligible for this benefit, most notably those over 25, will be provided similar assistance through the MCOs. If this is the case, reference to this benefit should be included somewhere in the legislation.

Commission to Evaluate the Effectiveness and Future of the NH Granite Advantage Health Care Program

New Futures fully supports the creation of a second study commission to monitor the transition from the private market plans to an MCO model. The stated goals of this commission are appropriate, and the report produced will be valuable for assessing needed modifications to the program. The listed members of the commission include a master's level licensed drug and alcohol counselor. New Futures believes this position on the commission should be broadened to "licensed behavioral health professional," which would allow individuals with other licenses, such as licensed clinical social workers specializing in addiction treatment, to be included in the pool of possible appointees. This change would also be consistent with the description listed for the mental health professional appointee to the commission. Furthermore, New Futures believes a member of the Governor's Commission on Alcohol and Other Drug Prevention, Treatment and Recovery should also hold a seat on this commission considering the proposed funding mechanism for the state share.

Funding Mechanism

In 2000, Senate Bill 153 (Chapter 328, Laws of 2000, effective July 1, 2001) created the Alcohol Abuse Prevention and Treatment Fund (Alcohol Fund) through RSA 176–A:1, a non-lapsing and continually appropriated fund to support alcohol education, abuse prevention and treatment programs. The intent of the law was to ensure that 5% of the gross profits from the sale of alcohol be dedicated to combating drug and alcohol problems in New Hampshire. However, every year but one since establishing the Alcohol Fund, either the governor or the legislature has suspended the 5% funding formula and transferred revenue to the General Fund. Subsequently, the legislature would

appropriate only a small amount of general funds, equivalent to a fraction of mandated Alcohol Fund support, for prevention and treatment.

Beginning in 2016, the legislature, under the leadership of the Senate, began utilizing liquor revenues to fund the Alcohol Fund. While not funded at the intended 5% level, this marked a significant step forward. Since then, the percent allocated has increased from 1.7% in the 2016-17 operating budget to 3.4% in 2018-19 operating budget.

When funded, the Alcohol Fund has proved to be a crucial source of support for prevention, treatment and recovery programs. New Futures whole-heartedly supports the provision of this bill to increase the allocation of liquor revenues to 5%. However, protecting the integrity of the Alcohol Fund and the autonomy of the Governor's Commission remain one of New Futures' top priorities. We are still evaluating the accompanying provisions which leverage the liquor revenue dollars from the Alcohol Fund to support the state match for Medicaid expansion.

We understand the sponsors of this bill intend to use federal funds to replace, dollar for dollar, the liquor revenues used from the Alcohol Fund for Medicaid expansion. It is also the intention that the replacement dollars will continue to have the same flexibility as liquor revenues. This is important. One of the benefits of liquor revenues in the Alcohol Fund is that they are unrestricted and can be used for any Commission-approved purpose. Federal funds often do not have this same flexibility. For example, the Alcohol Fund has been previously used to support bricks and mortar modifications to treatment and recovery facilities for fire-code compliance; something federal dollars cannot support. They have also been used to support recovery housing, drug court program infrastructure and dedicated staff positions in the Governor's office to address the addiction crisis; again, all traditionally impermissible uses for federal funds. It is this flexibility that has made the Alcohol Fund such a critical tool in fighting the addiction epidemic. Any replacement federal funds must include this same flexibility for Alcohol Fund-funded programs to be maintained.

While questions remain regarding the use of the Alcohol Fund and its potential impacts, we are committed to working with leadership from both bodies and the Governor's office to address any outstanding concerns. We are confident that we can, together, find workable solutions to advance our shared goal of continuing New Hampshire's Medicaid expansion program.

Respectfully submitted,

Michele D Merritt

Michele D. Merritt, Esq.
President/CEO
New Futures

From the Members of Monadnock Peer Support

February 20, 2018

Dear Members of the New Hampshire Finance Committee,

Since going into effect in August of 2014, Medicaid Expansion has:

- Provided health insurance to the more than 50,000 Granite Staters currently enrolled;
- Encouraged early detection and treatment of mental as well as physical disorders;
- Been an important component of steps to improve NH's behavioral health service delivery system.

Without access to timely mental health treatment through Medicaid Expansion, the Emergency Department Boarding Crisis with individuals waiting days, sometimes weeks, for inpatient psychiatric beds, will undoubtedly worsen. Without it we know that 50,000 people will be left without healthcare.

I strongly support the reauthorization of Medicaid Expansion Senate Bill #313.

Thank you for your continued support of the people of New Hampshire.

Sincerely,

Name:	Town:	Zip Code:	
Jodie Latta	Keene	03431	Joseph J. Casey Jr. Keene, NH 03431
Peter Starkey	Keene	03431	
JOE WILSON	SWANZEY	03446	
Barbara Morse	Walpole	03608	
Brenda Pouliot	Swanzey	N.H. 03401	
LYNN MAJOR	KEENE	NH 03431	
Judith Graphear	Swanzey	NH 03446	Please don't cut Food Stamps!!!!
Brian Bishoff	Rindge	NH 03431	
Jim McLaughlin	Keene	03431	
Sarah Harris	Marlborough	03455	NH - NOT OKAY!
Jim Noyes	Fitzwilliam	03447	

Feb 20, 2018

Senator Bradley
Senate Health and Human Services Committee
Concord, NH 03301

RE: SB 313-FN

Good afternoon!

My name is Mary Moynihan. I work at Goodwin Community Health in Somersworth, NH as an Outreach and Enrollment Specialist and a Federally Certified Marketplace Navigator. For over 4 years now I have been working with our patients and community members in Strafford County assisting them with eligibility determination and enrollment into health insurance through the Affordable Care Act and the NH HPP.

I am here today to briefly share the stories of 3 people I have worked with who are receiving their health insurance through the NH Health Protection program.

In addition to receiving their health insurance through the NH Health Protection Program, these people also have something else in common: they all work! They are all earning income by themselves. Some refer to this work situation as self-employment. Additionally, two of these people have health conditions that are limiting their ability to work longer hours. The health insurance they receive from the NH Health Protection program is allowing them to address their medical conditions.

Let me introduce "Stan" from Dover! Stan paints, drywalls, and does finished carpentry work. He is a skilled carpenter and businessman. Stan reached out to me at Goodwin and we worked together to complete his application for the NH HPP. One of the barriers Stan was facing was how to prove his income for the work he does. Again, working together he used the job logs that DHHS provided and created monthly income statements for his work. Stan's monthly net income qualified him for the NH HPP program. He is currently receiving medical care and addressing the pain and discomfort that is preventing him from working longer hours and earning more income.

Meet "Vern" from Farmington. Vern operates a small landscaping business. Vern reached out to Goodwin Community Health asking for help with getting health insurance. The day we first spoke on the phone he was in great pain and desperate for some form of health insurance so he could see a doctor and find out what was wrong with him. He told me he would not go to the doctor unless he had health insurance because he could not afford the bills that would be incurred. Fortunately for Vern he had his previous year's tax returns complete and Schedules ready to go. His AGI qualified him for the NH HPP program. If Vern did not reach out for help he would not have known about the NH HPP. He is having his medical issues addressed, feeling better.

Finally, meet Dave from Newmarket. Dave is a musician. He plays local venues and teaches group and individual music lessons. Dave's income from his self-employment qualifies him for the NH HPP. Dave applied for the NH Health Protection program and when proof of his income was requested he was able to provide job logs of his monthly net income. His motivation for signing up for health insurance was due to making a promise to a friend who was battling with Stage 3 cancer. The friend never wanted him to be without health insurance in case he faced a similar medical condition. Dave understands the value of having health insurance.

In summary, please know that each of these men felt strongly about not accepting the health Insurance through the NH HPP. Despite qualifying financially for the program, they did not want to be given a "handout" or be part of the "entitlement system". What changed their minds about accepting this program? They all clearly understood that the NH HPP was a temporary program for them to be on. They all expected to be able to grow their business once they felt better and could work longer hours. They understood that is time they would not be financial eligible for the program once they were over income for the program. They are encouraged that health insurance is available through the Affordable Care Act and that NH HPP provides the bridge to get there.

Thank you for listening to their stories today and please know the NH HPP continues to help working adults every day. The recipients of this program understand the value of the program. They know it is a resource for them until they can work again at 100% and grow their business income.

Thank you for all of your hard work and for your continued efforts to re-authorize the NH HPP.

Mary Moynihan
Outreach & Enrollment Specialist/Marketplace Navigator
Goodwin Community Health
311 Route 108
Somersworth, NH 03878

Letter to State in support of HB 313 February 20, 2018
from Sharon [redacted] of Salem NH

Life as we know it changed drastically in [redacted] son was falling apart, although he knew his family loved him- the cruelty of Jr high students & bullies, (including a member of the school's administration) turned my introverted son suicidal - short of making an attempt, we got him the help he needed - but that's where the nightmares began that would last years -
We took him to Parkland Medical for a psyche eval - at the time I had no idea that the staff member doing the eval DOES NOT NEED TO BE PEDIATRIC MENTAL HEALTH - she was cold & cruel. He has Aspergers, and she didn't get his personality at all - we waited in that tiny, and I mean tiny room with only a curtain separating us from the emergency room - my [redacted] I heard a man's whole story about his Cialis & erection details- no, I am not trying to be funny - we sat in that room in tears for 12 HOURS - not once were we offered food or drink- I could leave him alone & run to a vending machine for chips or candy.
I was told he would be sent to a psyche ward for a 24 or 48 hr eval - she LIED - at 11:30 at night, we were told a bed was open in Amesbury MA - that was our only option - so we went by ambulance and checked in at 1AM - where my husband had to sit & watch them strip search our little boy who was already terrified, while I filled out form after form...
They withheld his meds for ADHD - yet the Dr there was evaluating him not even knowing they had already withheld them.
Oh btw - it was not a 24 or 48 hr stay - that clinician from Center for Life Management in Derry had signed him up for a 7 DAY stay-
Mind you he went there as he was suicidal - the schoolwork they had him do was write 5 items about your favorite scientist ON A GRAVESTONE! again, I am not trying to be funny. Serving mental patients fruit loops and finding that funny is not ok either- yet they did. He later got a roommate who repeatedly threw things around their room - it was terrifying. Our visits were horrible - the way the staff talked to some of the other teens was APPALLING.
My son had nightmares & would wake up crying for 2 years after this - the experience was worse for him than feeling suicidal.
WE NEED MORE BEDS, need more IN-STATE CARE, need BETTER, more QUALIFIED individuals and programs. This is something you can go from 0 to 60 with - you could go home tonight & find yourself neck deep in this- your child or grandchild could be in distress & then you will see the deficiencies in our state. Please get these kids, families & adults the help that really is NEEDED. This was back in 2012, before Medicaid expansion - our bills were thousands of dollars, even the ambulance ride for $2500 wasn't covered. The bills from this episode nearly broke us. Five years later we are still paying. More costly, though, was the trauma that was inflicted on our son as we sought help for him. Fortunately, his condition has improved and I'm proud to say that he will be enrolling in college before we know it. There is no need to send our own out of state due to lack of beds or leave young children at the lowest point in their lives in scary situations- please keep Medicaid expansion - it is so very needed in NH.

Thank you for your time. Sincerely,

Sharon [redacted] of Salem NH.

NH Local Welfare Administrators Association

C/O Cornerstone Association Management
53 Regional Drive, Suite 1
Concord, NH 03301
Telephone: 603-228-1231

Towards self-sufficiency...

February 20, 2018

The Honorable Gary Daniels, Chair, Senate Finance Committee
The Honorable Jeb Bradley, Chair, Senate Health and Human Services Committee
State House, Room 103
Concord, NH 03301

Re: Support of New Hampshire Medicaid and Premium Assistance Program SB 313

Dear Honorable Chairman Daniels and Chairman Bradley and Committee Members,

The NH Local Welfare Administrators Association (NHLWAA) is a professional non-profit organization that works to support our municipal members to insure that we are providing the basic needs assistance to our residents (mandated under NH RSA 165) while being cognizant to the delicate balance of spending municipal taxpayer dollars. NHLWAA is submitting this letter in support of extending the NH Medicaid Expansion Program because it makes good fiscal sense.

We have a unique situation in NH, where residential tax payers are required to become the safety net of all basic needs of residents without a financial limit. No other state has this dependency on its' local municipalities. While municipal welfare does not pay for health care, we must pay for prescriptions, housing, utilities and food. When people cannot afford health care and they fail to get timely treatment, the results are a population disabled by mental health, addictions, pains for surgeries or treatment that continue their dependency on local welfare and residential tax payers.

Under the Affordable Health Care Act and NH Health Protection Program, municipalities have seen financial impacts with residents having this basic need of health coverage. The first direct financial impact of local welfare expenditures is prescriptions costs which for just 13 cities and 20 towns have reduced expenditures by 67% totaling $195,990 in the first year and in the fourth year we are seeing almost 90 % savings. The second impact, but the more difficult to quantify, is that residents are able to get access to health treatment, especially to surgeons. Some residents are no longer permanently disabled as a result. They have been able to return to work and are no longer dependent on local welfare for the more expensive basic needs expenditures of housing and utilities. Access to Mental Health and Substance Misuse Health Care will continue to reduce the disabled numbers, if not deaths.

NHLWAA understands that your committee has to make a difficult choice as how to fund our State share of the cost of the continued Expansion of Medicaid. We have had three years to see the strong positive results of residents having access to medical care. This makes sense not only on a current and fiscal level but also on a basic human needs level.

We strongly urge you to consider these far reaching implications for the relief of the local taxpayers and residents and support SB 313 for continuing the NH Medicaid Expansion.

Respectfully yours,

Patricia A. Murphy
NHLWAA President
603 423-8535
pmurphy@merrimacknh.gov

NAMI New Hampshire
National Alliance on Mental Illness

February 20, 2017

Honorable Senators Jeb Bradley and Gary Daniels
Senate Health and Human Services and Senate Finance Committees
Legislative Office Building Room 101 and State House Room 103
36 N. State Street and 107 North Main Street
Concord, NH 03301

Honorable Chairman Bradley and Daniels:

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. I also have a family member with a serious mental illness and co-occurring substance use disorder. On behalf of NAMI NH, I am here to testify in strong support of SB 313. There is one small part we object to which I will speak to in a minute.

NH's mental health system currently faces significant challenges. The most visible symptom is that this morning there were 42 adults and 1 child in a mental health crisis being boarded in our Emergency Departments throughout the state. This is wrong medically, legally, ethically, morally and economically. The New Hampshire Health Protection program has been successful in increasing individual's access to timely mental health and/or substance misuse treatment before it rises to a crisis or life threatening stage. It is our firm belief that without establishing the New Hampshire Granite Advantage Health Care Program, that those numbers of people seeking crisis mental health treatment in our emergency departments will rise significantly beyond the level where they are now, and will move us backwards from the positive steps the Legislature and Governor Sununu have been taking to improve the mental health service delivery system.

The National Institute on Health estimates that one in five people have mental illness. Yet despite the availability of effective treatment, only about 50% of people with mental illness ever seek help. Like other medical illness, delays in treatment mean progression of the seriousness of the illness and more difficulty and cost when the person does seek treatment. Providing over 50,000 Granite State residents with health insurance through the NH Health Protection Program has encouraged early detection and treatment of mental as well as physical disorders such as heart disease, diabetes and cancer where there are high rates of co-occurring depression.

The state also faces a serious opioid and addiction crisis which is having a profound negative impact on the health and well-being of residents of all ages. Addiction disrupts the entire family and puts huge pressure on courts, corrections, child protective services, and other economically and socially costly services. By offering substance misuse and addiction treatment services, the New Hampshire Health Protection Program is part of the front line in our efforts to stem the current drug crisis. Offering a substance use disorder benefit is especially critical for individuals who have both a mental illness and co-occurring substance use disorder. They have poorer outcomes including increased rates of hospitalization, incarceration, homelessness, complicated

medical conditions, suicide and drug overdoses. Providing a treatment benefit for substance use disorders will greatly improve the outcomes for these individuals as well as help reduce medical costs.

There are some specific comments I would like to make regarding the proposed legislation.

- Section 126-AA:2 I (c) of the proposed legislation page 2 (8-11) states reimbursement rates to providers of treatment of substance use disorders and mental health services "shall be higher than rates in existence under the former premium assistance program as of 12/31/2018.
- In the amended version Section126-AA:2 I (e) page 2 (24-27) states the Department shall establish behavioral health rates sufficient to ensure access to and provider capacity for all behavioral health services.
    - With over 275 current vacancies in the Community Mental Health System, it is *imperative* that rates increase in order to address workforce capacity issues. NAMI NH recommends combining the two versions to say "reimbursement rates to providers of treatment of substance use disorders and mental health services shall be higher than rates in existence under the former premium assistance program as of 12/31/2018, and shall be sufficient to ensure access to and provider capacity for all behavioral health services….."
- We strongly support the metrics identified in Section 126-AA:2 g (1) particularly inclusion of timeliness of follow up for mental illness or substance use disorders page 3 (D) but there is typo/an incomplete thought on page 3 (D) line 9.
- Regarding the work requirement, we recognize that for this legislation to pass, we all must make compromises. At the outset we note that people with serious mental illness face severe barriers to employment and those receiving public mental health services have among the worst unemployment rates of any group in the US. NAMI's 2014 report *Road to Recovery: Employment and Mental Illness* contained both good and bad news for New Hampshire. The good news is that we ranked 3rd in the country in the lowest unemployment rates for people receiving public mental health services. The bad news is that rate, as determined by the Federal Substance Abuse and Mental Health Services Administration stood at 67%.
    - However, the study also pointed out that most people with serious mental illness want to work. We are therefore supportive of the Granite Workforce Pilot program because of its inclusion of supports and funding to remove barriers to employment.
    - In section 126-AA:2 III (a) 12 page 4 (21) we recommend adding "or a mental health treatment program".
    - In section 126-AA:2 III (d) We support the exemptions in (1) page 5 (2-8)
        - In section 126-AA:2 III (d) (4) page 5 line16 we recommend adding "or a child with a severe emotional disturbance…" who is residing with the parent….
    - NAMI NH supports section 126-AA:5 7, I page 11-12 (lines 34-1) stating priority for job placement for health care safety positions
- **We strongly object to and ask that Section-126-AA:2 VI page 4 lines 5-9 regarding reporting of "mental defectives" to NICS be removed.** This section has nothing to do with Medicaid and has no place in this bill. Further, the lack of clarity of this exact

language in the NH Health Protection Program legislation HB 1696 resulted in what NAMI NH believes was a complete misinterpretation of Legislative intent and subsequent legal wrangling between the Attorney General and the Supreme Court with the Supreme court declining to enforce the request from the Attorney General in a letter dated July 22, 2016. NAMI NH would be happy to provide copies of the correspondence between the Attorney General and NH Supreme Court.

- NAMI NH strongly supports and applauds the addition of section Section-126-AA:2, VIII, page 6, line 19-24. With drug overdoses and suicide being two of the top leading causes of death in our state, it is imperative that wellness visits including appropriate assessments and/or screenings of both physical health as well mental health and substance misuse.
- NAMI NH also supports Section 126-AA:4 to evaluate the effectiveness and future of the Granite Advantage Health Care Program.
    - We recommend adding a representative of the Medical Care Advisory Committee (MCAC) as appointed by the Chair. The MCAC is a public advisory group required under Federal rules to advise the state Medicaid Director on Medicaid policy and planning.
    - Further we recommend adding in under 126-AA:4 page 8 (3) Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program.
        - A specific metric be added in Section II (a) line 27 that the Commission will evaluate reimbursement rates to determine if they are sufficient to insure access to and provider capacity for all behavioral health services.
        - In the same section add a specific metric to track the number of people who are found ineligible or who are dropped from the rolls because of the work requirement.
- Lastly, given the number of people with substance misuse or co-occurring mental illness and substance misuse, NAMI NH supports Section 12 III, page 13, lines 32-37 to increase the Alcohol fund to 5% of gross liquor sales presuming that those funds will be replenished sufficient to fund critical substance misuse prevention and treatment programs.

In conclusion, NAMI NH appreciates the thought, creative thinking and compromises that have gone into drafting this bill for the Granite Health Protection Program and strongly support this bill as proposed with the exception of 122:AA2 section VI and with our suggested recommendations and edits.

Thank you for your time and consideration. I am happy to answer any questions.

Respectfully,

Kenneth Norton, LICSW
Executive Director

Sarah [redacted]
Concord, NH
NHHPP Beneficiary

Testimony for Senate Finance Committee

February 20, 2018

Without the NHHPP program I wouldn't have found out about my genetic mutation.

I'm a mother of 3 and nursing student. My mother had breast cancer 4 years ago and tested positive for the BRCA 2 gene mutation. At the time she told me I would need to be tested some time to find out my status. Financially, there was no way I could afford this testing without medical insurance.

I was working part time, pregnant with my daughter and ineligible for insurance through work. I received a notice in the mail that I may qualify for the NHHPP. I signed up immediately and I'm so glad I did. I got a referral from my Obstetrician once my daughter was born, to get the test done. It came back positive. It was a very difficult time for me and my family. I chose to have a prophylactic bilateral mastectomy; all of this was covered under my insurance through the ACA. The peace of mind I have after completing the surgery is indescribable. I am so grateful for this program.

Sarah [redacted]
Concord

Hearing on Medicaid Expansion Reauthorization
Representatives Hall
NH State House
February 20, 2018

My name is Barbara Publicover and I live in Merrimack, NH. I am here today asking for your support in the reauthorization of Medicaid expansion for our most vulnerable citizens of NH. I come first and foremost as a parent of two children with mental health needs. Medicaid expansion has been a topic of conversation in our household over the last several months as my son, who is turning 26 in June, will be aging off our group health insurance. He works for a small company which has not had health insurance in place up until recently. Without this new company benefit, he too would be among the many who would need to access Medicaid expansion.

I also am here as a volunteer facilitator of a NAMI NH support group for the last 6 years. Listening to the angst, fear and sadness that hovers over families who do not have the supports and services that their loved ones need to live full and enriching lives is gut wrenching. We listen and often provide concrete information to families while assuring them things can be better. We always hope that nothing will go wrong, but we know that without the supports and services individuals/people need, most certainly things can go very wrong. We witness the downward spiral when there are gaps in treatment or delays with prior authorizations, resulting in medication lapses. We are also privileged to hear inspiring stories of recovery when individuals receive meaningful and appropriate treatment for their mental health condition(s). Please let this bill be a bill of expansion of the caring and support for all NH families and not just one that we've "checked the box".

Barbara Publicover

75 Amherst Rd

PO Box 1184

Merrimack, NH 03054

Friends of New Hampshire Drug Courts

Drug Courts Work – They Transform Lives

Senator Gary Daniels, Chairman
Senate Finance Committee

February 20, 2018

Re: **SB 313: Reauthorizing Medicaid Expansion**

Dear: Chairman Daniels:

On behalf of the Board of Directors of the Friends of New Hampshire Drug Courts, I want to advise that we are in full support of the State of New Hampshire's Health Protection Program. This is a highly cost-beneficial program that serves low-income Granite Staters. In addition to the clear financial justification, the non-financial benefits to the families in this segment of the state's population are substantial (arguable immeasurable).

Medicaid Expansion is New Hampshire's number one tool in our fight against addiction. The program has more than doubled the state's substance use disorder treatment capacity. In 2013 the state had a treatment capacity to serve between 4,000-6,000 individuals – in 2016 that number rose to more than 12,000. Now, more than 23,000 individuals have used Medicaid Expansion has prevented health care premiums from rising by drastically reducing the number of uninsured patients seeking care in emergency departments.

The Friends of New Hampshire Drug Courts are advocates for statewide Drug Courts. When we speak in support of Medicaid Expansion, we speak in support of 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% of New Hampshire's Drug Court participants. Without this coverage, these programs would no longer exist.

PO Box 326, North Haverhill, NH 03774
Email - info@friendsofnhdrugcourts.org . Website - www.friendsofnhdrugcourts.org

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.

Some of the evidence of the success of New Hampshire Drug Courts includes:

- In 2017 the active drug courts served almost 300 indiviuduals.
- In 2014 there was a 10-year recidivism study of New Hampshire Drug Courts; they found 22% recidivism 3 years post-graduation. The current national average is 70%
- 8 babies were born to sober mothers in NH Drug Court programs in 2016.
- 90% of drug court participants are insured during the program.
- Since the drug court program started in New Hampshire in 2004, there have been 352 graduates.
- In 2016 New Hampshire passed a bill to fund and operate a drug court in every superior court in the state. By March 2018, there will be a drug court in 10 of 11 superior courts.

On behalf of the Board of Directors, I want to once again strongly express our full support for Medicaid Expansion as well as the statewide Drug Court Program. We urge the state legislature to pass this legislation so both programs may continue.

Sincerely,

Ed Rajsteter, President

Cc. Governor Chris Sununu
Governors Executive Council

I Randy [redacted] wanted to thank Medicaid for being there in desperate times I've been suffering from alcoholism for 30 years. I've been chronically homeless mostly due to drinking problem. was living on the streets at the age of 45 hit a very bad bottom where lost choice to drink would need medical detox would ask for help at hospital they would give me I V bag and send me on my way. I got very frustrated with that. Knew needed more help than that or I was going to die. thanks to Medicaid I was able to get into a 28 day program that got me on right path to recovery. to give me a chance at sober life. I hope this will be able to help other people that suffer from addiction it was there to save my life hopefully there to save another

Randy [redacted]

Randy [redacted]

188 King St Boscawen NH 03303

[redacted]

MARCH OF DIMES

To: Chairman Jeb Bradley, Chair and Members of the Senate Health and Human Services Committee

Chairman Gary Daniels, Chair and Members of the Senate Finance Committee

From: Abigail Rogers, Director, Advocacy and Government Affairs,

March of Dimes Northeast

Date: February 20, 2018

Re: **SUPPORT of SB 313 – Reforming New Hampshire's Medicaid and Premium Assistance Program**

Dear Members of the Senate Health and Human Services Committee and Senate Finance Committee:

The March of Dimes Foundation is firmly supportive of the reauthorization of Medicaid Expansion in New Hampshire. This important program has provided quality, and affordable health insurance for NH residents. It is crucial that this program continue.

For women of childbearing age, expanded Medicaid provides critical opportunities to improve health before pregnancy. If women can obtain regular health care services to assist with smoking cessation, achievement of a healthy weight, and maintenance of a normal blood pressure and blood sugar levels, they are much more likely to have a healthy pregnancy and baby. Medicaid expansion has provided New Hampshire with the opportunity to extend health coverage to women before and between pregnancies, improving health for both them and their infants. In addition, extending health coverage to parents improves access to care and a greater use of appropriate care for children.

The Foundation is supportive of fully funding the Alcohol Fund which provides prevention, treatment and recovery services to the residents of New Hampshire. By fully funding the Alcohol Fund we are hopeful that the original intent of the fund will be realized and more crucial funds will be available for services.

As this bill with the proposed amendment moves through the legislative process, undoubtedly some changes will be made to the legislation as it now stands. The March of Dimes is unwavering in its support for both Medicaid Expansion and fully funding the Alcohol Fund.

Thank you for your consideration.

Abigail Rogers
Director of Advocacy and Government Affairs

Testimony of Rep. Cindy Rosenwald SB 313 Medicaid Expansion Feb. 20, 2018

Thank you for the opportunity to testify today. My name is Cindy Rosenwald, and I have the honor to represent Nashua. It's also been my privilege to be a member of the recent commission to study Medicaid expansion. I am proud of our bi-partisan Medicaid expansion program which has been extremely successful in extending health insurance coverage to 50,000 low income residents, providing increased access to mental health and substance abuse services, reducing uncompensated care among our hospitals and other providers, and adding to stability in our health care system.

I appreciate the ongoing work of the Senate and the department of health and human services to further refine the unanimous recommendations of the study commission that are reflected in the amendment Senator Bradley has brought forward today. We have continued to refine the reauthorization approach, and it is still a work in progress. I would like to comment on three specific areas of Senator Bradley's amendment.

I think we all agree that good health and a good job are central to a life free from the burden of poverty. In a state like New Hampshire, with a healthy economy and essentially full employment, we can perhaps wonder why we have a population that lives in poverty. And we do have that. While everyone in Medicaid expansion has an income no higher than $22,000 for a parent with one child, 50% of the enrollees in New Hampshire, or 25,000 adults, have incomes of less than half of this amount, when taking family size into account.

It is clear that significant barriers to health and the ability to hold down a stable job exist that contribute to such extreme poverty in New Hampshire. What are these barriers? Well, health status obviously. A self-employed carpenter who suffers an injury or becomes ill, may quickly become poor enough to qualify. Mental health or drug abuse conditions are also a major factor. In fact, participants in Medicaid expansion have mental health or substance abuse problems at a rate 8 to 10 times higher than other adults in New Hampshire.

Time, treatment and therapy may take care of restoring a person to health and ability to work in the case of illness or injury. However, there are other barriers to work that affect people who are very poor. In some cases, childcare is simply too expensive, or too far away, or not available for the hours the individual has found employment. For other individuals, transportation is not reliable. Maybe there's a car, but it failed inspection or needs a repair that is not affordable for the owner.

I believe we all share a goal of not arbitrarily kicking people off healthcare, or setting them up for failure with requirements that are impossible to meet given the specific challenges they face. But a successful "hand up" will need to be comprehensive for some of New Hampshire's poorest adults. And so I believe that the work requirement section of this amendment could still use refining to more comprehensively address barrier reduction for all enrollees, not just those under the age of 25.

I'd also like to comment on the age of the child exemption from the work requirement on page 5, line 15. Currently, it is only for a child up to 6 years old. I've said this to some of you in private, but I will state it here publicly. This age needs to be raised; otherwise children's safety will be in jeopardy. The idea that a 7 year old can be left alone unsupervised for up to 25 hours a week all summer long when school is out, or in the evenings or on weekends when the parent is working is not who we want to be as a state. Kids are going to

get hurt, they're going to get in trouble, and child welfare is going to be involved. We should not put parents in the position of having to choose between their child's safety and their own health. We should follow the federal guidelines for the childcare scholarship eligibility, and raise the exemption for parents with a child up through age 12 to the extent that affordable and appropriate childcare is not available outside of school hours.

Finally, I want to comment on the funding source of increased liquor profits percentage. On page 14, it says that funds may be transferred from the governor's commission to the health care trust fund but that the governor's commission's funded programs and services need to be made whole using federal or other funds available from within HHS. I think the language needs to be more specific as to how these federal and other funds are made available. Is there an appropriation, additional federal funds, or does the department have to cut other programs? What is the Governor's Commission's ability to transfer fund via Fiscal committee? In addition, this idea represents a significant change for the governor's commission, whose funds have not previously funded Medicaid services. I think this bears discussion and clarification.

I thank you for the opportunity to testify today. I look forward to continued collaboration on achieving a reauthorization of Medicaid expansion that best serves the people of New Hampshire.

NHMA
NEW HAMPSHIRE MUNICIPAL ASSOCIATION
EST. 1941

February 20, 2018

Honorable Gary Daniels, Chair
Senate Finance Committee
Honorable Jeb Bradley, Chair
Senate Health and Human Services Committee
LOB Room 105 and 302
Concord, New Hampshire 03301

Dear Senator Daniels and Senator Bradley:

The New Hampshire Municipal Association (NHMA) **supports** the reauthorization of Medicaid expansion in New Hampshire, currently contained in SB 313 and its amendment.

NHMA supports the reauthorization of Medicaid expansion because it has provided significant benefits to local welfare clients resulting in savings in local welfare costs.

In New Hampshire, general assistance is provided by cities and towns through the local welfare program that every municipality is required by statute to operate—and it is paid for 100 percent with local property tax dollars. Unlike many jurisdictions, there is no state-run general assistance program in New Hampshire. Therefore, the continuation of Medicaid expansion is particularly important to municipalities.

Local welfare officials have reported that expanded Medicaid has provided access to medical coverage for individuals who are not otherwise able to afford the care they need to allow them to return to work. When their health problems are treated, these **workers** return to the workforce and no longer have a need for local welfare assistance. The resulting local welfare savings are often difficult to quantify due to the structure of local welfare, but local welfare officials know that these savings, due to Medicaid expansion, are real. Medicaid expansion has also helped to reduce local expenditures for prescriptions.

Expanded Medicaid has been critical in helping to address the state's severe substance abuse situation, which has placed increasing and grueling demands on municipal first responders dealing with addiction-related issues.

For these reasons, the NHMA Board of Directors voted unanimously to support reauthorization. We urge you to reauthorize Medicaid expansion in New Hampshire. Please do not hesitate to contact me if you have any questions or need further information.

Sincerely,

Judy A. Silva
Executive Director

Copies to Senate Finance and HHS Committee Members

NEW HAMPSHIRE MUNICIPAL ASSOCIATION
25 Triangle Park Drive • Concord, NH 03301 • Tel: 603.224.7447 • NH Toll Free: 800.852.3358 • Fax: 603.415.3090
NHMAinfo@nhmunicipal.org • governmentaffairs@nhmunicipal.org • legalinquiries@nhmunicipal.org
www.nhmunicipal.org

HEALTHFIRST
841 Central Street
Franklin, New Hampshire 03235
P: (603) 934-0177 F: (603) 934-2805
www.healthfirstfamily.org

"Health care for the whole family"

February 20, 2018

Senator Bradley
Senate Health and Human Services Committee
Legislative Office Building Room 101
33 N. State Street
Concord, NH 03301

RE: SB 313-FN reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Chairman Bradley, Chairman Daniels, and Members of the Committees:

My name is _Richard D. Silverberg, LICSW_ and I am the CEO of HealthFirst Family Care Center. We provide primary care, oral health care, substance use disorder treatment, and behavioral health services to approximately __7000_patients at __3__ locations. Approximately 62_ percent of our patients live at or below the federal poverty level. The New Hampshire Health Protection Program has changed the lives of our patients and our health center. Before the Health Protection Program existed, many of our patients did not have health insurance simply because they could not afford it. The New Hampshire Health Protection Program improves our patients' access to prescription medicines, lab work, and radiology services that our patients could not afford otherwise.

We have had many clients who have been able to enroll in the expanded Medicaid program access SUD treatment services go back to work and are once again contributing members of their communities. The New Hampshire Health Protection Program is also good for businesses, including our community health center. Since 2014, the year the Program began, we have had an 85% percent reduction in uninsured patients. We offer a sliding fee discount based on income to our patients and since 2014, we have seen a 60% percent reduction in sliding fee discounts.

We were able to use the increase in patient revenue to expand services, increase hours of operation, and hire more staff. Since 2014, we have added 3 clinicians and 563 new clients to our health center(s). Since 2014, we have added SUD TREATMENT subzone prescribing and associated counseling and two full time Behavioral specialists who are fully integrated into our treatment teams. The New Hampshire Health Protection Program increased access to behavioral health and substance use disorder treatment in our communities.

Please feel free to contact me if you have any questions.

Sincerely,

Richard D. Silverberg MSSW, LICSW
CEO HealthFirst

WELL SENSE
HEALTH PLAN

SB 313
New Hampshire Granite Advantage Health Program
February 20, 2018
Lisabritt Solsky, JD, CHIE
Executive Director, Well Sense Health Plan

- Well Sense Health Plan is one of the state's Medicaid Managed Care Organizations (MCOs). Well Sense is a not for profit, mission driven organization owned by Boston Medical Center and doing Medicaid managed care in New Hampshire and Massachusetts.
- Well Sense supports SB 313.
- Well Sense applauds the hard work of the Medicaid Expansion commission whose findings and recommendations are reflected in this bill.
- Reauthorizing the adult Medicaid expansion supports the healthcare needs of many low income Granite Staters.
- Using a managed care platform allows the state to build on existing infrastructure to extend coverage in an economical way while utilizing a model of care specifically designed for low income individuals who experience barriers to healthcare despite a higher disease burden.
- The managed care platform allows more families to access their health coverage from the same source.
- As a company for whom public programs like Medicaid are in the DNA, we specialize in medical and social care management that supports members in managing short and long term barriers that have negatively impacted their experience of health care. These programs seek to achieve appropriate utilization of services rather than the over utilization and under utilization that is often typical of low income individuals who have had spotty coverage in the past.
- Well Sense is committed to the provision of high quality substance use disorder care and supports the inclusion of measures targeted at better managing the opioid crisis. Reauthorization of the adult Medicaid expansion is critical to linking individuals with substance use disorder to treatment and recovery.
- Well Sense looks forward to welcoming these adults back to managed care and extending the benefits of our care management programming to these members to support them in achieving wellness and increased quality of life.

February 20, 2018

Honorable Chairman Jeb Bradley
Senate Health & Human Services Committee
Honorable Chairman Gary Daniels
Senate Finance Committee
107 North Main Street
Concord, NH 03301

Good afternoon, Chairman Daniels, Chairman Bradley and Members of the Committees:

My name is Susan [redacted] and I am a resident of Sanbornton.

I am here today in support of reauthorization of Medicaid Expansion. In the interest of full disclosure, I am employed by NAMI New Hampshire (the National Alliance on Mental Illness) and serve as board member of the Lakes Region Mental Health Center. However, I do not come before you today in either of those roles, but rather in what I consider to be my most important role – that of a mother.

My child was first diagnosed with an emotional disorder at age 5, a serious one by age 8, and a serious mental illness by the age of 14. Raising my child was not an easy task, but parenting is not for the faint of heart. And, frankly, we were lucky. My employer offered health insurance that covered my 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 [redacted] of treatment did he require either.

As my child grew up, there were many sobering realizations for me as a mother – that his path would often be different than other children because of his disability; that not everyone in this world would be so patient with his approach to life; that he might not be able to work 40 hours a week for all of his adult life; that he might not have access to treatment.

That last one terrified me. My child had been a treatment success story. As I mentioned before, despite some difficult times, he has never required a visit to the emergency department or a hospitalization. But without treatment – which he would lose access to without insurance – I knew too well what his path would likely be. He would decompensate, become unable to function, be at risk of hospitalization, or even homelessness. Once that happened, after what

would likely be a several year period, he probably would be determined to be disabled – and therefore eligible for traditional Medicaid because his mental illness would have proven so disabling.

1 in 5 children in our state has a mental health disorder. I know I am not the only mother to live with such concerns. I am certainly not the only mother to lose sleep many nights fearing for her child's future access to health care.

My child turned [redacted] past fall – during what was his last semester at NHTI before receiving his degree. (The path to obtaining that degree was long and winding, but he made it.) As he approached his birthday, he and I sat down to apply for the NH Health Protection Program for him. It was a relatively painless process – as much as such things can be. Just a few weeks later the letter arrived saying he was covered. As I read it, I wept.

I realize that implementing Medicaid Expansion in New Hampshire and then reauthorizing it the last time was not a simple thing. Thank you. Words cannot express the gratitude that this mother has for the safety net that Medicaid Expansion has provided to my child. I know I am only one of many parents who feel this way. Thank you for helping us all sleep a little better at night knowing our children can access essential mental health care.

Respectfully,

[redacted]
Susan [redacted]
Sanbornton, NH
[redacted]
s[redacted]

BI-STATE PRIMARY CARE ASSOCIATION
SERVING VERMONT & NEW HAMPSHIRE
Improving Access to Health Care for 32 Years
bistatepca.org

February 20, 2018

Senator Bradley
Senate Health and Human Services Committee
Legislative Office Building Room 101
33 N. State Street
Concord, NH 03301

Senator Daniels
Senate Finance Committee
State House Room 103
107 N. Main Street
Concord, NH 03301

RE: Amendment 2018-0700s to SB 313-FN reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds

Dear Senator Bradley, Senator Daniels, and members of the Senate Health and Senate Finance Committees:

Thank you for the opportunity to submit testimony in support of SB 313-FN, which establishes the New Hampshire Granite Advantage Health Care Program and will provide health insurance coverage to individuals living at our below 138% of the federal poverty level. Bi-State has a few concerns with the amendment and bill as introduced; however, Bi-State and our members understand that SB 313 is a work in progress and we are committed to finding a solution that works for New Hampshire. We respectfully request that you recommend SB 313 ought to pass as amended by 2018-0700s in order to protect the Granite State's access to health insurance coverage.

Bi-State is a non-profit organization that advocates for access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. We represent New Hampshire's 16 community health centers, which are located in medically underserved areas throughout our state. All community health centers are non-profit organizations that provide integrated oral health, substance use disorder treatment, behavioral health, and primary care services to patients regardless of insurance status or ability to pay. New Hampshire's health centers care for more than113,000 patients, most of whom live below 200% of the federal poverty level or $24,280 annually for an individual.[1] The New Hampshire Health Protection Program, or Medicaid expansion, has been the single most effective piece of legislation at expanding access to health insurance coverage and health care to low income New Hampshire residents.

Between August 2014 and December 2016, more than 107,000 unique individuals accessed health insurance coverage through the Program.[2] During that same time, the percentage of uninsured patients treated by the federally qualified health centers (FQHCs), a subset of the CHCs, decreased from 19.5% to 14.5%.[3] The number of patients served by the FQHCs increased by over 5,000.[4] The Program is one of the most important tools our state has to increase access to behavioral health and substance use disorder treatment, which is critical during the opioid crisis. According to FQHC data, the number of patients who accessed behavioral health services increased by almost 2,300 patients in two years.[5] The number of patients who accessed substance use disorder treatment at FQHCs increased by over 200 patients.[6] Nine of the FQHCs currently offer medication assisted treatment, and the remaining three FQHCs are in the process of establishing programs.[7] Patients who access MAT and other substance use disorder treatment

[1] Health Resources and Services Administration, Uniform Data System, NH Rollup (2016); BSPCA Survey of Membership (2016).
[2] NH DHHS, *NHHPP Premium Asst. Prog.*, 16 (2016).
[3] Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).
[4] Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).
[5] *Id.*
[6] *Id.*
[7] BSPCA Survey of Membership (2017).

services at health centers also receive behavioral health services, care management services, and other supportive services designed to increase access to care. It is unlikely that health care providers, including the community health centers, could have expanded substance use disorder treatment and behavioral health services but for the existence of the New Hampshire Health Protection Program because of a lack of reimbursement for those services. Because adequate reimbursement is such an important issue for continuation of services, we want to highlight a couple of concerns we have with SB 313 and the amendment as currently drafted.

We have concerns regarding the funding mechanisms included in amendment 2018-0700s to SB 313-FN, specifically pertaining to the use of monies in the Alcohol Fund. We agree that the use of the funds is appropriate given the utilization of substance use disorder treatment by Medicaid expansion enrollees, however, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery funds many programs throughout the state and do not want to see those programs end if there were a lack of "federal or other funds available from within the department of health and human services."[8] The FQHCs' were recently notified by the Department of Health and Human Services that they would receive a substantial reduction in their reimbursement rates for MAT. These programs are unsustainable without adequate reimbursement. Included with this testimony is a letter we sent to Senator Bradley requesting the FQHCs receive the same reimbursement protections included in the New Hampshire Health Protection Program in the new Granite Advantage Health Care Program. We look forward to working with the sponsors and your committees to address this concern.

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

Bi-State and our members appreciate that SB 313 and its amendment are a work in progress. We want to continue to work collaboratively on a New Hampshire solution to our Medicaid expansion program. For these reasons, we respectfully request that you support access to health insurance coverage and recommend SB 313 ought to pass as amended. Please feel free to contact me if you have any questions or would like additional information on the community health centers.

Sincerely,

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

[8] Amendment 2018-0700s to SB 313-FN, page 14 lines 9-11 (2018).
[9] *About Section 1115 Demonstrations,* https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html (last visited Sept. 26, 2017).
[10] *See* Center on Budget and Policy Priorities, *Medicaid Work Requirements Would Limit Health Care Access Without Significantly Boosting Employment* (July 13, 2017).
[11] *See id.*

BI-STATE PRIMARY CARE ASSOCIATION
SERVING VERMONT & NEW HAMPSHIRE
Improving Access to Health Care for 32 Years
bistatepca.org

February 1, 2018

Senator Jeb Bradley
State House
107 North Main Street, Room 302
Concord, NH 03301

RE: Retaining protections for the FQHCs in the reauthorization of the NH Health Protection Program

Dear Senator Bradley:

On behalf of Bi-State Primary Care Association, we write to you to ask that you continue to support payment protections for the Federally Qualified Health Centers (FQHCs) within the New Hampshire Health Protection Program (NHHPP) by including an amendment that applies the protections to the qualified health plans and the Medicaid managed care organizations. New Hampshire's health centers provide comprehensive, integrated primary and preventive care services to approximately 113,000 Granite Staters and serve as a patient-centered medical home for approximately 1 in 12 New Hampshire residents and 1 in 5 of all NH Medicaid enrollees.[1] Medicaid revenue accounts for more than 30 percent of the health centers' revenue.[2] The payment protections that were put in place for the FQHCs in 2014 will expire with the NHHPP if they are not included in the reauthorization of the NHHPP. We respectfully request that these same protections be put in place for both the qualified health plans and the Medicaid managed care organizations in the likelihood that NHHPP is moved into managed care.

As a condition of their federal grant funding, FQHCs, a subset of our health centers, are required to provide a broad and more comprehensive range of services than is typically performed by many private health clinics or primary care practices, and certainly more comprehensive than required under Medicaid.[3] Evidence shows that relative to other Medicaid providers, FQHCs provide greater access to care for underserved populations overall and for Medicaid beneficiaries specifically.[4] Federally qualified health centers must provide the required comprehensive services to underserved communities, regardless of insurance status or ability to pay. For example, FQHCs are required to provide enabling services, such as interpretation services, which allow patients to better access direct medical care.[5] Traditionally, enabling services alone are not eligible for reimbursement.

---

[1] BSPCA Survey of Membership (2016); Health Resources and Services Administration, Uniform Data System, NH Rollup (2016); Statewide data from Kaiser Family Foundation: http://kff.org/other/state-indicator/total-population/ (last accessed on January 20, 2018).
[2] BSPCA Survey of Membership (2016); Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).
[3] *See* 42 U.S.C. 254b, §330.
[4] *See* Saloner, B., Kenny, D.P., *et al.* "The Availability of New Patient Appointments for Primary Care at Federally Qualified Health Centers: Findings from an Audit Study," The Urban Institute (2014).
[5] Enabling services are non-clinical services such as language interpretation and transportation. They are critical to helping the medically underserved because they lessen or eliminate the multiple barriers the medically underserved face when accessing health care. Health centers must provide enabling services and the reimbursement rate that does not cover all costs.

In 1999, Congress created the prospective payment system (PPS), which determines the FQHCs' Medicaid reimbursement rate. The PPS is the minimum per visit rate that an FQHC can receive for providing care to Medicaid enrollees.[6] As envisioned by Congress, this enhanced Medicaid rate prevents FQHCs from having to use their federal grant dollars to subsidize the Medicaid program.[7] Inadequate Medicaid payments have a direct impact on the appropriate use of federal grant dollars and access to care because Medicaid is frequently an FQHC's largest third party payer. States may submit a waiver to CMS to request the FQHCs' Medicaid reimbursement rate be lowered.[8] While it is our understanding that the state is not currently inclined to do so, any reductions in the FQHCs' Medicaid reimbursement rate will negatively affect a health center's ability to serve its patients. Bi-State believes that the continued protection of this payment methodology is essential to low income patients' access to comprehensive health care services.

As you know, in 2014, Senator Odell agreed to sponsor an amendment to SB 413, your bill that created the New Hampshire Health Protection Program (NHHPP). Senator Odell took this step to ensure that the FQHCs receive the full PPS rate from the qualified health plans covering Medicaid patients enrolled in the NHHPP for the reasons mentioned above.[9] The amendment only applied to qualified health plans because the original program required eligible adults enroll in qualified health plans rather than Medicaid managed care. The current statutory protections will expire along with the NHHPP on December 31, 2018.

We respectfully request that these protections be included in your bill reauthorizing the Medicaid expansion program and ask that the protections apply to Medicaid managed care organizations as well as the qualified health plans on the Marketplace. Enclosed is a draft amendment protecting the FQHCs' Medicaid reimbursement rate in both the qualified health plans and with the managed care organizations. The first paragraph also includes a technical change. We are happy to work further with your staff on acceptable language.

Thank you for your continued support of the New Hampshire's community health centers. We greatly appreciate your attention to this critical issue. Please do not hesitate to contact me at if you would like additional information.

Sincerely,

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

[6] Congress found that many FQHCs were forced to reduce care for uninsured/underinsured patients, thereby undermining the Congressional intent. Before the establishment of the PPS, states were not required by federal law to provide a minimum Medicaid reimbursement to FQHCs. *See* Understanding the Medicaid Prospective payment System for Federally Qualified Health Centers (FQHCs), found at http://www.nachc.org/wp-content/uploads/2016/02/IB69-PPS-Complete.pdf

[7] Congress found that many FQHCs were forced to reduce care for uninsured/underinsured patients, thereby undermining the Congressional intent. Before the establishment of the PPS, states were not required by federal law to provide a minimum Medicaid reimbursement to FQHCs. *See* Understanding the Medicaid Prospective payment System for Federally Qualified Health Centers (FQHCs), found at http://www.nachc.org/wp-content/uploads/2016/02/IB69-PPS-Complete.pdf

[8] The minimum rate is not a nationwide rate but rather it is based on the average of each FQHC's FY1999 and FY2000 reasonable costs per visit – making the PPS a unique payment rate for each individual FQHC.

[9] Section 3:6, SB 413-FN-A, 2014 amended RSA 415 by inserting a new section in the statute. *See* enclosure #1.

Enclosure

ENCLOSURE (Proposed FQHC Rate Protection)

Qualified Health Plans; reinsert RSA 415:25 and amend to read as follows:

I. Each qualified health plan (QHP) on the federally-facilitated exchange shall, as a condition of participation, (1) offer to each federally-qualified health center, as defined in section 1905(l)(2)(B) of the Social Security Act, 42 U.S.C. section 1396d(l)(2)(B), providing services in geographic areas served by the plan, the opportunity to contract with such plan to provide to the plan's enrollees all ambulatory services that are covered by the plan that the center offers to provide; and (2) reimburse each such center for such services as provided in ~~section 1302(g) of the Patient Protection and Affordable Care Act, Public Law 111-148, as added by section 10104(b)(2) of such Act~~ ***42 U.S.C. §18022(g)section 1302(g).***

II. In this section "ambulatory services" means health care services provided on an outpatient basis.

New Paragraph; Provider Contract Standards; Amend RSA 420-J:8 by inserted after paragraph XV the following new paragraph:

XVI. All contracts between a Medicaid managed care organization and a federally qualified health care center, as defined in section 1905(l)(2)(B) of the Social Security Act, 42 U.S.C. section 1396d(l)(2)(B), providing services in geographic areas served by the plan, shall reimburse each such center for such services as provided in 42 U.S.C. §18022(g).

HOPE ON HAVEN HILL

Hope on Haven Hill
Courtney Tanner, JD/MSW
361 Route 108
Somersworth, NH 03878

February 20, 2018

Senate Finance
Senator Daniels, Chair
33 N. State Street
Concord, NH 03301

Re: SB 313

Dear Chair and Honorable Members of the Committee,

I am writing to you regarding SB 313, relative to the NH Granite Advantage Health Care Program.

Hope on Haven Hill is an organization that provides treatment for substance use and co-occur mental health disorders for pregnant and parenting women. Hope on Haven Hill opened its doors in December, 2016. In the last fourteen months, Hope on Haven Hill has served over 100 women in our eight-bed residential treatment facility, intensive outpatient program, outpatient groups, and individual therapy. Of those lives services, only five were not covered by the NH Health Protection Program.

Women who come to Hope on Haven Hill for treatment come because they are ready for a change in their lives. They are ready to live a life in recovery from substance use. They are ready to gain autonomy from an abusive relationship. They are ready to become better parents to their children than their parents were able to be for them. The NH Health Protection Program allowed Hope on Haven Hill to expand services and ensure quality treatment for vulnerable women who are looking to gain strength.

In order to continue to serve this resilient population, Hope on Haven Hill must seek a diverse revenue portfolio. Hope on Haven actively seeks grant funding and philanthropic funds. However, support from expanded Medicaid and DHHS is imperative to our ability to keep our doors open. Hope on Haven Hill currently is contracted with DHHS' Division of Family Assistance through Temporary Assistance to Needy Families (TANF) for the Open Doors contract, in the amount of $482,000. This contract is approximately 40% of our entire operating budget. As the legislature reviews funding sources for the NH Granite Advantage Health Care Program, please be mindful that Hope on Haven Hill's Open Doors contract is the life blood of our organization.

In conclusion, Hope on Haven Hill supports an OTP committee vote on SB 313.

Thank you for your thoughtful consideration,

Courtney Tanner, JD/MSW
Executive Director

NHNPA
NEW HAMPSHIRE NURSE PRACTITIONER ASSOCIATION

PO BOX 1452, CENTER HARBOR, NH, 03226
CONTACTUS@NHNPA.NET
603.648.2233

February 18, 2018

Senator Gary Daniels
Chair of Senate Finance Committee
New Hampshire State Senate
State House, Room 105
107 North Main Street
Concord, NH 03301

Dear Senator Daniels:

Please accept this letter registering the support of the New Hampshire Nurse Practitioner Association (NHNPA) for SB 313. Ensuring the reauthorization of Medicaid for 50,000 New Hampshire residents is a top priority of the NHNPA. Passage of SB 313 will continue access to quality and cost effective care while also providing critical support to help address the opioid crisis in New Hampshire.

To ensure that patients experience no disruption in continuity of care, the NHNPA respectfully suggests that "or APRNs" be added after "primary care physicians" on page 6, line 21, as follows:

> VIII. For any person determined to be eligible and who is enrolled in the program, the MCO shall support the individual to arrange a wellness visit with his or her primary care provider, either previously identified or selected by the individual from a list of available primary care physicians ***or APRNs.***

As you know, there are over 1,290 nurse practitioners on the front lines, every day and night, delivering health care to the residents of New Hampshire. Because so many Medicaid patients receive their care from nurse practitioners, the NHNPA proposes that a nurse practitioner (APRN) sit on the Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program. We appreciate your consideration of this request.

The NHNPA stands with you in advocating for the health of our state.

Sincerely,

Jennifer Thompson

Jennifer Thompson, MS, RN, APRN
Chair, Government Affairs Committee
New Hampshire Nurse Practitioner Association

NHNPA
NEW HAMPSHIRE NURSE PRACTITIONER ASSOCIATION

PO BOX 1452, CENTER HARBOR, NH, 03226
CONTACTUS@NHNPA.NET
603.648.2233

CC: Senator Jeb Bradley
Senator John Reagan
Senator Bob Giuda
Senator Chuck Morse
Senator Lou D'Allesandro
Senator Dan Feltes
Senator Kevin Avard
Senator James Gray
Senator Martha Fuller Clark
Senator Martha Hennessey

American Heart Association | American Stroke Association
life is why™

Founders Affiliate
2 Wall Street | Manchester, NH 03101
www.heart.org

February 20, 2018

Senator Daniels, Chair of Senate Finance Committee
Senator Bradley, Chair of Senate Health and Human Services Committee

Mr. Chairman and Members of the Committee;

On behalf of the American Heart Association (AHA) and American Stroke Association, I thank you for this opportunity to provide comments on the importance of the program in New Hampshire to provide health insurance to those covered by the NH Health Protection Program.

The AHA represents over 100 million patients across the country with cardiovascular disease, including many who rely on Medicaid as their primary source of care. In fact, 28% of adults with Medicaid coverage have a history of cardiovascular disease (CVD). Medicaid provides critical access to prevention, treatment, disease management, and care coordination services for these individuals. Because low income populations are disproportionately affected by CVD - with these adults reporting higher rates of heart disease, hypertension and stroke – Medicaid is the coverage backbone for the healthcare services these individuals need.

The connection between health insurance and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance, or are underinsured, have higher mortality rates and poorer blood pressure control than their insured counterparts. Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays, and higher risk of death than similar patients covered by health insurance. Cardiovascular disease is also costly and burdensome for the individual, their families, and our system of care.

The AHA supports promoting healthy behaviors and advocates for healthy lifestyles to prevent CVD. But the reality is heart disease remains a prevalent condition and is the second leading cause of death in New Hampshire. Health insurance coverage is an important tool in the fight against heart disease. Conditions such as high cholesterol and high blood pressure can be controlled if detected and treated early and possible prevent costly heart attacks and strokes. Medicaid expansion has been particularly beneficial for individuals with or at risk of developing CVD. A 2016 study conducted by George Washington University found that adults who live in non-expansion states are at higher risk of CVD and more likely to have experienced acute CVD while also having lower insurance coverage rates. Patients in non-expansion states may also have greater difficulties getting preventive, primary or acute care. It is also harder for the physicians

treating these patients to collect insurance payments for their services. This translate into significantly worse health outcomes for patients and lost opportunity to incentivize cost-efficient care.

To treat and prevent heart disease and stroke, it is critically important to ensure that everyone in New Hampshire has access to affordable, quality healthcare. This includes hard working people struggling to support themselves and their families, but whose incomes leave private health insurance premiums out of reach. If you have any questions, please feel free to reach out to the American Heart Association/American stroke Association at any time.

Sincerely,

Nancy Vaughan

Nancy Vaughan
Government Relations Director – NH
Nancy.vaughan@heart.org, 603-263-8329

February 20, 2018

Senator Bradley
Senate Health and Human Services Committee
Legislative Office Building Room 101
33 N. State Street
Concord, NH 03301

RE: SB 313-FN reforming New Hampshire's Medicaid and Premium Assistance Program

[redacted], a patient at Goodwin Community Health, says that if she didn't have access to the medicines and services she gets through the New Hampshire Health Protection Program, she "really couldn't work for anybody." [redacted] is self-employed and worries that, without her migraine medication, "Who knows when I could have one [a migraine] and not be able to do anything." Without access to health insurance, [redacted] would not be able to meet her medical needs through the medications which enable her to go about her day. People cannot simply address one or two symptoms of larger health problems as they arise; they need the ability to solve the root causes and access to regular upkeep of their well-being. "It has to do with your entire body", she explained. [redacted] is concerned that, without health insurance, she could not pay for the care and medicine she needs outside of her health center.

Unfortunately fo[redacted] and many other New Hampshire residents, her access to the services and medications she needs to work and maintain her health will be cut without an expanded Medicaid program. All of the progress that [redacted] had made through her access to services brought by expanded Medicaid would go away without it. "I use less of some services now than I did before because I have been able to improve myself." Her access to more services like physical therapy for her back meant that she could improve her condition, rather than just maintain. Without her insurance, she may not even be able to maintain what she has now, and she would lose all of this progress.

This program means a lot to many people like [redacted] All types of New Hampshire residents see their lives impacted and improved through access to better health care and insurance. We appreciate your consideration and time in hearing the stories of people like [redacted]

Thank you,

Michael Vinci
Goodwin Community Health Center
Somersworth NH

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

February 20, 2018

Senator Jeb Bradley
Senate Health and Human Services Committee
Legislative Office Building Room 101
33 N. State Street
Concord, NH 03301

RE: SB 313-FN reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Chairman Bradley, Chairman Daniels, and Members of the Committees:

My name is Gregory White, and I am the CEO of Lamprey Health Care, a Federally Qualified Health Center serving roughly 16,000 patients from over 40 southern NH communities at our locations in Nashua, Newmarket and Raymond. Our clinical sites serve medically underserved populations where half of our patients live at or below the federal poverty level (an annual income of $25,100 for a family of four). Over 80% of our patients live at or below 200% of poverty.

The New Hampshire Health Protection Program (NHHPP) has changed the lives of our patients. Before the program existed, many of our patients did not have health insurance simply because they could not afford it. The NHHPP has improved our patients' access to prescription medicines, diagnostic services and specialty care. We have also seen improved access to behavioral health services and substance use treatment. These are services that our patients could not otherwise afford nor access, previously.

For example, a patient story from our Nashua site involves a young woman with diabetes, who saw us over many years. The patient was working, but could not afford the coverage offered through her employer. While she was able to be seen at Lamprey for primary care services, she was unable to afford the insulin and other medications that would allow her to better manage her chronic condition. Because of this, she frequently missed work due to illness and ultimately lost her job. Subsequently, our certified application counselor was able to help her get signed up for the NHHPP, under which she was able to gain access to affordable prescription coverage. She's since been able to regain employment and her chronic disease is now well managed.

Since 2014, the year the program began, we have seen 1,400 of our uninsured patients gain coverage. While we still offer a sliding fee discount based on income, since 2014, we have seen a reduction of $700,000 in sliding fee discounts, which is almost 50%.

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

The NHHPP is also good for businesses. We have been able to use the increase in patient revenue to expand services and increase hours of operation. We have hired more staff, adding 18 staff positions to our health center since 2014. This includes a new behavioral health program and we will soon be rolling out a Medically Assisted Therapies program for our prenatal patients with addiction. The New Hampshire Health Protection Program has truly increased access to care in our communities.

Please feel free to contact me if you have any questions.

Sincerely,

Gregory White
Chief Executive Officer

NH Children's
Behavioral Health
Collaborative

February 20, 2018

The Honorable Gary Daniels, Chair
Senate Finance Committee
State House, Room 103
107 North Main Street
Concord, NH 03301

The Honorable Jeb Bradley, Chair
Senate Health and Human Service Committee
Legislative Office Building, Room 101
33 North State Street
Concord, NH 03301

Re: CBHC's Support of SB 313, reforming New Hampshire's Medicaid and Premium Assistance Program

Dear Chairman Daniels, Chairman Bradley, and Members of the Joint Committee:

The New Hampshire Children's Behavioral Health Collaborative ("CBHC") strongly supports SB 313, reforming New Hampshire's Medicaid and Premium Assistance Program.

The CBHC is a collaboration of over 60 organizations and hundreds of families and youth dedicated to transforming the way we support children with behavioral health needs. In 2014, New Futures was selected to serve as the backbone organization for the CBHC. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all Granite Staters. In my role as Children's Behavioral Health Policy Coordinator for New Futures, I provide strategic support and expertise to advance CBHC's policy priorities. In that capacity, I offer the comments below.

The CBHC supports state-level policy changes to transform New Hampshire's children's mental health and substance use disorder system into an integrated, comprehensive system of care that is family driven and youth guided, culturally and linguistically competent, and community-based.

Medicaid is the primary funder of behavioral health services to children, youth, and young adults in New Hampshire. 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, at a much higher cost. Our state is grappling with several crises related to the health and well-being 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.

NH Children's Behavioral Health Collaborative

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 provide a strong base of insurance coverage for children in New Hampshire. The evidence is strong that investing in Medicaid coverage for parents leads to coverage increases and improved health outcomes for children.[1] One of the most effective strategies to reach eligible but uninsured children is to extend Medicaid coverage to parents and other low-income adults.[2] Parents are more likely to sign up their children for coverage when the whole family can get coverage.[3]

As a matter of public policy, New Hampshire should be doing whatever necessary to ensure health coverage for all children and Medicaid expansion helps reach uninsured children. Access to insurance makes a real difference in the health of children. There is also robust research and data to support that insurance coverage for children is a solid and sound public investment.[4] Returns include higher educational attainment and greater economic opportunities for children, and the creation of a more skilled workforce.[5] Lastly, health coverage provides financial security for the whole family. Children need healthy parents and health coverage improves parents' health and access to care.[6]

Because health coverage for parents and caregivers helps children, the CBHC urges the Joint Committee to vote SB 313 Ought to Pass.

Respectfully,

Rebecca G. Whitley, Esq.
Children's Behavioral Health Policy Coordinator
New Futures, Inc.

[1] See "Research Update: How Medicaid Coverage for Parents Benefits Children" from Georgetown University Health Policy Institute Center for Children and Families for a review of studies about the links between health coverage for parents and children. (Available at https://ccf.georgetown.edu/2018/01/12/research-update-how-medicaid-coverage-for-parents-benefits-children/) (2018)

[2] DeVoe, MD, DPhil, Jennifer E., et al., "Effect of Expanding Medicaid for Parents on Children's Health Insurance CoverageLessons From the Oregon Experiment," JAMA Pediatr. (Available at https://jamanetwork.com/journals/jamapediatrics/fullarticle/2086457) (2015)

[3] Ku, Leighton and Matt Broaddus, "Coverage of Parents Helps Children, Too" Center on Budget and Policy Priorities. (Available at https://www.cbpp.org/research/coverage-of-parents-helps-children-too?fa=view&id=754) (2006)

[4] Brown, David W. Amanda E. Kowalski and Ithai Z. Lurie "Medicaid as an Investment in Children: What is the Long-Term Impact on Tax Receipts?" National Bureau of Economic Research(Available at http://www.nber.org/papers/w20835.pdf) (2015)

[5] Cohodes, Sarah, et all "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions" National Bureau of Economic Research (Available at http://www.nber.org/papers/w20178) (2014)

[6] "Health Coverage for Parents and Caregivers Helps Children." Center for Children & Families, Georgetown University Health Policy Institute. Available at https://ccf.georgetown.edu/wp-content/uploads/2017/03/Covering-Parents-v2.pdf.

NEW HAMPSHIRE NURSES' ASSOCIATION

25 Hall St. Unit 1E, Concord, NH 03301
PHONE: (877) 810-5972 Ext 701
EMAIL: office@nhnurses.org
WEBSITE: www.NHNurses.org

Written Testimony for Hearing on SB 313
February 20, 2018

SB 313: AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program

- New Hampshire Nurses Association (NHNA) represents more than 24,000 nursing professionals in the state of New Hampshire.
- Nurses represent the largest group of health care workers. We see patients every day that have benefited from Medicaid and the New Hampshire Health Protection Program.
- Nurses care for patients that are able to access care for their substance use disorders because of Medicaid Expansion.
- Nurses care for patients that have improved access to behavioral health services as a result of Medicaid Expansion.
- Nurses care for patients that no longer have to take their daily medications every other day because they can better afford them through Medicaid Expansion.

- On January 23, 2018 NHNA held its annual Legislative Town Hall Forum via webinar to nurses and nursing students across this state. During this event we presented various bills that the NH legislature is considering during the 2018 legislative session which will impact nursing practice or healthcare.
- Supporting the reauthorization of Medicaid Expansion was voted the number one priority by the NH nurses participating in this forum.
- These nurses are your constituents. Nurses understand the value of Medicaid Expansion toward improving access to quality healthcare in New Hampshire for all our patients.
- Nurses understand the critical role that Medicaid Expansion performs in New Hampshire's healthcare system: improving patient access, ensuring providers receive payment for services provided and reducing the amount of uncompensated care.
- Nurses support the passage of a Medicaid Expansion reauthorization bill.
- New Hampshire Nurses Association supports the passage of SB 313.

Presented by Joan Widmer, MS, MSBA, RN, Nurse Executive Director, New Hampshire Nurses Association

February 20, 2018

N.H. State Budget Hearings

Mr. Chairman and Committee Members,

My name is Dick[redacted] and I live in Sanbornton, NH. I grew up in an environment of mental illness and substance misuse. I went on to also abuse drugs and alcohol and have been in recovery for 24yrs. I am active in the recovery community, working with people of all ages affected by addictions and/or mental health issues which drastically affect their lives as well as those who care about them.

I work as a Peer Support Recovery Specialist at the Transitional Housing Service located at the State Office Grounds. My days consist of providing peer support to consumers who live with severe mental illnesses such as schizophrenia, bipolar disorder, anxiety, depression as well as substance misuse. Peer support is an evidence based practice which helps a person find a path to recovery by spending time with a peer having had similar experiences. One of the main principles is giving hope that every person with a mental illness or substance use disorder can achieve recovery and lead a meaningful, healthy life and integrate back into society.

With the re-authorization of the NH Health Protection Program in mind, I strongly support it for providing access to insurance benefits for so many NH citizens who would otherwise not have any. In light of the current opioid (and other addictions) crisis, the early treatment and care of these individuals is so very important. This is a multi-faceted issue which needs our united focus and commitment to help some of our state's most vulnerable (and sometimes forgotten) population. I must emphasize the co-occurrence of mental health and substance misuse issues. My past experience shows me that it isn't so important which came first, rather that we address both with compassion and care so that our community can heal.

Thank you Sen. Bradley and the rest of the sponsors for your consideration on extending the NH Health Protection Program.

Respectfully,

Richard[redacted] Peer Support Recovery Specialist, NAMI NH

February 20, 2018

Dear Senators Bradley and Daniels,

I am Lara Willard from Greater Seacoast Community Health which is the newly merged organization of two health centers, Goodwin Community Health in Somersworth and Families First in Portsmouth. Together we are providing 16,500 Granite Stater's with primary care, dental care, behavioral health, prenatal care, substance misuse prevention and recovery services and a full suite of family and social services and programming. I'm the Director of Community Relations. I've been at Goodwin Community Health for nine years and I'm proud every day to serve our mission of providing exceptional health care that is accessible to **ALL** in the community.

I have **ALL** in bold because it is so central to our mission that **ALL** people be able to access health care and it is so central to why we are here today. Expanded Medicaid/NHHP has made a dramatic impact on closing the gap that left many people out of the loop from accessing health care. At least the type of care I would consider meaningful and impactful enough to truly make a difference in quality of life.

In 2017 Goodwin saw only a 2% increase in our patients, but a 9% increase in visits because people are accessing the health care they need in their primary care setting vs. the Emergency Department. When we see our population of patients go from being uninsured to insured, they utilize more services and we see improved health outcomes in these patients. For example, our diabetic patients are improving because they can now have regular visits to us, get their labs done and regularly take their medication.

Today, I want you to know that Goodwin and Families First are doing our part to increase access to quality health care, reduce the cost of the services we provide and improve quality and patient outcomes. We are doing this through the bold and unique step in the NH community health center world by merging our two organizations. Patients can now access 3 permanent locations in Somersworth, Portsmouth and Seabrook resulting in a reduction of emergency department visits or urgent care visits and increase continuity of care. We are reducing costs through consolidation of contracts, positions and improving quality through sharing of best practices.

Having the population of lower income individuals that expanded Medicaid serves gain health insurance has a huge influence on our ability to deliver much needed substance abuse and mental health services. This is important because this population in NH can teeter on the line of becoming employable and productive or becoming un or under-employed and often very costly to our greater health care system as well as many other social service systems. Delivering this care to this population is important and it begins with this insurance program for thousands of NH residents.

I have heard many patients' stories where NHHP removes barriers to accessing more advanced health care programs and services and return to better health, more gainful employment, and then as a result, they no longer need and/or qualify for Expanded Medicaid! It is not uncommon for me to hear patients use the phrase "life changing" when the tell share their stories with us about how the NH Health protection program has impacted them.

Lara D. Willard
Director of Community Relations
Goodwin Community Health
311 Route 108, Somersworth, NH
603.516.2558
GoodwinCH.org

GREATER SEACOAST COMMUNITY HEALTH

Families First
support for families...health care for all

Goodwin
Community Health

HEARING--SB 313- AMENDED

February 20, 2018

Gary L. Woods, M.D.

I am here is support the concept of the continuation of Medicaid expansion. Does that mean I am in love with the entirety of SB 313 as amended? NO!!!

There are some problems i.e. some "warts on the toad" as it were. But first let's think about the basics. SB 313 ostensibly is a legislative exercise.

I submit it is more.

Legislation is the mechanism or process by which society institutes and codifies our moral inclinations. The most basic legislative paradigm is to care for the public. At its roots, it is a moral obligation.

In considering those with inadequate means, providing Health care is one such moral obligation especially in the midst of a society which possesses such wealth. Not providing even the most fundamental access to Health care is an abrogation of our collective moral responsibility.

One can argue the specifics of SB 313:

1. The Work requirement----is this putative or supportive?
2. MCO---managed cost organization: cost shifting to providers and hospitals
3. Work force issues—lower reimbursement means fewer providers willing to participate in the Medicaid programs.
4. Etc., etc., ...

The bottom line is----maintaining medicaid expansion is crucial. Without it we have nothing with which to move forward and remove the "warts on the toad".

https://www.healthaffairs.org/action/showDoPubSecure?doi=10.1377%2Fhblog20180113.747190&format=full

Unpacking the Trump Administration's Section 1115 Medicaid Work Demonstration Solicitation

JANUARY 13, 201810.1377/HBLOG20180113.747190

On January 11, 2018 the Trump administration released a long-anticipated solicitation to states in the form of a State Medicaid Directors Letter. The letter invites proposals to undertake demonstrations to test the effects of threatening to withdraw or reduce Medicaid—or actually doing so—from people who fail to meet work requirements. Eleven states currently have applications in the pipeline, and in recent days two more states appear to have at least preliminarily raised their hands as well.

The Trump administration is expected to rapidly start approving state proposals; indeed, within a day of releasing its solicitation, the Centers for Medicare and Medicaid Services (CMS) approved Kentucky's far-reaching proposal, estimated by the state in its initial application as reducing adult enrollment by 15 percent over its term. Rather than being a starting point for public dialogue around Medicaid and work, the solicitation is the gateway.

Three Points About The Solicitation

An Emphasis On Flexibility

First, reflecting the Trump administration's March 2017 letter to the nation's Governors, as well as a wide-ranging speech by CMS Administrator Seema Verma to state Medicaid Directors this past November, the solicitation telegraphs flexibility. It tips the hat to certain populations exempt under cash welfare programs such as pregnant women and people with disabilities. At later points, however, it dispenses with hard and fast rules, suggesting that its considerations are negotiable, along with the level of safeguards the Administration will require to protect against demonstration practices that could threaten beneficiary health. It is possible that in one-on-one negotiations, federal officials may take a tougher stance, although the far-reaching Kentucky demonstration permits the use of lockout sanctions for failure to follow the demonstration's complex rules.

Indeed, the terms of the solicitation are couched in state flexibility. This flexibility applies to whether beneficiaries can be subjected to reduction or loss of coverage, the conditions under which mandatory work experiments will be allowed to proceed, the minimum safeguards that must be in place to protect health and promote demonstration aims, the information that states must provide to HHS, and the scope of any evaluation that must be undertaken. The guidance is therefore not only a major departure from past HHS policy and legal interpretation—it is a broad invitation to states to set the boundaries of this unprecedented new policy themselves.

A Major Change Through Informal Guidance Rather Than A Proposed Rule

Second, despite the fact that mandatory Medicaid work demonstrations represent a fundamental break with more than a half century of Medicaid policy, the solicitation is presented as informal guidance—a letter to state Medicaid directors—rather than as a proposed rule that provides notice and the opportunity for public comment, with final policymaking choices tied to an administrative record. Given the solicitation's virtual absence of a carefully presented framework regarding the scope and content of state demonstrations, it is perhaps no surprise that the Administration has sidestepped administrative procedure; it is proceeding without clear minimums, electing instead to signal that every demonstration will be an ad hoc negotiation.

An Implicit Recognition That Work Requirements Fall Outside The Secretary's 1115 Authority

Third, in its basic structure, the solicitation effectively underscores that mandatory Medicaid work demonstrations simply don't fit within the legal parameters of Secretarial authority set by the terms of section 1115. The solicitation states explicitly that no federal funding will be made available for demonstration costs associated with administering Medicaid work programs, such as job training, stipends, child care, or transportation. As a result, states wishing to pursue Medicaid work programs apparently must fund work supports themselves, or create programs that simply mandate work with virtually no supports— though whether HHS would approve such a draconian strategy remains to be seen.

This policy prohibition implicitly seems to recognize that Medicaid's purpose is to provide medical assistance to those who need it, not fund work programs at the cost of thousands of people projected to lose coverage. Only in the case of working-age adults with disabilities does Medicaid authorize certain specified types of work support and then only for voluntary work efforts that enhance opportunities and are devoid of actual or threatened loss of coverage. To permit states to strip beneficiaries of coverage and then use savings to fund child care, transportation, and job training for working-age adults would fall so far outside the scope of Medicaid's core purpose as to lie outside the furthest reaches of the HHS Secretary's legal powers under section 1115.

The solicitation further specifies that states will be barred from accruing savings attributable to enrollment reductions flowing from their demonstrations (every state that to date has included clear beneficiary impact estimates in its application projects an enrollment drop). In other words, contrary to standard section 1115 practice, states pursuing mandatory work requirements will not be able to redeploy savings, under existing budget neutrality concepts, to demonstration costs.

The Policy Context

Work among the poor is, of course, the policy context for the solicitation. The erroneous premise of the March 2017 Governors letter, Administrator Verma's November 2017 speech, and now the solicitation is that poor working-age adults need a prod toward gainful employment, in this case, the threatened loss of health insurance coverage. In fact, the available evidenceunderscores the small number of poor Medicaid-enrolled working age adults who are not working, looking for work, or unable to work because of considerations related to their own health or that of family members. This premise turns reality on its head, a fact best appreciated by the 2010 Medicaid expansion itself, a policy response to the need for affordable insurance for the three quarters of all low-wage workers lacking workplace coverage.

Past experience with work programs also should be included in the larger policy framework surrounding the Administration's solicitation. As the Medicaid and CHIP Payment and Access Commission (MACPAC) has reported, the imposition of work requirements in the Temporary Aid to Needy Families (TANF) program shows that work gains tend to be temporary, with very limited effect on income growth. Furthermore, according to the MACPAC review, work requirements create administrative challenges for states. Additionally, the loss of benefits because of work requirements can result not only from failure to satisfy work rules but also from failure to satisfy the extensive documentation and other procedural hoops that flow from tracking ongoing conduct on a weekly basis, or tracking the continuing applicability of an exemption involving a status that can change over time.

Moreover, enrollment declines also could reflect potential beneficiaries who are dissuaded from seeking assistance out of fear of the red tape it will carry. Even error rate systems designed to capture both improper awards and denials of benefits cannot measure the deterrent effect of eligibility criteria that discourage people from looking for help in the first place.

Essentially, therefore, nothing in public welfare demonstration precedents suggests that reducing or eliminating insurance coverage will do much to alter employment or income. Thus, there is no evidence to support the claim, in the opening pages of the solicitation, that a demonstration that threatens the poor with the loss of insurance will in the end produce the kinds of economic and emotional gains that in turn are associated with improvement in health. CMS states that "productive work and community engagement may improve health determinants". But there simply is nothing in the research literature

to suggest that the threat to withdraw—or the actual withdrawal of—medical assistance from the poorest Americans, who experience what the United States supreme Court has classified as the "brutal need" of poverty, either results in or is even associated with improved health. Indeed, rather than promoting public health, a work requirement is perhaps best understood as creating an atmosphere of public health threat.

Demonstration Scope: Key Elements

The solicitation encourages demonstrations that require work or community engagement "as a condition of eligibility, as a condition of coverage, as a condition of receiving additional or enhanced benefits, or as a condition of paying reduced premiums or cost sharing." The agency states that it is interested in pursuing such demonstrations "in order to determine whether those requirements assist beneficiaries in obtaining sustainable employment or other community engagement [defined as skills training, education, job search, caregiving or volunteer service] and whether sustained employment or other productive community engagement leads to improved health outcomes."

CMS acknowledges that this is a decisive shift from past agency policy regarding Medicaid and work while also asserting that such demonstrations are "anchored in historic CMS principles that emphasize work to promote health and well-being". Yet those "historic" principles are found in voluntary work supports for adults with disabilities who desire to work without risking loss of benefits, not compulsory work programs. Medicaid's history of covering people with disabilities firmly establishes the principle that Medicaid coverage should help promote beneficiaries' ability to work, not be taken away from beneficiaries who do not work.

Alignment With Other Programs

CMS notes that it supports state demonstrations that align with TANF or SNAP requirements, but the solicitation does not require that Medicaid work programs maintain consistency with the scope and requirements of these programs: "Based on states' experiences with their TANF or SNAP employment programs, [states] *may wish to consider* [emphasis added] aligning Medicaid requirements with certain aspects of TANF or SNAP programs." Examples given of these aspects include which populations to exempt (e.g., pregnant women); protections for individuals with disabilities and others who may be unable to meet the requirements; what constitutes an allowable work activity (e.g., jobs or job training, community service, or caregiving); exemptions arising from local conditions (e.g., high community unemployment); reporting requirements; and the availability of work supports (e.g., child care, transportation).

The guidance establishes few minimums; everything about a state program can be in play, at least in terms of what states can propose in their applications. CMS pledges to

consider whether state proposals align with Medicaid program objectives but is silent with respect to the types of state proposals that fall outside federal aims.

At one point CMS states that individuals receiving TANF or SNAP and in compliance with the terms of those programs "must automatically be considered to be complying with the Medicaid work requirement". At the same time, the solicitation states that states should "make a reasonable effort to incorporate similar exemptions" into their Medicaid work programs. In other words, TANF and SNAP rules are non-binding where Medicaid is concerned.

Who Can Be Subject To Work Requirements?

Despite encouraging policies that parallel TANF and SNAP, CMS recognizes that "adults who are eligible for Medicaid on a basis other than disability" will be subject to work requirements. Despite nodding to pregnancy as an exemption in its opening section, the solicitation dispenses with this expectation later on.

People with disabilities and serious health conditions. In describing treatment of adults with disabilities, CMS tries to have it both ways. The agency notes that the policy applies only to adults not classified as eligible on the basis of disability but instead because of poverty; individuals who qualify on the basis of disability are exempt. Yet the number of people with disabilities and disabling conditions in the population of working-age adults in the Medicaid expansion population is likely to be large. Many individuals who are awaiting disability determinations obtain Medicaid coverage based on a determination of poverty. Others simply elect to apply for Medicaid based on poverty to avoid the longer and significantly more complex process necessary to qualify based on disability. And many people who are not able to work due to chronic and disabling conditions that do not meet Medicaid's and Medicare's strict disability criteria become impoverished and qualify for Medicaid based on poverty.

For such individuals, CMS notes that demonstration proposals must "comply with federal civil rights laws" and must "ensure that individuals with disabilities are not denied Medicaid for inability to meet those requirements. Proposals must also include "reasonable modifications" to make it possible for beneficiaries with disabilities to comply with the requirements. But the agency offers no guidance on what such reasonable modifications might consist of. Nor does CMS indicate any source of information for states to consult in identifying what might be encompassed in such a modification.

The agency states that agencies "must" create exemptions for individuals who are medically frail and "should" also exempt individuals with "acute medical conditions validated by a medical professional". How medically frail individuals (for which exemptions are one of the few "musts" – even people with disabilities are not so definitively protected) are to be distinguished from those with "acute medical conditions" is not explained. As a practical matter, it will be extremely challenging for states to protect individuals with disabilities who qualify on the basis of their low incomes.

People with opioid addiction or other disabling conditions. The agency singles out opioid addiction for special focus, presumably because of the existence of a declared national public health emergency, requiring "reasonable modifications" for people who have addiction so that treatment is not cut off. Even here, the agency gives states discretion over what modifications it expects to see in terms of ongoing access to treatment and related services for people with addiction conditions. In other words, the solicitation is unclear as to whether people with opioid addiction must be exempt or can be compelled to participate if certain services are maintained, and if so, the extent of the services that must be maintained and the circumstances under which they must be preserved. It does not offer protection to beneficiaries who are close to or at risk of addiction, only to individuals who are addicted.

This raises the prospect that states may, in penalizing beneficiaries who do not work by taking away their coverage, take away services like mental health care from people, increasing their risk of addiction. The solicitation is silent with regard to service access for any other disabling condition experienced by people subject to a work requirement, whether physical, developmental, or mental in nature. Must cancer treatment access be maintained? Services for people with bipolar disorders? Adults with serious arthritis? The solicitation speaks to none of these other conditions, nor does it require safeguards aimed at ensuring that a state halt its experiment in the denial or reduction of coverage as soon as documented health consequences emerge.

The Role Of Civil Rights Laws

CMS states that in designing and administering their programs, states must comply with applicable civil rights laws governing people with disabilities, the Affordable Care Act's special civil rights statute (section 1557 of the Act), racial and ethnic minority populations protected by Title VI of the 1964 Civil Rights Act, the Age Discrimination Act, and "other applicable statutes" (for example, the solicitation does not mention Title VII of the 1954 Act, which bars sex discrimination in employment). What, exactly, it means to comply with these laws is left unsaid; the solicitation offers no illustrative applications of a state proposal that would be considered as potentially violating federal civil rights laws, either because it lacks reasonable modifications for qualified individuals with disabilities or because its work requirements apply disproportionately to majority minority urban communities while excluding more rural communities where white, non-Hispanic populations might be more prevalent.

Due Process Protections

Due process protections are given similar short shrift: "CMS expects that states will design their programs consistent with statutory and regulatory procedural requirement including . . . due process rights." The solicitation encourages but does not require individual protections such as assessment of disability, medical diagnosis, assessment of barriers to employment and self sufficiency, assessment of need for support services and provision of those services, and the provision of other reasonable modifications.

How this relaxed set of expectations aligns with the agency's earlier statements regarding the intersection of federal civil rights laws and Medicaid work programs is left unaddressed. Nothing in the solicitation requires that individuals be given the opportunity to request an exemption, medical evaluation in furtherance of an exemption, work supports, or reasonable modifications.

Beneficiary Supports

The question of how much work support to provide is left open; indeed, there could be no other approach, since the solicitation makes clear that there is no federal contribution to job support costs. For this reason, the only requirement is that states are required to describe what they will offer.

Applicants And Beneficiaries

The solicitation permits demonstrations that impose work restrictions, not only on those already receiving care but on individuals at the time of application, when care may be needed immediately. Unlike commercial insurance, Medicaid is structured as a safety net program, meaning that assistance can be sought at the time care is needed. The solicitation is silent regarding what, if any, safeguards will be required in states that elect to impose work requirements at the outset.

"Attention To Workforce And Market Barriers"

The solicitation recognizes that "states will need flexibility to respond to the local employment market by phasing in and/or suspending program features as necessary." However, nothing in the solicitation conditions approval on a process that identifies communities in which a state first identifies certain defined barriers that will require mitigation and then acts to mitigate those barriers.

Transparency

CMS notes that it "remains committed to reasonable public input processes that provide states an opportunity to consider" stakeholder views. The agency notes its own regulatory comment requirements (42 C.F.R. Part 431) as well as tribal consultation expectations.

Monitoring And Evaluation

As with other 1115 demonstrations, both monitoring and evaluation are required. CMS offers no minimum monitoring elements ("CMS will work with the state to jointly identify metrics for these reports" which must reflect "major elements" of the state demonstration). Nor does the agency specify any clear minimum elements that it expects demonstration evaluations to include. The agency expects states to evaluate

the impact of these new demonstrations on health and well-being of beneficiaries, but since the impact of loss of coverage on people's health has already been well-established in the research literature, it is not clear what new information these state evaluations will yield.

Concluding Thoughts

Virtually from the time it assumed office, the Trump administration has stated its intent to enable states to add work as a condition of Medicaid eligibility. How many states actually will move forward remains unclear. Even if only a handful of states ultimately move into an active demonstration work phase, however, the solicitation represents a watershed in Medicaid policy. Today 11 states have either applied for demonstration authority or indicated their intent to do so. But the Trump administration has indicated that it will provide no federal funding for work supports. Faced with the additional administrative complexities of tracking and monitoring the work status of thousands of people and the need to fund work support services entirely out of state and local resources, some of the states that have moved to embrace such a strategy may back away.

For those states that do decide to proceed, many challenges will emerge; even though the solicitation sets few hard and fast minimum expectations, it perhaps signals to states that they can expect lengthy and complex negotiations. By flagging issues such as civil rights compliance and due process, the solicitation effectively puts a state on notice that it could face significant legal risks for harms caused by the adverse impact of a state-sanctioned demonstration that potentially violates civil rights or arbitrarily limits or eliminates benefits without due process. What is left unmentioned is the legal implications for the Administration itself that could flow from its decision to use experimental powers intended to promote public welfare to pursue a new and unprecedented generation of demonstrations that elevate public health risks rather than mitigating them.

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

February 20, 2018

Dear Sen. Bradley, Sen. Morse, and NH House Senate Finance Committee,

I am writing to you on behalf of our Board of Directors, our staff, and the over 10,000 patients to whom we provide primary medical, behavioral, pharmacy, oral health, and enabling care services. ACHS is a Federally Qualified Health Center serving the North Country since 1975. We provide integrated primary preventive health care services to 1 in 3 of the 31,000 residents who live in the 26 towns that comprise our service area.

We have taken the time to ask our patients to voice their opinion regarding the importance of our elected representatives investing in primary preventive healthcare such as that offered by ACHS. Attached you will find a petition where over 1,600 ACHS patients have provided their signature attesting to the following three points:

- *First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.*

- *Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.*

- *Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.*

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable what better way to say, "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

We believe SB 313 New Hampshire Granite Advantage Health Care Program is just such an investment.

MAIN OFFICE

25 Mt. Eustis Road
Littleton, NH 03561
(603) 444-2464
Fax (603) 444-5209

79 Swiftwater Road
Woodsville, NH 03785
(603) 747-3740
Fax (603) 747-0416

14 Kings Square
Whitefield, NH 03598
(603) 837-2333
Fax (603) 837-9790

1095 Profile Road, Suite B
Franconia, NH 03580
(603) 823-7078
Fax (603) 823-5460

333 NH Rte 25
Warren, NH 03279
(603) 764-5704
Fax (603) 764-5705

www.ammonoosuc.org

ACHS Dental & Oral Health Center

1,112
Total Patients Seen

Had NO insurance

672
Under 200% Poverty Level

1,240
Teeth Extracted

In Sliding-fee Discounts

Urgent Care Appts.
547

Are also ACHS Medical Patients

766
Received Oral Hygiene Instruction

Fillings Received

Dental Cleanings

To whom it may concern,

Thank you so much for the financial help on my dental procedures.
A few years ago, I had to be put on disability due to having debilitating asthma. Of course during that time, my bills backed up. Even though, now, I am able to go back to work, it is only for a few hours a week. Not enough to get caught up!
With the help that you have given me, I am able to at least put aside some money to get what is needed... best of all confidence to be able to smile again.
Thank you again,

J.B.
North Haverhill, NH

ACHS
25 Mt. Eustis Road
Littleton, NH 03561

Please SUPPORT Medicare, Medicaid and COMMUNITY HEALTH CENTERS!

ACHS Dental & Oral Health Center provides quality, affordable care for those in need - regardless of their socio-economic status.

Health Care Services

Primary Preventive Care

ACHS believes in the active involvement in one's own health and our providers work closely with patients to create a plan of coordinated care that is appropriate and can be maintained over a lifetime. By keeping our patients as healthy as we can, we reduce illnesses and prevent diseases from becoming worse and thus more costly.

Prenatal Care
We recommend beginning prenatal care as soon as you know you are pregnant. We provide regular checkups and prenatal testing for complications such as gestational diabetes or pre-eclampsia. Healthy lifestyle and nutritional information are provided, as well as post-pregnancy contraception counseling. Delivery can be coordinated with local physicians at area hospitals.

Pediatrics
Our staff Pediatrician along with other providers throughout our five sites provide comprehensive care to infants, children and teens. We provide well-child visits, screenings, immunizations, physicals, acute and chronic illness management, and fluoride varnishes.

Young & Middle Age Adults, and Seniors
As our teens mature into young adults, we continue to provide primary preventive health care integrated with behavioral and oral health care through a coordinated provider team effort. Hospice and palliative care are available for those who need end-of-life comfort and care.

Women's Health

ACHS provides a full range of preventive, acute, and chronic care that is specific to women including: contraception counseling, family planning, reproductive health, gynecological care and exams, breast and cervical cancer screenings, long-term implantable contraceptives, and colposcopic exams to follow up with abnormal pap smears.

Behavioral Health

A wide range of Behavioral Health services are available to all ages, including treatment for addiction, stress, anxiety, emotional trauma, PTSD, problem solving therapy and medication management. Services are coordinated through the primary care provider, patient navigators, and behavioral health team, allowing for comprehensive, integrated care management. If a need is beyond the scope of what ACHS can accommodate, a referral to an outside agency is made.

Chronic Disease Management

ACHS provided exceptional Chronic Disease Management especially in the areas of depression, diabetes, asthma and heart disease. This high level of care is achieved by monthly reviews of health information about our patients and continual assessment of ways to improve health outcomes.

Pharmacy Services

ACHS PHARMACY

hometown pharmacy
open to everyone

your medications are our only focus

Our pharmacists work as a team with your health care provider to make prescription management easy. They take the time to understand you and your medication needs for safe and effective treatment. They will also work with you to find the most affordable options for your medications.

You do not have to be a patient of ACHS - anyone with a valid prescription may purchase medications from the ACHS Pharmacy.

When you purchase your medications from the ACHS Pharmacy, your money stays in the community and helps us help your friends, family and neighbors obtain health care at reasonable costs.

Hours: Monday-Friday 8 am-6:30 pm
Saturday 9 am-4 pm
Phone 603.444.RXRX (7979) • Fax 603.444.3154
Located at: ACHS-Littleton
25 Mt. Eustis Road, Littleton, NH

"It is rewarding to help patients learn to manage their chronic illnesses. The resources available at ACHS - people, programs and technology - help provide quality comprehensive care to my patients."

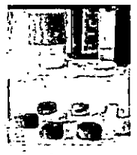
-- Barbara MacGregor Ford, ACHS APRN

Financial Services

Self-Pay/Uninsured Services

Insurance status and ability to pay are never barriers to care at ACHS. We work within your income means to find a payment solution that works for you and ACHS. We offer a sliding-fee scale for payment of services to those who qualify. This may also apply to related lab work. Some specialists also accept our sliding-fee scale for payment of services.

Prescription Drug Assistance



Patients without prescription drug insurance who qualify may receive long-term medications through the prescription drug manufacturers' Patient Assistance Program. ACHS staff will help you enroll in the program that is right for you. We also offer prescriptions on a sliding-fee basis in partnership with the Wells River Pharmacy in Wells River, VT.

ACHS is a full service Federally Qualified Health Center specializing in:

Primary Care for all ages
Prenatal Care • Women's Health
Chronic Disease Management
Behavioral Health • Pharmacy Services
Dental & Oral Health Services

ACHS offers complete, affordable health care at five convenient community locations. We offer a sliding-fee scale for those who qualify. To become a new patient, call our New Patient In-take Specialist toll-free at 1-866-201-5076 and get the health care you need! Visit us online at www.ammonoosuc.org.

Welcome to ACHS • Services ACHS Offers

Support Services

Breast and Cervical Cancer Screening

This program provides free breast and cervical cancer screenings to women ages 40-64 who have no health insurance or have insurance that does not pay for screening tests and with family incomes at or below 250% of the Federal Poverty Level. You do not have to be a patient at ACHS to participate in this program.

HIV/STD Counseling and Testing

We offer confidential counseling, testing and treatment for HIV and sexually transmitted infections and diseases including Chlamydia, Gonorrhea, Syphillus, Trichomoniasis, Hepatitis B & C and HIV infections. You need to be registered as an ACHS patient to receive these services.

Text 4 Baby

Get FREE messages each week on your cell phone to help you through your pregnancy and your baby's first year. Register online at www.text4baby.org or from your cell phone by texting the word BABY to 511411. You'll be asked to enter your baby's due date or birthday and your zip code. Once registered, you will start receiving free messages with tips for your pregnancy and caring for your baby. Messages are timed to your due date or your baby's birth date.

Locations & Providers

Please see the ACHS Locations & Providers brochure for a list of our providers and the sites where they practice. Additional contact information for each site is also listed.

Health Insurance Marketplace

Health Insurance

Trying to navigate the Health Insurance Marketplace? ACHS can help!

If you are enrolling for health insurance coverage for the first time, ACHS Certified Application Counselors can help you understand the available options and walk you through the application process.

If you are continuing your marketplace health insurance coverage, there are many plans to choose from. Our counselors can help you compare plans so you can choose the one that best fits your health needs and your budget.

ACHS Certified Application Counselors can be reached by calling 1-866-201-5076, option #3.

Covering New Hampshire

Health Insurance Marketplace www.healthcare.gov

ACHS Dental & Oral Health Center

The new ACHS Dental & Oral Health Center is located on the ACHS-Littleton campus (on the corner of Cottage Street and Mount Eustis Road).

A basic scope of dental and oral health services is available at the Center including diagnosis, cleaning, x-rays, extractions, sealants, fluoride varnishes, education and same day urgent care. If additional services are needed, they are referred to specialists in the local community.

Everyone is welcome and a sliding-fee scale is available for payment of services to those who qualify. The ACHS Dental & Oral Health Center can be reached at 603-444-8112.

Patient Navigators

Patient navigators help you find the medical, behavioral and social services you need. Once you are a patient, your provider can connect you with this valuable resource.

Patient navigators can help you with:

- Eligibility for sliding-fee scale*
- Medication assistance
- Advanced directives
- Signing up for the patient portal
- Referrals to legal aid
- Health Insurance Marketplace
- Referrals to many community resources

**Uninsured patients may be eligible for the ACHS sliding-fee scale. Discounts on lab tests and prescriptions may also be available.*

Expanded Access

All sites are open Monday - Friday 8 am to 5 pm. Patients of ACHS from all sites have access to additional hours at:

ACHS-Littleton
Saturdays from 9 am to 4 pm

ACHS Pharmacy
Monday - Friday 8 am - 6:30 pm
Saturday 9 am to 4 pm

ACHS-Woodsville
Monday, Tuesday, Thursday & Friday evenings until 7 pm

Call 603.444.2464 for an appointment.

All ACHS Patients have access to a provider 24/7 outside of normal buisness hours - call 603.444.2464

ACHS

ACHS has been offering Quality, Affordable Health Care Since 1975

Founded in 1975, Ammonoosuc Community Health Services is a nonprofit community health center offering a network of affordable primary health services. Our programs promote and support the well-being of individuals and families by emphasizing preventive care and encouraging active participation in one's own health.

ACHS serves 26 New Hampshire towns in northern Grafton and southern Coos counties. Clinical teams, made up of doctors, nurse practitioners or physician assistants supported by nurses and medical assistants, provide comprehensive services on a sliding-fee scale to over 10,000 patients.

Revised 09.01.17

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

February 20, 2018

Dear Sen. Bradley, Sen. Morse, and NH House Senate Finance Committee,

I am writing to you on behalf of our Board of Directors, our staff, and the over 10,000 patients to whom we provide primary medical, behavioral, pharmacy, oral health, and enabling care services. ACHS is a Federally Qualified Health Center serving the North Country since 1975. We provide integrated primary preventive health care services to 1 in 3 of the 31,000 residents who live in the 26 towns that comprise our service area.

We have taken the time to ask our patients to voice their opinion regarding the importance of our elected representatives investing in primary preventive healthcare such as that offered by ACHS. Attached you will find a petition where over 1,600 ACHS patients have provided their signature attesting to the following three points:

- *First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.*
- *Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.*
- *Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.*

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable what better way to say, "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

We believe SB 313 New Hampshire Granite Advantage Health Care Program is just such an investment.

MAIN OFFICE
25 Mt. Eustis Road
Littleton, NH 03561
(603) 444-2464
Fax (603) 444-5209

79 Swiftwater Road
Woodsville, NH 03785
(603) 747-3740
Fax (603) 747-0416

14 Kings Square
Whitefield, NH 03598
(603) 837-2333
Fax (603) 837-9790

1095 Profile Road, Suite B
Franconia, NH 03580
(603) 823-7078
Fax (603) 823-5460

333 NH Rte 25
Warren, NH 03279
(603) 764-5704
Fax (603) 764-5705

www.ammonoosuc.org

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

The New Hampshire Granite Advantage Health Care Program will enable ACHS to demonstrate significant outcomes, as we did with the NH Health Protection Program, in three areas. These areas are consistent with the Centers for Medicare and Medicaid Services (CMS) Triple Aim.

First ACHS *demonstrated enhanced patient experience* outcomes as follows.

- ACHS was first recognized as a National Committee on Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) at the highest level 3 in 2009. As a PCMH, ACHS integrates medical, behavioral, pharmacy, nutrition, dental, vision, and enabling patient navigational services including medical / legal partnership. As such ACHS provides a single point of contact for New Hampshire Health Protection Act patients, a more clinically efficient and cost-effective approach to meeting the healthcare needs of the whole person.
- Patient Satisfaction as measured by patient satisfaction survey exceeds 90% on an annual basis.
- Six additional case studies (the eight case studies presented orally are on a separate page following this letter) of New Hampshire Health Protection Act patient experiences as documented on page 3.

Second ACHS has *achieved optimal clinical quality outcomes*, and

- In 2009, ACHS was identified as one of the top 26 Federally Qualified Health Centers (FQHC), in the country for our clinical outcomes by the United States Department of Health and Human Services Health Resource Service Administration and the National Institutes of Health with respect to Healthy People 2010 goals.
- In 2015, ACHS was identified as one of the top 60 FQHC as a National Quality Leader by the United States Department of Health and Human Services Health Resource Service Administration for clinical outcomes in preventive, chronic and prenatal healthcare with respect to Healthy People 2020 goals.

Third ACHS *demonstrates a return on investment* for the New Hampshire Granite Advantage Health Care Program.

- ACHS, as a founder of the North Country Accountable Care Organization (ACO) (2012), a CMS ACO Shared Savings Program, was identified as one of the ACOs that in fact saved CMS money, concurrent with a 90th percentile patient satisfaction and a top quartile clinical outcome result.
- ACHS, as a founder of the New Hampshire Rural ACO (2016), a Caravan Health CMS Shared Savings ACO, was identified as saving the most Medicare funds of the twenty-three ACO in the cohort.
- Since the authorization of the New Hampshire Health Protection Program, ACHS has had a 35% increase in patients with New Hampshire Health Protection Act coverage and a commensurate 35% decrease in uninsured patients.[1]
- An ACHS primary preventive care visit has an average investment of $215[2] compared to an average Emergency Department Visit (N = > 8,000 patients across the U.S.) was $2,168[3] and an average New Hampshire Hospital Day of $2,412[4]. As such ACHS is tenfold more cost effective for New

[1] Calendar Year 2013 and 2015 ACHS US DHHS HRSA UDS Report
[2] Calendar Year 2017 ACHS US DHHS HRSA UDS Report
[3] How Much Does It Cost to Go to the ER?, Lindsay Abrams, February 28, 2013, http://www.theatlantic.com/health/archive/2013/02/how-much-does-it-cost-to-go-to-the-er/273599/
[4] Average cost per inpatient day across 50 states, Emily Rappleye, May 19, 2015, http://www.beckershospitalreview.com/finance/average-cost-per-inpatient-day-across-50-states.html

MAIN OFFICE
25 Mt. Eustis Road
Littleton, NH 03561
(603) 444-2464
Fax (603) 444-5209

79 Swiftwater Road
Woodsville, NH 03785
(603) 747-3740
Fax (603) 747-0416

14 Kings Square
Whitefield, NH 03598
(603) 837-2333
Fax (603) 837-9790

1095 Profile Road, Suite B
Franconia, NH 03580
(603) 823-7078
Fax (603) 823-5460

333 NH Rte 25
Warren, NH 03279
(603) 764-5704
Fax (603) 764-5705

www.ammonoosuc.org

Hampshire Health Protection Act patients then the alternative of being uninsured, experiencing poor quality health outcomes at a higher cost of care.

- According to a 2016 *American Journal of Public Health* publication[5], "We found that health center patients had lower use and spending than did non-health center patients across all services, with 22% fewer visits and 33% lower spending on specialty care, and 25% fewer admissions, and 27% lower spending on inpatient care. Total spending was 24% lower for health center patients."

The following are representative New Hampshire Health Protection Program (NHHPP) case studies of patients who have benefited from NHHPP.

- A NHHPP patient was addicted to heroin for several years. She accessed detox, rehab, primary care, counseling, and now long term residential care. She is thriving and learning the life skills and stress management to enter the work force and to parent again.

- A NHHPP patient who is a self-employed general contractor with very rare office and a number of emergency department (ED) visits for chest pain due to uncontrolled hypertension. The patient had an average blood pressure (BP) a year prior to NHHPP of 152/95 (max 170/104); average BP after NHHPP was 119/75 (max 128/77). Investment of $216 for each of two office plus meds costing ~$12/month. Savings to system- no ED visits at $2,168[6] no myocardial infarction, no stroke, avoiding hospitalizations at $2,412[7] which allows him to care for his disabled wife with lung cancer, in addition to working full time and employing his son.

- A NHHPP patient who is 20 years old and an expectant father experiences depression, ADD, explosive disorder. His score for depression as measured by the PHQ 9 went down from 18 to 0. He has no trouble with law. He had six ED visits ($13,008) 2013, one 2014 ($2168), none so far in 2015. H has no self-injurious behavior past 18 months.

- A NHHPP patient who is a 32-year-old mom, no health care from last postpartum visit in 2012 (Pre-NHHPA) until preventative visit Jan 2014 (NHHPP). Breast lump addressed (benign), Pap/HPV co-test done. Partner referred for vasectomy.

- A NHHPP patient who is a diabetic. Hb a1c down from 13.4 on 11/1/13 to 7.9 on 3/4/14 and thus avoids ED visit and potential hospitalization.

- A NHHPP patient addicted to heroin worked with an ACHE Patient Navigator. The patient has been in transition, moving to sober living in Manchester, NH, for a 3 month stay. Patient maintains sobriety. The journey has been arduous: 1) Cottage Hospital ED for heroin withdrawal and suicide ideations 2) Medical detox at Serenity House in Manchester with continued rehabilitation 3) Follow-up with primary care and Licensed Alcohol Drug Councilor 4) Access to NA and AA 5) Placement in

---

[5] Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings, Robert S. Nocon, et.al., Am J Public Health, 2016, November; 106(11): 1981-1989. Doi:10.2105/AJPH.2016.303341 (*prepublication manuscript is included in this bound packet*)

[6] How Much Does It Cost to Go to the ER?, Lindsay Abrams, February 28, 2013, http://www.theatlantic.com/health/archive/2013/02/how-much-does-it-cost-to-go-to-the-er/273599/

[7] Average cost per inpatient day across 50 states, Emily Rappleye, May 19, 2015, http://www.beckershospitalreview.com/finance/average-cost-per-inpatient-day-across-50-states.html

MAIN OFFICE
25 Mt. Eustis Road
Littleton, NH 03561
(603) 444-2464
Fax (603) 444-5209

79 Swiftwater Road
Woodsville, NH 03785
(603) 747-3740
Fax (603) 747-0416

14 Kings Square
Whitefield, NH 03598
(603) 837-2333
Fax (603) 837-9790

1095 Profile Road, Suite B
Franconia, NH 03580
(603) 823-7078
Fax (603) 823-5460

333 NH Rte 25
Warren, NH 03279
(603) 764-5704
Fax (603) 764-5705

www.ammonoosuc.org

residential care for more intensive counseling and life skill building. Patient will access some much-needed dental care (sliding-fee-scale discount eligible in that NHHPP does not provide an adult dental benefit) at ACHS clinic when she completes her transitional living care.

- A NHHPP patient who is a 31-year-old mother of three was addicted to heroin for a couple years after a back injury. Patient wanted to get into treatment. Went to Friendship House and got clean. Came out and only because of NHHPP was able to follow through with counseling, get on naltrexone which is an opioid blocker. Patient is now caring for her children and has a fulltime job. Reduced cost of: include and are not limited to possible foster care for children in some circumstances, treating her for Hepatitis C or HIV, and now is a contributing member of society and a tax-paying citizen.

- A NHHPP patient who is a 55-year-old with coronary disease that every time he goes off his medications he has a tens of thousands of dollars helicopter ride to Dartmouth Hitchcock Medical Center for a stent. The patient shifts between NHHPP and Health Insurance Marketplace plans because he is self-employed and has income fluctuations. He still experiences some disruptions in care and this is an opportunity to have a smoother transition for patients who have this experience.

On behalf our ACHS Staff, our Board of Directors, and the patients we serve, I thank you for your thoughtful consideration of the New Hampshire Granite Advantage Health Care Program.

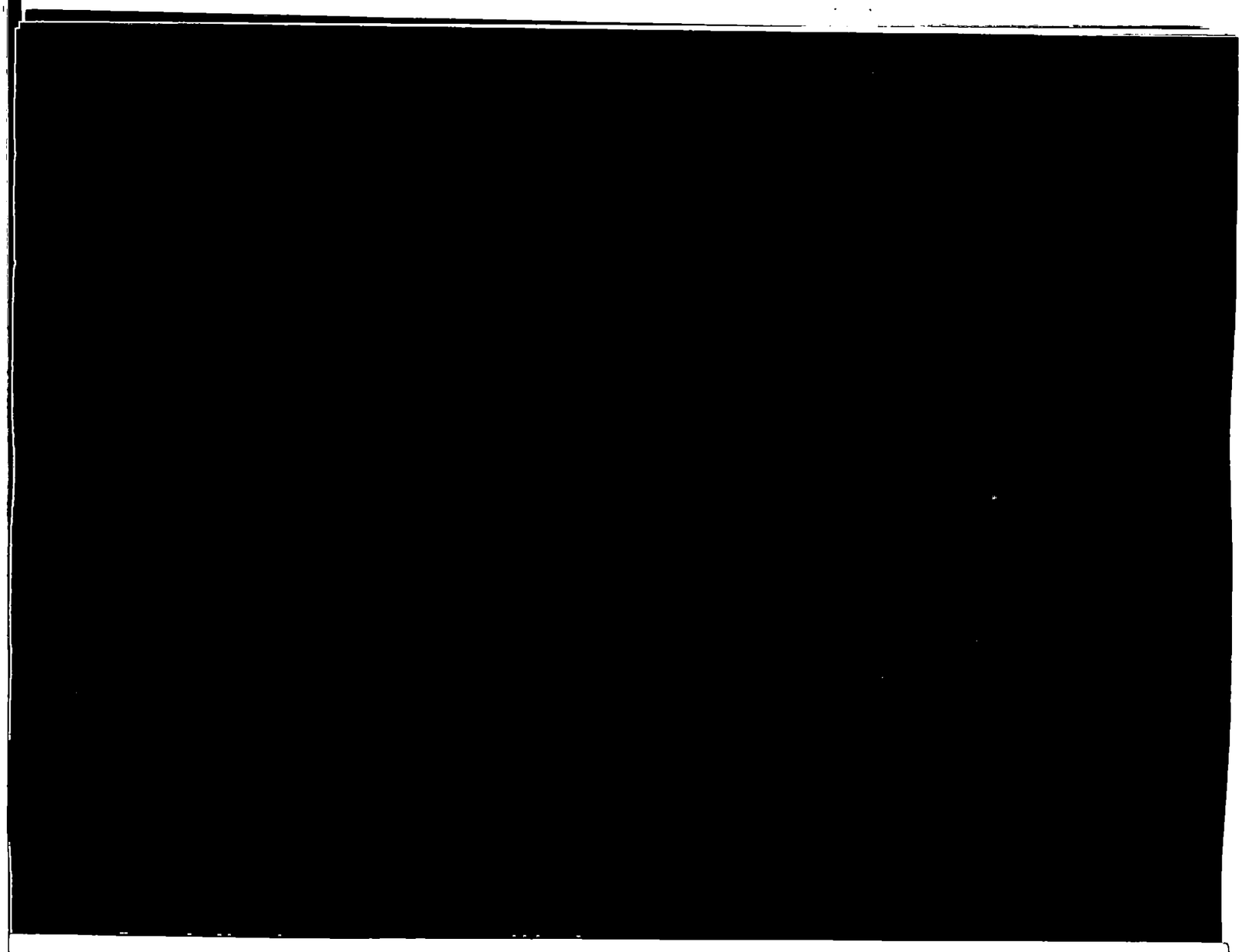
SB 313 New Hampshire Granite Advantage Health Care Program will improve our community's access to primary and preventive care and it will improve access to care statewide.

We know that health insurance coverage allows New Hampshire residents to manage chronic diseases, lowers out-of-pocket expenses, and reduces mortality rates.

Be mindful, be active, and be well,

Ed

Edward D Shanshala II, MSHSA, MSEd
CEO
603-991-7756
Ed.Shanshala@ACHS-Inc.Org



AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Roberto lost NHHPP because his disability income was just a mere $148 over the limit

"Roberto" became disabled due to medical conditions and was unable to return to work. While he qualified for Social Security disability, he lost NHHPP because his disability income is over the criteria by a mere $148.

In rural Coos County, Al uses NHHPP to get to his eye appointments"

"Al" is legally blind and unable to drive. With limited family around to assist him, he was able to utilize the transportation component of NHHPP to get to and from appointments. This was a huge benefit to the patient as he lives in rural Coos County where there are minimal public transportation options, and the out of pocket rate of a ride service is $1.60/mile. Transportation through NHHPP is the only affordable option for Al.

"Medicaid...is literally keeping me alive"
"Stan", Medicaid recipient, Age 59

"Stan" is a 59-Year old male with many chronic conditions including, Diabetes, High Cholesterol, Hypertension and a Vascular leg issue for which he needs surgery for. He has a SafLink phone and has accessed Medicaid for transportation, imaging, medication, physical therapy and specialty care. He credits Medicaid and Food stamps for "Literally, keeping me alive.".

"What a life-changer... I'm a completely different person!"
"Anita", Mom and NHHPP recipient

"Anita" is a patient of Dr. Nelson. She has two children on Medicaid. Her spouse was insured through work but told her it was "too expensive" to add her to his plan and that she was "on her own" for her own bills - refusing to assist her with her healthcare costs. She has severe anxiety and depression but could not afford her medications or mental health appointments. She has since divorced her husband and become eligible for NHHPP. This has been a life-changer for the patient as she can now access the services she needs on a regular basis and is able to get and take all her prescribed medications. This has increased her over-all well being and she says she is now "a completely different person!"

MAIN OFFICE
25 Mt. Eustis Road
Littleton, NH 03561
(603) 444-2464
Fax (603) 444-5209

79 Swiftwater Road
Woodsville, NH 03785
(603) 747-3740
Fax (603) 747-0416

14 Kings Square
Whitefield, NH 03598
(603) 837-2333
Fax (603) 837-9790

1095 Profile Road, Suite B
Franconia, NH 03580
(603) 823-7078
Fax (603) 823-5460

333 NH Rte 25
Warren, NH 03279
(603) 764-5704
Fax (603) 764-5705

www.ammonoosuc.org

"I truly don't know what we would do if we lost Medicaid"

Jessica Brooks, mother of Zach, age 3, with Downs Syndrome

One week after Zach was born, the Brooks family found out he had Down's Syndrome. Luckily, the family qualified for Medicaid, enabling them to afford the initial EEG which led to Zach's infantile spasm diagnosis. Recently denied Social Security Insurance, Jessica who works in human services, has had to get a second job to make ends meet. She worries everyday about losing Medicaid – her lifeline for doctor and specialist care for Zach. She says, "I don't think people know how much goes into the care of a child with special needs, and how much it costs to get that care. I don't know what we would do if we lost Medicaid."

"After my brain aneurysm and multiple brain surgeries, I am left with double vision and cannot work. Medicaid, helps me get the medical care I need, so at least I still can still care for my son."

Ken Kimball, TBI survivor, age 49

Ken was 39 and employed as a graphic designer when he had a brain aneurysm and was helicoptered to Dartmouth Hitchcock Medical Center for multiple brain surgeries. He underwent months of rehabilitation to learn to walk and talk again. Today, he has made a tremendous recovery, but still has lingering effects from the injury – including permanent double vision, vertigo and cognitive deficiencies. Unable to work, he relies on Medicaid for his ongoing health care. On his limited income, he simply would not be able to make it without Medicaid.

"Without the help from Medicaid as a young mother, I would not have been able to make ends meet, nor complete my education"

Lisa Bujno, Assistant Medical Director and former Medicaid recipient, age 58

Lisa was a young single mom, when she relied on Medicaid to help her and her daughter receive affordable health care. With this support, she could complete her education and go on to obtain her nurses license, so she could serve others in health care. Now an APRN, Lisa is the Assistant Medical Director at Ammonoosuc Community Health Services. Prior to that she worked as a program manager for the Veterans Administration. Her temporary reliance on Medicaid, had a remarkable impact on her life.

"Jim can now get the diabetes and eye care he desperately needs"

"Jim", NHHPP recipient, age 56

"Jim" is a 56-year old diabetic male. Recently, he lost his job after 30 years. With no 401k, no pension and no health insurance, he developed depression. ACHS was able to help him apply and get on NHHPP, which has been very beneficial for him. He is now able to get much needed health care for a variety of needs related to his diabetes, including eye complications and is now able to see behavioral health specialist.

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Jennifer R. Frazier	Jennifer R. F—	Littleton NH
2.	Lawrence R. Frazier	[illegible]	Littleton NH.
3.	Amy M Cole	Amy Cole	Littleton NH,
4.	LINDA SHULDA	Linda Shulda	LISBON, NH
5.	Deborah Brown	Deborah Brown	Bethlehem, NH
6.	LYNN KENERSON	Lynn Kenerson	Sugar Hill NH
7.	Heidi Wright	Heidi Wright	Franconia, NH
8.	HAROLD FRIEDMAN	Harold Friedman	Bethlehem N.H
9.	Sue Friedman	Sue Friedman	Bethlehem, NH.
10.	Jane O'Donnell	Jane O'Donnell	Littleton, NH
11.	Leslie Pellegrin	Leslie Pellegrin	Lisbon, NH
12.	LINDA ALBUQUERQUE	[illegible]	BETHLEHEM NH
13.	Robert Fenimore	[illegible]	Bethlehem NH
14.	Evan Steinbeck	[illegible]	Bethlehem NH
15.	BARBARA V. BELZ	Barbara V. Belz	Franconia, NH
16.	Amy A. Boy	[illegible]	Sugar Hill, NH
17.	Susan H Simpson	[illegible]	Franconia, NH
18.	Raven Thompson	Raven Thompson	Franconia, NH
19.	Edward L. O'Brien	Edward L. O'Brien	Easton, NH
20.	Connie EMERSON	Connie Emerson	Lisbon, NH
21.	Rick Pellegrin	[illegible]	Lisbon, NH
22.	Frank Gramm	[illegible]	Littleton
23.	Trevor Hamilton	[illegible]	Franconia
24.	Amelia A. Soha	Amelia A. Soha	Littleton

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Rosalie Robertson	Rosalie Robertson	Franconia
2.	Trevor Hamilton		Franconia, NH
3.	Maureen Thoma	Maureen Thoma	Bethlehem
4.	Megan Haggett	Megan Haggett	Littleton
5.	ERNEST MESSIER	Ernest J Messier	LITTLETON
6.	Schuyler W. Sweet	Schuyler W. Sweet	Littleton, NH
7.	Arlene Baird	ARLENE BAIRD	Franconia NH
8.	Bette Roberts	Bette Roberts	Littleton
9.	Glen Marro	Glen Marro	Whitefield
10.	Amy Gall	Amy Gall	Bath, NH
11.	Wesley Lemay		Littleton NH.
12.	Julie Ellsworth		Littleton NH
13.	Dena Mc		Bethlehem NH
14.	Cameron Wentworth	Cameron Wentworth	Bethlehem NH
15.	Audrey Crowe	Audrey Crowe	Franconia, NH
16.	Robert Lafountain	Robert Lafountain	Franconia NH
17.	DANIEL SPARKS	DANIEL SPARKS	Littleton NH
18.	Jean Lyttleton		Bethlehem, NH
19.	Marge LeBlanc	Marge LeBlanc	Littleton NH
20.	Tom Fillion	Tom Fillion	Littleton NH
21.	GARY S. BROWN	Gary S. Brown	LISBON NH.
22.	Deb Heath	Deb Heath	Lyman, NH
23.	Melanie Hamilton	MELANIE HAMILTON	Lyman NH
24.	Linda Cross		Sugar Hill

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Gail M. Hicks	Gail M. Hicks	Littleton NH
2.	Patricia Leach	Patricia Leach	Littleton NH
3.	Rosalie Robertson	Rosalie Robertson	Franconia
4.	STEPHEN HUDON		LANDAFF, NH
5.	JOHN D. WOLF JR.	John D. Wolf	Whitefield, NH.
6.	Roger Brigham	Roger Brigham	Easton, NH
7.	Lisa Bent	Lisa Bent	Sugar Hill NH
8.	Norma Murray	Norma Murray	Littleton NH
9.	NANETTE AVRIL	Nanette Avril	Franconia, NH
10.	Gil Yeze	GIL YEZE	Franconia, NH
11.	Lucy Downey		Franconia
12.	William Downey		Franconia
13.	Liam Downey		Franconia
14.	Kasey Quinn Nightingale	Kasey Quinn Nightingale	Lisbon
15.	Bill Kenney	J. William Kenney	Easton
16.	Savannah Mitton	Savannah Mitton	Littleton NH
17.	Kelly Townson	Kelly Townson	Whitefield, NH
18.	Cathy Strasser	Cathy Strasser	Sugar Hill NH.
19.	Teresa McLeod	Teresa McLeod	N. Haverhill, NH
20.	J & N Johnson		Sugar Hill NH
21.	Jeff Blodgett	JEFF BLODGETT	FRANCONIA
22.	Amy Gall	Amy Gall	Bath, NH
23.	JAY BEESTRADMAISORS		Lisbon, NH
24.	Karen Chiota	Karen Chiota	Lisbon, NH

C:\Users\lshulda\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PX17A8I8\petition master.docx

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	William Steele		Franconia, NH
2.	Elsie I. Steele		"
3.	Janet DeTilly		Lincoln NH
4.	Cindy Twombly		Thornton, NH
5.	Walter Twombly		Thornton, NH
6.	John A. Russell		Sugar Hill, NH
7.	Josh Yeargle		Littleton N.H.
8.	Rachel Clark		Bethlehem NH
9.	Richard S. Holland		Littleton, NH
10.	JADE MILLER		N. WOODSTOCK, N
11.	ZBIGNIEW MROZKO		WHITEFIELD, NH.
12.	Joy Sullivan		Bethlehem NH
13.	Mary Lou Stafford		Littleton N.H.
14.	Dexter STAFFORD		"
15.	Christy Riordon		Bethlehem NH
16.	Curtis W Mardin		Littleton, N.H. 0356
17.	Deborah Harris		Littleton, NH 03561
18.	Susan Kool		Littleton NH
19.	Lynn Kenerson		Sugar Hill NH
20.	Michelle Herbert		Littleton NH
21.	Francis Gravino		Littleton NH
22.	Howard Mills		Sugar Hill NH
23.	Kristen Ely		
24.	Deborah Marcotte		Bethlehem NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	LETA RAINVILLE		Lisbon NH
2.	Katelyn Sirois		Bethlehem NH
3.	Kim Clos		Franconia NH
4.	Scott Powers		Bethlehem, NH
5.	Brooke Campbell		Whitefield NH
6.			Bretton Woods NH
7.	Geneva Gasper		Sugar Hill, N.H.
8.	Ethel Roberts		Littleton, NH
9.	Ashley Bairam		Littleton NH
10.	DENNIS SULLIVAN		Franconia, N.H.
11.	Kim Clos		Littleton NH
12.	Tammy Cote		Lit. NH
13.	Geneva Gosper		Bretton Woods NH
14.	NANCY BLAMPIED		Sugar Hill, NH
15.	BLAKE ROBINSON		Sugar Hill, NH
16.	Ashley Bairam		Littleton, NH
17.	DENNIS SULLIVAN		Franconia
18.	Van Steinbeck		Bethlehem NH 03574
19.	Michelle Jackson		Bethlehem NH 03574
20.	Tracy L. McNamara		Littleton NH 03561
21.	Andrew Peloquin		Littleton
22.			Littleton, NH
23.	Cheryl W. Mercer		Littleton, NH
24.			
25.	John Stanley		Bethlehem, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	RUSSELL ANGEL	Russell Angel	Groveton NH
2.	William W. Oliver		Franconia NH
3.	Helen Pike		Waterford, VT
4.	Peggy Moore		Littleton NH
5.	Keith Garneau		Bethlehem NH
6.	Crystal Hodgdon		Littleton NH
7.	Carolyn Francis		Whitefield NH
8.	Marta Nobis		
9.	Sally Sherrard		Littleton NH
10.	Ashley Belmore		Littleton, NH
11.	Richard N. Moore		Bethlehem NH
12.	Lyn Jones		Littleton, NH
13.	Robert Sherburne		Franconia NH
14.	Mike Kitts		Bethlehem NH
15.	Barbara Lloyd		Jefferson NH
16.	Tori Breen	Tori Breen	Bethlehem, NH
17.	Sandra Konkel	Sandra Konkel	St J, VT
18.	JOAN DUBE	Joan Dube	LITTLETON NH
19.	Tammy Cote	Tammy Cote	Lit. NH
20.	Erin Stokesbury	Erin	Bethlehem, NH
21.	Susan M. Wentworth	Susan Wentworth	Northumberland NH
22.	Er - Stokesbury	Erin	Bethlehem, NH
23.	Sharon Small	Sharon Small	Littleton, NH
24.	[redacted] Rowe		
25.	Jaclyn Pecor	Jaclyn Pecor	Lisbon, NH
	Ana M Berry	Ana M Berry	Dalton, NH
	Nicole Brockney	Nicole Brockney II	St. Johnsbury, VT

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Jennifer Ingerson	Jennifer Ingerson	Bethlehem NH
2.	Linda J. Senger	Linda J. Senger	Franconia NH
3.	Mary Pellicher	Mary Pellicher	Bethlehem NH
4.	GAETANO V GRIMA		Franconia NH
5.	Kristy Rowe	Kristy Rowe	Waterford, VT
6.	Kelly Irving	Kelly Irving	Littleton NH
7.	[redacted]		
8.	Mary Edick	Mary Edick	Littleton NH
9.	JAN EDICK	Jan Edick	Littleton, NH
10.	ROBERT DERRINGTON	Robert Derrington	LITTLETON NH
11.	Marsha Bruce	Marsha Bruce	Franconia NH
12.	PHIL B	Phil Bessey	Bethlehem, NH
13.	Colette Clogh	Colette Clogh	Littleton NH
14.	Debra Baker	Debra Baker	Littleton NH
15.	Joyce Krill	Joyce Krill	Franconia, NH
16.	JEAN-MARC TREBUCHON		BETHLEHEM, NH
17.	William Bedor	William Bedor	Littleton, NH
18.	Catherine Strasser		Sugar Hill NH
19.	Carl D. Martin	Carl D Martin	Sugar Hill NH
20.	DAVID FICHMAN		[redacted] NH
21.	NINA TOUTANT	Nina Toutant	Lisbon, NH
22.	Cynthia L. Johnson	Cindy Johnson	FRANCONIA, NH
23.	SHARON HANDE	Sharon Hande	FRANCONIA NH
24.	Molly Fulton	Molly Fulton	Bethlehem, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Kelly Marsh	Kelly Marsh	Warren NH
2.	Jerry Brown	Jerry Brown	Wentworth NH
3.	Melissa Barton	Melissa Barton	Wentworth, NH
4.	Bree McHugh	Bree McHugh	Warren, NH
5.	Charles J. Hall		Rumney N.H
6.	Nancy B. Chandler	Nancy B. Chandler	Warren NH
7.	Eunice M. Ramsay	Eunice M. Ramsay	Glendale NH
8.	Audrey S Sites	← ic	Warren NH
9.	Denise Baum	Denise Baum	Wentworth, N.H
10.	Shirley Nicol	Shirley Nicol	Piermont, NH
11.	Susan D. Bliss	Sd Bliss	Wentworth, NH
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Floyd GRAMMO	Floyd Grammo	Littleton NH
2.	ANN FABRIZIO	Ann Fabrizio	Twin Mt NH
3.	Carmine J. Fabrizio	Carmine Fabrizio	Twin Mt. NH
4.	Ronald Baillargeon	Ronald Baillargeon	Franconia NH
5.	MARK DiMARZIO	Mark A. DiMarzio	FRANCONIA, NH
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	FAVOR JENKINS	Favor Jenkins	WENTWORTH N.H.
2.	Arline Hill	Arline Hill	Wentworth, NH
3.	MARSHALL MOULTON	Marshall Moulton	RUMNEY, NH
4.	CHARLES CAMERON	Charles Cameron	PIKE N.H.
5.	Heather Berthiaume	Heather Berthiaume	Warren, NH
6.	Philip L. KENDALL	Philip L Kendall	Wentworth N.H.
7.	Miranda Goguen	Miranda Goguen	GLENCLIFF, NH
8.	Allison Morrison		Wentworth NH 03282
9.	Angelia Balch	Angelia Balch	Warren N.H.
10.	CHARLOTTE S. PARK	Charlotte S Park	Rumney, NH 03266
11.	GEORGE R. EKWALL	George R Ekwall	PIKE NH 03780
12.	Carol Coon	Shirley C Coon	" " "
13.	Hollie Dike	Hollie Dike	Warren NH
14.	Claudia Meringolo	Claudia Meringolo	Bristol NH
15.	Elizabeth Wilkin	Elizabeth Wilkin	Warren, NH
16.	Mary Cataldo	Mary Cataldo	North Haverhill, NH
17.	Elizabeth Davison	Mary Cataldo POA	North Haverhill NH
18.	Donna Renkert	DONNA RENKERT	Warren, NH.
19.	Dorothy A. Powell	Dorothy A. Powell	Wentworth, NH 03282
20.	Philip Belyea	Philip Belyea	Glenclyff NH
21.	ANNA RIVERS	Anna Rivers	WARREN, NH
22.	DOUGLAS CLARK	Douglas Clark	WARREN, NH
23.	Stephanie J Bonila	Stephanie J Bonila	Groton, NH
24.	Denise Brown	Denise H. Brown	Wentworth, NH
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Denise Crowley	DENISE CROWLEY	Twin Mt NH
2.	Thomas H. Campbell	Thomas H Campbell	Littleton NH
3.	ANNE M. SMITH	Anne M Smith	Bethlehem, NH
4.	Helen Brennan	Helen Brennan	Dalton, NH
5.	Sandra Hesseltine	SANDRA HESSELTINE	Littleton, N.H.
6.	Maelinda LaFrance	Maelinda LaFrance	Littleton NH
7.	Claire Houghton	Claire Houghton	Whitefield, N.H.
8.	~~Wm~~ Houghton		Whitefield - N H
9.	Wm Houghton	Wm Houghton	Whitefield
10.	MEGAN E. BROWN	Megan E Brown	Twin mtn, NH
11.	JOHN J. SULLIVAN		Littleton NH
12.	ROBIN ROGERS	Robin Rogers	Woodsville
13.	Richard H Jersey		North Haverhill
14.	Patricia Rothney	Patricia Rothney	Littleton, NH
15.			
16.	Richard Blodgett	Richard Blodgett	Littleton NH
17.	DeAnne Blodgett	DeAnne Blodgett	
18.	Clifton D. Crosby	CLIFTON D. CROSBY	Bethlehem NH
19.	Joel J. Waverly	JOEL J. WAVERLY	Bethlehem N.H.
20.	Terence Gallagher	Terence Gallagher	Littleton N.H.
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Barbara Fullerton	Barbara Fullerton	N. Haverhill, N.H.
2.	SABRINA M. HADLEY	Sabrina M. Hadley	WOODSVILLE, N.H.
3.	Norman R Ingalls	Norman Ingalls	N. Haverhill, NH
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	DANNY A. ROWAN	Danny A. Rowan	Colebrook, N.H.
2.	SARAH A AVERY	Sarah A Avery	Littleton N.H
3.	Eileen Shea	Eileen Shea	Littleton, NH
4.	Melissa Emerson	Melissa Emerson	Sugar Hill, NH
5.	Edith Aldrich	wife Edith Aldrich	Littleton N.H.
6.	Sheila Heartbeat	Sheila Heartbeat	Lisbon NH
7.	Thomas H Campbell	Thomas H Campbell	Littleton, NH
8.	Patricia R. Campbell	Patricia R Campbell	Littleton, NH
9.	BARBARA V. BELZ	Barbara V. Belz	Franconia, NH
10.	DONNA M. HUSSEY	Donna M. Hussey	Littleton, NH
11.	CATHERINE M LEWIS	Catherine M Lewis	Littleton, NH
12.	Conton LaSalle	Carlton LaSalle	Littleton NH
13.	SCOTT BRIGGS	Scott Briggs	Littleton NH
14.	Carlene Gadabee	Carlene Gadabee	Littleton NH
15.	DIANE SUTTON	Diane Sutton	Franconia, NH
16.	BILL SUTTON	Bill Sutton	Franconia, NH
17.	ELWOOD MAADIN	Elwood Maadin	Lisbon NH
18.	MELODY CARRIERS	Melody Carriers	Whitefield NH
19.	NICK MIKE	Nick Mike	Franconia, NH
20.	Fred MAYO	Fred Mayo	Lisbon NH
21.	MARY G.T. FOWLER	Mary G.T. Fowler	Franconia, NH
22.	FLORENCE RUGGLES	Florence Ruggles	Littleton, NH
23.	Carolyn I. Hunt	Carolyn I. Hunt	Littleton, NH
24.	Beverly A Frankiewich	Beverly A Frankiewich	Sugar Hill, NH
25.	CHRISTINE CURRAN	Christine Curran	Bethlehem N.H.

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	DENISE CROWLEY	Denise Crowley	TWIN MT. NH
2.	CYNTHIA HOUGHTON	Cynthia Houghton	Littleton, NH
3.			
4.	Marlo Norris	Marlo Norris	Bethlehem NH
5.	Bonnie Mattox	Bonnie Mattox	Franconia, NH
6.	Savanah Miller	Savanah Miller	Littleton NH.
7.	LeAnn Blodgett	LeAnn Blodgett	Littleton N.H.
8.	Carol-Ann S. Blake	Carol-Ann S. Blake	Bethlehem, N.H.
9.	ALDEN H. BLAKE	Alden H. Blake	" "
10.	GINA D McIntosh	Gina D McIntosh	Littleton N.H.
11.	Audrey Crowe	Audrey Crowe	Franconia, NH
12.	Edith Aldrich	Edith Aldrich	Littleton N.H.
13.	David Lee Ash	David Lee Ash	Littleton N.H.
14.	Judith Stanley	Judith Stanley	Bethlehem, NH
15.	Sally Sherrard	Sally Sherrard	Littleton, NH
16.	Melissa Emerson	Melissa Emerson	Sugar Hill, NH
17.	Michele MacCorrison	Michele MacCorrison	Twin Mountain, NH
18.	MARK GROBELSKI	Mark Grobelski	LYMAN NH
19.	Mary Ricker	Mary Ricker	Littleton NH
20.	Alan C DuPuis	Alan C DuPuis	Littleton NH
21.	Richard A. FAGNANT	Richard A. Fagnant	Woodsville / Monroe
22.			
23.	Linda LaFrance	Linda LaFrance	Littleton, NH
24.	Maelinda LaFrance	Maelinda LaFrance	Littleton NH
25.	June C Dutilly	June C Dutilly	Littleton NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Doris B. Mitton	Doris B. Mitton	Dalton, N.H
2.	DEBORAH ERNST	Deborah Ernst	LITTLETON, NH
3.	JILL T PAKOS	Jill T. Pakos	LINCOLN N.H.
4.	Robin Tenoli	Robin Tenoli	Littleton, N.H
5.	Wendy Manning	Wendy Manning	Franconia, NH
6.	Frances Gammel		Littleton NH
7.	Rosalie Robertson	Rosalie M Robertson	Sugar Hill
8.	Dawn Greenleaf	Dawn Greenleaf	Franconia NH
9.	Becky D Christopher	Becky D Christopher	Lyman, NH
10.	Rebecca Dawn D Christopher	Rebecca D Christopher	Lyman, NH
11.	ELWOOD MARDIN	Elwood Mardin	Lisbon NH
12.	MIRANDA YOUNG	Miranda Young	Franconia NH
13.	cameron young	cameron young KN	Grafton, MA
14.	TOM ROSS	Tom Ross	Littleton, NH
15.	STEPHEN M. WELLS	Stephen M. Wells	Franconia, NH
16.	Margaret Rambach	Margaret Rambach	Bethlehem, NH
17.	Robert Fenimore	Robert Fenimore	Bethlehem, NH
18.	PEER K. MOGREN	Peer K. Mogren	Sugar Hill, N.H.
19.	JOSEPH NELSON	Joseph Nelson	FRANCONIA, NH
20.	Megan Willey	Megan Willey	Littleton NH
21.	Wayne Clough	Wayne Clough	Littleton NH
22.	Dean Palmer	Dean Palmer	Littleton, NH
23.	Laurie Murphy	Laurie Murphy	Littleton, NH
24.	JAMES T. Moody	James T Moody	Bethlehem, N.H.

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Carol Hennerway	Carol Hennerway	Littleton. NH
2.	Michelle Routhier	Michelle Routhier	Bethlehem NH
3.	CHRISTINE LATULIP		LITTLETON, NH
4.	Margaret Connors		Sugarhill NH
5.			
6.		MERI HERN	Sugar Hill NH
7.	EDWOOD MARDIN	Edwood Mardin	Lisbon NH
8.	JEFF MORRIS		Whitefield NH
9.			
10.	Andrew cook	Andrew Cook	Littleton NH
11.			
12.	Joanne C. Blaney	Joanne C. Blaney	Bethlehem NH
13.	Lisa May	Lisa May	Lisbon NH
14.	DEBORAH BROWN	Deborah Brown	LANDAFF NH
15.	Josh Tilton		LITTLETON NH
16.	Rose Larrivee	Rose Larrivee	Littleton NH
17.	Kim Carver		Lisbon, NH
18.		B SERAFINI	Sugar Hill NH
19.	John Matyas	John Matyas	Lyndonville, VT
20.	MICHAEL P. PARADIS	Michael P. Paradis	Franconia NH
21.	Melanie Kerr	Melanie Kerr	Sugar Hill NH
22.	Tina Dougherty	Tina Dougherty	Bethlehem NH
23.		Marlo Morris	Bethlehem NH
24.	Caitlin O'Connor	Caitlin O'Connor	Littleton NH
25.	Margaret E. Gale	Margaret E Gale	Bethlehem NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Janice Lebron	Janice Lebron	Groton, VT.
2.	Silvestre Lebron	Silvestre Lebron	Groton VT
3.	James M. Chamberlin	JAMES Chamberlin	Benton, N.H.
4.	Lisa Woodbeck	Lisa Woodbeck	Piermont NH.
5.	Robert Astle	Robert Astle	Woodsville NH
6.	Amy Bragg	Amy Bragg	
7.	Rosalie Farr	Rosalie Farr	Haverhill NH
8.	Cameron Wood	Cam Wood	Bath, NH
9.	Teri Dimock	Teri M Dimock	Woodsville NH
10.	Lee Sepersnik		Woodsville NH
11.	LORI SANTORO	Lori Santoro	Bath, NH
12.	Darlene McCrumb	Darlene McCrumb	Bath NH
13.	Bruce Tupper	Bruce Tupper	MONROE N.H.
14.	[redacted] Dianelwd		Ryegate, VT
15.	Abigail P Kennedy	Abigail Kennedy	Bath NH
16.	Linda McLeod	Linda McLeod	S. Ryegate VT.
17.	Wendy Chamberlain	Wendy Chamberlain	S. Ryegate, VT.
18.	Janet L Moulton	Janet L Moulton	No Haverhill NH
19.	Rebecca L Lynnell	Rebecca L Lynnell	N. Haverhill NH
20.	WANDA L Leopard	Wanda Leopard	No Haverhill, NH
21.	Marie D. Lamothe	Marie D Lamothe	Warren, N.H.
22.	PETER E LAMOTHE	Peter E Lamothe	WARREN NH.
23.	Leslie Keith	Leslie Keith	Woodsville NH
	Jeffrey Fullerton	Jeffrey Fullerton	N. Haverhill NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Lon Walker	Lon Walker	East Ryegate, VT
2.	Elaine Walker	Elaine Walker	E. Ryegate, VT
3.	Staci Hood	Staci Hood	Newbury, VT
4.	FRAN HUNT	Fran Hunt	So Ryegate, VT
5.	BARRY MACDONALD	Barry MacDonald	N. WOODSTOCK NH.
6.	Deb Simon		Rumney, NH
7.	Paul Matta		Woodsville NH
8.	Doreen Hubert	Doreen K. Hubert	Danville, VT
9.	Donald Hubert	Donald R. Hubert	Danville, VT
10.	Barbara A. Bullard	Barbara A Bullard	Woodsville, NH
11.	Nicole Morris	Nicole Morris	Woodsville NH
12.	Jessica Darling	Jessica L Darling	S. Ryegate VT
13.	STEPHEN WHITNEY	Stephen Whitney	Bath, NH
14.	Valerie Blowey	Valerie Blowey	Woodsville, NH
15.	Michael C. Lewis	Michael C. Lewis	E. Ryegate, VT
16.	Tammy K Burley	Tammy K Burley	Woodsville NH
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	PHILIP T STRUHSACKER	Philip T Struhsacker	FRANCONIA, N.H.
2.	MARGERIE M STRUHSACKER	Margerie M Struhsacker	FRANCONIA, N.H.
3.	MICHAEL RUSSELL	Michael Russell	FRANCONIA, NH
4.	SIDNEY REGAN	Sidney Regan	SUGAR HILL, NH
5.	A Leighton	A Leighton	Sugar Hill NH
6.	DIANA WRIGHTSON	Diana Wrightson	Lancaster N.H.
7.	Roger Clough	Roger Clough	LYMAN N.H.
8.	Barbara Williams	BARBARA WILLIAMS	Franconia, N.H.
9.	Gladys Landry	Gladys Landry	Dalton N.H
10.	A C Edmunds	A C EDMUNDS	FRANC
11.	Marian Edmunds	MARIAN EDMUNDS	FRANCONIA
12.	Robert Labonte	ROBERT LABONTE	FRANCONIA
13.	Mary Lou Stafford	Dexter Stafford	LITTLETON N.H.
14.	MICHAEL E GEIGER	Michael Geiger	FRANCONIA NH.
15.	GARY WILLIAMS	Gary Williams	Lyman, N.H
16.	Thelma Branscombe	Thelma Branscombe	Lincoln, NH
17.	Louise Gregoire-Allen	Louise Gregoire-Allen	Franconia, NH
18.	Miriam Russell	Miriam Russell	Franconia NH
19.	Ken Wilson	Ken Wilson	1170 RTE 117 SUGAR HILL NH
20.	Dale E. Jette	Dale Jette	Bethlehem, N.H.
21.	Robin Fenton	Robin Fenton	Littleton NH
22.	Fay Lloyd	Fay Lloyd	Bethlehem, NH
23.	Hes Lloyd	Hes Lloyd	Bethlehem NH
24.	GERARD F. BENSON	Gerard F. Benson	EASTON, NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Nina M Brown	Nina M Brown	LISBON, NH,
2.	BYRON ALDRICH	Byron Aldrich	LISBON, NH
3.	Suzanne M. Valliere	Suzanne M Valliere	Dalton, NH.
4.	ELEANOR FINK	Eleanor Fink	Franconia, NH.
5.	Julie Ellsworth	Julie Ellsworth	Littleton N.H
6.	John Ellsworth	JOHN ELLSWORTH	Littleton N. H
7.	Brenda L. Knapp	Brenda L. Knapp	Littleton N.H.
8.	Jason R Pearson		Littleton NH.
9.	Marge Tarsey	Marge Tarsey	Littleton NH
10.	Brigitte Taylor	Brigitte Taylor	Bethlehem NH
11.	Holly E Eastman	Holly Eastman	Littleton, NH. 03561
12.	Danielle Beaulieu	Danielle Beaulieu	Franconia, NH
13.	Peter Higbee	Peter Higbee	Berlin, NH
14.	MARTHE Aydelott		FRANCONIA, NH
15.	CARL BELZ	CARL BELZ	FRANCONIA NH
16.	Donna Flanders	Donna Flanders	Francona, NH
17.	HARVEY FLANDERS		FRANCONIA, NH
18.	KARL WICKENHEISER		Sugar Hill NH
19.	Daniel Cavanaugh		Dalton NH
20.	Tashney Corey		Littleton N.H
21.	Rosemary Ellms		Sugar Hill NH
22.	Lucie Pineault	Lucie Pineault	Littleton N.H.
23.	Stephen G. Cox		Whitefield NH
24.	Linda Marion	LINDA MARION	Littleton NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Michael KERVAN		Littleton NH.
2.	Karen Carriere	Karen Carriere	Littleton NH.
3.	EVELYN M. SNOW	Evelyn M. Snow	Lisbon, N.H.
4.	Dolores Wetmore	Dolores Wetmore	WHITEFIELD, NH
5.	Cynthia Vermette	Cynthia Vermette	Whitefield, NH
6.	Rodger Vermette	Rodger Vermette	Whitefield, NH
7.	Heather Brownell	Heather Brownell	Whitefield, NH
8.	Eileen Hurlbert	Eileen Hurlbert	Lancaster, N.H.
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Marlaina O'Reilly	MOReilly	Wentworth, NH
2.	Kim Pinkham	Kim Pinkham	N. Haverhill, NH
3.	Douglas M. Speed		Lisbon, NH
4.	Lori J. Bird	Lori J. Bird	N. Haverhill, NH
5.	KRIS Hennessey	KH	LISBON NH
6.	Andrew Colman		Woodsville NH
7.	Graham Lydon		Woodsville NH
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Marilyn L. Knowlton	Marilyn L Knowlton	Franconia, NH
2.	Ginge Cosgrove	Ginge Cosgrove	St Johnsbury, VT
3.	Rebecca Lewis	RLCL	Waterford, VT
4.	Kimberly ann Roby	Kimberly Roby	Littleton, N.H.
5.	Donald L Knight		Littleton N. H.
6.	Courtney Silva	Courtney Silva	Littleton NH
7.	Heather Silva	Heather Silva	Littleton, NH
8.	Samantha Prindiville		St Johnsbury, VT
9.	Lynn Dall		Littleton, NH
10.	Candace J. Cadieux	Candace Cadieux	Littleton, NH
11.	Brendan Dunlue		Littleton, NH
12.	Jessica Thwaites		Lisbon, NH.
13.	Craig R Beane	Craig R Beane	Littleton NH
14.	Todd COLPITTS		Littleton NH
15.	Cathy Grimes	Cathy Grimes	Woodsville, NH
16.	Michael Morton	Michael Morton	Littleton, N.H
17.	Ashley Torriquez	Ashley Torriquez	littleton N. H.
18.	GORDON STOCKMAN	Gordon Stockman	Littleton NH
19.	William J. Barnes	William J Barnes	Lisbon, N.H.
20.	LINDA BARNES	Linda Barnes	Lisbon NH
21.	Jamie Lavigne		Sugar Hill NH
22.	SHARON GEARY	Sharon Geary	Littleton, NH
23.	Emily Nute	Emily Nute	Littleton, NH
24.	EDWARD TAYLOR		LISBON NH
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	LouAnn J. Knight	LouAnn J Knight	Littleton NH
2.	[illegible] Michaud	[illegible]	Dalton NH
3.	Ellen Walker	Ellen Walker	Bethlehem NH
4.	Tori Andrews	Tori Andrews	Littleton NH
5.	SANDRA CRONIN	Sandra Cronin	LUNENBURG VT
6.	Violette Guerra	ViolletteGuerra	N. Concord VT
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Lawrence Jones	Lawrence Jones	WENTWORTH NH
2.	Jonathan Moulton	Jonathan Moulton	Wentworth NH
3.	Betty Stickney	Betty L. Stickney	Warren, NH
4.	ARNOLD EVANS	Arnold A. Evans	Wentworth, NH
5.	WALLY Foggs	Wally Foggs	BUMNOY N.H
6.	ERIC JONES	Eric Jones	GLENCLIFF, NH
7.	LEWIS BANCROFT	[illegible]	WARREN, NH
8.	Donald Holmes	Donald Holmes	Warren, N.H.
9.	Ken Mills	Ken Mills	Bpsp Ka Fl.
10.	BEVERLY WRIGHT	Beverly D Wright	Glencliff, N.H.
11.	THOMAS KING	[illegible]	WARREN N.H.
12.	Cathy Oikle	Cathy	Rumney NH.
13.	Charles & Barbara	[illegible]	Glencliff N.H.
14.	Virginia Burnham VIRGINIA BURNHAM	Virginia Burnham	Rumney, N.H.
15.	Mary F Cataldo	Mary Cataldo	North Haverhill NH
16.	AUDIE LINHARES	Laurie Linhares	WENTWORTH NH.
17.	Maren M. Mills		Wentworth, NH
18.	Avis Cushing	Avis Cushing	Wentworth, NH
19.	ELEANOR R. MURRAY	Eleanor R. Murray	Wentworth NH
20.	Susan D. Spencer	[illegible]	WARREN NH
21.	Marshall T. Morton		RUMNEY N. H.
22.	Estelle Ramsay	Estelle Ramsay	Warren NH
23.	Kathleen L. Evans	Kathleen Evans	Wentworth N.H.
24.	Catherine E. Somma	Catherine E. Somma	Warren, NH
25.	Michele E. Juraska	Michael E. Juraska	Warren, NH
	Constance Kondasis	Constance Kondasis	Bristol NH
	Claudia Menard	Claudia Menard	Bristol NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Jessica Brunette	Jessica Brunette	Littleton, NH
2.	Patricia McNamara	Patricia McNamara	Littleton, NH
3.	Dolores Hammerle	Dolores Hammerle	Littleton, N.H.
4.	Peris Hennessey		Lisbon NH
5.	Kay Kerr	Kay Kerr	Bethlehem NH
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	MELANIE HAMILTON	Melanie Hamilton	Lyman NH
2.	WOODY MILLER	Woody Miller	Sugar Hill, NH
3.	Herbert H. Hunt	HERBERT H HUNT	Sugar Hill NH
4.	N. BEVERLY DOYEN	N Beverly Doyen	Littleton, NH
5.	Lillian Bailey		Sugar Hill NH
6.	Debra Hanson		N. Woodstock, NH
7.	Marge Le Blanc	Marge LeBlanc	Littleton NH
8.	Melanie Blinstrub	Melanie Blinstrub	Groton NH
9.	Valerie Francis	Valerie Francis	Bethlehem NH
10.	Kaitlyn Dutton		Franconia, NH
11.	Elise Drake		Franconia NH
12.	JANICE KNIGHT	Janice Knight	FRANCONIA NH
13.	Bill Bergeron		Lincoln, N.H.
14.	Thayer Newport	Thayer Newport	Littleton N.H.
15.	Anne C. Terhaar	ANNE C TERHAAR	Franconia, N.H.
16.	Jean Pelletier	Jean Pelletier	Bethlehem, NH
17.	Jan Gram		Littleton, NH
18.	Amy Vencina	Amy Vencina	Sugar Hill, NH
19.	Sylvia Forge		Lisbon NH
20.			Franconia, NH
21.		Kent H. Gordon	Jefferson, NH
22.	Courtney Brady	Courtney Brady	Bethlehem, NH
23.	Denys Draper	Denys B Draper	Easton, NH
24.	Mindy Lagasse	Mlagasse	LITTLETON NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	JANET HILL		Bethlehem NH
2.	Christine Mays		Lisbon NH
3.	Mary Devine		Twin Mtn NH
4.	Marie Snyder		Sugar Hill NH
5.	Cassy Lynn Janes		Bethlehem, NH
6.	Shane Cunningham		Bethlehem NH
7.	Ronald Valliere		Dalton, NH
8.	Jason Beard		Bethlehem NH
9.	Joanna Ennon		Whitefield, NH
10.	Caitlin O Connor		Littleton, NH
11.	Sarah Brooks		Sugar Hill, NH
12.	ANITRA LAHIRI		Bethlehem, NH
13.	DANIEL SPARKS		Littleton, NH.
14.	Steve Briggs		Whitefield NH
15.	John D. Wolf JR.		W. Barnfield, NH.
16.			Littleton NH 03561
17.	MAUD L. THOMPSON		Littleton, NH
18.	ALEX THOMPSON		BETHLEHEM, NH
19.	Lucy Downey		Franconia, N.H.
20.	William Downey		Franconia, NH
21.	Helene Pelletier		Littleton N.H.
22.			Bethlehem, NH
23.	ANNE C TERHAAR		Franconia, NH
24.	ANNE BECKETT		EASTON NH

C:\Users\lshulda\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PX17A8I8\petition master.docx

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Teresa C. Brooks		Littleton, NH
2.	Carol A. Hemenway		Littleton, NH
3.	Stephen M. Noyes		Bethlehem NH
4.	JAMES A. CAMMETTE		Jefferson, N.H.
5.	Michelle Arsenault		Bethlehem NH
6.	Edward D Shanbrata		Bethlehem NH
7.	ROBERT S WEIR		3 BETHLEHEM, NH
8.	SHAWN TESSIER		Lyndonville, VT
9.	Kenneth L. Riebel		Littleton, NH
10.	Robert M TURRIGIANO		FRANCONIA, NH.
11.	DENISE CROWLEY		TWIN MT NH
12.	Donald A. Gazzoli		Haverhill, N.H.
13.	Charles J. Wolcott MD		Sugar Hill, NH
14.	DAVID L. NELSON, DO.		BENTON, NH
15.	Linda Stephens		Littleton, NH
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Sean Sweeney		Littleton, NH
2.	CRystal Miller	Crystal Miller	Littleton NH
3.	Heather Morrison	Heather Morrison	Lisbon, NH.
4.	Lynn M Mayhew	Lynn M Mayhew	Bethlehem,
5.	Don Lefebvre		Bethlehem, NH.
6.	Rebecca Cumming	Rebecca Cummings	Bethlehem, NH
7.	Michelle Routhier	Michelle Routhier	Bethlehem, NH
8.	Carol Hemenway		Littleton, NH
9.	Dan Champney		Littleton, NH
10.	Miten Asney		Littleton NH
11.	Maelinda LaFrance	Maelinda LaF	Littleton NH
12.	WAYNE DEMARS	Wayne Demars	BETHLEHEM
13.	Robyn Balch		Gilman, VT
14.	Duane PJ Joca	Duane Joca	Littleton, NH
15.	Angie Benton	Angie Benton	St Johnsbury, VT
16.	PD	Patrick Doughty	Bethlehem NH
17.	Tina Doughty	Tina Doughty	Bethlehem NH
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03562 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Abra A. Stefanos		Pike NH
2.	Eugene C Gannett Jr		Newfound NH
3.	Ellen Clark		Warren NH
4.	Bobbie Jo Briggs	Bobbie Jo Briggs	Warren NH
5.	LAURIE MITCHELL		Warren NH
6.	Margaret E Bixby	Margaret Bixby	Warren, N.H.
7.	Sandra Briggs	Sandra Briggs	Warren, NH
8.	Sharon Sanborn	Sharon Sanborn	Wentworth, N.H
9.	Barbara Stickney		Warren, NH
10.	Mary Hill		Plymouth, NH
11.	Dorothy C Powell		Wentworth 03282
12.	Bobbie Jo Briggs	Bobbie Jo Briggs	Warren NH
13.	Bob Bousard	Bob Bousard	Bristol NH
14.	Elizabeth P.C. Wilkin		Warren, NH
15.	Mary T. Nelson		Dorchester
16.	Debra Bryant	Debra Bryant	Glencliff N.H
17.	Tom T Kerr		Rumney, NH
18.	Bernadette V. Dupont	Bernadette V. Dupont	Plymouth, NH
19.	Robert Courtney	Barbara Hall	878 Dorchester Rd Rumney
20.	CHARLES T. EDDY		WARREN NH
21.	Cher Woods		Plymouth NH
22.	Denise Brown	Denise Brown	Wentworth, NH
23.	LUANN TALIAFERRO	Luann M Taliaferro	Dorchester, NH
24.	Denise Brown	Denise Brown	Wentworth NH
25.	Sarah K Hall	Sarah K Hall	Warren NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Hayley Beroney	Hayley Beroney	Bethlehem, NH
2.	Frank Gramma		Littleton, NH
3.	James Hogan		Franconia NH
4.	Gary Bronum	Gary L. Bronum	LISBON N.H.
5.	Jessica wright	Jessica wright	LITTLETON NH
6.	Adrien R Duttilly	Adrien R. Duttilly	LINCOLN, N.H.
7.	June Duttilly	June C Duttilly	Lincoln, NH 03251
8.	Bette Mageun		Littleton NH
9.	Beatrice Naylor	Beatrice Naylor	Lisbon, N.H.
10.	Stephen G. Cox		Whitefield, NH
11.	DANIEL A SPARKS		Littleton NH
12.	Myles Lobdell		Lyndeff, NH
13.	Sara E Crowell	Sara E Crowell	Lyman NH
14.	Priscilla Locke		Easton, N.H.
15.	Barbara Waites	Barbara Waites	Bethlehem, NH
16.	Debbie Aldrich	Debbie Aldrich	Sugar Hill NH
17.	LAURIE BARNETT	Laurie Barnett	Groveton NH
18.	Roberta S. Higgins	Roberta S. Higgins	Lisbon
19.	JADE LESINE		LITTLETON, NH
20.	DONALD LEVESQUE		LITTLETON, NH
21.	Holly Hayward	Holly H. Hayward	Sugar Hill NH
22.	Stephanie Westover	Stephanie Westover	Bethlehem, NH
23.	Deb Conicline	Deborah Conicline	Littleton, NH
24.	Darlene Roy	Darlene Roy	Lunenburg, VT

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Sonia German		Franconia NH
2.	William German		Franconia NH
3.	James Ivan Ash		Bethlehem, NH
4.	Tammy Foster		Sugar Hill NH
5.	JS Hutchinson		Sugar Hill NH
6.	ELSPETH RICHARDSON		Littleton NH
7.	Angela Presby		Littleton NH
8.	Kimberly Dibois		Littleton NH
9.	Megan Willey		Littleton NH
10.	Pauline Aldrich		Sugar Hill NH
11.	SUSAN KURTZ		Franconia, N.H.
12.	Betty Cressy		Lisbon NH
13.	Dylan Cressy		Lisbon NH
14.	Betsey Phillips		Franconia NH
15.	Milton B Phillips II		Bethlehem NH
16.	Brett Hamel		Easton N.H.
17.	ROGER A DERBY		SUGAR HILL N H
18.	ELEANOR FINK		FRANCONIA, NH
19.	Patrick McGeague		Lincoln, NH
20.	Thomas Palmer		Franconia NH
21.	Melissa Locke		Landaff NH
22.	JAMIE STRAND		Franconia NH
23.	Kathleen Fava		Littleton NH
24.	Shana McTeague		Lincoln, NH

C:\Users\lshulda\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PX17A8I8\petition master.docx

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	RHONDA CHANDLER	Rhonda Chandler	Franconia, N.H.
2.	Elizabeth Allen	Elizabeth Allen	Twin Mountain, N.H.
3.	Gina D'Orazio	Gina D'Orazio	Littleton, NH
4.			
5.			
6.	Robert B. Ferrini	Robert B. Ferrini	Colebrook, NH
7.	Meli Hern	Meli Hern	SUGAR HILL, NH
8.	Connie Wyman		Bethlehem NH
9.	Cynthia Chase	Cynthia Chase	Littleton, N.H
10.	ESTALEE FERRELD	Estalee Ferrell	Bethlehem,
11.	Elaine Rentz	Elaine Rentz	Lunenburg VT
12.	Julee Monahan	Julee Monahan	Lancaster, NH
13.	Paul Keegin		Bethlehem, NH
14.	GEORGE E. BROOGAN SR		Conway, NH
15.	Betty Abbott		Littleton N.H
16.	Tina Drew	Tina Drew	Littleton NH
17.	MARLENE MAY	Marlene May	Littleton NH
18.	DENNIS GRENIER	Dennis Grenier	Groveton NH
19.	KATHY DUFFY	Kathleen Duffy	LISBON NH
20.	Leslie Pellegrin	Leslie Pellegrin	Lisbon, NH
21.	Michele Rzepa	Michele Rzepa	Dalton NH
22.	Audrey Crowe	Audrey Crowe	Franconia, NH
23.	Rachael Crowe	Rachael Crowe	Franconia, NH
24.	Rick Pellegrin		Lisbon NH
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Debra Bryant	Debra Bryant	Glencliff N.H. 03238
2.	Angie Semenfgelis		Warren, N.H.
3.	JAMES L. BUTLER II	James L Butler II	WARREN, N.H.
4.	JAMES L. BUTLER III	James L Butler III	WENTWORTH, N.H.
5.	ANDREW BOURASSA	Andrew Bourassa	ASH/AND NH 0321
6.	Judy Whitcher	Judy Whitcher	Warren N.H. 03279
7.	David G Whitcher	David G Whitcher	Warren, NH 03279
8.	John Semenfgelis		Warren, N.H 03279
9.	Veronica Thiseller		WARREN, NH 03279
10.	Charles J. Hall	Charles J. Hall	Rumney, N.H.
11.			Groton, NH
12.	Theresa Evans	Theresa Evans	Wentworth, NH
13.	Doug Breuing	Doug Breuing	Groton
14.	Joanne Hansen	JOANNE HANSEN	Warren, N.H
15.	Kathleen Bushaw	Kathleen Bushaw	Warren, N.H.
16.	Christian Poissant		Rumney N.H
17.	Denise Brown	Denise Brown	Wentworth, NH
18.	Rebecca Fuller	Rebecca Fuller	North Haverhill, NH
19.	Charles T. Eddy	CHARLES T. EDDY	WARREN, NH
20.	Rosemarie Wemble	Rosemarie Wemble	Wentworth N.H
21.	Diane Finlay	Diane N Finlay	Pike, NH
22.	Deb Dickmann	Deborah Dickmann	Glencliff, NH
23.	Joan Amer		Wentworth, NH
24.	Roberto Briseno	Roberto Briseno	Warren NH
25.	Kelly Maud		Warren NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Cynthia Chase	Cynthia	Littleton, N.H.
2.	Shawna Spencer	Shawna	Lincoln, NH 0325
3.	Aaron Cockrell	Aaron Cockrell	
4.	Phil Bergeron	Phil B	Bethlehem, NH 035
5.	Richard W Gregory	Richard W Gregory	Bethlehem, NH 03
6.	Sandra Gamble	Sandra Gamble	Franconia, NH 03580
7.	Sharon Holbrook	Sharon Holbrook	Littleton, NH 03561
8.	M. WAYNE HOLBROOK	M. Wayne Holbrook	Littleton, NH 03561
9.	Cheryl H. Compton	Cheryl H. Compton	Bethlehem NH 03574
10.	John Compton	John Compton	Bethlehem NH 03574
11.	Stephanie A. mcmahon	Stephanie A mcmahon	Whitefield, NH 03598
12.	Deborah J. Lewis	Deborah J Lewis	Bethlehem NH 03574
13.	Sally Sykes	Sally Sykes	BETHLEHEM, NH 03574
14.	Charlotte Amsden	Charlotte Amsden	Lunenburg, VT 05906
15.	Shane Cunningham	Shane Cunham	Bethlehem NH 03574
16.	Deborah Pierce	Deborah Pierce	Lunenburg VT 059
17.	Marilyn Putney	Marilyn Putney	Littleton NH 0356
18.	Della Mae Aldrich	Della Mae Aldrich	Lyman N.H. 03585
19.	Stephen A Chardon	Steph C Chard	Franconia, N.H 03580
20.	Barbara Deming	Barbara Deming	Lisbon NH 03585
21.	David C. Deming	David C Dem	Lisbon NH 03585
22.	Lawrence E. Hartshorn	Lawrence E. Hartshorn	Gilman VT. 05904
23.	Jenny Nielsen	Jenny Nielsen	Littleton NH 0356
24.	Melinda Auber	Melinda Auber	Littleton NH 0356

WFHC

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Carrie A. Paul	Carrie A Paul	Gilman, VT
2.	Christy Downing	Christy Downing	Lancaster, NH
3.	Trevor Hosmer	Trevor Hosmer	Lancaster, NH
4.	Kelly L. Faberdeau	Kelly L Faberdeau	Littleton NH
5.	Constance Patnoe	Constance Patnoe	Lancaster, NH
6.	Dennis Patnoe		Lancaster, NH
7.	Jane O Dickerman		Bethlehem NH
8.	Jana Kaplan	Jana Kaplan	Bethlehem, NH
9.	Steven Auclair	Steven Auclair	Twin Mt NH
10.	Patricia McLure	Patricia McLure	Lancaster, NH
11.	Jane L. Lucas	Jane L Lucas	Bethlehem, NH
12.	Kim Crane	Kim Crane	Lancaster NH
13.	Jane M. Tremblay	Jane M Tremblay	Littleton NH
14.	Virginia A. Gilmore	Virginia A Gilmore	whitefield, N.H.
15.	Karey D. Marsh	Karey D Marsh	Whitefield, NH
16.	Pauline DiNatale	Pauline DiNATALE	Whitefield N.H.
17.	Suzanne O'Gara	Suzanne O'Gara	Whitefield NH
18.	A Kay Hutchins	A Kay Hutchins	Dalton, NH
19.	Christina Bryant	Christina Bryant	Groveton, NH
20.	Heidi Larsen	Heidi Larsen	Franconia NH
21.	Rebecca Hunt	Rebecca Hunt	Littleton, NH
22.	Eleanor D. Howard	Eleanor D Howard	Sugar Hill NH
23.	Jan L Carbonneau	Jan Carbonneau	Glenncng NH
24.	William Robinson	William S. Robinson	Haverhill, NH
25.	Sandra E. Hart	Sandra E. Hart	Twin Mt NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1. Bonnie Boswell	Bonnie Boswell	Whitefield N.H.
2. ROBERT TYLER	Robert Tyler	LITTLETON N.H.
3. WILLETTE F. STONE	Willette F Stone	by NEWBURY, VT
4. SUSAN THOMSEN	Susan Thomsen	
5. Melissa LaPage	Melissa LaPage	Gilman, VT
6. TEAGAN LaPage		Littleton NH
7. Lisa Mackenzie		Lyman NH
8. Chad Proulx		Bethlehem, NH
9. Candace G. Miles		Bethlehem, N.H.
10. Phyllis A. Sprague	Phyllis Sprague	Bethlehem, N.H
11. Freda L. Hanna		Littleton, NH
12. Brigitte Bean	Brigitte Bean	Littleton NH
13. C Horton		Littleton, NH
14. Barbara Oakes	Barbara Oakes	Lyndonville, N.H.
15. Jamie Currier		Littleton NH
16. Heather Bean		Littleton NH
17. Catherine Moos	Catherine Moos	Littleton NH
18.		Littleton NH
19. Keri Boynton	Keri Boynton	EASTON, NH
20. Deborah Steward		Woodsville NH
21. Ashley Eames		" "
22. Rodan Tobey		Littleton NH
23. Stephanie Moms		Haverhill NH
24. Anya Bailey		Littleton NH
25. Kendra Reardon		Whitefield NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1. Billi-Jo LaFrance	Billi-Jo LaFrance	Dalton, NH
2. Kathleen Boswell	Kathleen Boswell	Littleton NH
3. Melissa L. Norris		Bethlehem, NH
4. Corey J. Norris		Bethlehem, NH.
5. Zoe Norris		Bethlehem, NH
6. Josh Tilson		Littleton, NH
7. Amy Veneziz		Sugar Hill, NH
8. Nicole Slattery		Franconia, NH
9. Nancy Gigliello		Bethlehem, NH
10. Melissa Hodge		North Haverhill NH
11. Dayna Deass		Littleton NH
12. Evelyn Ford		Francestown NH
13. Jennifer Martin		Whitefield, NH
14. Pamela Haynes		Littleton NH
15. Dana HAYNES		Littleton NH.
16. Russel Angell		Groveton, NH. 03582
17. VICTORIA LARO		LITTLETON, NH
18. Elizabeth Lacey		Littleton, NH
19. Pauline Palmer		EASTON
20. John Williams		Lancaster NH
21. Marilyn McDonald		Franconia NH
22. Donald A Croteau		Littleton, NH
23. Mary Sait		Littleton
24. MARY LYNCH		Littleton
25. Vicki Potter		Lancaster NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	BETTIANN C. RYAN	Bettiann C. Ryan	Whitefield N.H.
2.	Michelle Fisher	Michelle Fisher	Lisbon NH
3.	Ken Parker	Ken Parker	Lyman, NH.
4.	Jennifer Pineo	Jennifer Pineo	Littleton NH
5.	ANTHONY F ILARDO	Anthony F Ilardo	LITTLETON NH
6.	RACHEL CLARK	Rachel Clark	Bethlehem NH
7.	JADE MILLER	Jade A. Miller	BETHLEHEM
8.	Karen Dietlein	Karen Dietlein	Franconia
9.	Francis Grammo		Littleton
10.	Heather Bouchard	Heather Bouchard	Franconia, NH
11.	MaryAnne Durkanty	MARYANNE DURKANTY	Littleton NH
12.	Robert C Bennett	Robert Bennett	BETHLEHEM
13.	Portia Winton		Franconia NH.
14.	Carol A Vaague	Carol A Vaague	Littleton NH
15.	ROBERT N. LABONTE	Robert N. Labonte	Franconia N.H.
16.	& Leslie Pellegrin	Leslie Pellegrin	Lisbon, NH
17.	Rick Pellegrin		Lisbon NH
18.		James Thurston	BETHLEHEM NH
19.	Pat Kellogg	Pat Kellogg	Littleton NH
20.	Jason Smith	Jason Smith	Littleton NH
21.	Kimberly Carver		Franconia, NH
22.	& J Geneva	Robert Jones	FRANCONIA, N.H.
23.	Eileen J. Ball	Eileen J. Ball	Franconia, NH
24.	Lorraine C. Bourassa	Lorraine C. Bourassa	Lyman, NH
25.	Suzanne M. Vallière	Suzanne M. Vallière	Dalton, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Denise Crowley		Twin Mt NH
2.	Emily Robinson	Emily Robinson	Bethlehem NH
3.	Pam Santora		Bath, NH
4.	Patina welch	Patina Welch	Littleton NH Littleton,
5.	Sally Sherrard		580 N. Skinny Ridge Rd
6.	Carolyn Hunt		Littleton, NH
7.	Hans "Lon" W. Henderson		120 Lafayette Rd; Sugar Hill NH
8.	Florence Ruggles	Florence Ruggles	4 Crawford St. Littleton NH
9.	Alan B Kent III		4 Elm St #106 Lancaster, NH
10.	Patricia A. Fryer	Patricia A Fryer	1407 N. Littleton Rd, Littleton NH
11.	Paul Reitsma		MT EUSTIS LITTLETON N H
12.	Mary Pelletier	Mary Pelletier	2763 Littleton Rd Monroe
13.		Johanna E Vinal	Whitefield NH
14.	Jacqueline Carbonneau	Jacqueline Carbonneau	70 Clough Hill Rd, Lyman
15.	David A Carbonneau	David A Carbonneau	70 Clough Hill Rd, LYMAN
16.	KATHLEEN D DUFFY	Kathleen D Duffy	NSOOO NH
17.	Marcia Wise	Marcia L Wise	65 Colby St Colebrook NH
18.	William & Diane	Sutton	1 Cobb St, Lan,
19.	Theresa J. Tuthill Smith	Theresa S. Tuthill-Smith	Lisbon NH
20.	Angie J Bucle	Angela J Bucle	Box 73 Franconia N.H. 03580
21.	Eva B Pellegrin & Robert	30 Brentwood Rd	Littleton N. H 03561
22.	Edith Abbott		Littleton NH
23.	Thomas McGinnis		Littleton NH
24.	Patricia Garvin	PATRICIA GARVIN	Franconia NH
25.	Julee Monahan	Julee Monahan	Lancaster NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Donna Paquette	Donna Paquette	Lisbon NH
2.	DORIS A Bean	Doris A Bean	Bethlehem NH
3.	Julie M Drew	Julie M Drew	Sugar Hill NH
4.	Kelly Irving	Kelly Irving	Littleton NH
5.	Linda Bennett	Linda Bennett	Whitefield NH
6.	MICHAEL SULLIVAN		BETHLEHEM NH.
7.	James I Moody	James I Moody	Bethlehem, N.H.
8.	Harold Aldrich	Harold Aldrich	Sugar Hill NH
9.	Cynthia Beerbaum	Cynthia Beerbaum	Franconia NH
10.	Elizabeth Burpee	Elizabeth Burpee	Franconia, NH
11.	Jane McElwaine	Jane McElwaine	Sugar Hill, NH
12.	Joseph D Hess		LITTLETON, N.H.
13.	Nancy Abbie Cassidy	Nancy Cassidy	Lisbon, NH
14.	Elizabeth Stowell	Elizabeth Stowell	Franconia, N.H.
15.	David Hennis		Littleton, N.H.
16.	Jeff Phillips		Littleton NH
17.	Kelly Eastman	Kelly Eastman	Littleton, NH
18.	Rita L. Besaw	Rita L. Besaw	Franconia, N.H.
19.	CHARLES BESAW	Charles K Besaw	" "
20.	William Bolduc		Littleton NH
21.	Edward Rolfe	Edward Rolfe	Franconia NH
22.		RICHARD O. MORRIS	FRANCONIA NH
23.	George Roorbach		FRANCONIA, NH
24.	Roberta Gaudes	Roberta Gaudes	Jefferson, NH

C:\Users\lshulda\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PX17A8I8\petition master.docx

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Deanna Emmons	Deanna Emmons	Dalton NH
2.	Barbara V. Belz	Barbara V. Belz	Franconia, NH
3.	Merton Rymph	Merton Rymph	Lisbon, NH
4.	Robert P Probett	Robert P Probett	Sugar Hill, NH
5.	Sara Crowell	Sara Crowell	Lyman, NH
6.	Leslie Merchant	Leslie Merchant	Littleton NH
7.	Timothy Cowles		Franconia NH
8.	Maureen A Dexter	Maureen A Dexter	Littleton, NH
9.	DAVID PICKMAN		FRANCONIA, NH
10.	Jenny Ricker	Jenny Ricker	Whitefield, NH
11.	Scott Garner		Lancaster NH
12.	HORACE C BURRINGTON	Horace C Burrington	LITTLETON NH
13.	Shirley Burrington	Shirley Burrington	Littleton N.H.
14.	ANNE Davis		Dalton NH
15.	Jeanette M Streeter	Jeanette M Streeter	Littleton, NH
16.	SAM FLETCHER	Sam Fletcher	Franconia NH.
17.	John D. WOLF JR	John D Wolf	Whitefield NH.
18.	Herbert D. Lloyd	Herbert D Lloyd	Bethlehem NH
19.	Kathleen M. Ardolino	Kathleen M. Ardolino	Lisbon, NH.
20.	GEORGE P. ARDOLINO	George P Ardolino	Lisbon NH
21.	RONALD S. SHEEHAN	Ronald S Sheehan	Littleton NH
22.	JOSEPHISE L. OTT	Josephise L Ott	Lyman, NH
23.	Sylvia C. Lough	Sylvia C Lough	Littleton NH
24.	Richard W Smythe	Richard W Smythe	Bethlehem NH
25.	Catherine Shaw	Catherine Shaw	Lincoln NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Danielle Beaulieu	Danielle Beaulieu	Franconia, NH
2.	Erin E. Primiano	Erin Primiano	Brookfield, VT
3.	Heidi A. Wright	Heidi A. Wright	Franconia, NH
4.	Jane H. O'Donnell	Jane H. O'Donnell	Littleton, NH
5.	NINA BROWN	Nina Brown	Lisbon, NH.
6.	Amanda Scott	Amanda Scott	N. Stratford, NH
7.	Joseph Clark	Joseph Clark	Littleton NH.
8.	Kasey Q Nightingale	Kasey Q Nightingale	Lisbon, NH
9.	DOUGLAS EVELYN	Douglas Evelyn	Sugar Hill, NH
10.	LINDA SHULDA	Linda Shulda	Lisbon, NH
11.	GREG L. ANDERSON	Greg L. Anderson	FRANCONIA, NH
12.	Kris Pastorza	Kris Pastorza	Easton, NH
13.	John Matyas	John Matyas	St. Johnsbury, VT
14.	[illegible]	Krystle Seaver	Lisbon, NH
15.	Krystal Murray-Brown	Krystal Murray-Brown	Bethlehem NH
16.	Timothy Williams	Timothy C. Collins	Sugar Hill N.H.
17.	Dewp Draper	Dewp Draper	Easton, NH
18.	Darleen Sarnusky	Darleen Sarnusky	Littleton NH
19.	Barbara Serafini	BARBARA SERAFINI	Sugarhill NH
20.	Robert P. Karman	ROBERT P. KARMAN	Franconia
21.	Edith Aldrich	Edith Aldrich	Littleton NH
22.	Kathy Bentley	Kathy Bentley	N. Woodstock, NH
23.	JANET HILL	Janet Hill	Bethlehem NH
24.	LINDA LEGER	Linda Leger	Littleton
25.	HARRIET INCMAN	Harriet Incman	Littleton NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Della Mae Aldrich	Della Mae Aldrich	Lyman N.H.
2.	Louise B. Smith	Louise B Smith	Littleton, NH
3.	David Aldrich	David Aldrich	Lyman NH
4.	Erin Yule	Erin Yule	Franconia
5.	Gertrude Keeler	Gertrude Keeler	Littleton, N.H.
6.	Bob Keeler	Bob Keeler	Littleton, N.H.
7.	Nancy E. Collins	Nancy E. Collins	Littleton, NH.
8.	Melinda A Aubin	Melinda Aubin	Littleton NH
9.	Rita Z. Besaw	Rita Z. Besaw	Franconia, NH.
10.	Teresa M. Griggs	Teresa M. Griggs	Lisbon, NH
11.	EDWARD LEITSON	Edward Leitson	Littleton, N.H.
12.	Cynthia Federton	Cynthia Federton	Bethlehem, NH
13.	Sharon CRAIGIE	Sharon Craigie	Littleton, NH.
14.	Clark Campbell	Clark Campbell	Lincoln, NH
15.	HAROLD FRIEDMAN	Harold Friedman	Bethlehem NH
16.	Pamela J Langley		Lincoln, NH.
17.	ANTHONY F IACQUA	Anthony F Iacqua	LITTLETON NH
18.	Floyd GRAMMO	Floyd Grammo	Littleton NH
19.	MARY LOU. STAFFORD	Mary Lou Stafford	Littleton NH
20.	Dexter STAFFORD	Dexter Stafford	Littleton NH
21.	MERI HERN	Meri Hern	Sugar Hill NH
22.	SIDNEY REGEN	Sidney Regen	Sugar Hill, NH
23.	Kathryn Mannetho	Kathryn Mannetho	Sugar Hill NH
24.	David Mannetho	David Mannetho	Sugar Hill NH
25.	KATHIE LOVETT	Kathie Lovett	FRANCONIA, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Patricia Prather	PATRICIA PRATHER	GROVETON, NH 03582
2.	Jean Bergin	Jean Bergin	Whitefield NH 03
3.	BA Bousquet	BA Bousquet	Whitefield NH
4.	SARAH Tingley	Sarah Tingley	Whitefield NH
5.	Pamela Shillieto	Pamela Shillieto	Bethlehem NH
6.	RHONDA CHANDLER	Rhonda Chandler	Littleton NH.
7.	JANET CHRISTENSEN	Janet Christenson	Jefferson NH
8.	Kellie Briggs	K. Briggs	Whitefield, NH
9.	Mary Chandler	Mary Chandler	Jefferson. NH
10.	Janice K. Ruth	Janice K. Ruth	Whitefield, NH
11.	THERESE L. JONES	Therese L Jones	Dalton, NH
12.	WILLARD W LUCAS	Willard W Lucas	Bethlehem
13.	Kathy Dubois	Kathy Dubois	Lancaster NH.
14.	Noella gordon	Noella gordon	Whitefield NH
15.	Ronald Gordon	Ronald Gordon	Whitefield NH
16.	Bethany Woodward	Bethany Woodward	Littleton, N.H.
17.	WINIFRED ROBINSON	Winifred Robinson	Littleton, N.H.
18.	CATE DIBUSTI	Cate DiBusti	Whitefield, NH
19.	Rebecca Webb	Rebecca Webb	Bethlehem NH
20.			
21.			
22.	Amelia St. John	Amelia St. John	Littleton, NH
23.	Sue Rouillard	Sue Rouillard	White Field. NH
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Lisa Savicki	Lisa Savicki	Littleton, NH
2.	Carole Boger	Carole E Boger	Bethlehem, NH.
3.	Audrey Crowe	Audrey Crowe	Franconia, NH
4.	Gerald N Roy	GERALD N Roy	Whitefield NH.
5.	Maureen T. Sheehan	Maureen T. Sheehan	Littleton, N.H.
6.	Stephen Huggins		Bethlehem, NH
7.	Richard Moore		Franconia, NH
8.	Gloria Moore	Gloria Moore	Franconia, NH
9.	Patty Gauthier	Patty Gauthier	Whitefield, NH
10.	Tiffany Chandler		
11.	Mary Chandler	Mary Chandler	Jefferson NH
12.	Cynthia Bancroft	Cynthia Bancroft	Whitefield Lancaster Rd.
13.	Vicki Flynn	Vicki Flynn	Whitefield, NH
14.	Dorothy Tate	Dorothy Tate	Whitefield NH
15.	Beverly STRout	Beverly Strout	Whitefield NH
16.	Stella Roberts	Stella Roberts	Littleton, NH.
17.	Cathy Gauss	Cathy Gauss	Dalton, NH
18.	CAROL TIBBER	Carol Stiber	Jefferson NH
19.	Elizabeth Colligan	Elizabeth Colligan	Bethlehem, NH 03574
20.	Virginia Gines	Virginia A. Gines	Whitefield, NH.
21.	Claire Houghton	Claire Houghton	Whitefield Lisbon, NH 03585
22.	George Ouellette		Whitefield
23.			Groveton NH
24.	John Prather		Whitefield, N.H.
25.	George Bond	George Bond	

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Jason Bailey		Dalton. NH
2.	Judith Tetley		Lincoln NH
3.	Peter Rogers		GUILDHALL VT
4.	DONALD J. BOISSONNEAULT		SUGAR HILL, NH.
5.	Betsey Phillips		Franconia, NH
6.	JEWEL F. Paquette	Jewel F. Paquette	Littleton, NH
7.	WALTER I HYDE	WALTER I HYDE	BETHLEHEM,
8.		Dolores Hammerle	Littleton, NH.
9.			LANDAFF NH 03
10.	David Howe		Bow, NH
11.	William N MORIN		LINCOLN NH
12.	Frank Whiting	Frank Whiting	Littleton NH
13.		minor signed in error.	N. Brown, RN.
14.	Robertson Williams		Franconia NH
15.	Annabelle Brown	Annabelle Brown	Lunenburg VT.
16.	Megan Ardet	Megan Ardet	Lincoln NH
17.	NEIL CLARKE		MONROE NH
18.			FRANCONIA, NH
19.	PETER HYDE III		FRANCONIA, NH
20.	Trudy Keeler	Trudy Keeler	Littleton, N.H.
21.	Robert Keeler		Littleton, N.H.
22.	JAMES C. FORREST		FRANCONIA, NH
23.	MARY Nehring		Franconia NH
24.	Jackie Young	Jackie Young	Lunenburg, VT

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Kim Dodge		Littleton NH
2.	Teresa Gallant	Teresa Gallant	Whitefield NH
3.	Jacqueline Scott	Jacqueline Scott	Whitefield NH
4.	Andrea Hutton		Lyman NH
5.	Donald Hitman		Lisbon, NH
6.	Roger Johnson		Bethlehem, NH
7.	DAVID A. HARRIS		Littleton N.H.
8.	Chris Clarke		Bethlehem NH
9.	William D. Bibber		Franconia, NH
10.	Nina Garfield		Bethlehem, NH
11.	Theora Wright	Theora Wright	Dalton NH
12.	CHRISTOPHER BROOKS	Christopher Brooks	Bethlehem NH
13.	Mary Van Hegl		Lyman NH.
14.			Landaff, NH
15.	JOSEPH NELSON	Joseph Nelson	FRANCONIA
16.	ALICE NELSON	Alice C. Nelson	" "
17.	KATHLEEN NELSON	Kathleen Nelson	Franconia, NH
18.	Kimberly Carpenter	Kim Carpenter	Gilman, VT,
19.	~~Courtney Bowler~~		
20.	Courtney Bowler	Courtney Bowler	Littleton, NH
21.	David D Wentworth		Littleton NH
22.	Lissa Boissonneault	Lissa Boissonneault	Sugar Hill NH
23.	Donald J. Boissonneault		Sugar Hill NH
24.	Paula M. Mason	Paula M. Mason	Bethlehem NH

C:\Users\lshulda\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PX17A8I8\petition master.docx

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	JACK CATALANO	Jack Catalano	TWIN MTN, NH
2.	Dorinda Gilman	Dorinda Gilman	LINCOLN N.H.
3.	KATHERINE STODDARD	Katherine Stoddard	LITTLETON, NH
4.	PATRICIA A McCABE	Patricia A McCabe	FRANCONIA, NH
5.	Charles H. McCabe III	Charles H McCabe III	FRANCONIA, NH
6.	Darlene Clayton	Darlene Clayton	whitefield, NH
7.	MARLENE GALLINELLI	Marlene Gallinelli	Littleton, NH
8.	Louise B. Smith	Louise Smith	Littleton, NH
9.	Richard W Smith	Richard W Smith	Littleton NH
10.	Inna Jackman		Littleton, NH
11.	GERALD V. GRIMA	Gerald V Grima	Franconia NH
12.	Paulinet. Richey	Pauline T Richey	Whitefield
13.	Kenneth E. Richey	Kenneth E. Richey	Whitefield NH
14.	Kristine E Barnett	Kristine Barnett	Franconia, NH
15.	CHRISTINA GAGLIANO		FRANCONIA, NH
16.	Grace M. Arrant		Lisbon NH
17.	Linda A Sparks		Littleton NH
18.			
19.	Sylvie Locke	Sylvie Locke	Whitefield NH
20.	Samantha Locke	Samantha Locke	Whitefield, NH
21.	Sharon Holbrook	Sharon Holbrook	Littleton, NH
22.	M. WAYNE HOLBROOK	M. Wayne Holbrook	LITTLETON NH.
23.	Douglas W. Bean	Dgl W. Bean	LISBON, NH
24.	Jamie L. Hyde	JAMIE L. HIGHT	EASTON, NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	KERROL S PETERS	Kerrol S Peters	Sandoff N.H
2.	Cecelia M. Bethew	319 mt Eustis Rd	Lisbon N.H.
3.	Dianne Symons	Pmsymons	[illegible]
4.	Edward Sheehan	Ronald Sheehan	Littleton N.H.
5.	Moira North	Moira North	Franconia NH
6.	Hope Godwin Yeargle	Hope Yeargle	Littleton NH
7.	HAROLD FRIEDMAN	Harold Friedman	BETHLEHEM NH
8.	[illegible]	[illegible]	[illegible] N.H.
9.	EVA TWOMBLY		THORNTON, N.H.
10.	WALTER TWOMBLY		THORNTON, N.H.
11.	Jenny Ricks	Jenny Ricks	Whitefield, NH
12.	CAROLE Boyce	Carole Boyce	Bethlehem NH
13.	Jennifer Roberts		Bradford VT
14.	[illegible]		Franconia NH
15.	Paul Marie Babin	Paul Marie Babin	Littleton, NH
16.	Ailsa K Gagel	Ailsa K. Gagel	Sugar Hill, NH
17.	Della MacKendrick	Della MacKendrick	Lyman NH
18.	Marcia de Steuben	Marcia de Steuben	Franconia NH
19.	Anthony F. Puckett	Anthony Puckett	Dalton, NH
20.	Kathleen Vaughan	Kathleen Vaughan	Littleton NH
21.	Monica Smith	Monica Smith	Littleton, N.H.
22.	ROBERT KARMAN	Robert Karman	Franconia NH
23.	Erica Kerstetter	Erica Kerstetter	Bethlehem NH
24.	Jarod Max Williams	Sarah Max Williams	Sugar Hill, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Erica Marble	Erica Marble	Littleton, NH
2.	Tom McGann	Tom McGann	West Danville, VT
3.	Julie Morse	Julie Morse	So. Ryegate VT
4.	Barbara Mace	Barbara Mace	So. Ryegate VT
5.	Wendy Chamberlain	Wendy Chamberlain	So. Ryegate VT
6.	Laura Mace	Laura Mace	So. Barre VT
7.	John Alden Phinney	John Alden Phinney	Rumney NH
8.	Ed Ferland		Littleton NH
9.	Phyllis Bellavance	Phyllis Bellavance	Bethlehem, NH
10.	Joan Emerson	Joan M Emerson	Woodsville
11.	Kathe Tortorice	Kathe Tortorice	Franconia
12.	ANDREA VARGO	Andrea Vargo	BATH N. H.
13.	Debbie A. Geoffroy	Debbie A. Geoffroy	Lyman, N.H.
14.	Michael J. Geoffroy	Michael Geoffroy	Lyman, N.H
15.	Jay M. Beaulieu	Jay M. Beaulieu	Littleton, NH
16.	Kelly R. Sorum		Pike, NH
17.	Jen White	Jennifer White	East Ryegate VT
18.	Kim Bay	Kimberly Bay	Wells River, VT
19.	Tom McGann	Tom McGann	West Danville, Vt
20.	DAVID T. SALYERS	David T. Salyers	Haverhill, NH
21.	Trissa Tilson	Trissa Tilson	Littleton, NH
22.	KATHLEEN DEELEY	Kathleen Deeley	NSBORO, N.H.
23.	David Morrison	David Morrison	Wentworth, NH
24.	MEL COLBY II	Mel Colby	WOODSVILLE, NH
25.	ROBERTA HEATH	Roberta Heath	WARREN, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Eileen Leavitt		Bethlehem NH
2.	Tricia Branson	Tricia Branson	Lisbon NH
3.	CARL POELZ	Carl Poelz	Franconia, NH
4.	Jacline R Young	Jacline R Young	Lunenburg, VT
5.	Doug Harrington	Doug Harrington	Lancaster, NH
6.	Stephanie Mallick	Stephanie Mallick	Franconia, NH
7.	Bradford Bailey		Monroe, NH
8.	Donna Paquette	Donna Paquette	Lisbon NH
9.	Reginald Bowler		Littleton NH
10.	Sharon Holbrook	Sharon Holbrook	Littleton NH
11.	Louise Smith	Louise Smith	Littleton, NH
12.	Richard W Smith	Richard W. Smith	Littleton NH
13.	Sammy R. Lyons	Sammy R. Lyons	Sugar Hill NH
14.	PAUL L. GAMACHE	Paul L. Gamache	BRETTON WOODS NH
15.	David L. Miller	David L. Miller	Littleton NH
16.	Beverly Pelletier	Beverly Pelletier	Littleton, NH
17.	David R Miller	David R. Miller	Littleton NH.
18.	Pamela H. Yarosh	Pamela H. Yarosh	Sugar Hill NH
19.	Crayden Pechett		Easton NH
20.	Myrtle Cunningham	Myrtle Cunningham	Lisbon
21.	Ian Locke		Lancaster
22.	Jan Erick		Littleton, NH
23.	SCHUYLER W. SWEET	Schuyler W. Sweet	Littleton, NH
24.	JOHN D WOLF JR	John D. Wolf Jr.	Whitefield, NH
25.	MARIAN Edmunds	Marian Edmunds	Franconia NH.

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Vea Jenks	Vea Jenks	Piermont, N.H.
2.	Dave Eastman	Dave Eastman	Groton, Vt.
3.	Selinger Birch	Selinger Birch	Lisbon NH
4.	Sadie Burgin Bruleight	Sadie Burgin Bruleight	Groton, VT
5.	Mary Gilbert	Mary Gilbert	Bradford, Vt.
6.	Pauline Baillargeon	Pauline Baillargeon	N. Haverhill NH
7.	Norm Iggalls	Norm Iggalls	N. Haverhill NH
8.	Harold Graham	Harold Graham	Woodsville NH
9.	TERESA GRAHAM	Teresa Graham	Woodsville NH
10.	Richard Gadwah	Richard Gadwah	Lisbon NH
11.	Lisa Gadwah	Lisa Gadwah	Woodsville NH
12.	KOREN SOLINT	Koren Solint	Bath NH
13.		Brian Chase	
14.	STEPHEN A. ELLIOT	Stephen A. Elliot	S. Ryegate Vt
15.	TOM MCGANN	Tom McGann	West Danville VT
16.	Harold J. GRAHAM	Harold J. Graham	Woodsville NH.
17.	Sunshine Gadwah	Sunshine Gadwah	Woodsville, NH
18.	Pam Gilbert	Pamela Gilbert	North Haverhill NH
19.	James Seide	James Seide	Lyman, NH
20.	Tammy K Burley	Tammy K Burley	Woodsville NH
21.	Trish Jacobs	Trish Jacobs	N. Haverhill, NH
22.	T. ALDEN WILCOX	T. Alden Wilcox	Woodsville, NH
23.	Peter E Lamb	Peter E. Lamb	Wearen, NH
24.	Suzanne Reitchick		
25.	TREVOR ALLEN	TREVOR ALLEN	N. HAVERHILL NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Susan Brady	Susan Brady	Bethlehem, NH
2.	Mary Pelletier	Mary Pelletier	Monroe, NH
3.			
4.	Cathy Perry	Cathy Perry	Lyman NH
5.	James M. Marcou	James M. Marcou	Bethlehem N.H
6.	Isabel Costa	Isabel Costa	Easton NH
7.	Kathe Toutant	Kathe Toutant	Franconia, NH
8.	Sharon Penney	Sharon Penney	Francoinia, NH
9.	Colette Clough	Colette C. Clough	Littleton NH
10.	Judy M. Grinstead	Judy M. Grinstead	Littleton, NH
11.	9/26/11	Mary Chapman	Littleton, NH
12.	JAN EDICK	Jan Edick	Littleton NH.
13.	Maureen A. Dexter	Maureen A. Dexter	Littleton, NH
14.	Judy Sanborn	Judy Sanborn	Whitefield, NH
15.	Tenley E. Boulton	Tenley E. Boulton	Whitefield, NH
16.		Robert F. Kaaman	Francenia, N.H.
17.	ELAINE K. BURPEE	Elaine K. Burpee	Sugar Hill NH
18.	GERRY RAMBACK	Gerry Ramback	11
19.	ERIC PRICE		Francoinia, NH
20.	Chris Fowles		Francoinia NH
21.	ZBIGNIEW MROCZKO	Zbigniew Mroczko	WHITEFIELD NH
22.	Bradford Bailey		Monroe, NH
23.	Chris Laganos		Sugar Hill NH
24.	Lisa Civitello		Lancaster NH
	Garrett Blake		

WHC

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Rosalee Gordon	Rosalee Gordon	Whitefield NH
2.	Ronald Gordon	Ronald Gordon	Whitefield NH
3.	Jessie Mason	Jessie Mason	Dalton NH
4.	Bill Houghton	Bill Houghton	Whitefield NH
5.	Claire Houghton	Claire Houghton	Whitefield NH
6.	DONNA McALLISTER	Donna McAllister	Stewartstown, N.H.
7.	Roderick McAllaster	Roderick McAllaster	Stewartstown
8.	Leslie L Lundberg		Sugar Hill NH
9.	Celeste P Rodger	Celeste P Rodger	Whitefield NH
10.	Katrina L Colby	Katrina Colby	Whitefield, NH
11.	PETER HALL	Peter Hall	WHITEFIELD NH
12.	NANCY T. SHEEHAN	Nancy T. Sheehan	LITTLETON. N.H.
13.	RONALD S. SHEEHAN	Ronald S. Sheehan	Littleton. NH
14.	Cynthia Locke	Cynthia Locke	Whitefield NH
15.	Amanda Bell	Amanda Bell	Whitefield NH
16.	Jessica M. Vetty	Jessica Vetty	Littleton NH
17.	Cynthia Bahoch	Cynthia Bahoch	Whitefield NH
18.	Wayne Bailey		Groveton NH
19.	Kathryn Dillon	Kathryn Dillon	Littleton NH 03561
20.	Karen Kapurian	Karen Kapurian	Littleton NH 03561
21.	Jennifer Hagan		Twin Mountain NH 03595
22.	Mary Estabrooks	Mary Estabrooks	Whitefield NH
23.	Rebecca L Matthews	Rebecca L Matthews	Whitefield NH
24.	Audrey Sherman	Audrey Sherman	Lisbon N.H.
25.	Carol Koivor	Carol Koivor	Bethlehem, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	REBECCA WEBB	Rebecca Webb	Bethlehem NH
2.	June A Davis	June A Davis	Littleton NH
3.	Cynthia Frederton	Cynthia Frederton	Bethlehem
4.	JUDITH EAGLE	Judith Eagle	DANVILLE VT
5.	Scott Miller	Scott Miller	L. Wells NH. 03561
6.	John Prather	John Prather	Groveton N.H. 03582
7.	Cynthia Chase	Cynthia Chase	140 Main St. #12 Littleton
8.	Barbara an C. Lloyd	Barbara C. Lloyd	Bethlehem
9.	JEAN BOWMAN	Jean Bowman	BETHLEHEM
10.	WILLIAM BROWN	William Brown	Littleton, NH
11.	Christine Denton	Christine Denton	Littleton, NH 03561
12.	Grainger Sug-	Grainger Sug-	Littleton NH03561
13.	PAT KELLOGG	Pat Kellogg	Lyndonville VT
14.	Richard Bachrach	Richard Bachrach	Littleton, NH. 03561
15.	Lawrence Sharrock	L. Sharrock	Sugar Hill, NH03586
16.	Beverly Frankiewich	Beverly Frankiewich	Lisbon NH 03585
17.	Madeleine Perry	Madeleine Perry	" " "
18.	John Perry	John Perry	Littleton NH 03561
19.	Lisa Blackblair	Lisa Blackblair	Dalton, NH
20.	Robyn Lindquist	Robyn Lindquist	SUGAR HILL, NH
21.	JOHN COLONY	John Colony	LITTLETON NH
22.	Peggy Moore	Peggy Moore	Lisbon NH
23.	Ellen Chase	Ellen M. Chase	littleton NH
24.	Paul A PelletIer	Paul A Pelletier	Littleton NH
25.	Matt Michaud	Matt Michaud	

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Mary E. Bunnell	Mary E Bunnell	Beth NH
2.	April Jallosky	April Jallosky	Lisbon, NH
3.	Patricia Meddings	Patricia Meddings	Littleton, NH
4.	Susan K Kraner	Susan K Kraner	Twin Mtn, NH
5.	Jeanette Guerin	Jeanette Guerin	Bethlehem, N.H.
6.	Lisa Landon	Lisa Landon	Littleton, NH
7.	Tiffany Mooney	Tiffany Mooney	Lancaster
8.	Denise Donahue	Denise Donahue	Littleton, N.H.
9.	Jana Reichter	[illegible]	Littleton, NH
10.	Pamela Reid	Pamela Reid	Bethlehem, NH
11.	Mindy Paradis	[illegible]	Bethlehem NH
12.	Jessica Fritz	Jessica Fritz	Bethlehem NH
13.	Tina Doughty	Tina Doughty	Bethlehem NH
14.	Elizabeth Padula	Eliz Padula	Lancaster NH
15.	Lynn Rathney		Littleton, NH
16.	Shirley Plourde		Littleton, NH
17.	Marjorie A. Sanborn	Marjorie A Sanborn	Littleton, NH
18.	Chrissy MacArthur	C MacArthur	Lisbon, NH
19.	Corey Colson	[illegible]	Bethlehem NH
20.	Amber Bisbey		Littleton, NH
21.	Alleson Knight		Littleton NH
22.	Eleanor Lugten	Eleanor Lugten	Littleton, NH
23.	Tori Andrews	Tori Andrews	Littleton NH
24.	Rosemary Amurea	Rosemary Amurea	Whitefield NH
25.	Karen Warren	Karen Warren	Whitefield, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Kimberly Santosa	[illegible]	Littleton, NH
2.	Jennifer LaFlam	Jennifer LaFlam	Littleton, NH
3.	Rhiannon McCarthy	[illegible]	Littleton NH
4.	DEBORAH McCARTNY	[illegible]	LITTLETON, N.H. 03561
5.	Aree Ryan	Aree Ryan	LANCASTER
6.	Jennifer Ladd-Hepburn	[illegible]	Bethlehem, NH 03574
7.	Amy Hill	Amy Hill	Landaff, NH 03585
8.	Bessie Blake	Bessie Blake	Littleton NH
9.	Deanna York	York	Littleton, NH
10.	Sarah Davis	[illegible]	Woodsville, NH
11.	Crystal Chilafoe	Chilafoe	Whitefield NH
12.	Leah Washburn	Washburn	Twin Mtn NH
13.	April WASHBURN	April Washburn	Bethlehem N.H.
14.	~~[illegible]~~ <-> Amy Aldrich		Littleton NH
15.	Bridget Beaton	Bridget Beaton	Lancaster NH
16.	Brittany Beaton	Brittany Beaton	
17.	Steven Hunt	[illegible]	Bethlehem NH
18.	Carla A. Peacock	Carla A. Peacock	Littleton NH
19.	RICK HUNT	[illegible]	Littleton, NH
20.	Carolyn Hunt	[illegible]	Littleton, NH
21.	Barbara Irton	Barbara Irton	Littleton N.H.
22.	Gennaro Orlando	Gennaro Orlando	Whitefield NH
23.	John M Prather (John M Prather)	[illegible]	Groveton NH
24.	PATRICIA PRATHER	Patricia Prather	Groveton NH
25.	Tammie Hope	[illegible]	Littleton NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Ethan Smith	Ethan Smith	Woodsville NH
2.	Fallon-Dawn Smith	Fallon Smith	Woodsville NH
3.	Ashley Marie Johnson	Ashley Johnson	Bradford Vt
4.	Kathleen M. Johnson		Benton, NH
5.	marlene Sarkis		Haverhill NH
6.	Lisa Veilleux	Lisa Veilleux	Lisbon N.H.
7.	Michelle Keegan	Michelle Keegan	N. Haverhill, NH
8.	Abigail Brown	Abigail Brown	N. Haverhill, NH
9.	Lori Robbins	Lori Robbins	Bath
10.	Hillary MacDonald	Hillary MacDonald	Lincoln, NH
11.	Joan Emerson	Joan M Emerson	Woodsville NH
12.	Bette Hanaford	Bette Hanford	Lisbon, NH.
13.	Chrystal Aldrich	Chrystal Aldrich	Haverhill NH
14.	Andrea Vargo	ANDREA VARGO	Bath NH
15.	Chris Hood	Chris Hood	N. Haverhill N.H
16.	Heidi Comstock	Heidi Comstock	Lisbon, NH
17.	Elizabeth Tyler	Elizabeth Tyler	N. Haverhill NH
18.	Karen McNamara	Karen Bolduc	Easton, NH
19.	Jennifer Lycett	Jennifer Lycett	Gilford NH
20.	Wendy Ogden		
21.	Lea Jenny		Piermont, N.H.
22.	Patricia Jacobs	Patricia Jacobs	N. Haverhill, NH
23.			
24.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	PATRICIA JACOBS	Patricia Jacobs	N. Haverhill, NH
2.	Holly Ilsley	Holly Ilsley	Bath, NH.
3.	Nicki Gedge	Nicki Gedge	Woodsville NH
4.	Chynna Lowe	Chynna Lowe	Littleton NH
5.	Karianne Rives	Karianne Rives	Woodsville NH
6.	Michelle Frost	Michelle Frost	Woodsville, NH
7.	Celeste J. Rheaume	Celeste J. Rheaume	N. Haverhill, NH.
8.			H. NH
9.	DANIEL W. FOWLER III		N. HAVERHILL
10.	Lynne Butler	Lynne Butler	N Haverhill, NH
11.	Michelle Keegan	Michelle Keegan	N Haverhill NH
12.	Tori Grohan	Tori elaine Grohan	Lisbon NH
13.	Pamela Gilbert	Pamela Gilbert	N Haverhill NH
14.	Dolores Vitkofsky	Dolores Vitkofsky	Lisbon, NH
15.	Kimberly A Campbell	Kimberly Campbell	Woodsville, NH
16.	Richie Veilleux	Richie Veilleux	Lisbon N.H
17.	MARIA M OLIVEIRA	Maria Oliveira	N Haverhill N.H
18.	MARGARET McGovern	Margaret McGovern	Woodsville, NH
19.	Theda allen		
20.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	SANDRA M TAYLOR	Sandra M Taylor	LISBON, NH
2.	Douglas D Peace		LISBON, NH
3.	William Steele		Franconia, NH
4.	Jennifer Sawtelle	Jennifer Sawtelle	Franconia, NH
5.	Barbara Leydon	BARBARA LEYDON	FRANCONIA NH
6.	Sylvia Clough	Sylvia Clough	Littleton NH
7.	Gene Scott		Littleton NH
8.	Donald A. Coleman		Littleton NH
9.	JEFFREY BLOCKET		FRANCONIA, NH
10.	JOEL BEDOR		Littleton, N.H.
11.	Wendy Kern	Wendy J. Kern	Littleton, N.H.
12.	Betsy Hansberger	Betsy Hansberger	Franconia NH
13.	Michelle Briggs	Michelle Briggs	Whitefield, N.H.
14.	BETTE ROBERTS	Bette Roberts	Littleton NH
15.	Julie Bailey		Bethlehem NH
16.	Bobbie McIntyre	Roberta McIntyre	Sugar Hill, NH
17.	Pamela Dexter	Pamela Dexter	Franconia NH
18.	LEWIS DEXTER, II.	Lewis Dexter	"
19.	Karen Bronson	Karen J. Bronson	Landaff, NH
20.	BARBARA V. BELZ	Barbara V. Belz	Franconia, NH
21.	CARL BELZ	Carl Belz	FRANCONIA, NH
22.	Colleen Fadden		Essex Jct VT
23.	Joyce A. Krill	Joyce A. Krill	Franconia, NH
24.	Philip M. Krill	Philip M. Krill	Franconia, NH

C:\Users\lshulda\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PX17A8I8\petition master.docx

1177

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Edithmary Elliott	Edithmary Elliott	Pittsburg, N.H.
2.	Roberta Terrill	Roberta Terrill	Whitefield NH
3.	Dudley Terrill	Dudley Terrell	Whitefield, NH
4.	NANCY D. GAHM	Nancy D Gahm	Whitefield, NH
5.	DONNA L. Smith	Donna L Smith	Littleton, NH
6.	Michelle L. Gamache	Michelle L. Gamache	Twin Mt. NH
7.	Rebecca L. Beno	Rebecca	Bethlehem, NH
8.	CAROL S. RISNER	Carol S Risner	Jefferson, NH
9.	John Prather		Littleton NH
10.	Valerie Fitchett	Valerie Fitchett	Whitefield NH
11.	MARGARET A McKENNEY	Margaret A McKenney	Lisbon, NH
12.	Rhonda Stover	Rhonda Stover	Littleton, NH
13.	Diane Cross	Diane Cross	Whitefield, NH
14.	ARDEANE R. RINES	Ardeane R Rines	Whitefield, N.H.
15.	GERALD D. ROY	Gerald D. Roy	"
16.	LEE ANN TRACEY		Bethlehem, NH
17.	Mark Worcester		Whitefield NH.
18.	Elise Lawson	Elise Lawson	Bethlehem, NH
19.	BEVERLY HINES	Beverly Hines	Whitefield NH
20.	REBECCA HUNT		Bethlehem
21.	Caitlin Bouchard	Caitlin Bouchard	Lancaster NH
22.	DORIS COOK	Doris Cook	Littleton, N.H.
23.	LINDA COLE	Linda Cole	Bethlehem NH.
24.	EDGAR C CORMIER	Edgar C Cormier	Whitefield NH.
25.	Diana Murphy	Diana Murphy	Whitefield N.H.

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Brian J Call	Brian J Call	Littleton NH 0
2.	Dianne M. DeMatteo	Dianne M. DeMatteo	Bethlehem NH 0
3.	Zachary M. Gilding		Littleton NH 0356
4.	ALMA JEAN BOISVERT	A.J. Boisvert	EASTON NH 037
5.	Paul Konkel	Paul Konkel	Littleton NH
6.	James Palmerchuck	James Palmerchuck	Bathlehem NH 035
7.	Amy Lemire	Amy Lemire	Littleton, NH
8.			Dalton
9.	Melissa EMERSON		Sugar Hill, NH
10.			
11.			
12.	Jennifer Charron	Jennifer Charron	Jefferson, NH
13.	Diana Corey	Diana Corey	Littleton
14.	Lisa Colombi	Lisa Colombi	Lancaster NH
15.	FORREST. E. GIRARD		83 Bryan ST
16.			79 Bryan
17.	Sally Sherrard	Sally Sherrard	Littleton, NH
18.	DANIEL BOIS		Bethlehem NH
19.	Eric Mena		63, Redington
20.	Laura E. Tweiten	Laura E. Tweiten	Littleton, N.H.
21.	Tod W. Tweiten		" "
22.	DEANNE Blodgett	Deanne Blodgett	26 west Oxbo Littleton NH
23.	Dianna Warner	Dianna Warner	1 Newton MHP Lttn NH 03561
24.	Deborah L Dickinson	Deborah Dickinson	101 cottage St Bethlehem NH
25.	Carroll C Clough	Carroll C Clough	Littleton NH

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Elizabeth Ball	Elizabeth R Ball	Franconia N.H.
2.	Brad Ball		Franconia N.H
3.	Carol Cooke	Carol Cooke	Littleton N.H.
4.	Michael G Connell		Whitefield NH.
5.	Stanley W. LeBlanc		Shaftsville, Nitt. VT
6.	Celia McCulloch		East Concord Vt.
7.	Rebecca Matthews	Rebecca L Matthews	Whitefield NH
8.	Rose Israel		Bethlehem, NH
9.	Linda Stwicki		Whitefield. NH
10.	Lawrence Wotton		WHITEFIELD NH
11.	Sandra L Konkel	Sandra L Konkel	MONROE, NH
12.	Patricia Cherry	Patricia Cherry	Whitefield N.H.
13.	Donna Sleep	Donna Sleep	Whitefield N.H
14.	Margaret Michaud		Dalton, NH
15.	Janice K. Ruth	Janice K. Ruth	Whitefield, NH
16.	Theodore O Reed Jr		Bethlehem NH
17.	Pamela W. Read		Bethlehem, NH
18.	MARGARET A. McKenney	Margaret A McKenney	LISBON, NH
19.	Ronald Gooden		Whitefield Ny
20.	Ryan Trahan		LITTLETON NH
21.	Jeannette Fogg		Dalton, N.H.
22.	Louise Paquette		Jefferson NH
23.	Stanley Parker		Whitefield N.H
24.	Wendy M Whitton		Bethlehem NH
25.	Diane L Brown		Bethlehem. N.H.

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Bruce T Rollins	Bruce Rollins	New Mountain NH
2.	Jennifer Ross	Jennifer Ross	Littleton NH
3.	Kelly Paige	Kelly Paige	Lisbon, NH
4.	[illegible]	[illegible]	[illegible]
5.	Bud Bourassa	Bud Bourassa	Lincoln NH
6.	Becky Bourassa	Becky Bourassa	Lincoln N.H.
7.	Ernest Wanchyper	Ernest Wanchyper	Franconia N.H.
8.	Erca Tardiff	Erca Tardiff	Twin Mt., NH
9.	Genesis Wren Miller	[illegible]	Franconia NH.
10.	Mary Pellerin	Mary Pellerin	Monroe, N.H.
11.	Annabelle Donor	Annabelle Donor	Littleton NH
12.	Veanna Salmon	Veanna Salmon	Littleton NH
13.	Will No	William P O'Connor	Franconia N.H.
14.	Robert Fenimore	Robert Fenimore	Bethlehem, NH
15.	David Cullum	DAVID C. WARREN	LITTLETON NH
16.	SUSAN A. Bushby	Susan A. Bushby	Lisbon N.H.
17.	Jodi Fleurie-Wohlleb	Jodi Fleurie-Wohlleb	Lyman N.H.
18.	PETER GOREAU	[illegible]	WATERFORD VT.
19.	Virginia E Hyatt	VIRGINIA HYATT	Littleton N.H.
20.	Donna L Ciecka	Donna Ciecka	Lisbon NH
21.	Burton E Jorgenson	Burton E Jorgenson	Littleton NH
22.	Jacqueline Jorgenson	Jacqueline Jorgenson	Littleton, NH
23.	Lewis M Chase	LEWIS M CHASE	LISBON, NH.
24.	Derek Arnesen	DEREK ARNESEN	FRANCONIA, NH

C:\Users\lshulda\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PX17A8I8\petition master.docx

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Hazen M. Chase	Hazen M. Chase	Whitefield, N.H
2.	Sandra Gordon	Sandra Gordon	Jefferson, N.H.
3.	Heather Potter	Heather Potter	Dalton NH
4.	Gladys Hanks	Gladys Hanks	Whitefield, N.H
5.	ANNIE TERHAAR	Annie Terhaar	Whitefield NH
6.	Eva M. Parker	Eva M Parker	39 Huron St Whitefield
7.	JUDITH R. Picard	Judith R. Picard	342 Union Rd, Dalton N.H.
8.	[illegible]	[illegible]	[illegible]
9.	[illegible]	[illegible]	Whitefield-26 Picket
10.	Cynthia Vermette	Cynthia Vermette	Whitefield, NH
11.	Gail Cady	Gail Cady	42 Meadowmaster Dalton
12.	Joseph T. Elgosin	Joseph T. Elgosin	Whitefield NH
13.	Jean L. Bergin	Jean Bergin	Whitefield NH
14.	Red Elk	[illegible]	Jefferson NH
15.	Gary Goodness	Gary Goodness	Whitefield, N.H.
16.	GERALD HOLMES	Gerald Holmes	Dalton NH
17.	Edith Worcester	Edith Worcester	Whitefield, N.H.
18.	Tiffany Challinor	Tiffany G. Challinor	Whitefield, NH
19.	Elyn Packard	Elyn Packard	Dalton NH
20.	George E. Brodeur SR	George E. Brodeur	Conway, NH 03818
21.	Georgia A Brodeur	Georgia Brodeur	Carroll NH 03595
22.	Nellie BRIGGS	N. Briggs	Whitefield
23.	Michelle Gamache	Michelle Gamache	Twin Mt.
24.	TERRY HAVEN	Terry Haven	Whitefield
25.	Susan Lynch (Susan Lynch)	Susan Lynch	Lyman, N.H.

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Karen Colleman	Karen Colleman	Franconia NH
2.	Lori Berry	Lori Berry	Guildhall VT 05
3.	Nancy D. Bahm	Nancy D. Bahm	Whitefield NH 035
4.	James E. Burghoff Jr.	James E. Burghoff Jr.	Whitefield, NH 03
5.	David Stephenson	David Stephenson	Whitefield NH 03
6.	JANICE K. RUTH	Janice K. Ruth	Whitefield, NH 035
7.	ROGER HUTCHINS	Roger Hutchins	DALTON NH 035
8.	PATRICIA A CHERRY	Patricia A Cherry	Whitefield, NH 035
9.	SHIRLEY TETREAULT	Shirley Tetreault	Whitefield NH 0359
10.	Lucille Gherardi	Lucille Gherardi	Littleton NH 035
11.	George Bond	George Bond	Whitefield, N. H. 035
12.	Michael C Cowell	Michael Cowell	Whitefield NH 035
13.	William Archibald	William Archibald	Moultonboro NH 0225
14.	William Newsome	William Newsome	Whitefield NH 0258
15.	Virginia A. Glines	Virginia A. Glines	Whitefield, N.H. 03598
16.	Carry Rexford	Carry Rexford	" " "
17.	Michael L. Dickerman	Michael L. Dickerman	Littleton, NH 03561
18.	Dianne L Morneau	Dianne L Morneau	Twin Mt, NH 03595
19.	Maynard Lifeuren	Maynard Lifeuren	Whitefield NH 03598
20.	JANET CHRISTENSON	Janet Christenson	Jefferson, NH
21.	Vivian Roy	Vivian Roy	Whitefield, NH
22.	Evelyn D. Haggin	Evelyn D. Haggin	Bethlehem, NH
23.	Laurie Lafette	Laurie Lafette	Littleton NH
24.	Barry Demers	Barry M. Demers	Littleton N.H.
25.	Rebecca Fenton	Rebecca Fenton	Lyman N.H.

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Carol-Ann S. Blake	Carol-Ann S. Blake	Bethlehem, NH
2.	Craig Grovere	Craig Grovere	Littleton NH
3.	Laurie JACKSON	Laurie Jackson	Bethlehem N.H.
4.	Andrea Huntoon	Andrea Huntoon	Lincoln NH
5.	Connie Carlson	Connie Carlson	Colebrook,
6.	Julie Locke	Julie Locke	Franconia NH
7.	Emily Robinson	Emily Robinson	Bethlehem, NH
8.	Ashley Belmore	Ashley Belmore	Littleton
9.	Stephen Hopkins	Stephen Hopkins	Littleton
10.	Kim Eatmore	Kim Eatmore	Littleton
11.	Brian Call	Brian Call	Littleton NH
12.	James J McGovern	James J McGovern	LISBON NH
13.	Margaret Gale	Margaret Gale	Bethlehem, NH
14.	William Oliver	William Oliver	Franconia NH
15.	Shon Grant	Shon Grant	Lyman NH
16.	Skylar Fonseca	Skylar Fonseca	Littleton
17.	Emily Russell	Emily C Russell	Bethlehem NH
18.	Gwen Knot	Gwen Knot	Littleton, NH
19.	Kara DeNarvaez	Kara DeNarvaez	Easton, NH
20.	Cassie Adotte	Cassie Adotte	Littleton NH
21.	DONNA REYNOLDS	Donna Reynolds	Franconia NH
22.	Sally Sherrard	Sally Sherrard	Littleton
23.	Ellen Walker	Ellen Walker	Bethlehem NH
24.	Jillyan Newell	Jillyan Newell	Bethlehem NH
25.	Melissa Bosse	Melissa Bosse	Lisbon NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1. Barbara Fullerton	Barbara Fullerton	N. Haverhill, N.H.
2. SABRINA M. HADLEY	Sabrina M. Hadley	WOODSVILLE, N.H.
3. Norman P Ingalls	Norman P Ingalls	N. Haverhill, NH
4. Lisa Colombi	Lisa Colombi	Dalton NH
5. Deborah Wyman	Deborah Wyman	Haverhill N.H.
6. Chester Wyman	Chester Wyman	Haverhill N.H
7. Jessie Hannon	Jessie Hannon	Barre, VT
8. Lisa Wynne	Lisa Wynne	Wells River, VT
9. Kristie L. Barnes	Kristie Barnes	Lyman NH
10. Jessica Santiago (Jessica Santiago)	Jessica Santiago	Wells River, VT
11. Amy Nihe		Benton NH
12. Angelica Smith	Angelica Smith	Grantham NH
13. DOROTHEA BERGERON	Dorothea Bergeron	WOODSVILLE NH
14. Holly Dennis	Holly Dennis	Haverhill, NH
15. ALFRED M. LAMARRE	Alfred M. Lamarre	Woodsville N. H.
16. Chelsea Fullerton	Chelsea Fullerton	North Haverhill NH
17. Bruce Bishop	Bruce Bishop	North Haverhill NH
18. Dianeen Reynolds	Dianeen Reynolds	Lyndonville, VT
19. bonnie Brill	Bonnie Brill	Newbury, VT
20. Rachel Sweet	Rachel Sweet	Newbury, VT
21. Cindy Brooks	Cindy L Brooks	Lyman, NH
22. John Adams	John Adams	Littleton NH
23. Shawn Pitts	Shawn Pitts	
24. John Donelin	John Donelin	Bath, NH
25. AMANDA MARSHALL	Amanda Marshall	N. HAVERHILL, NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1. Janice Lebron	Janice Lebron	Groton, VT.
2. Silvestre Lebron	Silvestre Lebron	Groton VT
3. June M. Chamberlin	June Chamberlin	Benton, N.H.
4. Lisa Woodbeck	Lisa Woodbeck	Piermont N.H.
5. Robert Astle	Robert Astle	Woodsville, NH
6. Amy Bragg	Amy Bragg	
7. Rosalie Farr	Rosalie Farr	Haverhill, NH.
8. Cameron Wood	Cam Wood	Bath, NH
9. Tori Dumont	Tori M Dumont	Woodsville NH
10. Lee Sopenski		Woodsville NH
11. LORI SANTORA	Lori Santora	Bath, NH
12. Darlene McCrumb	Darlene McCrumb	Bath NH
13. Bruce Tupper	Bruce Tupper	MONROE N.H.
14. [redacted] Diane Lord	Diane Lord	Ryegate, VT
15. Abigail Kennedy	Abigail Kennedy	Bath NH
16. Linda McLeod	Linda McLeod	S. Ryegate VT.
17. Wendy Chamberlain	Wendy Chamberlain	S. Ryegate, VT.
18. Janet L Morton	Janet L Morton	No Haverhill NH
19. Rebecca L Lynnell	Rebecca L Lynnell	N. Haverhill NH
20. WANDA L Leonard	Wanda Leonard	no. Haverhill, NH
21. Marie D. Lamothe	Marie D Lamothe	Warren, N.H.
22. PETER E LAMOTHE	Peter E Lamothe	WARREN N.H.
23. Leslie Keith	Leslie Keith	Woodsville NH
Jeffrey Fullerton	Jeffrey Fullerton	N. Haverhill NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Penny Achilles	Penny Achilles	Woodsville, NH
2.	Danielle Achilles	Danielle Achilles	Groton, VT
3.	Samantha Farren	Samantha Farren	Bath, NH
4.	Sunshine Robles	Sunshine Robles	Woodsville, NH
5.	Lisa Gadbois	Lisa Gadbois	Woodsville, N.H.
6.	Suzanne Morrison	Suzanne Morrison	Woodsville
7.	Patricia L Jacobs	Patricia L Jacobs	N. Haverhill NH 03774
8.	Kim LaPierre	Kim LaPierre	Monroe, N.H. 03771
9.	Teresa Thibault	Teresa A Thibault	Wells River, VT 05081
10.	Jestina O'Dell	Jestina O'Dell	Woodsville, N.H. 03785
11.	Betsy Babcock	Betsy Babcock	Landaff NH
12.	Joan Achilles	Joan Achilles	Groton, VT
13.	Chad Call	Chad Call	East Ryegate, Vt
14.	FRANCESCO M PESCE JR	Francesco M Pesce Jr	Benton, NH
15.	Miranda Fullerton	Miranda Fullerton	N. Haverhill, NH.
16.	Carl French	Earl French	Bath, NH
17.	Michael Reynolds	M Reynolds	Landaff NH
18.	Jesse Tyler	Jesse Tyler	Landaff, NH
19.	Patty Stevens	Peter Stevens	Holderness, NH.
20.	David Achilles	Dave Achilles	Groton VT
21.	MARY L. DIMICK	Mary L. Dimick	McINDOE FALLS, VT.
22.	Frank Champagne		Lisbon NH
23.	Gail Bunnell	Gail Bunnell	Monroe, NH
24.	Michelle D. Cote	Michelle D. Cote	Lincoln, NH
25.	Clarissa Hemenway	Clarissa Hemenway	South Ryegate, VT

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Jon Walker	Jon Walker	East Ryegate, VT
2.	Elaine Walker	Elaine Walker	E. Ryegate, VT
3.	Staci Hood	Staci Hood	Newbury, VT
4.	FRAN HUNT	Fran Hunt	So Ryegate, VT
5.	BARRY MACDONALD	Barry MacDonald	N. Woodstock NH
6.	Deb Simms	Deb Simms	Bath, NH
7.	Paul Motta	Paul Motta	Woodsville NH
8.	Doreen Hubert	Doreen M. Hubert	Danville, VT
9.	Donald Hubert	Donald R. Hubert	Danville, VT
10.	Barbara A. Bullard	Barbara A Bullard	Woodsville, NH
11.	Nicole Morris	Nicole Morris	Woodsville NH
12.	Jessica Darling	Jessica L Darling	S. Ryegate VT
13.	STEPHEN WHITNEY	Stephen Whitney	Bath, NH
14.	Valerie Blowey	Valerie Blowey	Woodsville, NH
15.	Michael C. Lewis	Richard C. Lewis	E. Ryegate, VT
16.	Tammy K Burley	Tammy K Burley	Woodsville NH
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1. Gretchen Weiss	Gretchen S. Weiss	Benton, NH
2. Cheryl Marchetti	Cheryl Marchetti	N. Haverhill, NH
3. Amber Carle	Amber Carle	Groton, VT
4. Danny Emerson	Danny P. Emerson	E. Ryegate VT
5. Kimberly Clough	[illegible]	N. Haverhill N.H
6. Karen McNamara	Karen McNamara	Easton, NH
7. Joshua White	[illegible]	Woodsville NH
8. Michelle Woolfort	Michelle Woolfort	Woodsville NH
9. Tammie Lyden	Tammie Lyden	Woodsville, NH
10. Diana Jones	Diana Jones	N. Haverhill NH
11. Florence Jones	Florence G. Jones	N. Haverhill, NH
12. Nadine Cicarella	[illegible]	Bath NH
13. Brandy L Helm	Brandy L Helm	Ryegate VT
14. Robert Rockstraw	Rob Rock	[illegible] VT
15. Carrie A Daly	Carrie A Daly	Haverhill NH
16. Violet Veillette	Violet Veillette	
17. Jessica Fiore	Jessica Fiore	Bath NH
18. Betty Dube	Betty Dube	N. Haverhill, NH.
19. Jennifer Lycett	Jenny Lycett	Gilford NH.
20. Michelle Frost	Michelle Frost	Woodsville NH
21. Patricia Jacobs	Patricia Jacobs	N. Haverhill NH
22. Mary T. Martel	Mary T. Martel	No. Haverhill, N.H
23. Brandi L. Bixnor	Brandi Boxner	Benton, NH
24. Elizabeth Peters	Elizabeth Peters	Bath NH
25. Danielle Burago	[illegible]	Woodsville NH

Ammonoosuc Community Health Services, Inc.

25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:

First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.

Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.

Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.

We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1. Floyd GRAMMO	FEG	Littleton NH
2. PETER ANDERSON	[illegible]	Sugar Hill NH
3. Linda F Brown	Linda F. Brown	Franconia NH
4. [illegible] B [illegible] II	[illegible]	Franconia NH
5. Rhonda Caswell	Rhonda Caswell	Bethlehem
6. Valerie Basner	Valerie Basner	Lisbon NH
7. [illegible]	[illegible]	Franconia, NH.
8. Jennifer Walsh		Sugar Hill, NH
9. Juliane MacKay	Juliane MacKay	Littleton NH
10. [illegible]	Anne [illegible]	Sugar Hill NH
11. ARYLYNE KIMBALL	[illegible]	Bethlehem NH
12. Dorothy E Carpinetti	Dorothy E. Carpinetti	Sugar Hill, N.H.
13. [illegible] GRAMMO	[illegible] E Grammo	Jefferson NH
14. [illegible]	David Hemple	Bethlehem, NH
15. Krystal Murray-Brown	[illegible]	Bethlehem
16. Deborah Considine	Deborah Considine	Littleton, NH
17. CURTIS W MARDIN		Littleton, N.H.
18.		
19.		
20.		

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603-444-2464 • Fax 603-444-3441 • www.ammonoosuc.org

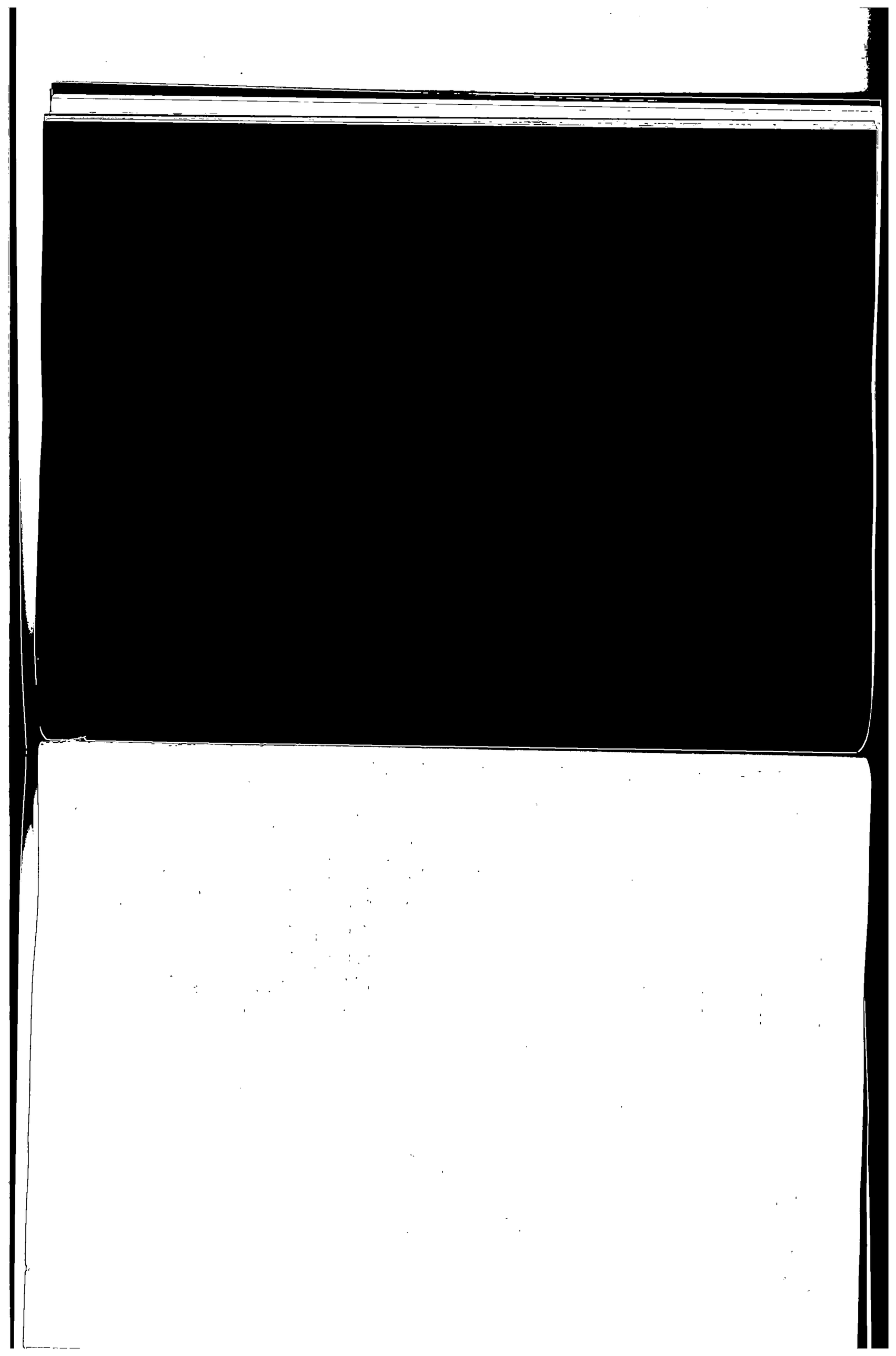
We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services in Specific.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Juliette Ainsworth		Bethlehem
2.	SARAH DeAngelis		
3.	Cassy Lynn Jones	Cassy L. Jones	Littleton, NH
4.	Laura Kathrein	Laura Kathrein	Bethlehem, NH
5.	Ashley Lafontaine	Ashley Lafontaine	Littleton NH
6.	Cassie Juliette		Littleton, NH
7.	Richard Snelling		Bethlehem N.H.
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Ammonoosuc Community Health Services, Inc.
25 Mt. Eustis Road • Littleton, NH 03561 • 603.444.2464 • Fax 603.444.3441 • www.ammonoosuc.org

We the undersigned are writing to you, our elected representative, for three reasons:
First, we are writing in appreciation for your continued bi-partisan support of Federally Qualified Health Centers in general and for Ammonoosuc Community Health Services, specifically.
Second, we are writing to let you know we realize the economic challenges we are all facing to balance individual, local, state, and federal budgets.
Third, we are requesting that you give thoughtful consideration to your budget deliberations and continue to make investments in primary preventive healthcare through the Federally Qualified Health Centers such as Ammonoosuc Community Health Services. This is an investment into an efficient and effective means of ensuring citizens are healthy. Healthy citizens are the solution to job growth and economic development.
We thank you in advance for your making an investment in job growth and economic development that will keep your community and constituents healthy and employable What better way to say "I understand why you elected me to office" than to invest into healthy people; healthy people who will grow our economy.

	PRINT LEGAL NAME	SIGNATURE	CITY & STATE
1.	Clare L. Brown	Clare L. Brown	Bethlehem, NH
2.	Lucille Gherardi	Lucille Gherardi	Littleton, NH
3.	Nancy Sheehan	Nancy Sheehan	Littleton, NH
4.	Carol B Boucher	Carol B Boucher	Bethlehem, NH
5.	Kelly Gauthier	Kelly Gauthier	Whitefield, NH
6.	Mary M. Bates		Lancaster, NH
7.	Katelyn Parker		Whitefield, NH
8.	Nancy Mitigny		Twin Mtn NH
9.	Sheila Keach	Sheila Keach	Littleton, NH
10.	Helen Brennan	Helen Brennan	Dalton NH
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			



HHS Public Access
Author manuscript
Am J Public Health. Author manuscript; available in PMC 2017 February 01.

Published in final edited form as:
Am J Public Health. 2016 November ; 106(11): 1981–1989. doi:10.2105/AJPH.2016.303341.

Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings

Robert S. Nocon, MHS, Sang Mee Lee, PhD, Ravi Sharma, PhD, Quyen Ngo-Metzger, MD, MPH, Dana B. Mukamel, PhD, Yue Gao, MPH, Laura M. White, MS, Leiyu Shi, DrPH, MBA, MPA, Marshall H. Chin, MD, MPH, Neda Laiteerapong, MD, MS, and **Elbert S. Huang, MD, MPH**

Robert S. Nocon and Sang Mee Lee were with the Department of Public Health Sciences, University of Chicago, Chicago, IL. Yue Gao, Marshall H. Chin, Neda Laiteerapong, and Elbert S. Huang were with the Department of Medicine, University of Chicago. Ravi Sharma is with the Bureau of Primary Health Care, Health Resources and Services Administration, US Department of Health and Human Services, Rockville, MD. Quyen Ngo-Metzger is with the Agency for Healthcare Research and Quality, Rockville. Dana B. Mukamel and Laura M. White were with the Department of Medicine, University of California, Irvine. Leiyu Shi is with the Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.

Abstract

Objectives—To compare health care use and spending of Medicaid enrollees seen at federally qualified health centers versus non–health center settings in a context of significant growth.

Methods—Using fee-for-service Medicaid claims from 13 states in 2009, we compared patients receiving the majority of their primary care in federally qualified health centers with propensity score–matched comparison groups receiving primary care in other settings.

Results—We found that health center patients had lower use and spending than did non–health center patients across all services, with 22% fewer visits and 33% lower spending on specialty care and 25% fewer admissions and 27% lower spending on inpatient care. Total spending was 24% lower for health center patients.

Correspondence should be sent to Robert S. Nocon, Section of General Internal Medicine, Department of Medicine, University of Chicago, 5841 S. Maryland Ave, MC2007, Chicago, IL 60637 (rnocon@medicine.bsd.uchicago.edu).

CONTRIBUTORS

R. S. Nocon drafted the article. R. S. Nocon, S.M. Lee, D. B. Mukamel, Y. Gao, and L. M. White conducted data analyses. R. S. Nocon, R. Sharma, Q. Ngo-Metzger, D. B. Mukamel, L. Shi, M. H. Chin, and E. S. Huang conceptualized the study. All authors interpreted results, provided critical revision, and approved the final version of the article.

The views expressed in this article are solely the opinions of the authors and do not necessarily reflect the official policies of the US Department of Health and Human Services, HRSA, NIDDK, or AHRQ; nor does mention of any department or agency name imply endorsement by the US government.

HUMAN PARTICIPANT PROTECTION

This study was deemed exempt by the University of Chicago, Biological Sciences Division institutional review board.

Conclusions—Our analysis of 2009 Medicaid claims, which includes the largest sample of states and more recent data than do previous multistate claims studies, demonstrates that the health center program has provided a cost-efficient setting for primary care for Medicaid enrollees.

A central pillar of the Affordable Care Act (ACA; Pub L No. 111–148) is the expansion of the Medicaid program to include adults younger than 65 years with incomes up to 133% of the federal poverty level. Roughly half of states have formally expanded their Medicaid programs, and even nonexpansion states have seen increased enrollment stemming from greater public awareness and streamlined enrollment processes.[1] Medicaid expansion has raised concerns about the financial sustainability of the program and the availability of health care providers to see the newly insured.[2] To improve access to care for the medically underserved, including the newly insured, the ACA also called for $11 billion in funding for federally qualified health centers.[3,4]

Federally qualified health centers receive grants under Section 330 of the US Public Health Service Act and currently provide comprehensive primary care to roughly 23 million patients[5] in medically needy areas and roughly 1 out of 7 Medicaid enrollees.[6] For brevity, we will use the term "health center" throughout this article to refer to these federally qualified health centers. Health centers are required to provide nonclinical enabling services that support access to primary care, such as case management and transportation. Health centers are required to be located in, or provide services to, medically underserved communities, and they are required to have more than half of their governing board be health center patients that represent the population served. Because of the likelihood of an expanded role for health centers in the Medicaid program and ongoing concerns regarding the costs of the program, it is critical to understand whether the setting of primary care for Medicaid recipients has any association with health service utilization and spending.

The design and requirements of the health center program may be particularly well suited to the complex social and primary care needs of Medicaid patients. For example, the enabling services provided by health centers may result in physical and mental health issues being addressed earlier and in a more coordinated manner, resulting in lower health care use and spending for other services. Although the conceptual underpinnings of the program are clear, the empirical evidence regarding the impact of health center care on use and spending has been conflicting. Previous studies of Medicaid enrollees receiving primary care in health centers have found some associations with lower health care use. A study of 2008 Colorado Medicaid data found health center use to be associated with lower likelihoods of emergency department (ED) visit, inpatient hospitalization, 90-day readmission, and preventable hospitalization.[7]

Two multistate Medicaid claims studies (a 4-state study using 1994–1995 data and a 5-state study of 1992 data) found health center use to be associated with fewer preventable ED visits and hospitalizations.[8,9] By contrast, other studies have found that health center care was associated with higher use and spending. A 3-state study of 2003–2004 Medicaid claims found greater outpatient and total spending for health center patients compared with physician office care,[10] and a study of 2004–2008 data from a national survey of adults included a subgroup analysis of Medicaid patients that found health center care to be

associated with more ED visits than is non–health center care.[11] Overall, the literature on this topic is limited by analyses that capture varying or incomplete utilization and spending outcomes, study a small number of states, use older data that may not reflect current practice patterns, or use limited methods for adjusting for differences in health center and non–health center patient populations.

We compared utilization and spending between health center and non–health center Medicaid enrollees using data from a large number of US states, which can provide important insight because of the variability in Medicaid programs across states. We also examined a broader set of health care services than have previous studies, including primary care, other outpatient care, prescription drugs, ED use, and inpatient care. Finally, we compared health center and non–health center patients with a propensity score–matching approach, which can provide a more robust adjustment for observed differences between health center and non–health center patients.

Although our use of 2009 data does not allow us to analyze the effect of ACA Medicaid expansions that began in 2014, post-ACA claims are not yet available for this data set. Our data year allows us to examine a larger number of Medicaid patients and states than do more recent years. In more recent years of Medicaid claims, the increasing prevalence of Medicaid managed care inhibits cross-plan and cross-state comparison, because these claims do not contain service-level expenditures and vary in data quality across states.

METHODS

We examined the cross-sectional association between primary care setting and a set of utilization and spending outcomes among fee-for-service Medicaid enrollees in 13 states in 2009. The 13 states in our analysis were Alabama, California, Colorado, Connecticut, Florida, Iowa, Illinois, Mississippi, Montana, North Carolina, Vermont, Texas, and West Virginia (Table 1). We emphasized the following factors when choosing states to include in the analysis: geographic diversity, variation in size, presence of a large number of health centers and health center Medicaid patients, likelihood of claims data being available in a timely manner, and high prevalence of fee-for-service Medicaid claims. The number of states we included was limited by our funds available for data purchase.

Data Collection

We obtained claims from the Medicaid Analytic eXtract files. We constructed an analytic data set from Medicaid Analytic eXtract files that focused on adult, nonelderly (aged 18–65 years), fee-for-service users of ambulatory primary care services. We excluded all dental, transportation, and long-term care claims from our analysis. Because claims data for utilization and spending data may not be reliable for Medicaid managed care patients, we excluded all claims in months of data when an enrollee was in a medical managed care program. We also excluded single months of fee-for-service data that fell between 2 months of managed care enrollment. Other notable exclusions were patients with restricted benefits anytime during the year, those who delivered a baby during the year, and those who had changing eligibility over the year. (A full listing and description of exclusions are available as a supplement to the online version of this article at http://www.ajph.org.)

We examined use or spending for primary care, other (nonprimary) outpatient care, prescription drugs, ED care, inpatient care, and total health care spending, which represents the sum of the previously listed spending categories. Spending for each type of utilization represented the sum of total payments from Medicaid and third-party payers. Our spending variable did not include federal support to health centers that occurs outside the context of the Medicaid fee-for-service visit, such as federally backed loan guarantees for capital improvement projects and the ability to forgo purchase of private malpractice insurance because the federal government assumes responsibility for malpractice settlement and judgment costs.[12]

Our main independent variable of interest was the type of primary care setting. We categorized patients as either health center or non–health center patients on the basis of whether more than half of their primary care visits occurred in a health center. We also conducted analyses dividing non–health center patients into 3 subgroups: physician office patients, hospital outpatients, and mixed use patients, where the mixed use category comprised those who did not have a majority of primary care visits in any 1 setting. To determine primary care setting, we used the national provider identifier, claim type, and place of service in each claim. We created a listing of health center identifiers from Health Resources and Services Administration databases and Medicare and Medicaid cost reports and linked that information to the National Plan and Provider Enumeration System.[13]

Our adjusted analyses included covariates to account for factors that influenced health care utilization and spending. Covariates were patient demographics (age, race/ethnicity, gender), insurance characteristics (eligibility category, months of eligibility, Temporary Aid for Needy Families program indicator), disease burden, and US state. For disease burden, we used the Chronic Illness and Disability Payment System for Medicaid with the Medicaid Rx model and created binary variables for each category of diagnosis (e.g., cardiovascular, low) and medication group (e.g., diabetes) included in sufficient volume in our study sample.[14,15]

One barrier to adjustment in health center analyses is that Medicaid generally pays health centers on a per-visit (vs fee-for-service) basis. Although health centers are required to use diagnosis codes for billing and quality reporting, the lack of service-level (as opposed to encounter-level) claims may lead to health centers applying a lower volume of diagnosis codes and the potential for underdetection of disease burden for health center patients when using claims-based risk adjustment. Our adjustment claims across all service types (inpatient, nonprimary care outpatient, and prescription drugs) to characterize disease severity. We also controlled for 2 geographic variables: residing in a metropolitan statistical area[16] and the distance from where the patient lived (using the centroid of the residence zip code)[17] to the closest health center delivery site.

Statistical Analyses

We conducted basic descriptive analyses of patient characteristics, utilization, and spending by assigned primary care setting. Because the characteristics of health center patients are unlike those of patients seen in other settings, we used propensity score methods to balance potential observed confounders. [18] The propensity score–matching method is a technique for selecting non–health center users who are matched with health center users on potentially

Author Manuscript Author Manuscript Author Manuscript Author Manuscript

confounding covariates. This matching approach results in groups that are comparable on the basis of the covariates, regardless of correct model specification of outcomes and covariates, which is required in the standard generalized linear model.

We estimated propensity scores using a logistic regression model in which receiving treatment in a health center is predicted by the covariates we have described. We matched health center patients and non–health center patients with replacement using the nearest neighbor matching method. We then developed a series of generalized linear models to assess the effect of primary care setting on utilization and expense outcomes on the matched sample. We used a log link, assuming negative binomial distribution for utilization and γ-distribution for expenses. (Further details on the propensity score match and statistical models are available as a supplement to the online version of this article at http://www.ajph.org.)

We expressed our results in terms of the estimated mean of utilization or spending for each primary care setting and percentage difference in utilization or spending associated with the health center primary care setting relative to the non–health center comparison group. We conducted a main analysis with all states pooled, comparing health center to non–health center patients. In secondary analyses, we compared health center patients to physician office, hospital outpatients, and mixed use patients separately. Because Medicaid programs may vary significantly by state, we also performed separate state-by-state analyses. We conducted sensitivity analysis of a range of subgroup populations, including disabled beneficiaries and recipients of Temporary Aid for Needy Families benefits (not shown). We considered results to be statistically significant using a threshold of $P<.005$ on the basis of the Bonferroni method of correction for multiple comparisons.[19] We carried out all analyses with SAS version 9.4 (SAS Institute, Cary, NC). All reported P values are 2-sided.

RESULTS

Our final analyses included 144 076 health center Medicaid patients and 894 898 non–health center patients (Table 1). Roughly two thirds of patients were female, and they had an average age of 41 years. Most patients were from racial/ethnic minority groups. On an unadjusted basis, health center patients had lower levels of utilization and expense across all service types.

Before propensity score matching, health center and non–health center users differed substantially across several covariates, including state, Medicaid eligibility category, distance from the nearest health center site, and disease burden. After matching, observed confounders were balanced (data available as a supplement to the online version of this article at http://www.ajph.org).

When compared with non–health center patients, patients receiving most of their primary care in health centers experienced lower utilization and spending for all services examined (Table 2). The largest differences were in other outpatient visits (15.7 vs 12.2; −22% difference; CI= −21%, −24%) and spending ($2948 vs $1964; −33% difference; CI = −32%, −35%) as well as inpatient admissions (0.25 vs 0.19; −25% difference; CI = −22%, −27%)

and spending ($2047 vs $1496; −27% difference; CI = −24%, −30%). Total spending was lower for health center patients ($9889 vs $7518; −24% difference; CI = −23%, −25%). Differences in ED services were smaller in magnitude, although health center patients still had lower ED use (1.3 vs 1.2 visits; −11% difference; CI= −10%, −13%) and spending ($244 vs $216; −11% difference; CI = −10%, −13%).

When compared with the physician office, hospital outpatient, and mixed use groups (Table 3), the pattern of consistently lower use and spending for all services held for health center patients in comparison with hospital outpatients and mixed use patients. When compared with physician office patients, there was no difference in primary care use for health center patients, and health center patients had higher primary care spending ($1184 vs $1430; 21% difference; CI= 18%, 24%), more ED visits (1.0 vs 1.2; 16% difference; CI = 14%, 18%), and more ED spending ($186 vs $216; 16% difference; CI = 13%, 18%). Health center patients had lower use and spending across other services and lower total spending.

When comparing health center patients to non–health center patients in each of the 13 study states, we found trends in findings that were generally consistent across states (Table 4). Total spending was lower for health center patients across all 13 states. In 3 states (Connecticut, Illinois, and Texas), health center patients had higher primary care use or spending, and in Illinois, health center patients had higher ED use.

DISCUSSION

In this study of fee-for-service adult Medicaid enrollees across 13 states, we found that patients who received the majority of their primary care in health centers had lower total health care use and spending than did matched patients who receive primary care in other settings. The finding of lower total spending for health center patients was robust across all primary care comparison settings and states that we examined.

When comparing the full range of outcomes across states, we found that most states had the same patterns as our main analyses that pooled all states. The general consistency of these findings suggests that there may be a distinct association between health center primary care setting and health care use and spending because each state administers the Medicaid program independently, with variation in financing, management, and care programs. Some individual states did have results that varied from the trend observed when all states were pooled. Connecticut, Illinois, and Texas had higher primary care use or spending for health center patients, and Illinois had higher ED use for non–health center patients.

When examining different forms of non–health center primary care settings (physician office, hospital outpatient, and mixed use), we found that most of our main findings held, except that health center patients had more primary care spending and ED use and spending than did physician office patients.

One potential interpretation of our results is that if health centers provide comparable or higher levels of quality, lower spending may mean that they are an efficient form of primary care. Two other recent studies of health center primary care have used data from the Medical Expenditure Panel Survey[11] and Medicare claims,[20] and they similarly found lower overall

health care use or spending for health center patients. With respect to quality of care, short-term studies (most often 1–2 years) using administrative or survey data have generally found process-based measures of quality to be comparable or higher among health centers for similar patient populations.[11,21,22] Studies using ecologic designs have also demonstrated that the establishment or expansion of health centers in an area is associated with long-term declines in mortality.[23,24] Recent high-profile studies of Medicaid have brought intense controversy over the cost of the program.[25] States that are considering expansion of their Medicaid programs are engaged in discussions of how to manage health care spending for newly insured patients. If our observation of lower use and cost among health center patients is owing to health centers providing a more efficient form of primary care, then health center program growth may provide an avenue for expanding Medicaid in a cost-efficient manner.

A second interpretation is that the patterns of utilization and cost reflect characteristics of the health care network accessed by health center patients—as opposed to aspects of care within the health center. If health center providers tend to refer patients to other care settings that have lower use rates or lower spending (because of access or practice patterns), the nature of those referral networks may lead to the observed differences in use and spending. Although utilization of lower cost specialty and inpatient care networks may be a desirable outcome, policymakers and Medicaid administrators must ensure that it does not limit access to high-quality care. For example, in a recent national survey of health centers conducted in 2009 and 2013, health center leaders reported increasing difficulty obtaining specialty or subspecialty appointments for their Medicaid patients.[26]

A third interpretation is that health center patients may be different from those in physician offices and hospital outpatient practices in ways that we are unable to account for with our data. Our propensity score–matching techniques adjust for confounding stemming from factors such as patient demographics, type of Medicaid insurance, and the disease burden observed in our data. However, we are unable to control for potential confounding because of factors that are not observed in our data set, and we are unaware of any studies that identify factors that drive Medicaid patients' choice of health centers for primary care. In particular, administrative claims data provide limited insight into important patient characteristics that may influence utilization and spending, such as healthy behaviors and lifestyle.

If our findings are driven by health center Medicaid patients being systematically healthier in ways not observable in claims data, this would highlight the importance of ongoing work to improve measurements of health and incorporate them into risk adjustment and payment schemes.[27,28] Health centers have long been known for serving vulnerable populations with high chronic disease burdens and health care needs. As health centers increasingly participate in accountable care organizations and shared savings arrangements with payers, it will be important for health centers and other providers to thoroughly document the health needs of their patients and communicate that information in a clear and compelling manner to payers and policymakers.

Other limitations in the scope of our analysis are also important to note. Our cross-sectional study cannot provide evidence of a causal relationship between health center care and health

care use and spending. Although our study includes a large number of patients across several states, our study sample excludes important groups of enrollees (e.g., Medicaid managed care enrollees, Medicaid–Medicare dual eligible enrollees, long-term care recipients, and children), which limits the generalizability of findings across the Medicaid program. In particular, because Medicaid managed care has grown to become the dominant mode of administration for the Medicaid programs, ongoing study of the association between primary care setting and health care spending in the context of managed care is important.

We examined only Medicaid utilization and spending; we did not assess quality of care and cannot make conclusions about cost effectiveness or overall costs from a societal perspective. For example, health centers receive some federal financial support outside the scope of Medicaid fee-for-service payment, and some programs (such as the 340b drug pricing program, which is prevalent among health centers)[29] may lower Medicaid spending for health center patients. Health centers also receive federally supported technical assistance on quality improvement as well as federal grant funding outside Medicaid payments that we are unable to account for in our analyses. In addition, we cannot account for the unobserved heterogeneity across patients of different settings that is not captured with propensity score adjustment. Finally, although we classified settings of primary care into health center, hospital outpatient, and physician offices, it is important to acknowledge the wide variation in organizational structure and practices within these settings. Future work should analyze the role of organizational characteristics in the relationship between primary care setting and utilization, cost, and quality of care.

Cost reduction will continue to play an important role in ongoing efforts to improve the US health care system. Our analyses showed that Medicaid patients who obtain primary care at health centers had lower use and spending than did similar patients in other primary care settings. Although we hypothesize several potential causes for this association, future studies should work to empirically identify the mechanisms at work that lead to the compelling utilization and cost differences found in this study. As more Medicaid data become available for the years after the implementation of the ACA, it will also be critical to examine whether the associations we observed differ for more recent cohorts.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

This work was funded under a contract to the Health Resources and Services Administration (HRSA), and R. Sharma is an HRSA employee. The work was also supported by the Chicago Center for Diabetes Translation Research (grant P30 DK20595) and the Diabetes Research and Training Center (grant P60 DK20595). R. S. Nocon. is supported by an Agency for Healthcare Research and Quality (AHRQ) training grant (T32 HS000084). M. H. Chin and E. S. Huang are supported by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Midcareer Investigator Awards in Patient-Oriented Research (K24 DK071933, K24 DK105340).

Author Manuscript Author Manuscript Author Manuscript Author Manuscript

REFERENCES

1. Artiga, S.; Rudowitz, R. [Accessed September 14, 2014] Medicaid enrollment under the Affordable Care Act: understanding the numbers. 2014. Available at: http://kff.org/health-reform/issue-brief/medicaid-enrollment-under-the-affordable-care-act-understanding-the-numbers
2. Brand, R. [Accessed September 14, 2014] Medicaid: the 800-pound gorilla. 2011. Available at: http://www.ncsl.org/research/health/medicaid-the-800-pound-gorilla.aspx
3. US Department of Health and Human Services. [Accessed September 14, 2014] Health resources & services administration, health center program. 2014. Available at: http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf
4. US Department of Health and Human Services. [Accessed September 14, 2014] HHS announces the availability of $300 million in Affordable Care Act funds to expand services at the nation's community health centers. 2014. Available at: http://www.hhs.gov/news/press/2014pres/06/20140603a.html
5. Health Resources and Services Administration. [Accessed July 5, 2016] 2014 health center data. 2015. Available at: http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2014&state
6. National Association of Community Health Centers. [Accessed July 5, 2016] Health centers and Medicaid. 2014. Available at: http://nachc.org/wp-content/uploads/2015/11/Medicaid_FS_2014.pdf
7. Rothkopf J, Brookler K, Wadhwa S, Sajovetz M. Medicaid patients seen at federally qualified health centers use hospital services less than those seen by private providers. Health Aff (Millwood). 2011; 30(7):1335–1342. [PubMed: 21734208]
8. Falik M, Needleman J, Wells BL, Korb J. Ambulatory care sensitive hospitalizations and emergency visits: experiences of Medicaid patients using federally qualified health centers. Med Care. 2001; 39(6):551–561. [PubMed: 11404640]
9. Falik M, Needleman J, Herbert R, Wells B, Politzer R, Benedict MB. Comparative effectiveness of health centers as regular source of care: application of sentinel ACSC events as performance measures. J Ambul Care Manage. 2006; 29(1):24–35. [PubMed: 16340617]
10. Gurewich D, Tyo KR, Zhu J, Shepard DS. Comparative performance of community health centers and other usual sources of primary care. J Ambul Care Manage. 2011; 34(4):380–390. [PubMed: 21914997]
11. Laiteerapong N, Kirby J, Gao Y, et al. Health care utilization and receipt of preventive care for patients seen at federally funded health centers compared to other sites of primary care. Health Serv Res. 2014; 49(5):1498–1518. [PubMed: 24779670]
12. Takach, M.; Grossman, L.; Hess, C. Community Health Centers and State Health Policy: A Primer for Policymakers. Washington, DC: National Academy for State Health Policy; 2012.
13. National Plan and Provider Enumeration System. [Accessed September 14, 2014] National provider identifier. Available at: https://nppes.cms.hhs.gov/NPPES/Welcome.do
14. Gilmer TP, Kronick RG. Differences in the volume of services and in prices drive big variations in Medicaid spending among US states and regions. Health Aff (Millwood). 2011; 30(7):1316–1324. [PubMed: 21734206]
15. Gilmer T, Kronick R, Fishman P, Ganiats TG. The Medicaid Rx model: pharmacy-based risk adjustment for public programs. Med Care. 2001; 39(11):1188–1202. [PubMed: 11606873]
16. US Department of Labor, Office of Workers' Compensation Programs. [Accessed June 10, 2015] Geographic practice cost index values by ZIP code. Available at: http://www.dol.gov/owcp/regs/feeschedule/fee/fee10/fs10_gpci_by_ZIP.xls
17. Hadden, L.; Zdeb, M. [Accessed June 10, 2015] ZIP code 411: a well-kept SAS secret. Available at: http://www2.sas.com/proceedings/sugi31/143-31.pdf
18. Rosenbaum PR, Rubin DB. The central role of the propensity score in observational studies for causal effects. Biometrika. 1983; 70(1):41–55.
19. Hochberg, Y.; Tamhane, A. Multiple Comparison Procedures. New York, NY: Wiley; 1987.
20. Mukamel DB, White LM, Nocon RS, et al. Comparing the cost of caring for Medicare beneficiaries in federally funded health centers to other care settings. Health Serv Res. 2016; 51(2):624–644.

21. Goldman LE, Chu PW, Tran H, Stafford RS. Community health centers and private practice performance on ambulatory care measures. Am J Prev Med. 2012; 43(2):142–149. [PubMed: 22813678]
22. Shi L, Lebrun LA, Tsai J, Zhu J. Characteristics of ambulatory care patients and services: a comparison of community health centers and physicians' offices. J Health Care Poor Underserved. 2010; 21(4):1169–1183. [PubMed: 21099069]
23. Goldman F, Grossman M. The impact of public health policy: the case of community health centers. East Econ J. 1988; 14(1):63–72.
24. Bailey MJ, Goodman-Bacon A. The war on poverty's experiment in public medicine: community health centers and the mortality of older Americans. Am Econ Rev. 2015; 105(3):1067–1104. [PubMed: 25999599]
25. Roy, A. [Accessed July 5, 2016] Oregon study: Medicaid 'had no significant effect' on health outcomes vs. being uninsured. 2013. Available at: http://www.forbes.com/sites/theapothecary/2013/05/02/oregon-study-medicaid-had-no-significant-effect-on-health-outcomes-vs-being-uninsured
26. Ryan J, Riley P, Abrams M, Nocon R. How strong is the primary care safety net? Assessing the ability of federally qualified health centers to serve as patient-centered medical homes. Issue Brief (Commonw Fund). 2015; 27:1–13. [PubMed: 26372972]
27. National Association of Community Health Centers, Oregon Primary Care Association, Association of Asian Pacific Community Health Organizations. [Accessed July 5, 2016] Patient risk data and the pathway to transformation. 2015. Available at: http://www.rchnfoundation.org/wp-content/uploads/2015/12/PRAPARE-Patient-Risk-Data-and-the-Pathways-to-Transformation.pdf
28. Wherry LR, Burns ME, Leininger LJ. Using self-reported health measures to predict high-need cases among Medicaid-eligible adults. Health Serv Res. 2014; 49(suppl 2):2147–2172. [PubMed: 25130916]
29. US Government Accountability Office. [Accessed September 14, 2014] Manufacturer discounts in the 340B program offer benefits, but federal oversight needs improvement. 2011. Available at: http://gao.gov/assets/330/323702.pdf

TABLE 1

Medicaid Enrollee Characteristics by Primary Care Setting: United States, 2009

Characteristic	Health Center, No. (%) or Mean ±SD	Non–Health Center, No. (%) or Mean ±SD		
	Combined	Physician Office	Hospital Outpatient	Mixed Use[a]
Enrollees	144 076 (14)	460 198 (44)	95 599 (9)	339 101 (33)
Age, y	41.3 ± 13.1	41.3 ± 14.0	40.5 ± 13.4	38.1 ± 13.3
Female	(67.0)	(69:1)	(62.9)	(65.1)
Race/ethnicity				
Non-Hispanic White	(40.2)	(41.7)	(38.0)	(43.8)
Hispanic or Latino	(23.3)	(25.7)	(21.0)	(19.4)
Non-Hispanic Black	(20.1)	(18.9)	(22.9)	(20.5)
Non-Hispanic Asian	(2.5)	(2.9)	(1.8)	(1.5)
Hispanic or Latino and > 1 race	(2.9)	(0.9)	(1.9)	(0.7)
Non-Hispanic Native Hawaiian	(2.2)	(3.0)	(1.7)	(2.1)
Non-Hispanic American Indian	(0.7)	(0.4)	(0.9)	(1.1)
Non-Hispanic and > 1 race	(0.0)	(0.1)	(0.1)	(0.1)
Unknown	(8.0)	(6.5)	(11.7)	(11.0)
State				
California	(51.4)	(33.1)	(44.0)	(46.1)
Illinois	(7.2)	(5.6)	(3.3)	(5.7)
West Virginia	(7.0)	(7.5)	(2.2)	(3.8)
Florida	(6.9)	(13.5)	(18.2)	(10.0)
Texas	(6.9)	(24.2)	(6.2)	(10.0)
Colorado	(6.0)	(0.7)	(10.3)	(9.3)
Connecticut	(5.9)	(2.5)	(4.7)	(1.7)
Mississippi	(4.9)	(7.3)	(4.0)	(9.3)
Iowa	(2.0)	(2.5)	(4.7)	(2.6)
Vermont	(1.2)	(1.4)	(0.4)	(0.6)
North Carolina	(0.5)	(1.6)	(1.6)	(0.9)

Characteristic	Health Center, No. (%) or Mean ±SD	Non–Health Center, No. (%) or Mean ±SD			
		Combined	Physician Office	Hospital Outpatient	Mixed Use[a]
Alabama	(0.1)	(0.1)	(0.1)	(0.3)	(0.1)
Montana	(< 0.1)	(< 0.1)	(< 0.1)	(0.2)	(< 0.1)
Medicaid eligibility group					
Cash, adult	(34.7)	(26.4)	(22.4)	(33.0)	(30.0)
Cash, disabled	(42.6)	(51.1)	(51.8)	(44.2)	(52.1)
Medically needy, adult	(6.7)	(7.2)	(8.6)	(4.3)	(6.1)
Medically needy, disabled	(3.1)	(2.7)	(2.6)	(3.9)	(2.6)
Other, adult	(3.1)	(2.4)	(2.5)	(2.2)	(2.3)
Other, disabled	(4.4)	(2.8)	(2.8)	(3.8)	(2.4)
Poverty, adult	(4.3)	(6.5)	(8.6)	(6.9)	(3.5)
Poverty, disabled	(1.2)	(1.0)	(0.8)	(1.7)	(1.0)
TANF eligible[b]	(5.8)	(4.2)	(4.0)	(4.1)	(4.5)
Residing in MSA[c]	(82.2)	(79.9)	(82.2)	(89.2)	(74.2)
Eligible months	9.9 ± 3.3	9.9 ± 3.3	9.9 ± 3.3	9.2 ± 3.7	10.2 ± 3.1
Minimum distance from nearest health center, km	4.8 ± 6.7	9.7 ± 13.1	9.3 ± 12.2	7.7 ± 11.8	10.9 ± 14.4
CDPS risk score[d]	0.90 ± 1.00	1.11 ± 1.34	1.12 ± 1.34	1.37 ± 1.78	1.03 ± 1.18
Use and spending					
Primary care					
Visits, no.	7.6 ± 7.8	8.6 ± 8.9	8.5 ± 8.0	8.2 ± 10.2	8.9 ± 9.7
Spending, $	1 430 ± 2 312	2 090 ± 6 687	1 366 ± 4 656	2 153 ± 6 383	3 053 ± 8 686
Other outpatient[e]					
Visits, no.	12.2 ± 39.4	16.7 ± 45.5	17.8 ± 49.3	13.2 ± 36.2	16.1 ± 42.2
Spending, $	1 965 ± 6 820	3 748 ± 11 278	3 799 ± 11 611	3 224 ± 11 283	3 825 ± 10 804
Prescription drug spending, $	2 324 ± 5 457	2 765 ± 14 540	2 805 ± 9 469	2 986 ± 36 839	2 649 ± 7 324

Characteristic	Health Center, No. (%) or Mean ±SD	Non–Health Center, No. (%) or Mean ±SD			
		Combined	Physician Office	Hospital Outpatient	Mixed Use[a]
Emergency department					
Visits, no.	1.2 ± 3.0	1.4 ± 3.4	1.1 ± 2.8	2.7– 5.6	1.3 ± 3.2
Spending, $	216 ± 634	236 ± 713	181 ± 559	492 ± 1 229	240 ± 686
Inpatient					
Visits, no. (SD)	0.2 ± 0.8	0.3 ± 1.2	0.3 ± 1.0	0.6 ± 2.0	0.3 ± 1.0
Length of stay,[f] no. (SD)	0.8 ± 5.3	1.4 ± 7.5	1.2 ± 6.3	3.1 ± 13.1	1.2 ± 6.6
Spending, $ (SD)	1 496 ± 9 879	2 324 ± 13 264	1 910 ± 10 494	5 610 ± 25 508	1 959 ± 11 315
Total spending, $ (SD)	7 518 ± 15 196	11 306 ± 26 165	10 189 ± 21 102	14 699 ± 49 810	11 865 ± 22 310

Note: CDPS = Chronic Disability Payment System; MSA = metropolitan statistical area; TANF = Temporary Aid for Needy Families. Characteristics are derived from the setting where > 50% of primary care visits occur. Use and spending is expressed in annual values per patient. The sample size was n = 1 038 974.

[a] Mixed use refers to enrollees for whom no single setting accounts for > 50% of primary care visits.

[b] Enrollee is eligible for TANF program in any month during the data year.

[c] Patient resides in a MSA.

[d] CDPS risk score derived from concurrent risk weights is shown here as an indicator of severity of illness. These values were not used in the model; rather, we used binary variables for 69 of the individual CDPS diagnoses.

[e] Other outpatient care is defined as all nonprimary care, nontransportation, and nondental outpatient claims activity.

[f] Total annualized inpatient length of stay in days.

TABLE 2

Use and Expense for Health Center Patients Compared With Matched Non–Health Center Patients: United States, 2009

Variable	Non–Health Center (n = 144 075), Estimate (95% CI)	Health Center (n = 144 075), Estimate (95% CI)	Difference,[a] % (95% CI)
Primary care			
Visits, no.	8.2 (8.2, 8.3)	7.6 (7.6, 7.7)	−7 (−8, −7)
Spending, $	1845 (1815, 1876)	1430 (1418, 1442)	−23 (−24, −21)
Other outpatient care[b]			
Visits, no.	15.7 (15.5, 15.9)	12.2 (12.0, 12.4)	−22 (−24, −21)
Spending, $	2948 (2900, 2996)	1964 (1930, 2000)	−33 (−35, −32)
Prescription drug spending, $	2704 (2664, 2744)	2324 (2296, 2352)	−14 (−16, −12)
Emergency department			
Visits, no.	1.3 (1.3, 1.4)	1.2 (1.2, 1.2)	−11 (−13, −10)
Spending, $	244 (240, 247)	216 (213, 219)	−11 (−13, −10)
Inpatient			
Admissions, no.	0.25 (0.25, 0.26)	0.19 (0.19, 0.20)	−25 (−27, −22)
Length of stay,[c,d]	1.1 (1.1, 1.2)	0.8 (0.8, 0.9)	−26 (−29, −23)
Spending, $	2047 (1987, 2114)	1496 (1446, 1548)	−27 (−30, −24)
Total spending, $	9889 (9784, 9996)	7518 (7440, 7597)	−24 (−25, −23)

Note. CI = confidence interval. Primary care setting is determined by where > 50% of primary care visits occur. Use and spending is expressed in annual values per patient. Each health center patient was matched with 1 non–health center patient on the basis of the logit of propensity score, which was estimated using a logistic regression adjusting for patient demographics (age, race/ethnicity, gender), insurance characteristics (Medicaid eligibility category, months of eligibility, Temporary Aid for Needy Families program beneficiary indicator), disease burden (on the basis of binary disease diagnosis variables from the Chronic Illness and Disability Payment System), state, residence in a metropolitan statistical area, and distance from the closest health center delivery site.

[a] A negative percentage difference reflects lower health center utilization or spending.

[b] Other outpatient care is defined as all nonprimary care, nontransportation, and nondental outpatient claims activity.

[c] Total annualized inpatient length of stay in days.

Table 3

Use and Expense for Health Center Patients Compared With Matched Physician Office, Hospital Outpatient, and Mixed Use Patients: United States, 2009

Utilization or Cost	Health Center (n = 144 076), Estimate (95% CI)	Physician Office (n = 144 074)		Hospital Outpatient (n = 144 071)		Mixed Use[a] (n = 144 074)	
		Estimate (95% CI)	Difference From Health Center, % (95% CI)[b]	Estimate (95% CI)	Difference From Health Center, % (95% CI)[b]	Estimate (95% CI)	Difference From Health Center, % (95% CI)[b]
Primary care							
Visits, no.	7.6 (7.6, 7.7)	7.6 (7.6, 7.7)	0 (−1, 0)	7.7 (7.7, 7.8)	−1 (−2, −1)	8.6 (8.6, 8.7)	−12 (−12, −11)
Spending, $	1 430 (1 418, 1 442)	1 184 (1 158, 1 211)	21 (18, 24)	1 974 (1 944, 2 004)	−28 (−29, −26)	2 315 (2 283, 2 347)	−38 (−39, −37)
Other outpatient care[c]							
Visits, no.	12.2 (12, 12.5)	14.4 (14.2, 14.7)	−15 (−17, −13)	13.5 (13.3, 13.7)	−9 (−11, −7)	18.5 (18.2, 18.8)	−34 (−35, −32)
Spending, $	1 970 (1 935, 2 006)	2 842 (2 787, 2 897)	−31 (−32, −29)	3 066 (3 015, 3 117)	−36 (−37, −34)	3 170 (3 125, 3 217)	−38 (−39, −36)
Prescription drug spending, $	2 324 (2 296, 2 352)	2 716 (2 680, 2 752)	−14 (−16, −13)	3 051 (2 964, 3 140)	−24 (−26, −21)	2 709 (2 673, 2 746)	−14 (−16, −13)
Emergency department							
Visits, no.	1.2 (1.2, 1.2)	1 (1, 1)	16 (14, 18)	2.6 (2.5, 2.6)	−54 (−54, −53)	1.4 (1.4–1.4)	−13 (−15, −12)
Spending, $	216 (213, 219)	186 (184, 189)	16 (13, 18)	480 (473, 486)	−55 (−56, −54)	249 (245, 252)	−13 (−15, −11)
Inpatient							
Admissions, no.	0.19 (0.19, 0.20)	0.22 (0.21, 0.22)	−11 (−14, −8)	0.60 (0.59, 0.61)	−68 (−69, −67)	0.24 (0.24, 0.25)	−21 (−23, −19)
Length of stay,[d]	0.8 (0.8, 0.9)	0.9 (0.9, 0.95)	−9 (−13, −4)	2.8 (2.7, 2.9)	−70 (−71, −69)	1.11 (1.1, 1.1)	−24 (−27, −20)
Spending, $	1 496 (1 446, 1 548)	1 757 (1 702, 1 814)	−15 (−19, −11)	4 908 (4 799, 5 018)	−70 (−71, −68)	1 893 (1 834, 1 953)	−21 (−24, −17)
Total spending, $	7 530 (7 452, 7 609)	8 791 (8 691, 8 891)	−14 (−16, −13)	13 629 (13 467, 13 793)	−45 (−46, −44)	10 439 (10 337, 10 542)	−28 (−29, −27)

Note. CI = confidence interval. Primary care setting is determined by where > 50% of primary care visits occur. Use and spending is expressed in annual values per patient. Each health center patient was matched with 1 patient from the physician office, hospital outpatient, and mixed use settings on the basis of the logit of propensity score, which was estimated using a multinomial logistic regression adjusting for patient demographics (age, race/ethnicity, gender), insurance characteristics (Medicaid eligibility category, months of eligibility, Temporary Aid for Needy Families program beneficiary indicator), disease burden (on the basis of binary disease diagnosis variables from the Chronic Illness and Disability Payment System), state, residence in ametropolitan statistical area, and distance from the closest health center delivery site.

[a] Mixed use indicates enrollees, where no single setting accounts for >50% of primary care visits.

[b] The negative percentage difference reflects lower health center utilization or spending.

[c]Other outpatient care is defined as all nonprimary care, nontransportation, and nondental outpatient claims activity.

[d]Total annualized inpatient length of stay in days.

Table 4

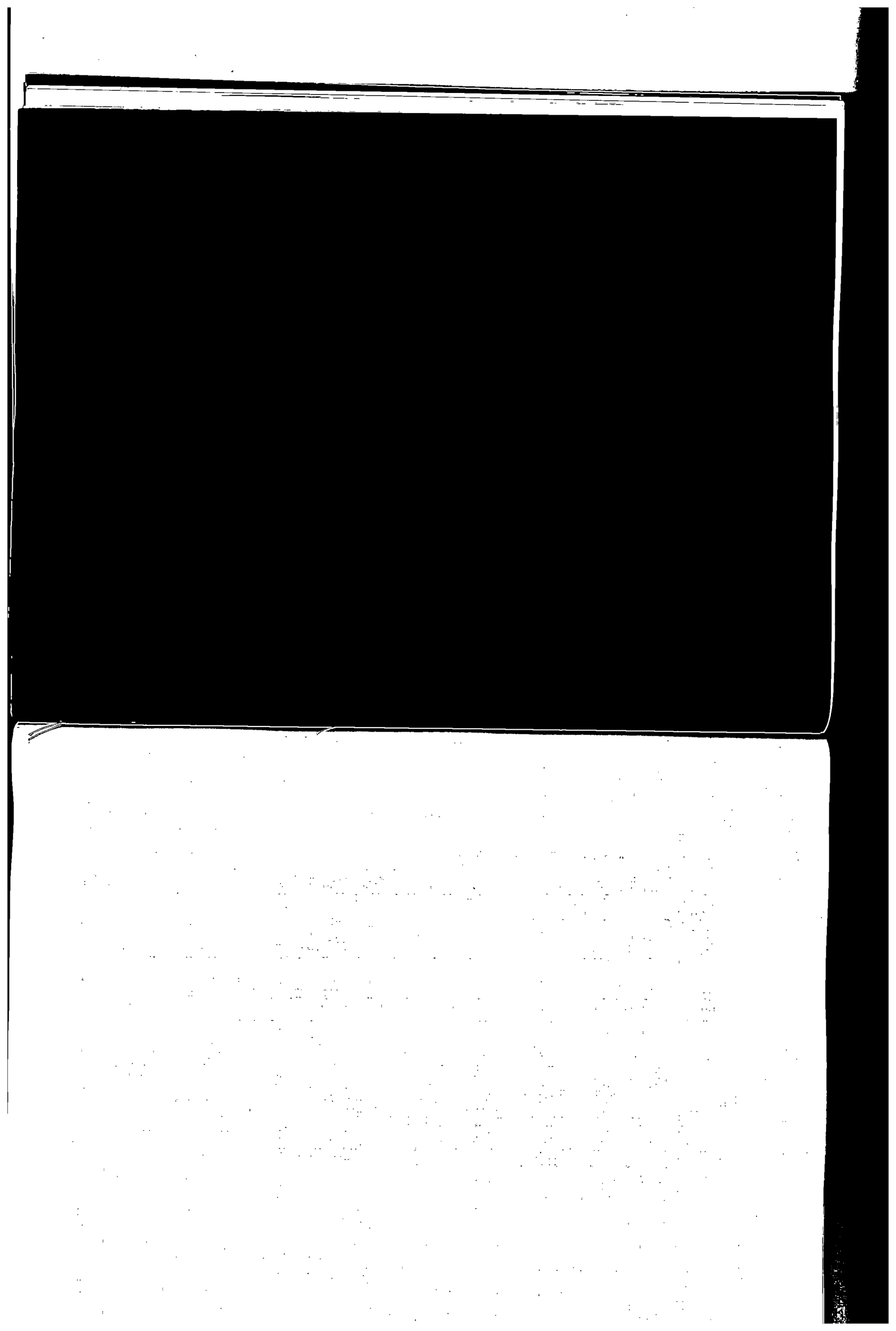
Adjusted Percentage Difference (95%CI) in Utilization and Spending, Health Center Patients Compared With Non–Health Center Patients, by State: United States, 2009

Variable	AL, % Difference (95% CI)	CA, % Difference (95% CI)	CO, % Difference (95% CI)	CT, % Difference (95% CI)	FL, % Difference (95% CI)	IA, % Difference (95% CI)	IL, % Difference (95% CI)	MS, % Difference (95% CI)	NC, % Difference (95% CI)	TX, % Difference (95% CI)	VT, % Difference (95% CI)	WV, % Difference (95% CI)
Matched health center patients, no.	132	74 028	8640	8481	9947	2945	10 371	7113	748	9909	1728	10 022
Primary care												
Visits	−16 (−36, 10)	−10 (−11, −9)	−17 (−19, −14)	35 (31, 40)	−23 (−25, −21)	−3 (−7, 1)	6 (4, 9)	−10 (−12, −8)	−20 (−27, −12)	−9 (−11, −7)	−1 (−7, 5)	−15 (−16, −13)
Spending	−38 (−60, −5)	−37 (−38, −35)	−11 (−16, −6)	5 (−1, 11)	−31 (−34, −28)	−34 (−40, −26)	11 (5, 18)	−23 (−29, −15)	−33 (−44, −20)	19 (15, 24)	−1 (−11, 12)	−13 (−17, −9)
Other outpatient[c]												
Visits	−48 (−77, 15)	−12 (−14, −9)	−25 (−32, −17)	−23 (−28, −18)	−44 (−49, −39)	−6 (−14, 2)	−4 (−11, 4)	1 (−7, 9)	−26 (−41, −6)	−37 (−42, −32)	−19 (−31, −5)	−15 (−20, −10)
Spending	−84 (−94, −51)	−37 (−39, −36)	−42 (−49, −34)	−33 (−40, −26)	−54 (−59, −48)	−26 (−39, −10)	−25 (−30, −19)	−32 (−41, −23)	−33 (−48, −13)	−38 (−42, −34)	−23 (−37, −5)	−24 (−31, −16)
Prescription spending	−30 (−64, 38)	0 (−2, 2)	−11 (−16, −5)	−5 (−9, 0)	−22 (−26, −16)	−12 (−22, −2)	−26 (−36, −14)	−3 (−10, 4)	−35 (−49, −17)	−20 (−26, −15)	−11 (−21, 1)	−18 (−21, −14)
Emergency department												
Visits	11 (−47, 132)	−6 (−9, −3)	−4 (−10, 2)	−1 (−7, 6)	−40 (−43, −36)	−40 (−45, −34)	16 (9, 25)	−3 (−8, 2)	21 (−2, 51)	−9 (−14, −3)	−9 (−21, 5)	−15 (−20, −10)
Spending	16 (−53, 184)	−5 (−8, −2)	−10 (−16, −3)	−3 (−9, 4)	−41 (−45, −37)	−45 (−50, −39)	1 (−7, 10)	−5 (−10, 0)	13 (−10, 41)	−4 (−10, 2)	−6 (−19, 9)	−18 (−23, −12)
Inpatient												
Admissions	No estimate	−17 (−21, −14)	−12 (−23, 1)	−24 (−32, −16)	−28 (−35, −19)	−45 (−56, −33)	−33 (−42, −24)	−19 (−28, −10)	−26 (−48, 6)	−1 (−11, 10)	−24 (−48, 11)	−6 (−15, 4)
Length of stay[b]	No estimate	−15 (−20, −10)	−3 (−23, 24)	−30 (−40, −19)	−24 (−35, −10)	−44 (−58, −27)	−44 (−53, −33)	−10 (−22, 4)	−9 (−42, 44)	−4 (−17, 11)	−13 (−41, 28)	−5 (−17, 10)
Spending	−5 (−24, 19)	−13 (−19, −8)	−9 (−28, 16)	−31 (−40, −20)	−29 (−39, −18)	−41 (−56, −20)	−50 (−59, −39)	−13 (−24, 0)	−23 (−49, 18)	−14 (−27, 1)	−21 (−46, 15)	−11 (−22, 2)
Total spending	−63 (−78, −37)	−22 (−23, −20)	−26 (−30, −21)	−19 (−23, −15)	−32 (−36, −29)	−27 (−32, −21)	−27 (−31, −22)	−19 (−24, −14)	−29 (−40, −15)	−22 (−26, −18)	−15 (−24, −6)	−18 (−21, −14)

Note. CI = confidence interval. "No estimate" means that models for that outcome did not converge and no estimate was reached. Primary care setting was determined by where >50% of primary care visits occur. Use and spending is expressed in annual values per patient. Each health center patient was matched with 1 non–health center patient on the basis of the logit of propensity score, which was estimated using a logistic regression adjusting for patient demographics (age, race/ethnicity, gender), insurance characteristics (Medicaid eligibility category, months of eligibility, Temporary Aid for Needy Families program beneficiary indicator), disease burden (determined by binary disease diagnosis variables from the Chronic Illness and Disability Payment System), state, residence in a metropolitan statistical area, and distance from the closest health center delivery site. The negative percentage difference reflects lower health center utilization or spending.

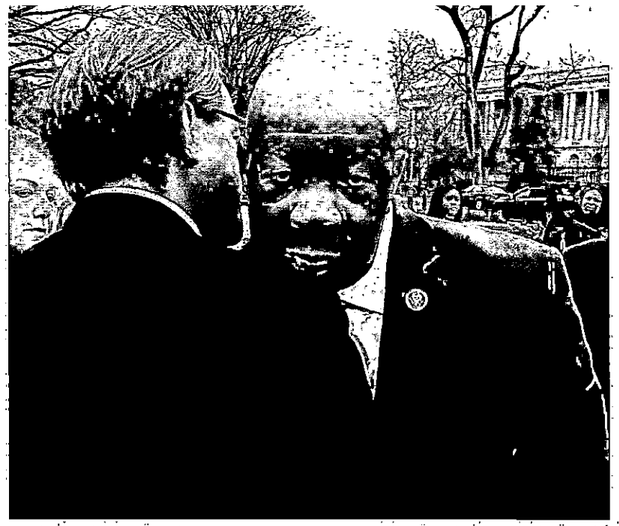
[a]Other outpatient care is defined as all nonprimary care, nontransportation, and nondental outpatient claims activity.

[b]Total annualized inpatient length of stay in days.



ACHS ANNUAL REPORT

July 1, 2016 - June 30, 2017



WE HEAR YOU...

You're worried about the changes in health care.
You need access to quality, affordable dental services.
You want programs and services that matter to you.

Your provider has to listen and understand your needs. You want to feel like you belong, a part of the ACHS family... and that we're part of your community.

Throughout this past year, you've reached out to us. You've shared your stories and struggles. You've laughed and cried with us. You've hugged us and held our hands. We know you expect affordable, high-quality health care from people who truly care about what matters to you.
And, we aim to deliver.

ACHS hears you.

ACHS 2016
Annual Report to the Community

ACHS, Speaking on your behalf - locally and nationally

American's across the nation are concerned about their health care. The rising cost of insurance, the potential changes to the Affordable Care Act (Obama Care) and the availability of quality care are high on the priority lists of many. For New Hampshire residents it is no different.

In a recent poll, NH resident's listed health care and the opioid crisis among their top 5 concerns. ACHS is concerned, too. Changes to regulations in these arenas have the potential to effect policies, procedures and disrupt patient care.

Administration shifts at the nation's capital are always disconcerting and this term is particularly volatile as talk of sweeping changes threaten to impact millions. Many of those affected could be among the most in-need of the population - those on Medicare and Medicaid, and those who fall below the Federal Poverty level - patients who count on ACHS for their health care.

That's why we partner with agencies such as Bi-State Primary Care Association and community health centers throughout Vermont and New Hampshire to advocate on the state and national level. We travel to Concord, NH., Burlington, VT., Washington D.C. and beyond to be sure the voices of those in the north country are heard.

This year, ACHS CEO, Ed Shanshala traveled to D.C. with our Assistant Medical Director and members of the ACHS Board of Directors. They met with key members of the House and Senate working on health care issues. All parties came away with a better understanding of what is needed to protect precious services in the state.

On a local level, ACHS is working with the North Country Health Consortium and other area agencies, to help break the cycle of addiction, educate the community on opioid misuse and implement programs to aid those who are ready to make a change.

"I don't know what we'd do without Medicaid. My son is still a baby. He was diagnosed with Down's Syndrome. Even working two jobs... we struggle to make ends meet. I worry about losing coverage every day"

K.L. - ACHS Patient
Woodsville, NH

Data illustrates need in northern NH

ACHS serves over **10,000** patients in **26** north country towns, in **2** counties - Grafton and Coos. We see patients covered by private insurance, those who self-pay, and those on Medicaid and Medicare. We offer a sliding fee payment scale to those who qualify. Here's the breakdown:

22.8% are covered by Medicare - **14.5%** are covered by Medicaid - **47.2%** have private insurance - **10.5%** self pay.

ACHS provided $1.062 million in sliding fee discounts in 2016

Top: ACHS joins Bi-State Primary Care Association and Senator, Maggie Hassan in March 2017 to meet with the delegation on Health Committee changes. Top center - ACHS CEO, Ed Shanshala meets with Civil Rights leader and Congressman, John Lewis. Bottom: ACHS and Bi-State Primary Care delegates meet with U.S. Representative for NH, Annie Kuster.

ACHS - Listening and understanding each patient's unique health care story

Many believe the provider/patient relationship is a key to better health. Patients learn to trust and share. As a result, providers can better treat and heal. That's best for the patient and the community. According to Harvard Business Review, strengthening communication and enhancing provider bonds with patients may also result in reduced trips to Emergency Room and Specialist visits - decreasing overall costs to organizations and patients.

ACHS' providers understand how important it is to take the time to listen and fully understand their specific patient's needs. Our patient navigators are in place to help support their efforts, fielding questions related to outside issues that can impact care, such as transportation, food insecurities, insurance and legal issues.

For the third year in a row, ACHS has scored above the national average for patient satisfaction (97%) and recommendation (98%).

DID YOU KNOW?

40,000 women will die of breast cancer each year.

EARLY DETECTION SAVES LIVES

Elizabeth Story -

Elizabeth is an ACHS patient who felt comfortable enough with her provider to share a personal story about her mother's death from breast cancer. As a result, her provider recommended she have a free breast cancer screening through ACHS and New Hampshire's Department of Health & Human Services, Let No Woman Be Overlooked Program. The early detection of Elizabeth's breast cancer, helped save her life. With funds from the BCCP, we created a video to chronicle her success. Hear Elizabeth's story on the ACHS YouTube channel.

You requested quality, affordable dental care - ACHS listened

Rural areas across the US face serious challenges in providing residents with oral health care. It is estimated that over the next 10 years, every state in the nation will face a dental shortage. Today, only 62% of New Hampshire's dental needs are currently being met. Compounding availability issues are expenses. Only about 1/3 of available dentists accept Medicaid or other public insurance. When patients can't access dental care their first stop may be the hospital emergency department. There they are often prescribed antibiotics or pain medication. ED dental is expensive and generally doesn't address the original problem.

The correlation between dental health and overall health are well-known. Unhealthy mouths can lead to a variety of medical issues. In addition, it's hard to function day-to-day when you are in constant dental pain.

When ACHS Oral & Dental Health Center opened in January of 2015, we knew there was a need.

Above: ACHS- Dental Hygienist, Katie Latulip talks to one of our littlest patients about proper dental care, and coaxes him into his first dental cleaning.

How much of a need soon became apparent. Many of our patients had not seen a dentist in years, some had never had a dental cleaning. ACHS offered these patients care they otherwise couldn't afford.

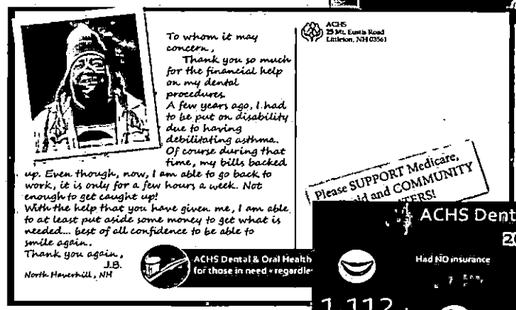
In 2016, ACHS saw over 1,000 patients and delivered over $400,000 in discounted sliding fee services. The need for a second dentist is evident. ACHS is actively recruiting for an additional dentist to help address the continued need. In the interim, our dental staff continues to see a steady stream of patients.

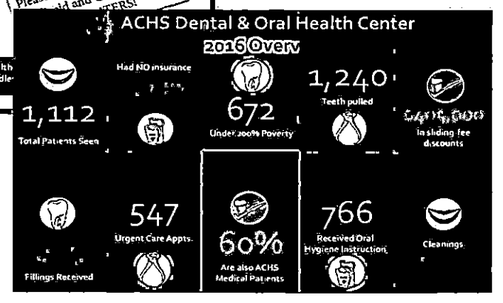
> *"Thank you ACHS. I was faced with a decision, pay for a pressing home repair or fix my tooth. I can't thank you enough for your generosity"*
>
> *J.B. ACHS Dental Patient*
> *North Haverhill, NH*

JB's story

A few years ago, JB from Haverhill, NH. was diagnosed with chronic, debilitating asthma. As a result, she was unable to work. During her disability, the bills backed up and she put off her dental checkups.

Fortunately, JB qualified for ACHS' sliding fee discount, and with some financial assistance she was able to fix the issues she was having with her teeth. She can now smile and has returned to work. She is ever grateful for the support she received from ACHS.





Roughly 37% of ACHS dental patients have no insurance. Our sliding fee service for those who qualify helps those who need us most.

Right: Infographics, such as this overview of dental services, are used to provide a snapshot of our services at the state and local level.

ACHS - Integrated with Community

Without the communities we serve, ACHS would not exist. At our six sites throughout northern New Hampshire, we serve over 10,000 residents. These folks are not just our patients, they are our friends and neighbors.

We strive to let those we serve know we are in their corner. By delivering educational and beneficial programs we promote improved health and nutrition, better dental and vision care, behavioral health services and an overall healthier lifestyle.

Whether we're participating in a health fair, promoting the works of local artists, supporting the Warren Wentworth Food Pantry, or celebrating our most senior participant at the Ammonoosuc Amble, we're part of the community. Just like the local Mom and Pop shop, ACHS is also a small business that depends on the success of the town's we serve. We support the efforts of our community partners and appreciate the support of like-minded organizations.

Despite the rainy weather, this year's Ammonoosuc Amble was a hit. With nearly 200 participants we raised over $10,000 for our Healthy Smiles Program which helps support those who need assistance with their dental care.

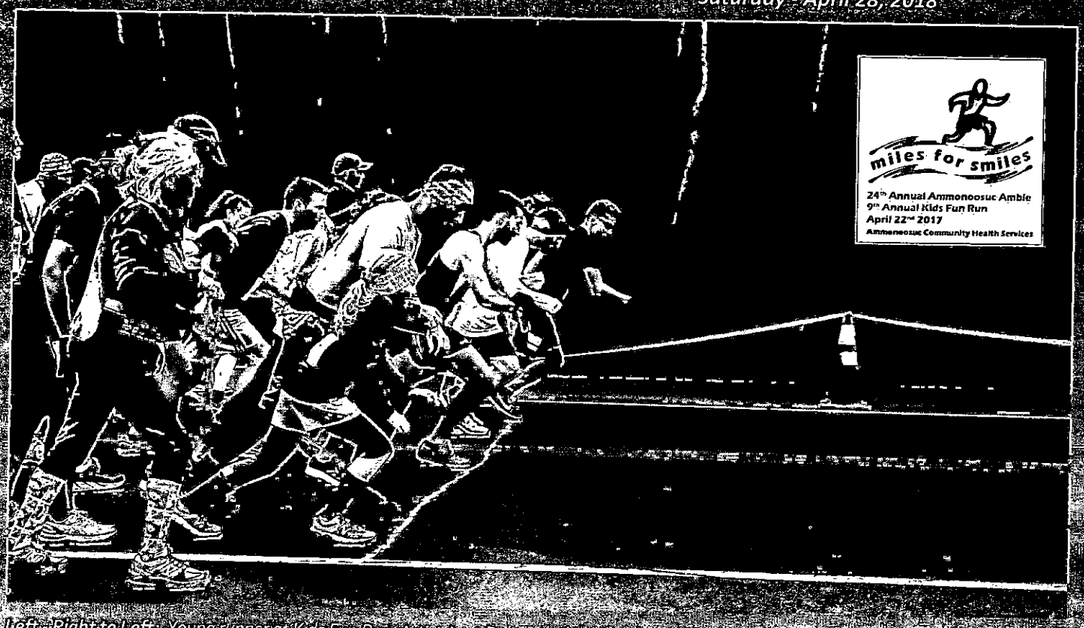
Thank you to our 2017 Ammonoosuc Amble sponsors:

Ammonoosuc Community Health Services
24th Annual Ammonoosuc Amble • 9th Annual Kids' Fun Run • 4•22•2017

FairPoint communications · Country 101.3 · Well Sense Health Plan · Delta Dental · Tender Corporation · Littleton Regional Healthcare · Littleton Chevrolet Buick · Paddock Pontiac · Santelli · Graham's Cleaning Service · Stevens Ford · White Mountain · Garnet Hill · GM Photography Framing · SSCU Community Financial · Star Image Plus · UnionBank · Passumpsic Savings Bank · Mascoma Savings Bank · Granite Bank · SNS · Littleton Coin Company · New Hampshire Healthy Families · New England Wire Technologies · 20 Years or Neil Early Learning Center · Littleton Food Co-op · Omni Hotels & Resorts · Free 99.1

Abbott Rental · ACHS Staff · Alburritto's Restaurant · Ammonoosuc Massage & Nutrition · Bank of New Hampshire · Beal House Inn & Restaurant · Bethlehem Police Department · Bethlehem Emergency Services · Bretton Woods Ski Area · Bridge Weekly Sho-Case · Chang Thai Cafe · Cheery Blossom Florist · Coca-Cola of Northern NH · Dunkin Donuts of Littleton · Embroidery By Everything Personal · Emma & Co. Consignment Boutique · Fireside Hearth & Leisure · Foto Factory · Franconia Hardware · Fresh Salon & Day Spa · Frost Place · George M. Stevens Insurance · Gold House Pizza · Harman's Cheese & Country Store · Hunkins & Eaton Insurance · The Inn at Whitefield · Jax Jr. Cinemas · Lahout's Clothing & Ski Shop · Little Village Toy & Book Shop · Littleton Athletic Department · Littleton Bike & Fitness · Littleton Healing Arts Studio · Littleton Pet Center · Maple Grove Farms · McLure's Honey & Maple Products · Mountain View Grand · North Country Local Pentimento · Pete & Gerrys Organics · Polly's Pancake Parlor · Porfido's Market & Deli · Profile School · Salmon Press · Shaws of Littleton · Sherwin Dodge Painters · Subway of Littleton · The Coffee Pot · The Inn at Whitefield · Topic of the Town Restaurant · Walgreen's

Join us for the 25th Annual Ammonoosuc Amble Saturday - April 28, 2018



Left - Right to Left: *Young runner at Kids Fun Run, Artist Amy Delventhal exhibits her work, Mikayla Fahey interns at ACHS, At 91, Allan is Ammonoosuc Amble's oldest runner, Warren Wentworth Food Pantry receives a check from Bishops Charitable Trust, ACHS Dental Hygienist, Katie Latulip visits Boys & Girls Club of the North County.* **Above:** *Runners take their mark at the 2017 Ammonoosuc Amble*

You're only as good as the company you keep!

At ACHS we are known for our offer high-quality, affordable health care and integrated primary care services. These are not the only reasons area residents come to us time and time again for their health care needs. For many, it comes down to the relationships they build with their providers and our professional staff.

Patients have many choices for their care - primary, behavioral health, dental and pharmacy services, yet they choose ACHS. The reason? If you ask them, they'll say it's all about the people.

According to on the Consumer Assessment of Healthcare Providers & Systems, ACHS has a patient promotion rating of 95%. We also scored the highest of over 900 like organizations in: Over-all Doctor Rating, Office Staff Quality, Office Recommendation, Access to Care, and Provider Communication Quality. These statistics are indicative of our employee's commitment to quality - from patient interactions at reception and visits, to customer service in the pharmacy or with our billing team. ACHS keeps the customer (our patient) at the fore-front of everything we do.

*Above Left: **ACHS - Littleton's Melanie Childs and Tasha Martin,***
*Below left: **David Ferris, DO joins the ACHS family of providers.***

How do we continue to keep these ratings high? It starts with taking good care of our employees. ACHS provides over 121 area residents a welcoming place to work where they can contribute to their communities, care for its people and be recognized for their efforts. Many of our employees have been at ACHS for decades.

The very culture of the organization is to care for one another. For folks who work here, their coworkers become friends and family.

ACHS employees receive competitive pay, medical and dental benefits, a health reimbursement incentive, education support and more. We treasure our staff and will continue to keep our employees satisfied, so they can continue to do what they do best - care for our patients and our communities.

***Top:** ACHS- Providers left to Right: Aaron Solnit, MD, Brandon Jolley, DDS, Glenda Reynolds, DDS. Backrow: Caitlyn O'Donnell, MD, Nicole Fischler, APRN, Natalya Sudinaya, PA, David Nelson, DO, MBA, Josh Gleiner, PA, Jessica Thibodeau, APRN, Medical Director, Sarah Young-XU, MD, Lisa Bujno, APRN **Front Row:** Elizabeth Newton, APRN, Kate Smith, MD, Imelyn Fernandez, MD, Alley Noble MD, Barbara Ford, APRN, Evelyn Hagan, MD.*
***Above:** ACHS Littleton employees participate in a session on Motivational Interviewing.*

"I visited ACHS yesterday. As usual this appointment, was warm, welcoming, and informative. The staff at the desk, the nurse that greeted me, and of course the beloved Dr. Kate Smith couldn't have been more approachable or helpful. It's nice to know that ACHS is available when I call them in need and that I leave there feeling really cared for. Thank you and kudos to you and the whole staff."

M.K., ACHS Primary Care Patient
Bethlehem, NH

ACHS CEO, Ed Shanshala

ACHS COO, Teresa Brooks

ACHS Board of Directors President, Doug Harmon

A word from ACHS senior leaders

As a Federally Qualified Community Health Center with roots steeped in America's quest for Civil Rights and the War-on-Poverty, it's no surprise that ACHS remains committed to advocating for patients. Speaking on behalf of those who can't is as important to us today as it was when we began in 1975.

This year brought the promise of significant changes to health care. Cuts to funding, modifications of federal programing and a variety of other implications threatened to impact the services we offer to our patients.

To that end, we rolled up our sleeves and partnered with other health care organizations to monitor an speak up about the changing health care environment locally and nationally.

We remain connected to key supporters, monitored changing legislation and advocated for policies that could impact care. After all, it's these issues - affordable health care, surging insurance premiums, access to care, and pharmaceutical changes - which directly affect our patients.

In February, at a health care session in Berlin, NH with Senators Jeanne Shaheen, Maggie Hassan and U.S. Rep Annie Kuster, we delivered our message at a health care round table. We must continue to push for affordable health care and Medicaid expansion.

Time and time again, ACHS is recognized as an organization who is not afraid to face issues head on. We are not afraid to take chances, to think outside of the box, to be innovative.

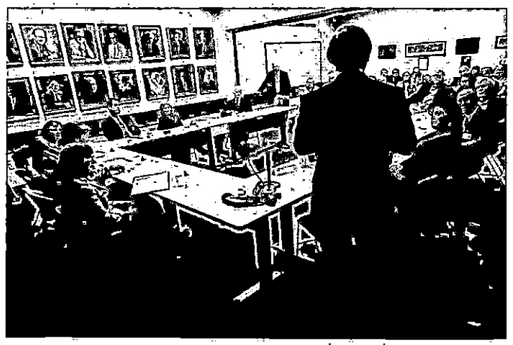
This way of thinking is ingrained in our culture and shared by our employees. We are all committed to doing what is right by our patients, our organization and our community.

As we move forward in navigating this new health care territory, you can be sure ACHS will continue to evolve and modify as needed to ensure our long-term success.

Be Mindful, Active, and Well.

Edward O Shanshala II Teresa Brooks

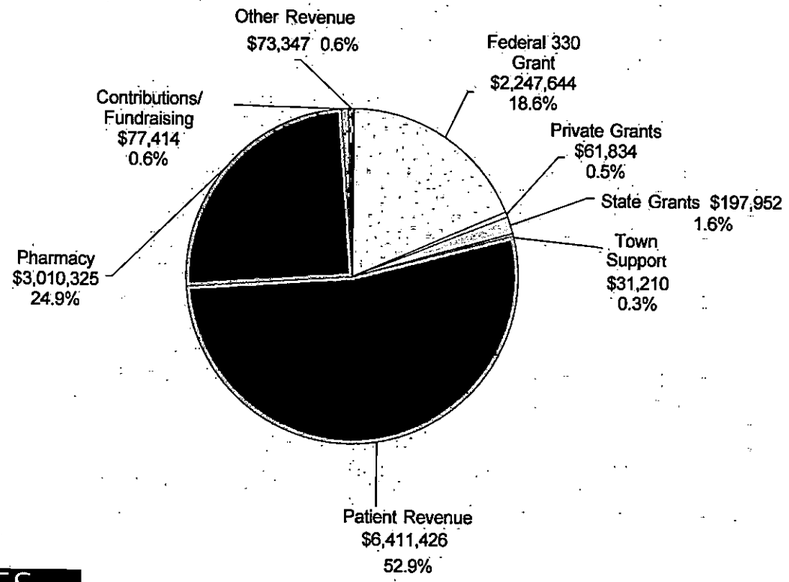
D. Harmon



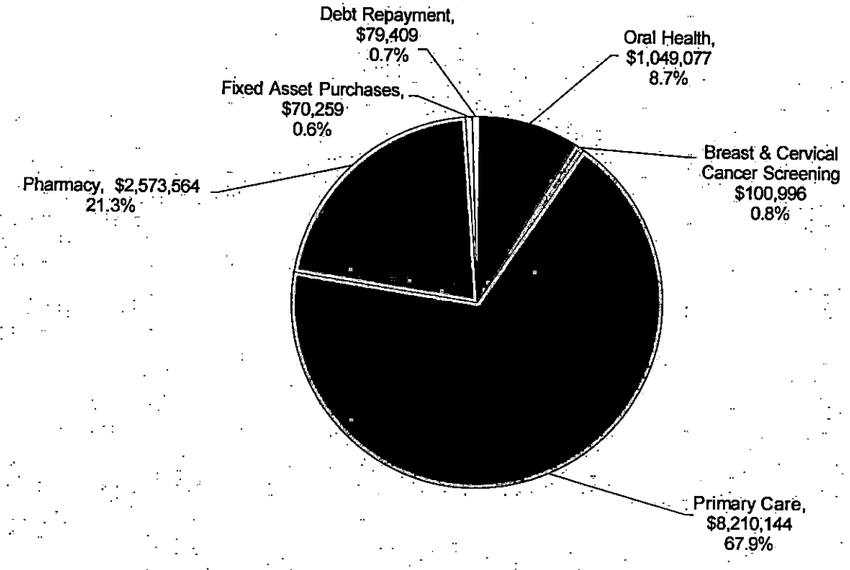
Above: *Ed Shanshala delivers a presentation on the changing aspects of health care at a round table meeting. (Senator Shaheen, Senator Hassan and Congresswoman Kuster were present.) Right: ACHS activities throughout the year.*

REVENUE

July 1, 2016 - June 30, 2017



EXPENSES



ACHS Supporters

Thank you for your support - it is a great investment in the health of our community and furthers our mission to provide quality, affordable health care for all regardless of one's ability to pay. We rely on the continued commitment of our community partners, through donations, volunteer efforts and collaborations. We make every effort to ensure the accuracy of this list.

AMMONOOSUC AMBLE SPONSORS

Abbott Rental
ACHS Board of Directors
ACHS Dental
ACHS Front Desk Staff
ACHS MIS Department
ACHS PN & NPC
ACHS Senior Leadership
Alburritos Restaurant
Ammonoosuc Massage & Nutrition
Badger Company
Bank of New Hampshire
Beal House
Bear Images
Beth Harwood
Bethlehem EMS
Bethlehem Police Department
Bretton Woods Ski Area
Chang Thai
Cherry Blossom Florist
Coca Cola of Northern New England
Connors Footwear
Community Financial Services
Cyndi Keller
Dayna Flumerfelt Photography
Dunkin Donuts
Ellen Scarponi
Emma & Co.
Fairpoint Communications, Inc.
Fireplace Hearth & Leisure
Foto Factory
Fresh Salon & Day Spa
Frost Place
Garnet Hill, Inc.
George M Stevens
GM Fotography & Framing
Gold House Pizza
Hampton Inn
Harman's Cheese & Country Store
Hunkins & Eaton Insurance
Inn at Whitefield
Jax Junior Cinemas
Joan Dexter
Katie Latulip
Ken Kimball Art
Lahout Country Clothing & Ski
Linda Shulda
Little Village Toy & Book Shop
Littleton Athletic Department
Littleton Bike & Fitness Littleton Chevrolet, Buick, Inc Littleton Coin Company, LLC Littleton Diner
Littleton Food Coop
Littleton Healing Arts Studio
Littleton Regional Healthcare
Littleton Rotary Club
Littleton Subway
Loren Solnit
Maple Grove Farms
Mascoma Savings Bank
McLure's Honey & Maple Product
Mountain View Grand
North Country Health Consortium
New England Wire
NH Healthy Families
North Country Community Radio
North Country News
Northeast Delta Dental
Omni Hotels & Resorts
Passumpsic Savings Bank
Peabody & Smith Realty, Inc
Pentimento

Pete and Gerry's Organics
Polly's Pancake Parlor
Point FM
Porfido's Market & Deli
Racewire
Salmon Press
Sally Crossley
Santilli Family Dentistry
Secured Network Solutions, Inc.
Stephen Noyes
Shaws
Sherwin Dodge Printers
Stephen Noyes
Team O'Neil
Tender Corporation
Topic of the Town
Trahan's Cleaning Service
Union Bank
Walgreens
Walmart
Wellsense
White Mountain Footwear
Woodsville Guaranty Savings Bank
Dr. & Mrs. Charles Wolcott
WYKR-Puffer Broadcasting

ACHS DONORS

Patricia Ahearn
Mr. & Mrs. Dudley Bailey
Mr. & Mrs. Damian A. Canuto Mr. & Mrs. Philip R. Chase
Mr. & Mrs. John Cloran
Colin Comi
Community Charity Fund of Garnet Hill
Mr. & Mrs. Gregory Connors
Ms. Sally Crossley
Mr. & Mrs. Joseph Cushing
Mr. Edward D. Densmore
Ms. Catherine Emery
Ms. Patricia Exley
Ms. Santa Rita Ferrante
Mr. & Mrs. Michael J. Ford
Mr. & Mrs. Douglas Harman
Mr. & Mrs. Gary Harwood Sigmund Hudson
Ms. Jill Kimball
Ms. Lisa Leary
Mr. Charles Lovett
Mr. & Mrs. Robert Mackenzie
Mr. Richard J. Mallion
Mr. & Mrs. David F. McLure
Mr. Zhenye Mei
Mr. & Mrs. Gary Merchant
Mr. & Mrs. Robert B. Muh
Mr. & Mrs. John P. Mumley
Mr. & Mrs. Richard C. Nelson
Passumpsic Savings Bank
Mr. & Mrs. John Rapoport
Mr. & Mrs. Kenneth L. Riebel
Ms. Leslie Robbins
Ms. Crystal Rutledge
Mr. & Mrs. Arnold D. Scheller
Mark Secord
Linda Shulda
Mr. & Mrs. Aaron D. Solnit
Mr. & Mrs. Robert Stiles
Mr. & Mrs. Michael Talotta
Mr. & Mrs. Chris Thoma
Mr. & Mrs. Robert Tortorice
Betsy Vanderwater-Fuller
Dr. Deborah Warner
Dr. & Mrs. Charles J. Wolcott
Mr. & Mrs. Frank S. Woodruff
Dr. Sarah Young-Xu

ACHS WARREN

Mr. Paul R. Belyea
Ms. Virginia Burnham
Mr. Ronald A. Chase
Mr. & Mrs. Rick Christoffersen
Cornell Family Foundation
Mr. & Mr. William Gove
Mr. & Mrs. Alfred Hannett
Ms. Christine Healy
Favor Jenkins
Ann Katan
Jean Marston-Dockstader
Mr. & Mrs. Lyle Moody
Lori Mooney
Marshall Moulton
Lisa F. Palmer
Mr. & Mrs. William F. Sommerfeld
Susan Barlow
Ms. Margaret Whitcher
Mr. & Mrs. David R. Whitcher
Patricia M. Wilson

TOWN SUPPORT

Town of Bath
Town of Bethlehem
Town of Carroll
Town of Dalton
Town of Dorchester
Town of Easton
Town of Franconia
Town of Haverhill
Town of Landaff
Town of Lincoln
Town of Littleton
Town of Lisbon
Town of Lyman
Town of Monroe
Town of Piermont
Town of Rumney
Town of Sugar Hill
Town of Thornton
Town of Warren
Town of Wentworth
Town of Whitefield

SPECIAL THANKS

Bi-State Primary Care Association
Community Health Access Network
Coos County Family Health Services, Inc.
Cottage Hospital
Littleton Regional Healthcare
NH Department of Health & Human Services
North Country Health Consortium
US Department of Health & Human Services - Health Resouces & Services Administration

FairPoint communications

Mascoma Savings Bank

Passumpsic Savings Bank
Your Bank, Your Way of Life.

DELTA DENTAL
Northeast Delta Dental Foundation

NEW HAMPSHIRE CHARITABLE FOUNDATION
NORTH COUNTRY REGION

Our Mission...

To provide a network of comprehensive Primary Health Care and Support Services to individuals and families throughout the communities we serve. In support of this mission, ACHS provides evidence-based, outcome-specific, systemic care that is: patient-centered, prevention-focused, accessible and affordable for all.

FY 2016-2017

ACHS Board of Directors

Doug Harman, President • Mark Secord, Vice President
John Rapoport, Treasurer • Ned Densmore, Secretary
Erik Becker, Rick Christofferson, Judy Day, Natch Greyes, Blaine Hall,
Elizabeth Harman, Sandy Laleme, Gary Merchant
Alan Smith, Ron Spaulding, DDS

ACHS Senior Leadership Team

Edward Shanshala, CEO • Ken Riebel, CFO • Teresa Brooks, COO
Damian Anthony Canuto, Pharmacy Director,
Dr. Melissa Buddensee, Chief Quality Director • Lisa Bujno, Asst. Medical Director,
Jill Kimball, Community Relations Manager,
Stephen Noyes, Director of Integrated Behavioral Health,
Dr. Sarah Young-Xu, Chief Medical Director • Crystal Rutledge, HR Director

Services Provided

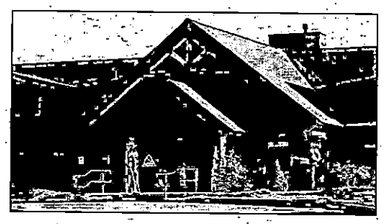
- Primary Preventive Medical Care – Family Practice - Prenatal Care through Geriatrics
- Prenatal Care – Childbirth Education, Nurse/Midwife Service and Newborn Care
- Family Planning – Birth Control, STD and HIV Testing and Counseling
- Breast & Cervical Cancer Screening Program • Nutrition Counseling
- Behavioral Health • Dental & Oral Health Care • Patient Navigation Services
- Pharmacy Services – In-house Pharmacy, Medication Management, Low-Cost Drug Program
- Vision Program – Comprehensive eye exams and affordable glasses for those who qualify
- Nutrional Counseling – Free guidance for eating better to aid in improved health
- Financial Services – Sliding Fee Scale for eligible patients

ACHS Statistics

- Number of Unduplicated Clients Served: Medical - 9,450, Dental - 1,234, Behavioral Health - 539, Enabling - 65, Vision - 143
- Number of Visits: Medical - 32,810, Dental - 3,904, Behavioral Health - 3,559, Enabling - 95, Vision - 160
- Client/Payor Mix: Medicaid - 14.5%, Medicare - 22.8%, Uninsured - 10.5%, Insured - 47.2%
- Value of free medications provided to our patients: $272,371 • Value of discounted health care services provided to our patients: $1,061,670 - total; Medical - $360,166 Dental - $456,205, Behavioral Health - $15,614, Pharmacy - $229,684

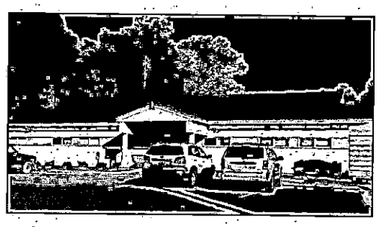
ACHS Care Delivery Sites

ACHS-LITTLETON
(Administrative Offices, Clinic, Pharmacy, Dental & Oral Health Center)
25 Mt. Eustis Road • Littleton, NH 03561
603.444.2464 • www.ammonoosuc.org

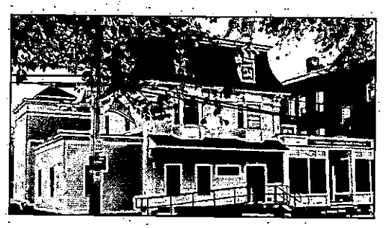


ACHS-FRANCONIA
1095 Profile Rd. Suite B. • Franconia, NH 03580
603.823.7078

ACHS-WARREN
Route 25, Main St. • Warren, NH 03279
603.764.5704



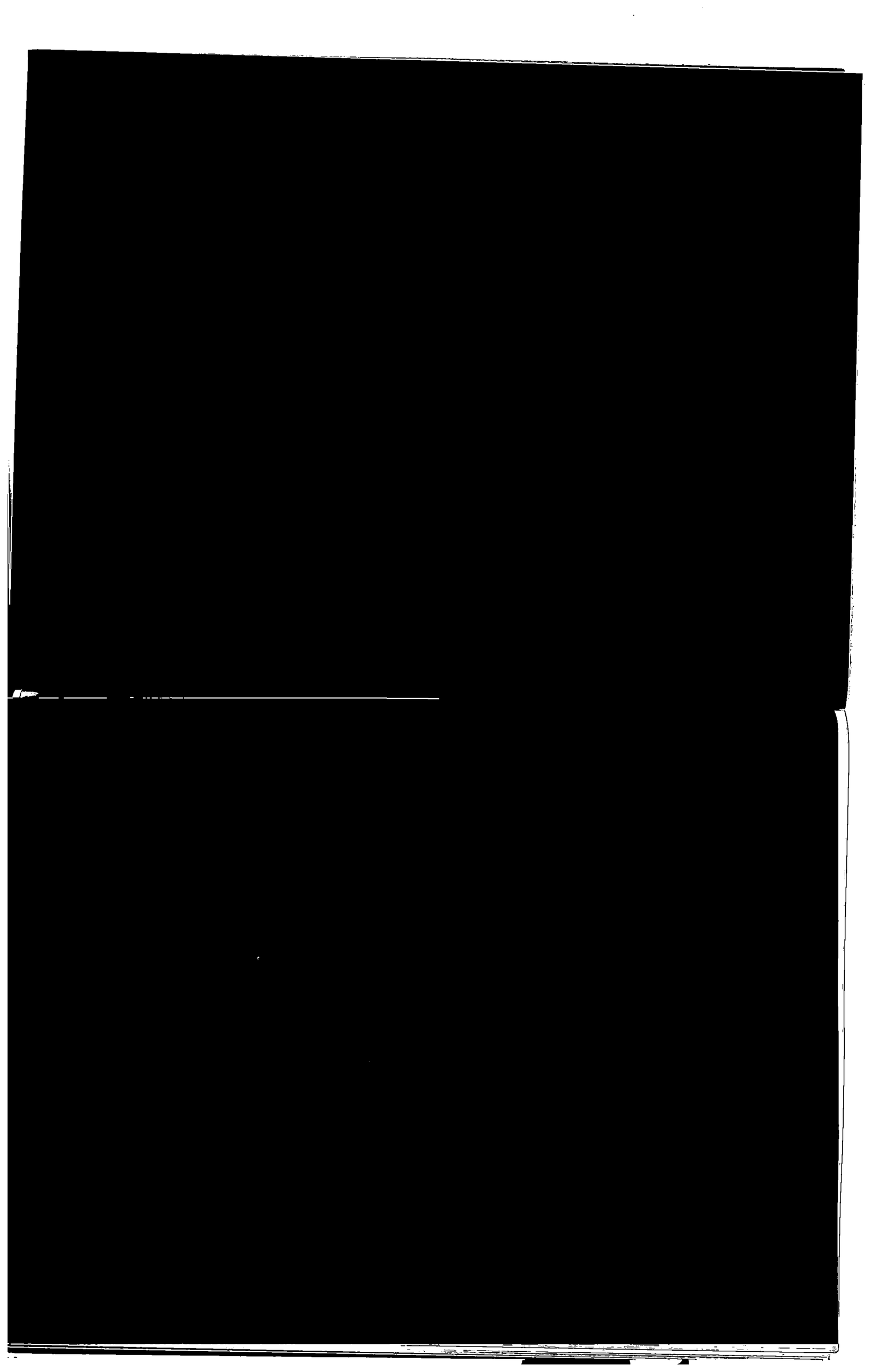
ACHS-WOODSVILLE
79 Swiftwater Road • Woodsville, NH 03785
603.747.3740



ACHS-WHITEFIELD
14 King's Square • Whitefield, NH 03598
603.837.2333

ACHS' Federally Designated Service Area encompasses the following 26 towns:

Bath • Benton • Bethlehem • Carroll • Dalton • Dorchester • Easton • Ellsworth • Franconia • Groton
Haverhill • Landaff • Lincoln • Lisbon • Littleton • Lyman • Monroe • Orford • Piermont • Rumney
Sugar Hill • Thornton • Warren • Wentworth • Whitefield • Woodstock



[redacted]

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Tuesday, March 6, 2018

THE COMMITTEE ON Finance

to which was referred **SB 313-FN**

AN ACT reforming New Hampshire's Medicaid and Premium Assistance Program.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 10-1

AMENDMENT # 0984s

Senator Jeb Bradley
For the Committee

Deb Martone 271-4980