LEGISLATIVE COMMITTEE MINUTES

SB422

Bill as Introduced

SB 422-FN - AS INTRODUCED

2022 SESSION

22-2857 05/10

SENATE BILL

422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

SPONSORS:

Sen. Rosenwald, Dist 13; Sen. Sherman, Dist 24; Sen. Hennessey, Dist 1; Sen. Soucy, Dist 18; Sen. Gannon, Dist 23; Sen. Reagan, Dist 17; Sen. D'Allesandro, Dist 20; Sen. Whitley, Dist 15; Sen. Avard, Dist 12; Sen. Cavanaugh, Dist 16; Sen. Bradley, Dist 3; Sen. Ward, Dist 8; Sen. Watters, Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Kahn, Dist 10; Sen. Prentiss, Dist 5; Sen. Giuda, Dist 2; Rep. McMahon, Rock. 7; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8;

Rep. Espitia, Hills. 31

COMMITTEE:

Health and Human Services

ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care 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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT

establishing an adult dental benefit under the state Medicaid program.

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

- 1 Statement of Purpose. To improve overall health, promote savings in the state's Medicaid managed care program, and prevent future health conditions caused by oral health problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225, the general court hereby determines that it is in the best interest of the state of New Hampshire to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over.
- 2 New Paragraph; Commissioner of Health and Human Services; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by inserting after paragraph XIX the following new paragraph:
- XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's Medicaid dental program with the goals of improving access to dental care for Medicaid populations, improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider capacity, and retaining innovative programs that improve access and care through a value-based care model.
- (2) The commissioner shall issue a request for information to assist in selecting the administrative model for the state's Medicaid dental program. Such model shall be either a model administered by a dental managed care organization or a model administered by the state's current medical managed care organizations. The commissioner shall obtain the requested information from both the current medical managed care organizations and any interested dental managed care organization. The administrative model selected shall demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The request for information shall be released no later than August 1, 2022. The request for information shall address improving health outcomes, expanding the provider network, increasing capacity of providers, integrating a value-based care model, and exploring innovative programs for children and adults.
- (3) If the model administered by a dental managed care organization is selected, the commissioner shall issue a 2-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program effective date. Implementation of a procured contract shall begin no later than April 1, 2023, for the adult benefit. The department, in consultation with oral health stakeholders, will determine the value of implementation of the pediatric dental benefit in a value-based benefit plan. Implementation of the

SB 422-FN - AS INTRODUCED - Page 2 -

- pediatric benefit will occur on a date that follows the successful implementation of the adult dental benefit. The commissioner shall establish a capitated rate for the appropriate model for the contract that is full risk to the vendor. In contracting for a dental managed care model and the various rate cells, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the quality of care provided. The department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS and only after the end of the public health emergency is declared by the Secretary of the Department of Health and Human Services (HHS). All necessary state plan amendments and waivers shall be submitted within the quarter of the program effective date.
 - (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to implement the provisions of this paragraph.

- (b) Any vendor awarded a contract pursuant to this paragraph shall provide the required dental services to children with an implementation date to be determined by the department after the successful implementation of the adult benefit and the following dental services to individuals 21 years of age and over, reimbursed under the United States Social Security Act. Title XIX, or successors to it:
- (1) Preventive dental services including examinations, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling, and other services as determined by the commissioner.
 - (2) Restorative treatment to restore tooth form and function.
- (3) Periodontal treatment and oral and maxillofacial surgery to relieve pain, eliminate infection, or prevent imminent tooth loss.
 - (4) Removable prosthodontics to replace missing teeth subject to medical necessity.
- (c) In this paragraph, "dental managed care organization" means any dental care organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that provides, directly or by contract, dental care services covered under this paragraph rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.
- 3 Appropriation. The sum of \$1,500,000, for the biennium ending June 30, 2023, is appropriated to the department of health and human services, for the purpose of funding the state's share of the dental services provided under RSA 126-A:5, XIX-a to the standard Medicaid population. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated. State funding of such services for the Medicaid expansion population shall be from the New Hampshire granite advantage health care trust fund established in RSA 126-AA:3.

SB 422-FN - AS INTRODUCED - Page 3 -

- 1 The department may accept and expend matching federal funds without prior approval of the fiscal
- 2 committee.
- 3 4 Effective Date. This act shall take effect upon its passage.

SB 422-FN- FISCAL NOTE AS INTRODUCED

AN ACT

establishing an adult dental benefit under the state Medicaid program.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, <u>as introduced</u>, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 422-FN - AS AMENDED BY THE SENATE

02/16/2022 0468s

2022 SESSION

22-2857 05/10

SENATE BILL

422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

SPONSORS:

Sen. Rosenwald, Dist 13; Sen. Sherman, Dist 24; Sen. Hennessey, Dist 1; Sen. Soucy, Dist 18; Sen. Gannon, Dist 23; Sen. Reagan, Dist 17; Sen. D'Allesandro, Dist 20; Sen. Whitley, Dist 15; Sen. Avard, Dist 12; Sen. Cavanaugh, Dist 16; Sen. Bradley, Dist 3; Sen. Ward, Dist 8; Sen. Watters, Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Kahn, Dist 10; Sen. Prentiss, Dist 5; Sen. Giuda, Dist 2; Rep. McMahon, Rock. 7; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8;

Rep. Espitia, Hills. 31

COMMITTEE:

Health and Human Services

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

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.

22-2857 05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT

establishing an adult dental benefit under the state Medicaid program.

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

- 1 Statement of Purpose. To improve overall health, promote savings in the state's Medicaid managed care program, and prevent future health conditions caused by oral health problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225, the general court hereby determines that it is in the best interest of the state of New Hampshire to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over.
- 2 New Paragraph; Commissioner of Health and Human Services; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by inserting after paragraph XIX the following new paragraph:
- XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's Medicaid dental program with the goals of improving access to dental care for Medicaid populations, improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider capacity, and retaining innovative programs that improve access and care through a value-based care model.
- (2) The commissioner shall issue a request for information to assist in selecting the administrative model for the state's Medicaid dental program. Such model shall be either a model administered by a dental managed care organization or a model administered by the state's current medical managed care organizations. The commissioner shall obtain the requested information from both the current medical managed care organizations and any interested dental managed care organization. The administrative model selected shall demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The request for information shall be released no later than August 1, 2022. The request for information shall address improving health outcomes, expanding the provider network, increasing capacity of providers, integrating a value-based care model, and exploring innovative programs for children and adults.
- (3) If the model administered by a dental managed care organization is selected, the commissioner shall issue a 2-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program effective date. Implementation of a procured contract shall begin no later than April 1, 2023, for the adult benefit. The department, in consultation with oral health stakeholders, will determine the value of implementation of the pediatric dental benefit in a value-based benefit plan. Implementation of the

SB 422-FN - AS AMENDED BY THE SENATE - Page 2 -

- pediatric benefit will occur on a date that follows the successful implementation of the adult dental benefit. The commissioner shall establish a capitated rate for the appropriate model for the contract that is full risk to the vendor. In contracting for a dental managed care model and the various rate cells, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the quality of care provided. The department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS and only after the end of the public health emergency is declared by the Secretary of the Department of Health and Human Services (HHS). All necessary state plan amendments and waivers shall be submitted within the quarter of the program effective date.
 - (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to implement the provisions of this paragraph.
 - (b) Any vendor awarded a contract pursuant to this paragraph shall provide the required dental services to children with an implementation date to be determined by the department after the successful implementation of the adult benefit and the following dental services to individuals 21 years of age and over, reimbursed under the United States Social Security Act, Title XIX, or successors to it:
 - (1) Preventive dental services including examinations, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling, and other services as determined by the commissioner.
 - (2) Restorative treatment to restore tooth form and function.
 - (3) Periodontal treatment and oral and maxillofacial surgery to relieve pain, eliminate infection, or prevent imminent tooth loss.
 - (4) Removable prosthodontics to replace missing teeth subject to medical necessity.
 - (c) In this paragraph, "dental managed care organization" means any dental care organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that provides, directly or by contract, dental care services covered under this paragraph rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.
 - 3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid program shall be appropriated to the department of health and human services and shall not lapse.

36 Of said sum:

SB 422-FN - AS AMENDED BY THE SENATE - Page 3 -

I. The first \$2,420,203 of funds received by the state shall be used by the department of
health and human services to meet the financial requirements of completing the Medicaid Care
Management SFY 20 Risk Corridor calculation.
Π . The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental
benefit in the Medicaid program.
III. In the event an adult dental benefit in the Medicaid program is not implemented by
June 30, 2023, the sum allocated under paragraph II shall be transferred as follows:
(a) 10 percent of the funds shall be transferred to the revenue stabilization reserve
account pursuant to RSA 7:6-e, I; and
(b) The remainder of the funds shall be transferred to the general fund.
IV. The department of health and human services may accept and expend matching federal
funds without prior approval of the fiscal committee of the general court.
4 Effective Date. This act shall take effect upon its passage.

SB 422-FN- FISCAL NOTE AS INTRODUCED

AN ACT

establishing an adult dental benefit under the state Medicaid program.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, <u>as introduced</u>, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 422-FN - AS AMENDED BY THE SENATE

02/16/2022 0468s

2022 SESSION

22-2857 05/10

SENATE BILL

422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

SPONSORS:

Sen. Rosenwald, Dist 13; Sen. Sherman, Dist 24; Sen. Hennessey, Dist 1; Sen. Soucy, Dist 18; Sen. Gannon, Dist 23; Sen. Reagan, Dist 17; Sen. D'Allesandro, Dist 20; Sen. Whitley, Dist 15; Sen. Avard, Dist 12; Sen. Cavanaugh, Dist 16; Sen. Bradley, Dist 3; Sen. Ward, Dist 8; Sen. Watters, Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Kahn, Dist 10; Sen. Prentiss, Dist 5; Sen. Giuda, Dist 2; Rep. McMahon, Rock. 7; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8;

Rep. Espitia, Hills. 31

COMMITTEE:

Health and Human Services

OTP/A 5-0 CONSENT

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

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.

02/16/2022 0468s

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT

establishing an adult dental benefit under the state Medicaid program.

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

- 1 Statement of Purpose. To improve overall health, promote savings in the state's Medicaid managed care program, and prevent future health conditions caused by oral health problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225, the general court hereby determines that it is in the best interest of the state of New Hampshire to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over.
- 2 New Paragraph; Commissioner of Health and Human Services; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by inserting after paragraph XIX the following new paragraph:
- XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's Medicaid dental program with the goals of improving access to dental care for Medicaid populations, improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider capacity, and retaining innovative programs that improve access and care through a value-based care model.
- (2) The commissioner shall issue a request for information to assist in selecting the administrative model for the state's Medicaid dental program. Such model shall be either a model administered by a dental managed care organization or a model administered by the state's current medical managed care organizations. The commissioner shall obtain the requested information from both the current medical managed care organizations and any interested dental managed care organization. The administrative model selected shall demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The request for information shall be released no later than August 1, 2022. The request for information shall address improving health outcomes, expanding the provider network, increasing capacity of providers, integrating a value-based care model, and exploring innovative programs for children and adults.
- (3) If the model administered by a dental managed care organization is selected, the commissioner shall issue a 2-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program effective date. Implementation of a procured contract shall begin no later than April 1, 2023, for the adult benefit. The department, in consultation with oral health stakeholders, will determine the value of implementation of the pediatric dental benefit in a value-based benefit plan. Implementation of the

SB 422-FN - AS AMENDED BY THE SENATE - Page 2 -

pediatric benefit will occur on a date that follows the successful implementation of the adult dental benefit. The commissioner shall establish a capitated rate for the appropriate model for the contract that is full risk to the vendor. In contracting for a dental managed care model and the various rate cells, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the quality of care provided. The department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS and only after the end of the public health emergency is declared by the Secretary of the Department of Health and Human Services (HHS). All necessary state plan amendments and waivers shall be submitted within the quarter of the program effective date.

- (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to implement the provisions of this paragraph.
- (b) Any vendor awarded a contract pursuant to this paragraph shall provide the required dental services to children with an implementation date to be determined by the department after the successful implementation of the adult benefit and the following dental services to individuals 21 years of age and over, reimbursed under the United States Social Security Act, Title XIX, or successors to it:
- (1) Preventive dental services including examinations, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling, and other services as determined by the commissioner.
 - (2) Restorative treatment to restore tooth form and function.
- (3) Periodontal treatment and oral and maxillofacial surgery to relieve pain, eliminate infection, or prevent imminent tooth loss.
 - (4) Removable prosthodontics to replace missing teeth subject to medical necessity.
- (c) In this paragraph, "dental managed care organization" means any dental care organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that provides, directly or by contract, dental care services covered under this paragraph rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.
- 3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid program shall be appropriated to the department of health and human services and shall not lapse.

36 Of said sum:

SB 422-FN - AS AMENDED BY THE SENATE - Page 3 -

1	I. The first \$2,420,203 of funds received by the state shall be used by the department of
2	health and human services to meet the financial requirements of completing the Medicaid Care
3	Management SFY 20 Risk Corridor calculation.
4	II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental
5	benefit in the Medicaid program.
6	III. In the event an adult dental benefit in the Medicaid program is not implemented by
7	June 30, 2023, the sum allocated under paragraph II shall be transferred as follows:
8	(a) 10 percent of the funds shall be transferred to the revenue stabilization reserve
9	account pursuant to RSA 7:6-e, I; and
10	(b) The remainder of the funds shall be transferred to the general fund.
11	IV. The department of health and human services may accept and expend matching federal
12	funds without prior approval of the fiscal committee of the general court.
13	4 Effective Date. This act shall take effect upon its passage.

SB 422-FN- FISCAL NOTE AS INTRODUCED

AN ACT

establishing an adult dental benefit under the state Medicaid program.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, <u>as introduced</u>, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 422-FN - AS AMENDED BY THE SENATE

02/16/2022 0468s 02/24/2022 0804s

2022 SESSION

22-2857 05/10

SENATE BILL

422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

SPONSORS:

Sen. Rosenwald, Dist 13; Sen. Sherman, Dist 24; Sen. Hennessey, Dist 1; Sen. Soucy, Dist 18; Sen. Gannon, Dist 23; Sen. Reagan, Dist 17; Sen. D'Allesandro, Dist 20; Sen. Whitley, Dist 15; Sen. Avard, Dist 12; Sen. Cavanaugh, Dist 16; Sen. Bradley, Dist 3; Sen. Ward, Dist 8; Sen. Watters, Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Kahn, Dist 10; Sen. Prentiss, Dist 5; Sen. Giuda, Dist 2; Rep. McMahon, Rock. 7; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8;

Rep. Espitia, Hills. 31

COMMITTEE:

Health and Human Services

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

......

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.

02/16/2022 0468s 02/24/2022 0804s

22-2857 05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT

establishing an adult dental benefit under the state Medicaid program.

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

- 1 Statement of Purpose. To improve overall health, promote savings in the state's Medicaid managed care program, and prevent future health conditions caused by oral health problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225, the general court hereby determines that it is in the best interest of the state of New Hampshire to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over.
- 2 New Paragraph; Commissioner of Health and Human Services; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by inserting after paragraph XIX the following new paragraph:
- XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's Medicaid dental program with the goals of improving access to dental care for Medicaid populations, improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider capacity, and retaining innovative programs that improve access and care through a value-based care model.
- (2) The commissioner shall issue a request for information to assist in selecting the administrative model for the state's Medicaid dental program. Such model shall be either a model administered by a dental managed care organization or a model administered by the state's current medical managed care organizations. The commissioner shall obtain the requested information from both the current medical managed care organizations and any interested dental managed care organization. The administrative model selected shall demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The request for information shall be released no later than August 1, 2022. The request for information shall address improving health outcomes, expanding the provider network, increasing capacity of providers, integrating a value-based care model, and exploring innovative programs for children and adults.
- (3) If the model administered by a dental managed care organization is selected, the commissioner shall issue a 2-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program effective date. Implementation of a procured contract shall begin no later than April 1, 2023, for the adult benefit. The department, in consultation with oral health stakeholders, will determine the value of

SB 422-FN - AS AMENDED BY THE SENATE - Page 2 -

implementation of the pediatric dental benefit in a value-based benefit plan. Implementation of the pediatric benefit will occur on a date that follows the successful implementation of the adult dental benefit. The commissioner shall establish a capitated rate for the appropriate model for the contract that is full risk to the vendor. In contracting for a dental managed care model and the various rate cells, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the quality of care provided. The department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS and only after the end of the public health emergency is declared by the Secretary of the Department of Health and Human Services (HHS). All necessary state plan amendments and waivers shall be submitted within the quarter of the program effective date.

(4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to implement the provisions of this paragraph.

- (b) Any vendor awarded a contract pursuant to this paragraph shall provide the required dental services to children with an implementation date to be determined by the department after the successful implementation of the adult benefit and the following dental services to individuals 21 years of age and over, reimbursed under the United States Social Security Act, Title XIX, or successors to it:
- (1) Preventive dental services including examinations, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling, and other services as determined by the commissioner.
 - (2) Restorative treatment to restore tooth form and function.
- (3) Periodontal treatment and oral and maxillofacial surgery to relieve pain, eliminate infection, or prevent imminent tooth loss.
 - (4) Removable prosthodontics to replace missing teeth subject to medical necessity.
- (c) The individual benefit shall be capped at \$1,500 per year, excluding preventive services.
- (d) In this paragraph, "dental managed care organization" means any dental care organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that provides, directly or by contract, dental care services covered under this paragraph rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.
- 3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid

SB 422-FN - AS AMENDED BY THE SENATE - Page 3 -

1 program shall be appropriated to the department of health and human services and shall not lapse. 2 Of said sum: 3 I. The first \$2,420,203 of funds received by the state shall be used by the department of health and human services to meet the financial requirements of completing the Medicaid Care 4 5 Management SFY 20 Risk Corridor calculation. 6 II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental 7 benefit in the Medicaid program. 8 III. In the event an adult dental benefit in the Medicaid program is not implemented by 9 June 30, 2023, the sum allocated under paragraph II shall be transferred as follows: 10 (a) 10 percent of the funds shall be transferred to the revenue stabilization reserve 11 account pursuant to RSA 7:6-e, I; and 12 (b) The remainder of the funds shall be transferred to the general fund. 13 IV. The department of health and human services may accept and expend matching federal 14 funds without prior approval of the fiscal committee of the general court. 15 4 Effective Date. This act shall take effect upon its passage.

SB 422-FN- FISCAL NOTE

AS AMENDED BY THE SENATE (AMENDMENTS #2022-0468s and #2022-0804s)

AN ACT

establishing an adult dental benefit under the state Medicaid program.

FISCAL IMPACT:

[X] State

[] County

[] Local

[] None

	Estimated Increase / (Decrease)			
STATE:	FY 2022	FY 2023	FY 2024	FY 2025
Appropriation	\$0	\$21,148,822	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$4.3 million state \$0 funds; \$5.1 million federal funds \$7.45 million state funds; \$2 million federal funds	\$7.45 million state funds; \$20.3 million federal funds	\$7.45 million state funds; \$20.3 million federal funds
Funding Source:	[] General Settlement funds, f	[] Education ederal Medicaid mate	[] Highway hing funds.	[X] Other -

METHODOLOGY:

This bill requires the Department of Health and Human Services to solicit information and contract with managed care organizations to extend dental benefits under the Medicaid program to individuals 21 years of age and over. Specifically, the bill amends RSA 126-A:5 by inserting a new paragraph XIX-a, which requires the Department to:

- Release a request for information no later than August 1, 2022;
- Submit a state plan amendment to the Centers for Medicare and Medicaid Services
 (CMS) within the quarter of the program's effective date;
- Implement a contract beginning on April 1, 2023;
- Cap the annual individual benefit at \$1,500, excluding preventive services; and
- Provide services including diagnostic, preventive, restorative, oral surgery, and removable prosthodontics.

In addition, the bill appropriates to the Department the sum of \$21,148,822 received from the state's December 2021 settlement with the Centene Corporation. Of this, \$2,420,203 will be used to meet the financial requirements of completing a Medicaid Care Management FY 2020 risk corridor calculation. In practice, these funds will be used to reimburse the federal government for overpayments made to the state Medicaid program. The remaining \$18,728,619 will be used to fund the non-federal share of the adult dental benefit. These funds shall be

nonlapsing. General funds would be needed when the Centene settlement funds are fully expended to meet the federal match requirements.

The Department has provided information on the projected annual cost of the benefit, as shown in the table below. The Department is expected to begin incurring costs upon implementation, resulting in 25 percent of the annual costs being incurred in FY23.

DHHS-Projected Dental Benefit Costs, Per Full Year of Implementation

	Actuarial Cost Estimates	
Gross Per-Member, Per Month (PMPM) Cost	\$	24.38
Additional Transportation Services	\$	2.60
Medical Cost Offsets (e.g., reduced emergency costs)	\$	(0.76)
New Projected PMPM Cost:	\$	26.22
Federal Share of Costs		
Traditional Medicaid Population (50% of cost)	\$	5,840,000
Expanded Medicaid Population (90% of cost)	\$	14,490,000
Projected Federal Share of Costs:	\$	20,330,000
State Share of Costs		
Traditional Medicaid Population (50% of cost)	\$	5,840,000
Expanded Medicaid Population (10% of cost)	\$	1,610,000
Projected State Share of Costs:	\$	7,450,000

AGENCIES CONTACTED:

Department of Health and Human Services

SB 422-FN FISCAL NOTE AS AMENDED BY THE SENATE (AMENDMENTS #2022-0468s and #2022-0804s)

AN ACT	establishing an adul	t dental benefit unde	r the state Medica	id program.
FISCAL IMPAC	Γ: [X] State	[] County	[] Local	[] None

	Estimated Increase / (Decrease)			
STATE:	FY 2022	FY 2023	FY 2024	FY 2025
Appropriation	\$0	\$21,148,822	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$4.3 million state funds; \$5.1 million federal funds	\$7.45 million state funds; \$20.3 million federal funds	\$7.45 million state funds; \$20.3 million federal funds
Funding Source:	[] General Settlement funds, f	[] Education ederal Medicaid matc	[] Highway hing funds.	[X] Other -

METHODOLOGY:

This bill requires the Department of Health and Human Services to solicit information and contract with managed care organizations to extend dental benefits under the Medicaid program to individuals 21 years of age and over. Specifically, the bill amends RSA 126-A:5 by inserting a new paragraph XIX-a, which requires the Department to:

- Release a request for information no later than August 1, 2022;
- Submit a state plan amendment to the Centers for Medicare and Medicaid Services
 (CMS) within the quarter of the program's effective date;
- Implement a contract beginning on April 1, 2023;
- Cap the annual individual benefit at \$1,500, excluding preventive services; and
- Provide services including diagnostic, preventive, restorative, oral surgery, and removable prosthodontics.

In addition, the bill appropriates to the Department the sum of \$21,148,822 received from the state's December 2021 settlement with the Centene Corporation. Of this, \$2,420,203 will be used to meet the financial requirements of completing a Medicaid Care Management FY 2020 risk corridor calculation. In practice, these funds will be used to reimburse the federal government for overpayments made to the state Medicaid program. The remaining \$18,728,619 will be used

to fund the non-federal share of the adult dental benefit. These funds shall be nonlapsing. General funds would be needed when the Centene settlement funds are fully expended to meet the federal match requirements.

The Department has provided information on the projected annual cost of the benefit, as shown in the table below. The Department is expected to begin incurring costs upon implementation, resulting in 25 percent of the annual costs being incurred in FY23.

DHHS-Projected Dental Benefit Costs, Per Full Year of Implementation

	Actuarial Cost Estimates	
Gross Per-Member, Per Month (PMPM) Cost	\$	24.38
Additional Transportation Services	\$	2.60
Medical Cost Offsets (e.g., reduced emergency costs)	\$	(0.76)
New Projected PMPM Cost:	\$	26.22
Federal Share of Costs		_
Traditional Medicaid Population (50% of cost)	\$	5,840,000
Expanded Medicaid Population (90% of cost)	\$.	14,490,000
Projected Federal Share of Costs:	\$	20,330,000
State Share of Costs		
Traditional Medicaid Population (50% of cost)	\$	5,840,000
Expanded Medicaid Population (10% of cost)	\$	1,610,000
Projected State Share of Costs:	\$_	7,450,000

AGENCIES CONTACTED:

Department of Health and Human Services

SB 422-FN - AS AMENDED BY THE HOUSE

02/16/2022 0468s 02/24/2022 0804s 4May2022... 1331h

2022 SESSION

22-2857 05/10

SENATE BILL

422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

SPONSORS:

Sen. Rosenwald, Dist 13; Sen. Sherman, Dist 24; Sen. Hennessey, Dist 1; Sen. Soucy, Dist 18; Sen. Gannon, Dist 23; Sen. Reagan, Dist 17; Sen. D'Allesandro, Dist 20; Sen. Whitley, Dist 15; Sen. Avard, Dist 12; Sen. Cavanaugh, Dist 16; Sen. Bradley, Dist 3; Sen. Ward, Dist 8; Sen. Watters, Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Kahn, Dist 10; Sen. Prentiss, Dist 5; Sen. Giuda, Dist 2; Rep. McMahon, Rock. 7; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8;

Rep. Espitia, Hills. 31

COMMITTEE:

Health and Human Services

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

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.

SB 422-FN - AS AMENDED BY THE HOUSE

02/16/2022 0468s 02/24/2022 0804s 4May2022... 1331h

22-2857 05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT

establishing an adult dental benefit under the state Medicaid program.

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

- 1 Statement of Purpose; Dental Benefits under Medicaid Managed Care.
- I. The general court recognizes that untreated oral health conditions negatively affect a person's overall health and that good oral health improves a person's ability to obtain and keep employment. The general court further recognizes that regular dental care and access to preventive and restorative treatments for oral health conditions prevent oral conditions from developing into more complex health conditions that would require medical care. In addition, the general court recognizes that personal responsibility is an essential component of any strategy to improve individual oral health.
- II. Therefore, to improve overall health and prevent future health conditions caused by oral health problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225, the general court hereby determines that it is in the best interest of the state of New Hampshire to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over.
- 2 New Paragraph; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by inserting after paragraph XIX the following new paragraph:
- XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's Medicaid dental program with the goals of improving access to dental care for Medicaid populations, improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider capacity, fostering individual behaviors that promote good oral health, and retaining innovative programs that improve access and care through a value-based care model.
- (2) The commissioner shall issue a request for information to assist in determining whether the state's Medicaid dental program would be best administered by a dental managed care organization or, alternatively, by the state's current medical managed care organizations. The commissioner shall obtain the requested information from both the current medical managed care organizations and any interested dental managed care organization. The approach selected shall be that which demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The request for information shall be released no later than August 1, 2022. The request for information shall address improving health outcomes,

SB 422-FN - AS AMENDED BY THE HOUSE - Page 2 -

expanding the provider network, increasing capacity of providers, integrating a value-based care model, and exploring innovative programs for children and adults.

1

2

3

4

5

6

7

8

9

1011

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

- (3) If the commissioner determines that the program would be best administered by a dental managed care organization, the commissioner shall issue a 3-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) within the quarter of implementation (by June 30, 2023). Implementation of a procured contract shall begin April 1, 2023. The commissioner shall establish a capitated rate for the contract that is full risk to the vendor. In contracting with a dental managed care organization and the various rate cells, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the quality of care provided. Following approval by the joint health care reform oversight committee, pursuant to RSA 420-N:3, the department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS. All necessary state plan amendments shall be submitted within the quarter of implementation (by June 30, 2023) and waivers shall be submitted by October 1, 2022.
- (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to implement the provisions of this paragraph and shall first obtain approval of proposed rules by the joint health care reform oversight committee, pursuant to RSA 420-N:3.
- (b) Any vendor awarded a contract pursuant to this paragraph shall provide the following dental services to individuals 21 years of age and over, reimbursed under the United States Social Security Act, Title XIX, or successors to it:
- (1) Diagnostic and preventive dental services including an annual comprehensive oral examination, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling, and other services as determined by the annual update of Current Dental Terminology (CDT) codes D0100-D0999 and D1000-D1999 for diagnostic and preventive services. Annual updates to the CDT shall be made available on the department of health and human services' website.
- (2) Comprehensive restorative treatment necessary to prevent or treat oral health conditions, to reduce or eliminate the need for future acute oral health care, and to avoid more costly medical or dental care.
- (3) Oral surgery and treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss.

SB 422-FN - AS AMENDED BY THE HOUSE - Page 3 -

(4) Removable prosthodontic coverage for individuals served on the developmental disability (DD), acquired brain disorder (ABD), and choices for independence (CFI) waivers, such waivers authorized under Section 1915(c) of the Social Security Act, and nursing facility resident populations only, subject to medical necessity.

- (5) The individual benefit shall be capped at \$1,500 per year, excluding preventive services, provided that this cap shall be subject to adjustment upon approval by the joint legislative fiscal committee and governor and council.
- (c) With the exception of diagnostic and preventive services, cost sharing shall be implemented to the maximum extent allowed under CMS guidelines for Medicaid recipients with family incomes above 100 percent of the Federal Poverty Level (FPL).
- (d) The department of health and human services shall present an annual report to the health and human services oversight committee that includes, but is not limited to, Medicaid recipient utilization, provider participation, and other indicators of program effectiveness.
- (e) In this paragraph, "dental managed care organization" means any dental care organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that provides, directly or by contract, dental care services covered under this paragraph rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.
- 3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid program shall be appropriated to the department of health and human services and shall not lapse. Of said sum:
- I. The first \$2,420,203 of funds received by the state shall be used by the department of health and human services to meet the financial requirements of completing the Medicaid Care Management SFY 20 Risk Corridor calculation.
- II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental benefit in the Medicaid program.
- III. In the event an adult dental benefit in the Medicaid program is not implemented by June 30, 2023, the sum allocated under paragraph II shall be transferred as follows:
- (a) 10 percent of the funds shall be transferred to the revenue stabilization reserve account pursuant to RSA 7:6-e, I; and
 - (b) The remainder of the funds shall be transferred to the general fund.
- IV. The department of health and human services may accept and expend matching federal funds without prior approval of the fiscal committee of the general court.
- 4 Adult Dental Benefit; Working Group. 2019, 346:225 is repealed and reenacted to read as follows:

SB 422-FN - AS AMENDED BY THE HOUSE - Page 4 -

346:225 Department of Health and Human Services; Adult Dental Benefit; Working Group.

- The department shall maintain a working group consisting, at a minimum, of I. representatives of the following stakeholders: each managed care plan under contract with the state. the New Hampshire Oral Health Coalition, a public health dentist and a solo private practice dentist recommended by the New Hampshire Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary Care Association, a representative of a New Hampshire dental insurance carrier designated by the governor, 2 members of the house of representatives, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the speaker of the house of representatives, 2 members of the senate, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the president of the senate, a member of the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program designated by the commission, and 2 members of the New Hampshire medical care advisory committee, one of whom shall be a consumer advocate, designated by the committee. The working group shall advise the commissioner on matters relative to incorporating a dental benefit for individuals 21 years of age or older into the state's Medicaid Managed Care Program.
- Π . The working group shall be convened by the commissioner of health and human services and shall be subject to RSA 91-A.
- III. The working group convened and maintained by the commissioner under this section shall be discontinued and have its duties terminated by the commissioner upon selection of an approach for administering the Medicaid dental benefit as described in RSA 126-A:5, XIX-a.(a)(2).
- 5 Repeal. 2019, 346:226, relative to reports by the department of health and human services on implementation of an adult dental benefit, is repealed.
- 6 Effective Date.

1

2

3

4

5

6

7

8

9 10

11

12

13

14

15 16

17

18

19

20 21

22

23

24

- I. Section 3 of this act shall take effect June 30, 2022.
- 26 II. The remainder of this act shall take effect upon its passage.

SB 422-FN- FISCAL NOTE

AS AMENDED BY THE SENATE (AMENDMENTS #2022-0468s and #2022-0804s)

٨	NE	Α4	Пη	r
\rightarrow	I V	~		

establishing an adult dental benefit under the state Medicaid program.

FISCAL IMPACT: / [X] State

[] County

[Local

[] None

	Estimated Increase / (Decrease)			
STATE:	FY 2022	FY 2023	FY 2024	FY 2025
Appropriation	\$0	\$21,148,822	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$4.3 million state funds; \$5.1 million federal funds	\$7.45 million state funds; \$20.3 million federal funds	\$7.45 million state funds; \$20.3 million federal funds
Funding Source:	[] General Settlement funds, l	[] Education federal Medicaid mate	[] Highway hing funds.	[X] Other -

METHODOLOGY:

This bill requires the Department of Health and Human Services to solicit information and contract with managed care organizations to extend dental benefits under the Medicaid program to individuals 21 years of age and over. Specifically, the bill amends RSA 126-A:5 by inserting a new paragraph XIX-a, which requires the Department to:

- Release a request for information no later than August 1, 2022;
- Submit a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program's effective date;
- Implement a contract beginning on April 1, 2023;
- Cap the annual individual benefit at \$1,500, excluding preventive services; and
- Provide services including diagnostic, preventive, restorative, oral surgery, and removable prosthodontics.

In addition, the bill appropriates to the Department the sum of \$21,148,822 received from the state's December 2021 settlement with the Centene Corporation. Of this, \$2,420,203 will be used to meet the financial requirements of completing a Medicaid Care Management FY 2020 risk corridor calculation. In practice, these funds will be used to reimburse the federal government for overpayments made to the state Medicaid program. The remaining \$18,728,619 will be used to fund the non-federal share of the adult dental benefit. These funds shall be

nonlapsing. General funds would be needed when the Centene settlement funds are fully expended to meet the federal match requirements.

The Department has provided information on the projected annual cost of the benefit, as shown in the table below. The Department is expected to begin incurring costs upon implementation, resulting in 25 percent of the annual costs being incurred in FY23.

DHHS-Projected Dental Benefit Costs, Per Full Year of Implementation

		uarial Cost stimates
Gross Per-Member, Per Month (PMPM) Cost	\$	24.38
Additional Transportation Services	\$	2.60
Medical Cost Offsets (e.g., reduced emergency costs)	\$	(0.76)
New Projected PMPM Cost:	\$	26.22
Federal Share of Costs		_
Traditional Medicaid Population (50% of cost)	\$	5,840,000
Expanded Medicaid Population (90% of cost)	\$	14,490,000
Projected Federal Share of Costs:	\$	20,330,000
State Share of Costs	-	
Traditional Medicaid Population (50% of cost)	\$	5,840,000
Expanded Medicaid Population (10% of cost)	\$	1,610,000
Projected State Share of Costs:	\$	7,450,000

AGENCIES CONTACTED:

Department of Health and Human Services

CHAPTER 319 SB 422-FN - FINAL VERSION

02/16/2022 0468s 02/24/2022 0804s 4May2022... 1331h

2022 SESSION

22-2857 05/10

SENATE BILL

422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

SPONSORS:

Sen. Rosenwald, Dist 13; Sen. Sherman, Dist 24; Sen. Hennessey, Dist 1; Sen. Soucy, Dist 18; Sen. Gannon, Dist 23; Sen. Reagan, Dist 17; Sen. D'Allesandro, Dist 20; Sen. Whitley, Dist 15; Sen. Avard, Dist 12; Sen. Cavanaugh, Dist 16; Sen. Bradley, Dist 3; Sen. Ward, Dist 8; Sen. Watters, Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Kahn, Dist 10; Sen. Prentiss, Dist 5; Sen. Giuda, Dist 2; Rep. McMahon, Rock. 7; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8;

Rep. Espitia, Hills. 31

COMMITTEE:

Health and Human Services

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

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.

CHAPTER 319 SB 422-FN - FINAL VERSION

02/16/2022 0468s 02/24/2022 0804s 4May2022... 1331h

22-2857 05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT

1 2

3

4

5

 $\frac{6}{7}$

8

9

10 11

12

13

14

1516

17

18

19

20

21

22

23

24

25

26

27

28

establishing an adult dental benefit under the state Medicaid program.

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

- 319:1 Statement of Purpose; Dental Benefits under Medicaid Managed Care.
- I. The general court recognizes that untreated oral health conditions negatively affect a person's overall health and that good oral health improves a person's ability to obtain and keep employment. The general court further recognizes that regular dental care and access to preventive and restorative treatments for oral health conditions prevent oral conditions from developing into more complex health conditions that would require medical care. In addition, the general court recognizes that personal responsibility is an essential component of any strategy to improve individual oral health.
- II. Therefore, to improve overall health and prevent future health conditions caused by oral health problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225, the general court hereby determines that it is in the best interest of the state of New Hampshire to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over.
- 319:2 New Paragraph; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by inserting after paragraph XIX the following new paragraph:
- XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's Medicaid dental program with the goals of improving access to dental care for Medicaid populations, improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider capacity, fostering individual behaviors that promote good oral health, and retaining innovative programs that improve access and care through a value-based care model.
- (2) The commissioner shall issue a request for information to assist in determining whether the state's Medicaid dental program would be best administered by a dental managed care organization or, alternatively, by the state's current medical managed care organizations. The commissioner shall obtain the requested information from both the current medical managed care organizations and any interested dental managed care organization. The approach selected shall be that which demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The request for information shall be released no later than August 1, 2022. The request for information shall address improving health outcomes,

CHAPTER 319 SB 422-FN - FINAL VERSION - Page 2 -

expanding the provider network, increasing capacity of providers, integrating a value-based care model, and exploring innovative programs for children and adults.

3

4

5

6

7

8

9

10

11 12

13 14

15

16 17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

- (3) If the commissioner determines that the program would be best administered by a dental managed care organization, the commissioner shall issue a 3-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) within the quarter of implementation (by June 30, 2023). Implementation of a procured contract shall begin April 1, 2023. The commissioner shall establish a capitated rate for the contract that is full risk to the vendor. In contracting with a dental managed care organization and the various rate cells, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the quality of care provided. Following approval by the joint health care reform oversight committee, pursuant to RSA 420-N:3, the department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS. All necessary state plan amendments shall be submitted within the quarter of implementation (by June 30, 2023) and waivers shall be submitted by October 1, 2022.
- (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to implement the provisions of this paragraph and shall first obtain approval of proposed rules by the joint health care reform oversight committee, pursuant to RSA 420-N:3.
- (b) Any vendor awarded a contract pursuant to this paragraph shall provide the following dental services to individuals 21 years of age and over, reimbursed under the United States Social Security Act, Title XIX, or successors to it:
- (1) Diagnostic and preventive dental services including an annual comprehensive oral examination, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling, and other services as determined by the annual update of Current Dental Terminology (CDT) codes D0100-D0999 and D1000-D1999 for diagnostic and preventive services. Annual updates to the CDT shall be made available on the department of health and human services' website.
- (2) Comprehensive restorative treatment necessary to prevent or treat oral health conditions, to reduce or eliminate the need for future acute oral health care, and to avoid more costly medical or dental care.
- (3) Oral surgery and treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss.

CHAPTER 319 SB 422-FN - FINAL VERSION - Page 3 -

(4) Removable prosthodontic coverage for individuals served on the developmental disability (DD), acquired brain disorder (ABD), and choices for independence (CFI) waivers, such waivers authorized under Section 1915(c) of the Social Security Act, and nursing facility resident populations only, subject to medical necessity.

- (5) The individual benefit shall be capped at \$1,500 per year, excluding preventive services, provided that this cap shall be subject to adjustment upon approval by the joint legislative fiscal committee and governor and council.
- (c) With the exception of diagnostic and preventive services, cost sharing shall be implemented to the maximum extent allowed under CMS guidelines for Medicaid recipients with family incomes above 100 percent of the Federal Poverty Level (FPL).
- (d) The department of health and human services shall present an annual report to the health and human services oversight committee that includes, but is not limited to, Medicaid recipient utilization, provider participation, and other indicators of program effectiveness.
- (e) In this paragraph, "dental managed care organization" means any dental care organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that provides, directly or by contract, dental care services covered under this paragraph rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.
- 319:3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid program shall be appropriated to the department of health and human services and shall not lapse. Of said sum:
- I. The first \$2,420,203 of funds received by the state shall be used by the department of health and human services to meet the financial requirements of completing the Medicaid Care Management SFY 20 Risk Corridor calculation.
- II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental benefit in the Medicaid program.
- III. In the event an adult dental benefit in the Medicaid program is not implemented by June 30, 2023, the sum allocated under paragraph II shall be transferred as follows:
- 31 (a) 10 percent of the funds shall be transferred to the revenue stabilization reserve 32 account pursuant to RSA 7:6-e, I; and
 - (b) The remainder of the funds shall be transferred to the general fund.
 - IV. The department of health and human services may accept and expend matching federal funds without prior approval of the fiscal committee of the general court.
- 36 319:4 Adult Dental Benefit; Working Group. 2019, 346:225 is repealed and reenacted to read as 37 follows:

CHAPTER 319 SB 422-FN - FINAL VERSION - Page 4 -

346:225 Department of Health and Human Services; Adult Dental Benefit; Working Group. 1

- The department shall maintain a working group consisting, at a minimum, of representatives of the following stakeholders: each managed care plan under contract with the state, the New Hampshire Oral Health Coalition, a public health dentist and a solo private practice dentist recommended by the New Hampshire Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary Care Association, a representative of a New Hampshire dental insurance carrier designated by the governor, 2 members of the house of representatives, one of whom shall be from the majority party and one of whom shall be from the minority party, 8 appointed by the speaker of the house of representatives, 2 members of the senate, one of whom 9 shall be from the majority party and one of whom shall be from the minority party, appointed by the 10 president of the senate, a member of the commission to evaluate the effectiveness and future of the 11 New Hampshire granite advantage health care program designated by the commission, and 2 12 members of the New Hampshire medical care advisory committee, one of whom shall be a consumer 13 advocate, designated by the committee. The working group shall advise the commissioner on 14 matters relative to incorporating a dental benefit for individuals 21 years of age or older into the 15 state's Medicaid Managed Care Program. 16
 - II. The working group shall be convened by the commissioner of health and human services and shall be subject to RSA 91-A.
 - III. The working group convened and maintained by the commissioner under this section shall be discontinued and have its duties terminated by the commissioner upon selection of an approach for administering the Medicaid dental benefit as described in RSA 126-A:5, XIX-a.(a)(2).
 - 319:5 Repeal. 2019, 346:226, relative to reports by the department of health and human services on implementation of an adult dental benefit, is repealed.
- 24 319:6 Effective Date.

2

3

4

5

6

7

17 18

19

20

21

22

23

25

- I. Section 3 of this act shall take effect June 30, 2022.
- II. The remainder of this act shall take effect upon its passage. 26

Approved: July 01, 2022

Effective Date:

I. Section 3 effective June 30, 2022

II. Remainder effective July 1, 2022

Amendments

Sen. Rosenwald, Dist 13 January 21, 2022 2022-0206s 05/10

Amendment to SB 422-FN

1	Amend the bill by replacing section 3 with the following:
2	
3	3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of
4	\$21,148,822 received from the settlement of December, 2021 between New Hampshire and the
5	Centene Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid
6	program shall be appropriated to the department of health and human services and shall not lapse.
7	Of said sum:
8	I. The first \$2,420,203 of funds received by the state shall be used by the department of
9	health and human services to meet the financial requirements of completing the Medicaid Care
10	Management SFY 20 Risk Corridor calculation.
11	II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental
12	benefit in the Medicaid program.
13	III. In the event an adult dental benefit in the Medicaid program is not implemented by
14	June 30, 2023, the sum allocated under paragraph IL shall be transferred as follows:
15	(a) 10 percent of the funds shall be transferred to the revenue stabilization reserve
16	account pursuant to RSA 7:6-6, I, and
17	(b) The remainder of the funds shall be transferred to the general fund.
18	IV. The department of health and human services may accept and expend matching federal
19	funds without prior approval of the fiscal committee of the general court.

2022-0206s

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.



Health and Human Services February 2, 2022 2022-0468s 05/08

Amendment to SB 422-FN

Ţ	Amend the bill by replacing section 3 with the following:
2	
3	3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of
4	\$21,148,822 received from the settlement of December, 2021 between New Hampshire and the
5	Centene Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid
6	program shall be appropriated to the department of health and human services and shall not lapse.
7	Of said sum:
8	I. The first \$2,420,203 of funds received by the state shall be used by the department of
9	health and human services to meet the financial requirements of completing the Medicaid Care
10	Management SFY 20 Risk Corridor calculation.
11	II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental
12	benefit in the Medicaid program.
13	III. In the event an adult dental benefit in the Medicaid program is not implemented by
14	June 30, 2023, the sum allocated under paragraph II shall be transferred as follows:
15	(a) 10 percent of the funds shall be transferred to the revenue stabilization reserve
16	account pursuant to RSA 7:6-e, I; and
17	(b) The remainder of the funds shall be transferred to the general fund.
18	IV. The department of health and human services may accept and expend matching federal
19	funds without prior approval of the fiscal committee of the general court.

Amendment to SB 422-FN - Page 2 -

2022-0468s

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

Senate Finance February 22, 2022 2022-0804s 05/10

Amendment to SB 422-FN

1	Amend RSA 126-A:5, XIX-a as inserted by section 2 of the bill by inserting after subparagraph (b)
2	the following and renumbering the original subparagraph (c) to read as subparagraph (d):
3	
4	(c) The individual benefit shall be capped at \$1,500 per year, excluding preventive
5	services.

Committee Minutes

SENATE CALENDAR NOTICE Health and Human Services

Sen Jeb Bradley, Chair Sen James Gray, Vice Chair Sen Kevin Avard, Member Sen Tom Sherman, Member Sen Rebecca Whitley, Member

Date: January 18, 2022

HEARINGS

	Wednesday	02/02/2022	
	(Day)	(Date)	
Health and	Human Services	Legislative Office Building 101	9:00 a.m.
(Name of C	ommittee)	(Place)	(Time)
9:00 a.m.	SB 422-FN	establishing an adult dental benefit under the state program.	e Medicaid
10:00 a.m.	SB 391	relative to the operation of a state forensic psychiat	tric hospital.
10:15 a.m.	SB 287	relative to balance billing for certain health care se	rvices.
10:30 a.m.	SB 372	relative to employee leasing companies working un hospital.	der contract with a
10:45 a.m.	SB 373	relative to coverage for certain mental illnesses.	

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 422-FN

Sen. Rosenwald Sen. Sherman Sen. Hennessey Sen. Soucy Sen. Gannon Sen. D'Allesandro Sen. Whitley Sen. Reagan Sen. Avard Sen. Cavanaugh Sen. Ward Sen. Bradley Sen. Watters Sen. Perkins Kwoka Sen. Kahn Sen. Prentiss Sen. Giuda Rep. McMahon Rep. Nordgren Rep. Wallner

Rep. Marsh Rep. Espitia

SB 391

Sen. Rosenwald Sen. Bradley Sen. Sherman Sen. Avard Sen. Whitley Rep. Wallner Rep. Umberger Rep. Cushing

SB 287

Sen. Bradley Sen. Sherman Rep. Bartlett

SB 372 Sen. Bradley SB 373

Sen. Bradley Rep. Potucek

Cameron Lapine 271-2104

<u>Jeb Bradley</u> Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

SB 422-FN, establishing an adult dental benefit under the state Medicaid program.

Hearing Date:

February 2, 2022

Time Opened:

9:04 a.m.

Time Closed:

9:25 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and

Whitley

Members of the Committee Absent: None

Bill Analysis: This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program.

Sponsors:

_		
Sen. Rosenwald	Sen. Sherman	Sen. Hennessey
Sen. Soucy	Sen. Gannon	Sen. Reagan
Sen. D'Allesandro	Sen. Whitley	Sen. Avard
Sen. Cavanaugh	Sen. Bradley	Sen. Ward
Sen. Watters	Sen. Perkins Kwoka	Sen. Kahn
Sen. Prentiss	Sen. Giuda	Rep. McMahon
Rep. Nordgren	Rep. Wallner	Rep. Marsh
Rep. Espitia	-	^

Who supports the bill: Senator Cindy Rosenwald (Senate District 13), Representative Joe Shapiro (Cheshire County District 16), Dr. Sarah Finney (DHHS), Henry Lipman (DHHS), Carla Smith (NHNA), Gail T. Brown (NH Oral Health Coalition), Michael Auerbach (NH Dental Society), Paula Minnehan (NH Hospital Association), Ken Norton (NAMI NH), Courtney Morin (Northeast Delta Dental), Jake Berry, Senator Ruth Ward (Senate District 8), Senator Kevin Cavanaugh (Senate District 16), Senator Jeb Bradley (Senate District 3), Senator Erin Hennessey (Senate District 1), Senator John Reagan (Senate District 17), Senator Donna Soucy (Senate District 18), Elissa Davis, Brianna Sargent Merrill, Normand Houle, Karen Trudel, Ashley Metz, Amanda Abbott, Karen Guggisberg, Barbara Widger, Christina DeMaio, Scott Burns, Karen Ulmer Dorsch, Richard Danford (National Association of Local Long-Term Care Ombudsman), Barbara Brunelle, Elaine Paez, Debra Wilson, Benjamin Stinson, Ruth Perencevish, Ryan Donnelly, Patrick Kiefer, Dennis Jakubowski, Elizabeth Lewis, Marc Lacroix, Eileen Flockhart, Bev Cotton, Liz Tentarelli, Roger Desrosiers, Ellen Legg, Mary Vallier-Kaplan, Louise Danford, Barbara Glassman, Rosemary D'Arcy, Wendy Hunt (Greater Nashua Chamber of Commerce Members), Ann Sprague, and others. In

total, 290 individuals signed in in support of SB 422-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who opposes the bill: Representative John Potucek (Rockingham County District 6), Kevin Chapman, Curtis Howland, Elliot Axelman, Alvin See, Laura Condon, Sarah Reed, and William Read.

Who is neutral on the bill: Catherine Sloane.

Summary of testimony presented in support:

Senator Cindy Rosenwald

Senate District 13

- Senator Rosenwald said that SB 422-FN creates a dental benefit for adults through the state Medicaid program.
- Senator Rosenwald said that this bill will help frail, elderly and low income individuals gain access to care. Currently the state has a dental benefit that is exclusively for children.
- Senator Rosenwald said that 35 other states have an adult dental benefit.
- Senator Rosenwald said that this bill will improve the health of adults because poor oral health leads to poor overall health. Senator Rosenwald also said that Medicaid money will be saved upstream.
- Senator Rosenwald said that millions of dollars are spent on emergency room costs and extractions which are both covered by Medicaid currently.
- Senator Rosenwald described SB 422-FN as an economic development tool in that adults won't have missing teeth which will improve employability and financial mobility. She said adults would also be able to exit the Medicaid program entirely.
- Senator Rosenwald said that this bill has been a desire for the 18 years that she has served in the New Hampshire General Court. She said that she hears about this benefit frequently and putting the benefit together took years of work by the Department of Health and Human Services (DHHS), dentists, insurers and legislators.
- Senator Rosenwald said that it is important to acknowledge the bipartisan consensus behind this bill. She said that the Senate had previously passed the bill unanimously on two separate occasions but the House did not agree to keep it in HB 2-FN-A-L (2021) due to their concerns about the cost. Senator Rosenwald noted that SB 422-FN is the same as SB 150-FN (2021) with new dates.
- Senator Rosenwald introduced Amendment 0206s which funds the program for the first several years of operation. She said that there has been a \$21 million settlement reached with Centene and, under normal circumstances, 10% of a settlement goes into the Rainy Day fund and then the balance goes to the General Fund. Senator Rosenwald stressed the need for that settlement money to stay in the Medicaid program, which could be used to fund the state's share of the adult dental benefit. She said that the amendment was created with the help of DHHS and the Legislative Budget Assistant (LBA).
- Senator Rosenwald said that DHHS needs \$2.4 million of the \$21 million settlement to fund the Managed Care Risk Corridor calculation. She said that the remaining \$19 million balance will be appropriated, non-lapsing, to Medicaid to cover the share for

- adult dental benefits. She said that this will cover several years of the non-federal share.
- Senator Rosenwald said that if the funds are not appropriated by the end of the biennium, then the \$19 million would lapse to the General Fund and Rainy Day Fund.
- Senator Rosenwald stressed the importance of the legislature not kicking the can down the road, because good health is critical for a productive population and good health must include oral health.
- Senator Rosenwald said she worked on this idea with Senator Bradley for many years
 and she said that she hopes that the legislature will look favorably on SB 422-FN this
 year, with a reasonable and appropriate funding strategy.
- Senator Bradley asked if the only changes in SB 422-FN were to change the dates from SB 150-FN (2021)
 - Senator Rosenwald said that that was correct.
- Senator Bradley asked if the date on Page 1, August 1, 2022, was the same date in the SB 150-FN (2021) with the exception of the year.
 - Senator Rosenwald said that that was correct, as well as that in the prior bill, the benefit began on January 1. She said that this date had to be moved back to August 1 due to the process of costing it out along with the Centers for Medicare and Medicaid Services (CMS) approval of a waiver. Senator Rosenwald noted that another change was that the original \$1.5 million General Fund appropriation in the prior bill has been replaced in Amendment 0206s.
- Senator Whitley asked if the \$18.7 million for funding the benefit would last for several years. Senator Whitley also asked what the annual cost would be.
 - o Senator Rosenwald said that she did not know specifically yet, but she noted that the fiscal note for SB 150-FN (2021) was a high of \$6 million or \$7 million.
 - o Senator Bradley said that the fiscal note for SB 150-FN (2021) was between \$6.5 million and \$11 million, but it was closer to \$6.5 million.
 - o Senator Rosenwald said that the figure included in the Medicaid expansion population doesn't use General Funds. She said that the cost will also be predicated on a post-federal public health emergency Medicaid case load. She said that currently 235,000 people are eligible for Medicaid but that number is usually much lower. She said that by the time the benefit is implemented, the federal public health emergency should have ended and eligibility should be back to its normal case load.

Henry Lipman and Sarah Finne

Medicaid Director and Medicaid Dental Director, DHHS

- Director Lipman said that SB 422-FN contains a good benefit and that the amendment, if approved, would be a good thing. He said that the fiscal note should be finalized by the LBA soon and, under the benefit for the standard population, the cost would be \$5.84 million, but the cost for the expanded Medicaid eligible population is \$1.6 million, including the 90% federal match.
- Director Lipman said that the total cost would be \$20.32 million and the total non-federal share would be \$7.45 million.
- With this bill being before the Senate for a third time, Director Lipman said he hopes that this third time is the charm for its passage.

Clara Smith

NH Nurses Association

- Ms. Smith said that she supports SB 422-FN because New Hampshire residents with lower incomes have decreased access to care, along with an increased risk of diabetes and premature birth. Ms. Smith added that these residents also have decreased employability.
- Ms. Smith said that she has witnessed patients delay care due to the expensive cost of care and treatment.

Gail Brown

Director, NH Oral Health Coalition

- Ms. Brown said that she supports the bill, stating that she recognizes the oral health and dental needs of the oral Medicaid population.
- Ms. Brown said that an emphasis on health and economic relationships supports healthy families and reduced dental reinfection. She said that a concentration on these relationships will also help to control costs.
- Ms. Brown said that SB 422-FN will improve the health of the beneficiaries as well as the health of the workforce and students.
- Ms. Brown submitted written testimony from New Futures, highlighting the connection between improved access to care and the ability to return to work.

Michael Auerbach

Executive Director, NH Dental Society

- Mr. Auerbach said that he supports the bill.
- Mr. Auerbach said that provider participation is hindered due to low reimbursement rates and a lack of care coordination.
- Mr. Auerbach said that this bipartisan bill is an opportunity to implement patient navigation, care management, and higher reimbursement rates.
- Mr. Auerbach said that the COVID-19 pandemic caused an increase in the number of adults eligible for Medicaid.
- Mr. Auerbach said that DHHS, the House of Representatives, and the stakeholders must work together for better health outcomes.
- Mr. Auerbach said that an adult dental benefit would promote dentist participation in the program, which is vital to the state.

Ken Norton

NAMI-NH

• Mr. Norton said that oral health impacts mental health. Mr. Norton explained that many people who suffer from depression have compromised immune systems, and psychiatric disorders can lead to poor hygiene in general, including dental care.

- Mr. Norton said that according to CMS, under half of all enrolled people have one or more mental illness. He said that this is indicated in the fact that half of people with depression rated their dental care as fair or poor.
- Mr. Norton said that poor dental hygiene impacts employability.

Courtney Morin

Northeast Delta Dental

- Ms. Morin spoke in support of the bill.
- Ms. Morin said that many studies show that people with coverage are more likely to go
 to the dentist, and more coverage will lead to lower dental costs, fewer opioid
 prescriptions, and fewer oral surgeries.
- Ms. Morin said that other states have seen an increased use of preventive services and provider implementation through the use of delivery care models.
- Ms. Morin said that value-based care models will lead to lower costs overall.

Summary of testimony presented in opposition: None.

Neutral Information Presented: None.

cm1

Date Hearing Report completed: February 3, 2022

Speakers

Senate Health & Human Services Committee SIGN-IN SHEET

Date: February 2, 2022

Time: Time 9:00 a.m.

SB 422-FN AN ACT establishing an adult dental benefit under the state Medicaid program.

Name/Representing (please print neatly) No Neutral Yes Support Oppose Speaking? DHHS Support Neutral Oppose Speaking? Yes Support Neutral Oppose Speaking? Neutral Oppose No Support Speaking? Neutral Oppose Speaking? 团 Neutral Oppose Yes No Speaking? Neutral Support Oppose Speaking? Support Neutral Yes Oppose Speaking? Neutral Oppose Yes Support Speaking? Neutral Yes Support Oppose Speaking? No Neutral Oppose Yes Speaking? Neutral No Yes Support Oppose Speaking? Support Neutral Oppose Yes No Speaking?

Health and Human Services Committee Testify List for Bill SB422 on 2022-02-Support: 282 Oppose: 8

	Name	<u>Title</u>	Representing	<u>Position</u>
	Sloane, Catherine	A Member of the Public	Myself	Neutral
	Potucek, Representative John	An Elected Official	Myself & My Constituents	Oppose
	chapman, kevin	A Member of the Public	Myself	Oppose
	Howland, Curtis	A Member of the Public	Myself	Oppose
	Axelman, Elliot	A Member of the Public	Myself	Oppose
	See, Alvin	A Member of the Public	Myself	Oppose
	Condon, Laura	A Member of the Public	Myself	Oppose
	Reed, Sarah	A Member of the Public	Myself	Oppose
	Reed, William	A Member of the Public	Myself	Oppose
	Ward, Senator Ruth	An Elected Official	Senate District 8	Support
	Cavanaugh, Senator Kevin	An Elected Official	Myself	Support
	Bradley, Senator Jeb	An Elected Official	SD3	Support
	Hennessey, Erin	An Elected Official	Myself	Support
	Reagan, Senator John	An Elected Official	Senate District 17	Support
	Soucy, Donna	An Elected Official	SD 18	Support
	Davis, ELISSA	A Member of the Public	Myself	Support
	Sargent Merrill, Brianna	A Member of the Public	Myself	Support
	le, Normand	A Member of the Public	Myself	Support
	iel, Karen	A Member of the Public	Myself	Support
	Metz, Ashley	A Member of the Public	Myself	Support
	Abbott, Amanda	A Member of the Public	Myself	Support
	Guggisberg, Karen	A Member of the Public	Myself	Support
	Widger, Barbara	A Member of the Public	Myself	Support
	DeMaio, Christina	A Member of the Public	Myself	Support
	Burns, Scott	State Agency Staff	Myself	Support
	Ulmer Dorsch, Karen	A Member of the Public	Myself	Support
	Danford, Richard	A Member of the Public	National Association of Local Long-Term Care Ombudsman	Support
	Brunelle, Barbara	A Member of the Public	Myself	Support
	Paez, Elaine	A Member of the Public	Myself	Support
	Wilson, Debra	A Member of the Public	Myself	Support
	Stinson, Benjamin	A Member of the Public	Myself	Support
	perencevich, ruth	A Member of the Public	Myself	Support
	Donnelly, Ryan	A Member of the Public	Granite State Independent Living	Support
	Kiefer, Patrick	A Member of the Public	Myself	Support
	Jakubowski, Dennis	A Member of the Public	Myself	Support
	Lewis, Elizabeth	A Member of the Public	Myself	Support
	Lacroix, Marc	A Member of the Public	Myself	Support
	Flockhart, Eileen	A Member of the Public	Myself	Support
	Cotton, Bev	A Member of the Public	Myself	Support
	Tentarelli, Liz	A Member of the Public	Myself	Support
	Brown, Gail T	A Lobbyist	NH Oral Health Coalition	Support
·	osiers, Roger	A Member of the Public	Myself	Support
	Logg, Ellen	A Member of the Public	Myself	Support
	Vallier-Kaplan, Mary	A Member of the Public	Myself	Support
	Danforth, Louise	A Member of the Public	Myself	Support
	Glassman, Barbara	A Member of the Public	Myself	Support
	D'Arcy, Rosemary	A Member of the Public	Myself	Support

Hunt, Wendy	A Member of the Public	Greater Nashua Chamber of Commerce members	Support
Sprague, Ann	A Member of the Public	Myself	Support
Taft, Helen	A Member of the Public	Myself	Support
Necol, Barbara	A Member of the Public	Myself	Support
Beaulieu, Rebecca	A Member of the Public	Myself	Supj
Zaenglein, Barbara	A Member of the Public	Myself	Support
Zaenglein, Eric	A Member of the Public	Myself	Support
Rettew, Annie	A Member of the Public	Myself	Support
Dudal, Colby	A Member of the Public	Myself	Support
Kelleher, Nancy	A Member of the Public	Myself	Support
Peterson, Karen	A Member of the Public	Myself	Support
Hackmann, Kent	A Member of the Public	Myself	Support
Berrocales, Jessica	A Member of the Public	My disabled son.	Support
Steeves, Heather	A Member of the Public	Myself and the Developmental Disability and Acquired Brain Disorder Community	Support
McLaughlin, Mary	A Member of the Public	Myself	Support
Rosenberger, Teresa	A Lobbyist	NH Brain Injury Association	Support
Adams, Joanne	A Member of the Public	Myself	Support
Kelly, Shannon	A Member of the Public	Myself	Support
Donovan, Michelle	A Member of the Public	Myself	Support
Wright, Jessica	A Member of the Public	Myself	Support
Podsadowski, Tonya	A Member of the Public	Myself	Support
Lenahan, Carol	A Member of the Public	Myself	Support
Cote, Lois	A Member of the Public	Myself	Support
Marshall, Stephanie	A Member of the Public	Myself	Support
Moore, Susan	A Member of the Public	Myself	Support
Johnson, Wendie	A Member of the Public	Myself	Support
McNamara, Elizabeth	A Member of the Public	Myself	Sup _{].}
Hilliard, Julie	A Member of the Public	Myself	Sup _j .
Bean, Caitlyn	A Member of the Public	Myself	Support
clinch, Rebecca	A Member of the Public	Myself	Support
Campion, Polly	A Member of the Public	Myself	Support
DeScenza, Deborah	A Member of the Public	Myself	Support
Broshek, Mary Anne	A Member of the Public	Myself	Support
Clark, Denise	A Member of the Public	Myself	Support
Odom, Judy	A Member of the Public	Myself	Support
Broshek, Mary	A Member of the Public	Myself	Support
Aronson, Laura	A Member of the Public	Myself	Support
Sellarole, Jana	A Member of the Public	Myself	Support
Termini, Marcella	A Member of the Public	Myself	Support
Gururung, Hari	A Member of the Public	My service	Support
Martin, Melissa	A Member of the Public	Myself	Support
Bhattarai, Shakuntala	A Member of the Public	My son with disabilities	Support
Volkmann, Dolores	A Member of the Public	Myself	Support
Steele, Stephanie	A Member of the Public	Myself	Support
Dumont, Rick	A Member of the Public	Myself -	Support
Nelson, Michelle	State Agency Staff	Myself	Support
Beaty, Sharon	A Member of the Public	Myself	Support
McGuire, Deborah	A Member of the Public	my disabled son	Support
Mardin, Melanie	A Member of the Public	Myself	Support
Regan, Amy	A Member of the Public	Myself	Support
Perry, Cheryle	A Member of the Public	Myself a NH licensed registered Dental Hygienist	Sup
Burrows-Havlock, Tamara	A Member of the Public	Myself	Support
Pellerin, Joyce	A Member of the Public An Elected Official	Myself My son	Support
Martineau, Sonja Cartoll, Heather	A Member of the Public	My son NH Alliance for Healthy Aging	Support
Hamer, Heidi	An Elected Official	Myself	Support Support
	Omivini	,	~~Phot:

Hamer, Geoffrey	A Member of the Public	Myself	Support
Hamer, Gary	An Elected Official	Myself	Support
Seavey, Amanda	A Member of the Public	Myself	Support
ts, Caleb	A Member of the Public	Myself	Support
e, Melissa	A Member of the Public	Myself	Support
Connors, Debra	A Member of the Public	Myself	Support
O'Leary, Heather	A Member of the Public	Myself	Support
Peightell, Jan	A Member of the Public	Myself	Support
Brewer, Giselle	A Member of the Public	Myself	Support
Holton, Brooke	A Member of the Public	Myself	Support
Weymouth, Heidi	A Member of the Public	Myself	Support
Hodsdon, Alan	A Member of the Public	Myself	Support
Brown, Paul	A Member of the Public	Myself	Support
Watts, Edward	A Member of the Public	My son and my clients at work	Support
Dunham, Bonnie	A Member of the Public	Myself	Support
Lynch, Sarah	A Member of the Public	My adult disabled child	Support
Stencavage, Tom	A Member of the Public	My 58 year old brother with Downs Syndrome	Support
Martin, Dawn	A Member of the Public	I am the parent of a disabled young adult	Support
Lovering, Jamie	A Member of the Public	Myself	Support
Butcher, Suzanne	A Member of the Public	Myself	Support
Kinsella, Kenneth	A Member of the Public	Myself	Support
Stanley, Audrey	A Member of the Public	My adult child	Support
Sherman, Senator	An Elected Official	SD24	Support
Rhault, Kimberly	A Member of the Public	Myself	Support
Ciance, Heather	A Member of the Public	Myself	Support
Nine, Kimberly	A Member of the Public	My disabled son	Support
Isaak, Jim	A Member of the Public	Myself .	**
ler, Margaret	A Member of the Public	Myself	Support Support
Auerbach, Michael	A Lobbyist	•	* -
Forbes, Melissa	A Member of the Public	New Hampshire Dental Society	Support
A Morin, Sheila	A Member of the Public	my son. A disabled young adult.	Support
Machakos, Julie	A Member of the Public	Myself	Support
Ferrer, Emily		my sister	Support
•	A Member of the Public	Myself	Support
Edgar, Donna	A Member of the Public	Myself	Support
Walker, Birgit	State Agency Staff	Myself	Support
Mensh, Wendy	A Member of the Public	Parent of an adult with disabilities	Support
Morelli, max	A Member of the Public	Myself	Support
Crockett, Robert	A Member of the Public	Myself	Support
Alcott, Kiersten	A Member of the Public	Myself	Support
Perrotta, Delores	A Member of the Public	Myself	Support
Simard, Cheryl	A Member of the Public	Daughter	Support
Sink, Matthew	A Member of the Public	Myself	Support
Laker-Phelps, Gail	A Member of the Public	Myself	Support
PETERSEN, MICHELE	A Member of the Public	Myself	Support
Roberge, Mary	A Member of the Public	Myself	Support
Fay, Denise	A Member of the Public	Myself	Support
Gaul, Michael	A Member of the Public	My disabled son	Support
Berkal, Brenda	A Member of the Public	Myself	Support
Staples, Katharine	A Member of the Public	My disabled adult daughter	Support
Swiger, Barbara	A Member of the Public	My disabled adult child	Support
ins, Jen	A Member of the Public	Myself	Support
_ , Julie	A Member of the Public	My Developmentally Disabled Son	Support
Rai, Mukti	A Member of the Public	Myself	Support
Rai, Bhoj	A Member of the Public	Myself	Support
Morelli, Rocky	A Member of the Public	Myself / Opportunity Networks	Support
Rai, Rajendra	A Member of the Public	Myself	Support

Kelly, Kathleen	A Member of the Public	Myself	Support
Bertrand, Jennifer	A Member of the Public	Myself	Support
Desautels, Martine	State Agency Staff	Myself	Support
Mott-Smith, Wiltrud	A Member of the Public	Myself	Support
Gray, Sara	A Member of the Public	Myself	Sup
Boudreau, Ellen	A Member of the Public	Myself	Support
Fulmer, Gloria	A Member of the Public	Myself	Support
Caswell, Jessica	A Member of the Public	Myself	Support
Hoey, Kathleen	A Member of the Public	Myself	Support
Vargas, Beatrice	A Member of the Public	Myself	Support
Becksted, Brenda	A Member of the Public	Myself	Support
Marchand, Christine	A Member of the Public	Myself	Support
Dudal, Tammy	A Member of the Public	Myself	Support
Morris, Krystalynne	A Member of the Public	my adult disabled child	Support
Richardson, Zoe	A Member of the Public	Myself	Support
Rai, Shekhar	A Member of the Public	Myself	Support
spinney, cathy	A Member of the Public	Myself	Support
Rai, Pramila	A Member of the Public	Myself	Support
Trudel, Anita	A Member of the Public	Myself	Support
Jones, Karen	A Member of the Public	Myself	Support
Ford, Angela	A Member of the Public	Myself	Support
Rai, Chandra	State Agency Staff	Myself	Support
Kuthumi, Rajan	A Member of the Public	Myself	Support
Rai, shobha	State Agency Staff	Myself	Support
gurung, sundari	A Member of the Public	Myself	Support
Gurung, Padma	A Member of the Public	Myself	Support
Thapa, Sita	A Member of the Public	Myself	Support
Thornton, Mark	A Member of the Public	Myself	Sup;
Marsh, Cynthia	A Member of the Public	Myself	Sup
Phillips, Katie	A Member of the Public	Myself	Support
Dodge, corinne	A Member of the Public	Myself	Support
Ruff, Gloria	A Member of the Public	Myself	Support
Paschell, Susan	A Lobbyist	NH Dental Hygienists Association	Support
Giuda, Bob	An Elected Official	Senate District 2	Support
Mandelbaum, Madeleine	A Member of the Public	My 26 year old son a client of the Moore Center	Support
Fortier, Diane	A Member of the Public	Myself	Support
Benosky, Mary	State Agency Staff	Myself	Support
Stone, Abbey	A Member of the Public	Client	Support
Saulnier, Robyn	A Member of the Public	Myself	Support
Fielder, Cari-lee	A Member of the Public	Myself	Support
Murray, Nikki	A Member of the Public	Myself	Support
Nye-Lengerman, Kelly	A Member of the Public	Myself	Support
Ullah, Lisa	A Member of the Public	Myself	Support
McIntosh, Laurie	A Member of the Public	Myself	Support
Rai, Shiva	A Member of the Public	Myself	Support
Stoddard, Kristine	A Lobbyist	Bi-State Primary Care Association	Support
Poulin, Carole	A Member of the Public	My family member	Support
Girouard, Amy	A Member of the Public	Myself	Support
kimner, Nathan	A Member of the Public	Myself	Support
A Poulin, Carole	A Member of the Public	Myself	Support
Duggan, Wendy	A Member of the Public	Myself	Support.
cahill, Kathy	A Member of the Public	Myself	Sup\\
Edgar, Michelle	A Member of the Public	Myself	Support
Cox, Gina	A Member of the Public	Myself	Support
Eldredge, Peter	A Member of the Public	Myself	Support
Donaghy, Sara	A Member of the Public	Myself	Support

Walthows Sugar	A Mariel on a Calle Book U.		a .
Walthour, Susan	A Member of the Public	Myself	Support
Harper, Kathryn	A Member of the Public	Myself	Support
Edgar, William	A Member of the Public	My Daughter	Support
Groung, Dilli	A Member of the Public	Myself	Support
Jung, Rikash	A Member of the Public	Myself	Support
Brand, Donna	A Member of the Public	My son and all individuals with disabities	Support
Brand, Tanner	A Member of the Public	Myself	Support
Rai Kuthumi, Durga	A Member of the Public	Myself	Support
Kuthumi, Achhyata	A Member of the Public	Myself	Support
Myers, Alison	A Member of the Public	Mysclf	Support
Rundquist, Patricia	A Member of the Public	Myself	Support
Rundquist, Eric	A Member of the Public	Myself	Support
Galvin, Amanda	A Member of the Public	Myself and the adult developmentally disabled community	Support
Richman, Susan	A Member of the Public	Myself	Support
Chappelle, Maura	A Member of the Public	Myself	Support
GURUNG, KHADGA	A Member of the Public	Myself	Support
Karcz, Danielle	A Member of the Public	Myself	Support
Fitzgerald, Fern	A Member of the Public	Myself	Support
Bertrand, Shawn	A Member of the Public	Myself	Support
Bertrand, Chloe	A Member of the Public	Myself	Support
Chase-Reynolds, Bethany	A Member of the Public	Myself ·	Support
Reynolds, Craig	A Member of the Public	Myself	Support
Sink, Marcia	A Member of the Public	My son	Support
Smith, Jennifer	A Member of the Public	Myself	Support
Rana, BK	A Member of the Public	Myself	Support
Wilke, Mary	A Member of the Public	Myself .	Support
Napsey, Debra	A Member of the Public	Myself	Support
venberg, Karen	A Lobbyist	Disability Rights Center-NH	Support
र्व ttemore, John	A Member of the Public	Myself	Support
Delaney, Jennifer	A Lobbyist	AARP New Hampshire	Support
Gurung, Ashish	A Member of the Public	Myself	Support
St.Hilaire, Nicole	A Member of the Public	Myself	Support
Dunn, Robert	A Lobbyist	Roman Catholic Bishop of Manchester	Support
Saczawa, Kristen	A Member of the Public	Myself	Support
Meyers, Mary	A Member of the Public	Myself	Support
Hayes, Randy	A Member of the Public	Myself	Support
Petruccelli, Maxine	A Member of the Public	Myself	Support
Brennan, Nancy -	A Member of the Public	Myself	Support
Petruccelli, Charles	A Member of the Public	Myself	Support
Carignan, Holly	A Member of the Public	disabled adult sons	Support
Hood, Emily	A Member of the Public	Myself and people I know who this directly affects	Support
Madore, Kris	State Agency Staff	Myself	Support
Mahon, Sheila	A Member of the Public	Myself	Support
Christensen, Sheryl	A Member of the Public	Myself	Support
Wisell, Mary-Anne	A Member of the Public	Myself	Support
Wisell, Patrick	A Member of the Public	Myself	Support
Hathaway, Amy	A Member of the Public	Myself	Support
Cutting, Michelle	A Member of the Public	Myself	Support
Violette, Denisc	A Member of the Public	Myself	Support
Campbell, Karen	A Member of the Public	Myself	Support
sse, Michael	A Member of the Public	Myself	Support
ince, Lois	A Member of the Public	My daughter	Support
Gerkin, Audrey	A Member of the Public	Myself	Support
Gilmour, Peggy	A Member of the Public	Myself	Support
Sigel, Rich	A Lobbyist	Well Sense Health Plan	Support
Chaffee, Margaret	A Member of the Public	Myself	Support
onarroo, margaret	1. Monoci of the Laptic	17130-611	Dapport

Lesko, Amy	A Member of the Public	Myself	Support
Kay, Jaimee	A Member of the Public	Myself	Support
Melanson, Stephen	A Member of the Public	Myself	Support
Scharf, Geraldine	A Member of the Public	My son	Support
Scharf, John	A Member of the Public	My son	Sup _?
Lydon, Rebecca	A Member of the Public	My Sister	Support
McNeill, Molly	A Member of the Public	Myself	Support
Beauchner, Alex	A Member of the Public	Myself	Support
Riley, Heather	A Member of the Public	Myself	Support
Nadolny, Dori	A Member of the Public	Myself	Support
Dilello, Cathryn	A Member of the Public	Myself	Support
Tenney, Lynn	A Member of the Public	My daughter	Support
CARTER, AMANDA	A Member of the Public	Myself	Support
Manwiller, Kenneth	A Member of the Public	My son	Support
Istel, Claudia	A Member of the Public	Myself	Support
Racine, Danielle	A Member of the Public	Myself	Support
McKernan, Timothy	A Member of the Public	ABLE NH	Support
Watters, Senator David	An Elected Official	Myself	Support
Perkins Kwoka, Senator Rebecca	An Elected Official	Myself	Support
Cameron, Laura	A Member of the Public	Myself	Support
•			

.

•

Health and Human Services Committee Testify List for Bill SB422 on 2022-02-Support: 270 Oppose: 6

<u>Name</u>	<u>Title</u>	Representing	Position
Ward, Senator Ruth	An Elected Official	Senate District 8	Support
Cavanaugh, Senator Kevin	An Elected Official	Myself	Support
Bradley, Senator Jeb	An Elected Official	SD3	Support
Hennessey, Erin	An Elected Official	Myself	Support
Reagan, Senator John	An Elected Official	Senate District 17	Support
Soucy, Donna	An Elected Official	SD 18	Support
Davis, ELISSA	A Member of the Public	Myself	Support
Sargent Merrill, Brianna	A Member of the Public	Myself	Support
Houle, Normand	A Member of the Public	Myself	Support
Trudel, Karen	A Member of the Public	Myself	Support
Metz, Ashley	A Member of the Public	Myself	Support
Abbott, Amanda	A Member of the Public	Myself	Support
Guggisberg, Karen	A Member of the Public	Myself	Support
Widger, Barbara	A Member of the Public	Myself	Support
DeMaio, Christina	A Member of the Public	Myself	Support
Burns, Scott	State Agency Staff	Myself	Support
Ulmer Dorsch, Karen	A Member of the Public	Myself	Support
Panford, Richard	A Member of the Public	National Association of Local Long-Term Care Ombudsman	Support
runelle, Barbara	A Member of the Public	Myself	Support
Paez, Elaine	A Member of the Public	Myself	Support
Wilson, Debra	A Member of the Public	Myself	Support
Stinson, Benjamin	A Member of the Public	Myself	Support
perencevich, ruth	A Member of the Public	Myself	Support
Donnelly, Ryan	A Member of the Public	Granite State Independent Living	Support
Kiefer, Patrick	A Member of the Public	Myself	Support
Jakubowski, Dennis	A Member of the Public	Myself	Support
Lewis, Elizabeth	A Member of the Public	Myself	Support
Lacroix, Marc	A Member of the Public	Myself	Support
Flockhart, Eileen	A Member of the Public	Myself	Support
Cotton, Bev	A Member of the Public	Myself	Support
Tentarelli, Liz	A Member of the Public	Myself	Support
Brown, Gail T	A Lobbyist	NH Oral Health Coalition	Support
Desrosiers, Roger	A Member of the Public	Myself	Support
Legg, Eilen	A Member of the Public	Myself	Support
Vallier-Kaplan, Mary	A Member of the Public	Myself	Support
Danforth, Louise	A Member of the Public	Myself	Support
Glassman, Barbara	A Member of the Public	Myself	Support
D'Arcy, Rosemary	A Member of the Public	Myself	Support
Hunt, Wendy	A Member of the Public	Greater Nashua Chamber of Commerce members	Support
Sprague, Ann	A Member of the Public	Myself	Support
Taft, Helen	A Member of the Public	Myself	Support
^a -lecol, Barbara	A Member of the Public	Myself	Support
leaulieu, Rebecca	A Member of the Public	Myself	Support
Zaenglein, Barbara	A Member of the Public	Myself	Support
Zaenglein, Eric	A Member of the Public	Myself	Support
Rettew, Annie	A Member of the Public	Myself	Support
Dudal, Colby	A Member of the Public	Myself	Support

2/2/22, 12:33 PM		Senate Remote Testify	
Kelleher, Nancy	A Member of the Public	Myself	Support
Peterson, Karen	A Member of the Public	Myself	Support
Hackmann, Kent	A Member of the Public	Myself	Support
Berrocales, Jessica	A Member of the Public	My disabled son.	Supp
Steeves, Heather	A Member of the Public	Myself and the Developmental Disability and Acquired Brain Disorder Community	Supp
McLaughlin, Mary	A Member of the Public	Myself	Support
Rosenberger, Teresa	A Lobbyist	NH Brain Injury Association	Support
Adams, Joanne	A Member of the Public	Myself	Support
Kelly, Shannon	A Member of the Public	Myself	Support
Donovan, Michelle	A Member of the Public	Myself	Support
Wright, Jessica	A Member of the Public	Myself	Support
Podsadowski, Tonya	A Member of the Public	Myself	Support
Lenahan, Carol	A Member of the Public	Myself	Support
Cote, Lois	A Member of the Public	Myself	Support
Marshall, Stephanie	A Member of the Public	Myself	Support
Moore, Susan	A Member of the Public	Myself	Support
Johnson, Wendie	A Member of the Public	Myself	Support
McNamara, Elizabeth	A Member of the Public	Myself	Support
Hilliard, Julie	A Member of the Public	Myself	Support
Bean, Cairlyn	A Member of the Public	Myself	Support
clinch, Rebecca	A Member of the Public	Myself	Support
Campion, Polly	A Member of the Public	Myself	Support
DeScenza, Deborah	A Member of the Public	Myself	Support
Broshek, Mary Anne	A Member of the Public	Myself	Support
Clark, Denise	A Member of the Public	Myself	Support
Odom, Judy	A Member of the Public	Myself	Support
Broshek, Mary	A Member of the Public	Myself	Supp
Aronson, Laura	A Member of the Public	Myself	Suppi
Sellarole, Jana	A Member of the Public	Myself	Support
Termini, Marcella	A Member of the Public	Myself	Support
Gururung, Hari	A Member of the Public	My service	Support
Martin, Melissa	A Member of the Public	Myself	Support
Bhattarai, Shakuntala	A Member of the Public	My son with disabilities	Support
Volkmann, Dolores	A Member of the Public	Myself	Support
Steele, Stephanie	A Member of the Public	Myself	Support
Dumont, Rick	A Member of the Public	Myself	Support
Nelson, Michelle	State Agency Staff	Myself	Support
Beaty, Sharon	A Member of the Public	Myself	Support
McGuire, Deborah	A Member of the Public	my disabled son	Support
Mardin, Melanie	A Member of the Public	Myself	Support
Regan, Amy	A Member of the Public	Myself	Support
Perry, Cheryle	A Member of the Public	Myself a NH licensed registered Dental Hygienist	Support
Burrows-Havlock, Tamara	A Member of the Public	Myself	Support
Pellerin, Joyce	A Member of the Public	Myself	Support
Martineau, Sonja	An Elected Official	My son	Support
Carroll, Heather	A Member of the Public	NH Alliance for Healthy Aging	Support
Hamer, Heidi	An Elected Official	Myself	Support
Hamer, Geoffrey	A Member of the Public	Myself	Support
Hamer, Gary	An Elected Official	Myself	Support
Seavey, Amanda	A Member of the Public	Myself	Support
Tufts, Caleb	A Member of the Public	Myself	Suppo
Cote, Melissa	A Member of the Public	Myself	Suppose
Connors, Debra	A Member of the Public	Myself	Support
O'Leary, Heather	A Member of the Public	Myself	Support
Peightell, Jan	A Member of the Public	Myself	Support
Brewer, Giselle	A Member of the Public	Myself	Support

2/2/22, 12.55 / 101		Senate Nemote Testify	
Holton, Brooke	A Member of the Public	Myself	Support
Weymouth, Heidi	A Member of the Public	Myself	Support
Hodsdon, Alan	A Member of the Public	Myself	Support
'rown, Paul	A Member of the Public	Myself	· Support
atts, Edward	A Member of the Public	My son and my clients at work	Support
Dunham, Bonnie	A Member of the Public	Myself	Support
Lynch, Sarah	A Member of the Public	My adult disabled child	Support
Stencavage, Tom	A Member of the Public	My 58 year old brother with Downs Syndrome	Support
Martin, Dawn	A Member of the Public	I am the parent of a disabled young adult	Support
Lovering, Jamie	A Member of the Public	Myself	Support
Butcher, Suzanne	A Member of the Public	Myself	Support
Kinsella, Kenneth	A Member of the Public	Myself	Support
Stanley, Audrey	A Member of the Public	My adult child	Support
Sherman, Senator	An Elected Official	SD24	Support
Rhault, Kimberly	A Member of the Public	Myself	Support
Ciance, Heather	A Member of the Public	Myself	Support
Nine, Kimberly	A Member of the Public	My disabled son	Support
Isaak, Jim	A Member of the Public	Myself	Support
Keeler, Margaret	A Member of the Public	Myself	Support
Auerbach, Michael	A Lobbyist	New Hampshire Dental Society	Support
Forbes, Melissa	A Member of the Public	my son. A disabled young adult.	Support
A Morin, Sheila	A Member of the Public	Myself	Support
Machakos, Julie	A Member of the Public	my sister	Support
Ferrer, Emily	A Member of the Public	Myself	Support
Edgar, Donna	A Member of the Public	Myself	Support
Walker, Birgit	State Agency Staff	Myself	Support
Mensh, Wendy	A Member of the Public	Parent of an adult with disabilities	Support
forelli, max	A Member of the Public	Myself	Support
Crockett, Robert	A Member of the Public	Myself	Support
Alcott, Kiersten	A Member of the Public	Myself	Support
Perrotta, Delores	A Member of the Public	Myself	Support
Simard, Cheryl	A Member of the Public	Daughter	· Support
Sink, Matthew	A Member of the Public	Myself	Support
Laker-Phelps, Gail	A Member of the Public	Myself	Support
PETERSEN, MICHELE	A Member of the Public	Myself	Support
Roberge, Mary	A Member of the Public	Myself	Support
Fay, Denise	A Member of the Public	Myself	Support
Gaul, Michael	A Member of the Public	My disabled son	Support
Berkal, Brenda	A Member of the Public	Myself	Support
Staples, Katharine	A Member of the Public	My disabled adult daughter	Support
Swiger, Barbara	A Member of the Public	My disabled adult child	Support
Perkins, Jen	A Member of the Public	Myself	Support
Cyr, Julie	A Member of the Public	My Developmentally Disabled Son	Support
Rai, Mukti	A Member of the Public	Myself	Support
Rai, Bhoj	A Member of the Public	Myself	Support
Morelli, Rocky	A Member of the Public	Myself / Opportunity Networks	Support
Rai, Rajendra	A Member of the Public	Myself	Support
Kelly, Kathleen	A Member of the Public	Myself	Support
Bertrand, Jennifer	A Member of the Public	Myself	Support
Desautels, Martine	State Agency Staff	Myself	Support
Mott-Smith, Wiltrud	A Member of the Public	Myself	Support
Gray, Sara	A Member of the Public	Myself	Support
Boudreau, Ellen	A Member of the Public	Myself	Support
Fulmer, Gloria	A Member of the Public	Myself	Support
Caswell, Jessica	A Member of the Public	Myself .	Support
Hoey, Kathleen	A Member of the Public	Myself	Support

2	12	122	12	.22	PM

2/2/22, 12:33 PM		Senate Remote Testify	
Vargas, Beatrice	A Member of the Public	Myself	Support
Becksted, Brenda	A Member of the Public	Myself	Support
Marchand, Christine	A Member of the Public	Myself .	Support
Dudal, Tammy	A Member of the Public	Myself	Support
Morris, Krystalynne	A Member of the Public	my adult disabled child	Suppi
Richardson, Zoe	A Member of the Public	Myself	Support
Rai, Shekhar	A Member of the Public	Myself	Support
spinney, cathy	A Member of the Public	Myself	Support
Rai, Pramila	A Member of the Public	Myself	Support
Trudel, Anita	A Member of the Public	Myself	Support
Jones, Karen	A Member of the Public	Myself	Support
Ford, Angela	A Member of the Public	Myself	Support
Rai, Chandra	State Agency Staff	Myself	Support
Kuthumi, Rajan	A Member of the Public	Myself	Support
Rai, shobha	State Agency Staff	Myself	Support
gurung, sundari	A Member of the Public	Myself	Support
Gurung, Padma	A Member of the Public	Myself	Support
Thapa, Sita	A Member of the Public	Myself	Support
Thornton, Mark	A Member of the Public	Myself	Support
Marsh, Cynthia	A Member of the Public	Myself	Support
Phillips, Katie	A Member of the Public	Myself	Support
Dodge, corinne	A Member of the Public	Myself	Support
Ruff, Gloria	A Member of the Public	Myself	Support
Paschell, Susan	A Lobbyist	NH Dental Hygienists Association	Support
Giuda, Bob	An Elected Official	Senate District 2	Support
Mandelbaum, Madeleine	A Member of the Public	My 26 year old son a client of the Moore Center	Support
Fortier, Diane	A Member of the Public	Myself	Support
Benosky, Mary	State Agency Staff	Myself	Suppo
Stone, Abbey	A Member of the Public	Client	Suppo-
Saulnier, Robyn	A Member of the Public	Myself	Support
Fielder, Cari-lee	A Member of the Public	Myself	Support
Murray, Nikki	A Member of the Public	Myself	Support
Nye-Lengerman, Kelly	A Member of the Public	Myself	Support
Ullah, Lisa	A Member of the Public	Myself	Support
McIntosh, Laurie	A Member of the Public	Myself	Support
Rai, Shiva	A Member of the Public	Myself	Support
Stoddard, Kristine	A Lobbyist	Bi-State Primary Care Association	Support
Poulin, Carole	A Member of the Public	My family member	Support
Girouard, Amy	A Member of the Public	Myself	Support
kimner, Nathan	A Member of the Public	Myself	Support
A Poulin, Carole	A Member of the Public	Myself	Support
Duggan, Wendy	A Member of the Public	Myself	Support
cahill, Kathy	A Member of the Public	Myself	Support
Edgar, Michelle	A Member of the Public	Myself	Support
Cox, Gina	A Member of the Public	Myself	Support
Eldredge, Peter	A Member of the Public	Myself	Support
Donaghy, Sara	A Member of the Public	Myself	Support
Walthour, Susan	A Member of the Public	Myself	Support
Harper, Kathryn	A Member of the Public	Myself	Support
Edgar, William	A Member of the Public	My Daughter	Support
Gurung, Dilli	A Member of the Public	Myself	Support
Gurung, Rikash	A Member of the Public	Myself	Suppo
Brand, Donna	A Member of the Public	My son and all individuals with disabities	Support
Brand, Tanner	A Member of the Public	Myself	Support
Rai Kuthumi, Durga	A Member of the Public	Myself	Support
Kuthumi, Achhyata	A Member of the Public	Myself	Support
, ,		,	Support

2/2/22, 12:33 PM		Senate Remote Testify	
Myers, Alison	A Member of the Public	Myself	Support
Rundquist, Patricia	A Member of the Public	Myself	Support
Rundquist, Eric	A Member of the Public	Myself	Support
Galvîn, Amanda	A Member of the Public	Myself and the adult developmentally disabled community	Support
ichman, Susan	A Member of the Public	Myself	Support
Chappelle, Maura	A Member of the Public	Myself	Support
GURUNG, KHADGA	A Member of the Public	Myself	Support
Karcz, Danielle	A Member of the Public	Myself	Support
Fitzgerald, Fern	A Member of the Public	Myself	Support.
Bertrand, Shawn	A Member of the Public	Myself	Support
Bertrand, Chloe	A Member of the Public	Myself	Support
Chase-Reynolds, Bethany	A Member of the Public	Myself	Support
Reynolds, Craig	A Member of the Public	Myself	Support
Sink, Marcia	A Member of the Public	My son	Support
Smith, Jennifer	A Member of the Public	Myself	Support
Rana, BK	A Member of the Public	Myself	Support
Wilke, Mary	A Member of the Public	Myself	Support
Napsey, Debra	A Member of the Public	Myself	Support
Rosenberg, Karen	A Lobbyist	Disability Rights Center-NH	Support
Whittemore, John	A Member of the Public	Myself	Support
Delaney, Jennifer	A Lobbyist	AARP New Hampshire	Support
Gurung, Ashish	A Member of the Public	Myself	Support
St.Hilaire, Nicole	A Member of the Public	Myself	Support
Dunn, Robert	A Lobbyist	Roman Catholic Bishop of Manchester	Support
Saczawa, Kristen	A Member of the Public	Myself	Support
Meyers, Mary	A Member of the Public	Myself	Support
Hayes, Randy	A Member of the Public	Myself	Support
etruccelli, Maxine	A Member of the Public	Myself	Support
Irennan, Nancy	A Member of the Public	Myself	Support
Petruccelli, Charles	A Member of the Public	Myself	Support
Carignan, Holly	A Member of the Public	disabled adult sons	Support
Hood, Emily	A Member of the Public	Myself and people I know who this directly affects	Support
Madore, Kris	State Agency Staff	Myself	Support
Mahon, Sheila	A Member of the Public	Myself	- -
Christensen, Sheryl	A Member of the Public	Myself	Support Support
Wisell, Mary-Anne	A Member of the Public	Myself	Support
Wisell, Patrick	A Member of the Public	Myself	Support -
Hathaway, Amy	A Member of the Public	Myself	Support
Cutting, Michelle	A Member of the Public	Myself	Support
Violette, Denise	A Member of the Public	Myself	
Campbell, Karen	A Member of the Public	Myself	Support
Fraysse, Michael	A Member of the Public .	Myself	Support
-	A Member of the Public	-	Support
Pincince, Lois	A Member of the Public	My daughter	Support
Gerkin, Audrey		Myself	Support
Gilmour, Peggy	A Member of the Public	Myself	Support
Sigel, Rich	A Lobbyist	Well Sense Health Plan	Support
Chaffee, Margaret	A Member of the Public	Myself	Support
Lesko, Amy	A Member of the Public	Myself	Support
Kay, Jaimee	A Member of the Public	Myself	Support
Melanson, Stephen	A Member of the Public	Myself	Support
Scharf, Geraldine	A Member of the Public	My son	Support
charf, John	A Member of the Public	My son	Support
Lydon, Rebecca	A Member of the Public	My Sister	Support
McNeill, Molly	A Member of the Public	Myself	Support
Beauchner, Alex	A Member of the Public	Myself	Support
Potucek, Representative John	An Elected Official	Myself & My Constituents	Oppose

2/2/22, 12:33 PM Senate Remote Testify

			•
chapman, kevin	A Member of the Public	Myself	Oppose
Howland, Curtis	A Member of the Public	Myself	Oppose
Axelman, Elliot	A Member of the Public	Myself	Oppose
See, Alvin	A Member of the Public	Myself	Oppo
Condon, Laura	A Member of the Public	Myself	Орро
Sloane, Catherine	A Member of the Public	Myself	Neutral

Testimony



February 2, 2022

Senator Jeb Bradley, Chairman Senate Health and Human Services Committee Legislative Office Building, Room 101 33 N. State Street Concord, NH 03301

Submitted via email to <u>Jeb.Bradley@leg.state.nh.us</u>, <u>James.Gray@leg.state.nh.us</u>, <u>Tom.Sherman@leg.state.nh.us</u>, <u>Becky.Whitley@leg.state.nh.us</u>, <u>Kevin.Avard@leg.state.nh.us</u>, <u>cameron.lapine@leg.state.nh.us</u>

RE: SB 422: establishing an adult dental benefit under the state Medicaid program

Dear Chairman Bradley and members of the Senate Health and Human Services Committee:

Thank you for the opportunity to submit testimony regarding SB 422. Bi-State Primary Care Association is grateful for the attention the sponsors are giving to ensuring access to dental care for adult Medicaid recipients. We respectfully request the committee recommend SB 422 ought to pass.

Bi-State Primary Care Association (Bi-State) is a 501(c)(3) nonprofit organization, representing 28 member organizations across New Hampshire and Vermont that provide comprehensive primary care services to over 300,000 patients at 146 locations. Our members include community health centers (CHCs), federally qualified health centers (FQHCs), rural health clinics (RHCs), area health education center programs, and Planned Parenthood of Northern New England. New Hampshire's community health centers provide integrated primary care, substance use disorder treatment, behavioral health, and oral health services to approximately 112,000 patients, including 1 in 4 of *all* Granite Staters enrolled in the Medicaid program.¹

CHCs are leaders in meeting the needs of communities with limited access to health care, including dental care. In 2020, CHCs delivered oral health services on-site, in schools, and through mobile clinics, to ~9,000 Granite Staters who made ~19,000 oral health visits. Many CHCs, such as Coos County Family Health Services and Mid-State Health Center, are the *only* providers in their geographical areas that deliver much-needed primary and oral health care. Their clinician teams, who provide a range of services "all under one roof," see firsthand the

¹ Statewide data from Kaiser Family Foundation: http://kff.org/other/state-indicator/total-population, BPHC 2020 UDS Summary Reports, and Self-Reported data in Bi-State Primary Care Association member surveys.

long-term damage to a person's overall physical and mental health when they do not seek dental care until it is too late, because they could not afford treatment in the short term.

The current New Hampshire Medicaid Dental Benefit is "Emergency Only." This means that coverage for adults only includes antibiotics for infection, narcotics/pharmaceuticals for pain, and removing diseased and damaged teeth: No cleanings, fillings, or restorations for preventative care are included. As a result, many Medicaid beneficiaries seek treatment in the hospital emergency departments, where commonly patients' damaged teeth are extracted because their preventative oral health issues remained unaddressed.

Bi-State and our members believe the development of the Adult Dental Medicaid Benefit is an economic investment. Untreated dental conditions eventually lead to pain and tooth loss that lower quality of life, jeopardize employment and financial mobility, and contribute to unnecessary emergency visits that are exorbitantly costly to the health care system. A study in the *Journal of the American Dental Association* identified \$2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period: 40% of those visits were by uninsured individuals, and 30% percent were by Medicaid-enrolled adults.² The benefit will also help incentivize more dentists throughout the state to open their doors to Medicaid patients, thereby improving treatment capacity.

SB 422 is the result of years of collaboration among the Department of Health and Human Services, legislators, public health dentists, insurance carriers, and Medicaid beneficiaries. Bi-State and our community health center members strongly support SB 422 and respectfully request the committee recommend SB 422 ought to pass.

Please do not hesitate to contact me if you have any questions or would like more information.

Sincerely,

Kristine E. Stoddard, Esq. Director of NH Public Policy Office: 603-228-2830, ext. 113

Cell: 480-794-0523 kstoddard@bistatepca.org

² Medicaid Adult Dental Benefits: An Overview. Center for Health Care Strategies, Inc., 2019, https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf



February 2, 2022

The Honorable Gary Daniels, Chair Senate Health and Human Services Committee Legislative Office Building 33 North State St. Concord, NH 03301

RE: Written testimony in support of SB422-FN, establishing a dental benefit under the state Medicaid Program.

Chairman Daniels and Members of the Committee,

My name is Courtney Morin, and I am an actuary at Northeast Delta Dental, and a member of the NH Adult Dental Benefit Workgroup. I submit this letter in support of SB422-FN to establish a preventive and comprehensive dental benefit for adult Medicaid recipients.

New Hampshire is one of only twelve states in the country that does not have a Medicaid adult dental benefit beyond emergency palliative care. This is an important bill that will bring quality oral health care to Medicaid adults in our state.

In a recent article in the *Journal of Public Health Dentistry*, the cost implications of routine preventive dental care for Medicaid-eligible adults in states with a Medicaid adult dental benefit were assessed. The average Medicaid enrollee with five continuous years of preventive care experienced 43% lower costs than an individual who received no preventive dental care at all. Most of the savings were a result of fewer oral surgeries.

A Medicaid enrollee with no preventive dental visits was eight times more likely to have an ED visit for a nontraumatic dental condition, seven times more likely to have oral surgery and six times more likely to receive a dental-related opioid prescription compared to those who had a dental prevention visit every year in the 5-year lookback period.

In order to get Medicaid enrollees into the dentist for these preventive services, this benefit must be established to add these preventive and restorative services to for Medicaid enrollees. An investment in the oral health of New Hampshire adults will foster lifelong preventive habits and reduce long-term health care costs in NH.

Other studies, such as one detailed in an American Dental Association Health Policy Institute white paper from 2021 describe not only improved oral health and reduction in overall medical costs, but also the increases in employability when coverage is expanded beyond emergency-only care to include preventive and comprehensive care. The benefits of having a plan in place have been shown to reach beyond that of merely improving oral and overall health.

Northeast Delta Dental

Delta Dental Plan of New Hampshire One Delta Drive PO Box 2002 Concord, NH 03302-2002

Telephone: 603-223-1000 Fax: 603-223-1199 Delta Dental Plan of Maine 1022 Portland Road Suite Two Saco, ME 04072-9674

Saco, ME 04072-9674 Telephone: 207-282-0404 Fax: 207-282-0505 Delta Dental Plan of Vermont 12 Bacon Street Suite B Burlington, VT 05401-6140

Telephone: 802-658-7839 Fax: 802-865-4430





Delta Dental's core mission is to improve the overall health of our citizens in our three states, and we believe that if the state wants a meaningful benefit that will truly impact the oral health of our citizens over the long-term, we need to pass SB422-FN to establish the preventive and comprehensive dental benefit. The value-based care model that would be implemented will be the most successful and cost-effective way to administer the benefit. By developing a comprehensive plan for the adult dental benefit now, we can ensure the program is sustainable and produces long lasting health benefits to the citizens of New Hampshire.

We urge this Committee to vote ought to pass for SB422-FN and we thank Senator Rosenwald for bringing forth this important legislation, and many others for their support for this initiative over the last few years.

Thank you for your time and consideration.

Courtney Morin, FSA, MAAA

Vice President, Actuarial & Underwriting

Northeast Delta Dental CMorin@nedelta.com

(603) 223-1194



February 2, 2022

The Honorable Gary Daniels, Chair Senate Health and Human Services Committee Legislative Office Building 33 North State St. Concord, NH 03301

RE: Written testimony in support of SB422-FN, establishing a dental benefit under the state Medicaid Program.

Chairman Daniels and Members of the Committee,

I am Tom Raffio, President and CEO of Northeast Delta Dental, and I submit this letter in support of SB422-FN to establish a preventive and comprehensive dental benefit for adult Medicaid recipients.

Northeast Delta Dental is the largest dental benefits administrator in New Hampshire, with a mission of improving oral health and access to dental care for everyone. Consistent with our mission, we have long supported a Medicaid adult dental benefit and we support SB422-FN to finally bring a preventive and comprehensive adult Medicaid benefit to the state. This is an important bill that will allow quality oral health care to be brought to Medicaid adults in New Hampshire.

SB422-FN both establishes a preventive and comprehensive dental benefit for Medicaid adults and provides a mechanism for DHHS to decide the administrative model for the dental program, which would eventually include the current fee-for-service children's program and the new adult benefit. The dental program would be administered through either the current medical managed care organizations or a dental benefits administrator with expertise in delivering dental benefits. Either model would require independent procurement by the state and would have a value-based care component.

We urge this Committee to pass SB422-FN and we thank Senator Rosenwald for bringing forth this important legislation, and many others for their support for this initiative over the last few years.

Thank you for your time and consideration.

Tom Raffio

President and CEO Northeast Delta Dental TRaffio@nedelta.com

7m hoffio

(603) 223-1000

Thomas Raffio, FLMI
President & CEO
Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002

Telephone: 603-223-1000

Fax: 603-223-1299

E-mail: TomRaffio@nedelta.com



February 2, 2022

Honorable Chairman Jeb Bradley Senate Health and Human Services Committee Legislate Office Building Room 101 North Main St., Concord, NH 03301

RE: NAMI NH Support of SB 422

Dear Chairman and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, non-partisan, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in support of SB 422, establishing an adult dental benefit under the state Medicaid program.

Oral health is an incredibly important aspect of both physical and mental health. Not only has poor oral health been linked to physical ailments such as heart disease, diabetes, and even cancer; there is also a significant link between poor oral health and poor mental health. Data from the National Health and Nutrition Examination Survey reported that half of all people with depression rated their teeth condition as fair or poor. The same survey also showed poor oral health is linked to things like anxiety, stress, and loneliness.

Many psychiatric disorders can lead to poor oral health for a variety of reasons, most commonly that individuals with mental illness can often lose track of their personal hygiene and physical health maintenance. It is also more challenging for individuals with mental illness to make and keep appointments with physical and oral health professionals, due to the nature of these conditions. Certain mental illnesses, such as depression, can also physically manifest in a compromised immune system, leaving individuals more vulnerable to oral health ailments. Finally, access to oral healthcare is challenging as it is often not included under the same insurance plan as physical healthcare. As a result, people with mental illness are 2.7 times more likely to lose their teeth.

According to the Centers for Medicare and Medicaid Services, just under half of the people enrolled in a Medicaid program have one or more diagnosable mental illnesses. Establishing a dental benefit under the Medicaid program would provide more accessible oral healthcare, removing a major barrier between people with mental illness and good oral health. Removing this barrier and allowing more folks to easily access oral healthcare would result in higher

confidence in folks with mental illness; not only could this result in better outcomes of mental health recovery, but in addition, a higher likelihood of people finding jobs.

In short, establishing a dental benefit under the state Medicaid program would be extremely beneficial not only to individuals living with mental illness, but to the state as a whole. I urge you to vote this bill as ought to pass.

Sincerely,

Holly A. Stevens, Esq.

newfutures-

advocate • educate • collaborate to improve the health and wellness of all Granite Staters

February 2, 2022

The Honorable Jeb Bradley, Chair Senate Health and Human Services Committee Legislative Office Building, Room 101 33 North State Street Concord, NH 03301

Re: New Futures Support for SB 422 (establishing an adult dental benefit under the state Medicaid program),

Dear Senator Bradley and Honorable Members of the Committee,

New Futures appreciates the opportunity to testify in support of SB 422, establishing an adult dental benefit under the state Medicaid program. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, service providers and families to increase access to quality, affordable health care throughout the Granite State.

New Futures stands strongly in support of SB 422, as it aims to support a dental benefit for enrollees in New Hampshire's Medicaid programs. Throughout our state and across the country, health care providers and patients alike are increasingly recognizing the deep connection between oral health and overall health. Studies indicate that bacteria and other oral health concerns may contribute to heart disease, endocarditis and other more than 140 other conditions¹. Still, New Hampshire's Medicaid programs only currently cover emergency services, like infections and other emergent conditions. This emergency coverage fails to address the root causes of dental disease, which cost the state millions in associated health care expenses, and leaves thousands of Granite Staters without the preventative care they need.

Frequently, those adults most in need of oral health care are those least able to afford it. This is especially true amidst the ongoing addiction crisis. As we have seen throughout New Hampshire, heroin and opiate misuse is often associated with severe tooth decay and dental pain. For many individuals, this can lead to further opioid use to ease the pain, contributing to the vicious cycle of addiction that has devastated our state.

With the addiction epidemic still raging, a Medicaid dental benefit would be an important tool, increasing access to critical oral health care for these individuals struggling with substance misuse and others in need. It would increase access to preventative care like cleanings and fillings for thousands in need, and it would ultimately save the state millions of dollars by decreasing emergency room visits and chronic medical costs.

For these reasons and many others, New Futures respectfully requests that the Committee recommend this bill Ought to Pass. Please do not hesitate to contact me if you have questions or need additional information.

Respectfully submitted,

Jake Berry, Vice President of Policy, New Futures

¹ Mayo Clinic, Oral Health: A Window to Your Overall Health, https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475



New Hampshire Oral Health Coalition

February 2, 2022

NH Senate Health and Human Services Committee

From: NH Oral Health Coalition

Re:

Support for SB422, Medicaid Adult Dental Benefit

The NHOHC is the only in-state group of organizations, agencies, and individuals, focused solely on the status and impact of oral health issues facing New Hampshire. We are representative of those involved in oral health provision, planning, policymaking, and funding, including the dental and medical communities, the legislature, educational programs, advocacy groups, insurance. providers, state agency leaders, and private funders.

Using an equity lens, we work to advance oral health statewide and across the lifespan through traditional and innovative means including community-based program and work force models, medical-dental integration, and timely prevention, intervention, and access.

We are here today in strong support of SB422 as it recognizes the oral health and dental needs of our adult Medicaid population. The bill acknowledges the health and economic relationships between oral health and overall health. It supports healthy families and reduces dental reinfection within the household.

Implementing a benefit not only improves the health of beneficiaries, but it contributes to the availability of a ready and healthy work force and student population by addressing the fact that over 140 different health conditions and medical diagnoses have been found to have an association with dental disease.

Steering Committee

Helen Taft. Chair Member-at-Large

Stephanie Pagliuca, Secretary Bi-State Primary Care Association

Annette Cole

NH Area Health Education Center

Michael Auerbach NH Dental Society Lisa Beaudoin ABLE NH Suzanne Boulter.

NH Pediatric Society

Billie Lunt

NH Technical Institute, Concord's Community

College -Educator Patrick Capozzi

NH Academy of Pediatric Dentistry

Ellen Legg

NH Dental Hygienists' Association

Sarah Finne, ex-officio

NH Department of Health and Human Services,

Executive Representative

LeaAnne Hanev Northeast Delta Dental Dental Insurance Carrier

Sharon Beaty

NH Public Health Association

Fiscal Sponsor Liaison

Kelly Perry

Mid-State Health Center Community Dental Program

Kim Mohan

NH Nurse Practitioner Association

Laural Dillon, ex-officio

Department of Health and Human Services -

Public Health **Neil Hiltunen**

Member-at-Large

With passage of this bill, the Coalition stands ready to assist policymakers and practitioners in (1) ensuring the development of a sufficient dental provider network; and (2) building the awareness and utilization of the benefit by qualified Medicaid recipients.

Sincerely,

Gail T. Brown 916

Gail T. Brown, JD, MSW gbrown@nhoralhealth.org Director, NH Oral Health Coalition



NEW HAMPSHIRE NURSES' ASSOCIATION

25 Hall St. Unit 1E, Concord, NH 03301 PHONE: (603) 225 -3783 EMAIL: office@nhnurses.org WEBSITE: www.NHNurses.org

February 2, 2021

Dear Chairman Bradley and members of the Senate Health and Human Services Committee,

I would like to submit written testimony on behalf of the NH Nurses Association in support of SB422 establishing an adult dental benefit under the state Medicaid program. NH residents with lower incomes have decreased access or availability to dental care and are more likely to have adverse oral health and chronic illness outcomes. Poor oral health increases risk of diabetes, cardiovascular disease, premature birth/low birth weight, decreases employability, and increases overall healthcare spending.

SB422 will establish dental services for adults with a focus on primary prevention and early intervention. Preventative care reduces the high cost of hospitalization and emergency care with an estimated \$2 million savings in dental related Emergency Department visits and a decrease in urgent care visits by up to 22%. This bill with increase access to preventive oral health services and increase community outreach regarding oral health maintenance for NH residents.

As an individual practicing as a registered nurse, I have witnessed patients delay care resulting in painful and unnecessary disease burden. Our emergency departments and urgent care centers are at peak capacity, yet are currently the primary location of treatment for adults seeking care for dental pain and infection. The cost of care and treatment for these oral-health related chronic conditions are expensive, much more expensive to our state Medicaid budget than preventative care. I urge you to support SB422 to enhance overall health for NH residents.

Best Regards, Carla Smith MSN, RN 28 Ann Lane Fremont NH, 03044

∘om:

Brett Tourigny <tourigny936@gmail.com>

Sent:

To:

Sunday, January 30, 2022 8:18 PM
~Senate Health and Human Services Committee

Subject:

SB422

My name is Brett Tourigny, resident of Moultonborough NH. I oppose this bill.

rom:

Lisa Sheldon < lisaksheldon2011@gmail.com>

sent:

Monday, January 31, 2022 11:00 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Cc:

Lisa Kennedy Sheldon; Pam DiNapoli; Marcy Doyle

Subject:

SB 422 - Letter of Citizen Support

Greetings,

I am writing today in support of SB 422: Establishing an adult dental benefit under the state Medicaid program.

This bipartisan bill can help the citizens of NH be healthier and even save their lives.

As an oncology nurse practitioner for more than 25 years, I have seen the devastating effects of lack of dental care. In the cancer center at my NH hospital, I had a patient with an oral cancer, a 52 year old father of three school age children. We had to delay potentially curative radiation and chemotherapy for a cancer of the mouth because he had infected teeth. Since the mouth and teeth are in the radiation treatment area, he needed to have the teeth removed before we could begin therapy. In addition, he could not start chemotherapy because it would decrease his blood counts and put him at risk for serious and even overwhelming infection.

It was so difficult to find a dentist willing to take care of this man because he had Medicaid insurance. Time is essential when starting this type of cancer treatment and, frankly, he should have started sooner. With timely treatment, he would have the best chance for cure; so he can be there for his children.

With extensive outreach by the nurses and social worker, a dentist was found to volunteer his services for this patient. Cancer treatment was delayed four weeks. He has completed radiation and chemotherapy and is doing well. We hope these delays won't impact his survival.

This should not happen. Please support HB 422; all citizens of NH deserve full health care including oral and dental care.

Sincerely,

Lisa Kennedy Sheldon, PhD, ANP-BC, AOCNP, FAAN



New Hampshire Health Care Association

January 31, 2022

Hon. Jeb Bradley, Chair, and Members of the Senate Health & Human Services Committee:

Representing most of the state's nursing homes, and many other facility-based care settings, the New Hampshire Health Care Association supports SB 422 (establishing an adult dental benefit under the state Medicaid program).

As I have written elsewhere,

the consequences of oral health neglect escalate the older one gets: 'Nearly half of all Americans age 30 and older have some form of gum disease; in people 65 and older, 70 percent have some degree of periodontal disease, according to the Centers for Disease Control and Prevention.' That may heighten their risk of cognitive decline, and further burden long-term care settings.¹

Oral health is an essential part of whole-body health. SB 422 is the right policy.

Respectfully,

Brendan W. Williams, M.A., J.D.

President & CEO

¹Brendan Williams, Something's Rotten: Oral Health Care Access in the United States, 28 S. CAL. REV. L. & SOC. J. 1, 20 (Spring 2019) (footnoted omitted).

rom: Nancy Kelleher < nkelleher@communitybridgesnh.org>

Sent: Monday, January 31, 2022 4:08 PM

To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject: Support SB422

Dear Committee Members,

I'm a parent of an adult daughter with the developmental disability of Down Syndrome and medical disability Congestive Heart Failure. My daughter just entered Palliative Care and we have been lucky enough to be able to cover her dental coverage. However many of her friends are not able to cover this cost. Many can only get the support needed in an emergency after they have suffered with impacted or infected teeth.

Providing Dental benefits through the Medicaid system is not only logical it is ethical. There are hundreds of diseases that can be caused by poor dental hygiene for any human. When you add in the facts of child onset conditions like Down Syndrome for example, you add to those numbers with malformation and weakness in the teeth. Teeth come in at different times, in different places and can cause even more issues.

My daughter is 30 years and is starting to get some of her adult teeth now. One of the teeth coming in is a double headed molar. Part of that molar is coming through in about the correct position and the other half is coming through on the roof of her mouth. She has been without upper teeth for years. She was not a candidate for implants and would not have tolerated dentures or a bridge —even if she was a candidate. She has no bone structure in her mouth to accept these "teeth". Her teeth also take years to come in. Unlike a typical peer who may need braces, but their teeth come in n time and in a predictable order. Should my daughter live long enough for her teeth to fully come in, her dentist says mey will likely just fall out due to the short malformed root system. I still have to take her to the dentist 4 times a year. Not just twice. She has lower teeth and those have some exposed roots so need extra attention.

There is more need for this population with medical and dental support.

I ask the committee to support the senate bill 422 so that each citizen can have the best chance at a long and healthy life with good oral hygiene. It's so important.

Thank you for your time.

Nancy Kelleher Community Bridges Family Support Transition Coordinator 70 Pembroke Road Concord, NH 03301

603-226-3212 x 393 work 978-400-2231 cell

During Covid-19 I'm 100% remote and available Monday-Friday 9-5 unless otherwise noted.

tay well, stay safe.

STATEMENT OF CONFIDENTIALITY: The information contained in this electronic message and any attachments to this message are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If

you are not the intended recipient, please notify Community Bridges at (603) 225-4153 or reply to apotoczak@communitybridgesnh.org and destroy all copies of this message and any attachments.

Senator Jeb Bradley, Chairman Senate Health and Human Services Committee

Testimony in Support of Senate Bill 422 Establishing an adult dental benefit under the state Medicaid program. February 1, 2022

Good morning, Chairman Bradley, Vice Chairman Gray, and Members of the Committee. Thank you for the opportunity to submit this written testimony in support of SB422.

My name is Raelene Shippee-Rice. I am Associate Professor of Nursing Emerita at the University of New Hampshire. I have been a registered nurse for 62 years. In 1979, I graduated from the University of Rochester with a master's degree as a Clinical Nurse Specialist in Gerontological Nursing. I emphasize the latter as oral health and access to dental care are critical issues in helping older adults maintain their best health and well-being. It is important to note, however, the need for good dental care starts long before one becomes 65. Thus, I rest my support for extending access to dental care benefits to not only maintain oral health in older adult, but to maintain overall general health in those both over and under age 65 who are reliant on Medicaid for their health care access.

In 2013, the New Hampshire General Court recognized the access to oral health care services for New Hampshire's, low-income adults, was 'sporadic and unreliable, particularly in sparsely populate area of our state'. Oral health for low-income adults continues to be a public health concern in New Hampshire, but only recently has it come to be recognized as a major health care concern. Oral health is not 'just a tooth problem' separate and distinct from one's overall health status. Poor dental health is a serious health related problem resulting in poor nutrition, oral infection, gum disease, broken teeth, and has, even more recently, been associated with acute and chronic illnesses including sepsis, diabetes, and heart disease. Dental infections have been identified as possible contributing factors to premature and low birth weight infants and to the development of acute and chronic cardiac disease, respiratory infections, hypertension, and osteoporosis in adults. In 2020, a report from the National Institute on Aging indicated gum disease may be a contributing factor to the development of Alzheimer's Disease and related dementias.

In turn, poor general health and chronic illness including but not limited to diabetes, hypertension, and osteoporosis contribute to the development of serious oral health problems such as tooth decay, oral infections, gum disease and tooth abscess. Adults with, or at risk for, these chronic oral health diseases are less likely to get the needed dental care than those who do not have these chronic conditions.

The connection between oral health and overall health is well established. There is a positive relationship between good dental health and disease prevention. As Surgeon General C. Everett Koop is reported to have said: "You're not healthy without good oral health."

We are not usually surprised to hear or read someone, acutely ill or injured, was rushed to the emergency room for treatment. However, many of us may be surprised to hear someone with a dental health problem was rushed to the emergency room for treatment. We do not typically

equate dental problems with emergency rooms. But dental emergencies do occur and often could be prevented through regular dental checkups and timely interventions. Emergency health care is very expensive in both actual and related costs as dental treatment in an emergency department is neither cost effective nor does it contribute to improved oral health. Emergency care has been found to contribute to other health problems including medication addiction, as pain and its relief is often the reason for seeking emergency care. Preventive dental care could

- Decrease emergency care costs by as much as \$2 million;
- Decrease number of urgent care visits by up to 22%; and
- Decrease national productivity loss valued at \$45 billion each year.

But preventive health care is expensive. I have a history of 'bad teeth' since childhood, meaning I easily get dental cavities and broken teeth. I brush my teeth and floss at least two times a day and have regular dental checkups and I eat a 'healthy' diet avoiding high sugar foods (most of the time). But not too long ago, I broke a back tooth and was told I needed to have a dental crown: \$1500. I did not have the crown. More recently I broke a front tooth: \$420. I did have that fixed. Last week I had my teeth cleaned and dental X-rays at a cost of \$ 305. I was told I needed two cavities filled and the crown could wait no longer-the tooth needed to be repaired or pulled. The total cost for this immediate dental work was quoted at over \$2000. I am 82 years old (which was why I did not have the dental crown in the first place-who cares?) I have no dental insurance, but I am fortunate. I am able to pay for the crown and the recommended cavity repair work. But if I was on Medicaid and had to pay for my dental care, I could be in a position of 'not going to happen' or having to pay off my dental care with a loan, possibly with interest rate added.

A 2025 report on dental health in New Hampshire reported on what the authors called, 'burden of dental disease'. The report highlighted geographic and socioeconomic disparities in both dental disease experience and in the access and availability of preventative and prompt dental care. Adults residing in rural, northern New Hampshire have limited access to dental services and experience higher rates of tooth loss especially among older adults. Findings also indicated persons with lower income and/or lower educational attainment were less likely to access dental care even when available (especially if faced with competing medical costs) and more likely to experience adverse health outcomes. The report concluded the data were a call to action to work toward ensuring all New Hampshire residents had access to preventive care and improved oral health.

Senate Bill 422 is a response to the 2015 'call to action'. As members of this committee and the New Hampshire Senate you have the insight to make the 2015 call to action a reality. As a member of the New Hampshire community, as a nurse with a clinical specialty in geriatric nursing, I urge you to vote Yes on SB422.

January 31, 2022

Re: support SB422.

Dear Senators:

I am writing as the parent of an adult who has a significant developmental disability. I am asking you to please vote in favor of adding a Dental benefit to NH's Medicaid. My son had to have dental work done this year, and the cost was over \$6000 since he requires anesthesia for any and all dental work. This creates a significant hardship as we cannot afford this every year.

I am also the Executive Director of an agency, Farmsteads of New England, that provides services to adults who have developmental disabilities, and we serve many people who cannot afford to have annual dental checks and end up with serious dental and gum disease after going years without dental care. This pain and loss of teeth would be unnecessary if Medicaid covered preventative care and helped with other dental care as it does for children. Dental insurance, like other Health insurance, should be available to all, not just to those who can afford it.

Thank you for your consideration of this important benefit.

Deborah DeScenza 1 Great Hill Court Exeter, NH 03833

rom:

Melissa Martin <martianchron@gmail.com>

Jent:

Tuesday, February 1, 2022 7:34 AM

To:

Jeb Bradley; James Gray; Becky Whitley; Cameron Lapine

Subject:

SB422

Dear Senators,

I am the parent of a young man with a disability, and I support SB422, the benefit and funding of adult dental Medicaid. I am sure it would benefit many adults with disabilities, but I know personally for my son it would be very important.

My son Riley will very soon age out of our family dental and medical insurance. He is covered and approved for adult Medicaid already, but I am concerned about him being able to continue receiving the dental care that is so important.

As a person with autism, it is difficult for him to understand the long term issues of poor dental health, so his compliance with daily home dental care is a challenge. Those regular cleanings, preventive care, x-rays, and minor treatments such as fillings, are so important for avoiding bigger issues in the future.

I don't want to see his nutrition, hygiene, or personal appearance suffer because of preventable tooth/gum problems. I understand that there are even additional, more serious health conditions that can be caused by tooth and gum disease.

Preventive care is so simple, and much less expensive, than fixing long-unaddressed problems in an emergency situation. Please support this bill.

Thank you,

Melissa Martin Bedford, NH

∵rom:

Stephanie Steele <SSteele@eptam.com>

Gent:

Tuesday, February 1, 2022 8:01 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

NH SB422

Good morning,

I am the mother of a 37 year old man with Cerebral Palsy.

He is non-verbal and needs supervision 24/7.

His whole life I have struggles with getting him proper dental care because he needs to be sedated.

He fell last year and knocked a front tooth out and the only place I can bring him to try to get a replacement is Boston and there is no way I can afford that.

I was raised with good dental hygiene, cleaning every 6 months and services as required. Why can't my son have that privilege??

I don't understand why he can get state health benefits but not dental......

Please pass this bill to allow ALL people to have dental benefits.

Thank you for your time.

Stephanie Steele Industrial Engineer



2 Riverside Business Park Northfield, NH 03276

Office: (603) 729-1436 Email: ssteele@eptam.com

www.eptam.com

EPTAM Precision's Quality Certifications include: ISO 9001:2015 | AS9100D | ISO 13485 | FDA Registered #3005144609, 3011302692 | CAGE Code: 1TYA1

A Please consider the Environment before printing this email.

rom:

Amy Regan <amybethregan@gmail.com>

Sent:

Tuesday, February 1, 2022 8:21 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

SB422 Support

Hello Senators,

I hope this email finds you well. My name is Amy Regan, and I reside in Manchester, New Hampshire. I am writing this email today to express my support for SB422, providing dental coverage in the Medicaid plans. My brother Matthew is 30 years old, has Down Syndrome, and I have been his legal guardian since I was 18 years old - an honor I share with my parents. I take my role in his life as his guardian very seriously, and utilize that platform to advocate for him. Today is no different.

Matthew is very fortunate to be a contributing member of our society. He holds two jobs - one at the Manchester Airport, and one at a local supermarket. With coaching and support from his day program, Matt is able to confidently work up to 16 hours per week, cumulatively. However, this means he is not eligible for any insurance offerings through his employers because he does not have the capabilities of working full time. Matthew has Medicaid which is very helpful for his general health needs, but does not support his dental needs. As an adult with Down Syndrome, not having basic dental coverage is a disservice to him, and will continue to negatively impact his overall health and wellbeing.

Matt did not ask to have Down Syndrome. He does not ask to be treated any differently than any "normal" member of society, and wants to continue to be a successful adult in our community. Denying him access to the basic dental poverage by not passing this bill is not promoting equity or inclusion that he deserves. I know times are hard, and deciding where funds go (or don't go) is no easy feat. However - denying our disabled population (like Matt) basic healthcare (including dental) is not the answer. As a contributing member of society in your congregation, I do hope that you will think about Matt and our family tomorrow when you are voting on SB422. It would make a world of difference for us.

Thank you for your time, Amy Regan

Expensive dental care leads to bad teeth, poor health and pain for many in New Hampshire

"People look at you differently when you have bad teeth. Plus, it would be great to be able to sleep again, to eat what I want, to be free of pain."

Karen Dandurant, Fosters Daily Democrat

Published 5:00 AM EST Dec. 16, 2021 Updated 5:00 AM EST Dec. 16, 2021

Forty-year-old Curtis Cole didn't always have terrible teeth.

When Cole was 28, he was in a serious car crash while riding in the passenger seat. He said a friend was driving on Salmon Falls Road in Rochester.

"There's still a dent in the tree where he hit," Cole said. "The car hit a tree, going (fast), and I went through the windshield. It cracked pretty much <u>all of my teeth</u> and did damage to the gums around them. The day was April 20, and it was my wife Christina and my anniversary."

There was no money for the dental care Cole needed.



66

Besides the pain, it would change my life to get this fixed.

<u>People look at you differently when you have bad teeth.</u>

Plus, it would be great to be able to sleep again, to eat what I want, to be free of pain.

Curtis Cole, of Rochester, NH

PYTOT 🛱 TWEET 🕜 FACEBOOK 🛊 REGIST

"Besides the pain, it would change my life to get this fixed. People look at you differently when you have bad teeth. Plus, it would be great to be able to sleep again, to eat what I want, to be free of pain.

"So, I let it go and my teeth kept getting worse and worse," said Cole, who is now a stay-at-home dad who takes care of his 2-year-old daughter, Mariah. "Eight months ago, I was in another accident, and I was hit squarely in the mouth. The pain was excruciating. I have Medicaid and my wife works and does have insurance, but we cannot afford to add me. Dental costs are not covered anyway and we could not afford it."

For many people, basic dental care is simply out of reach.

Special insurance riders are needed before dentist visits will be covered by Medicaid. Many people can't afford the cost, or have no health insurance at all. Medicaid, intended to help people without sufficient means, only <u>carries a dental benefit for children</u>, not for adults. Even many people who have dental insurance through their jobs can't afford to pay the portion they must out of pocket for expensive procedures <u>such as braces</u>, <u>implants and crowns</u>.

Brittney Ward, a general <u>dentist at Core services for Exeter Hospital</u>, said a ballpark cost for services for people without insurance is likely in the area of \$6,000.

"If surgical removal of the teeth are needed, it could be about \$300 per tooth, depending on the dentist's fees," Ward said. "Then dentures could run \$1,300 to \$2,000 each for upper and lower dentures.

As a result, adults can be left with no access to a dentist. Many suffer through severe tooth pain, gum disease and worse.

<u>Serious oral disease</u> can lead to other health problems, and can even cause death from untreated infected tooth and gum diseases.

"It can lead to abscesses that can spread from the mouth into the neck and head," Ward said. "People have died from untreated infections that turned septic,"

The ultimate answer for Cole, a Rochester resident, is to have all his teeth removed, and to be fitted for dentures. Dentists have told him his teeth cannot be saved. He is praying to find a way to make that happen. Cole thought he had found a solution when he went to a mobile van operated by <u>Greater Seacoast Community Health</u>.

After the use of antibiotics, Cole said, he was finally free from infection and had three of his worst teeth pulled. He asked to have all his teeth pulled and said he has no real answer why they only pulled three.



Curtis Cole shows off a few teeth in need of dental care. He has faced numerous barriers to getting the issues resolved, living in constant pain.

DEB CRAM/FOSTERS.COM AND SEACOASTONLINE

"Now my tongue sticks through when I sleep," he said. "But I am able to get some much-needed sleep. I have to thank the ladies at (Goodwin Community Health, which is part of Greater Seacoast Community Health) and the people of the mobile bus who got me started. I feel 100% better just for what has been done. With Medicaid, I know my only option is to fight with them, and to wait in line wherever I can. So, that's what I'll do."

Cole said he planned to sit down with the medical staff at Goodwin and see if they can help him make a plan. He said no matter how long it takes, he wants to keep moving forward.

"At first they told me not to become a regular patient because it would be easier for me," Cole said. "Now I might have to do that instead because they don't have the means to keep doing the extra dental work they were doing for people like me. I had dental students working on me. I asked if they could have the students take out all of my teeth and we could figure things out from there. I am willing to do this however they can, no matter what it is or how long it takes. Teeth are probably the most important things. I know your eyes, ears and other things are important, but teeth can really mess up all of that. You get infected like I did, you can die. The Goodwin people told me that."



Tufts dental student Aziz Pradhan extracts 3 teeth from Curtis Cole's mouth which were causing him excruciating pain for 8 months. He finally was able to be seen by dental at Goodwin Community Health in Somersworth Sept. 8, 2021. DEB CRAM/FOSTERS.COM AND SEACOASTONLINE

Cole said he will keep in contact with Goodwin Community Health and the mobile van staff. He said they are trying to help him apply for any grants or other funding for the dental work he needs.

"I feel so much better," he said. "I can stand and bend over with no sharp pains. It's a start. The infection was so bad there was swelling and at times I was delirious. I would sit on the edge of my bed and cry because I could not sleep. I could not even talk without pain. I was living on oatmeal and Jello."

Without a way to continue services right now, Cole is in trouble again.

"My other teeth are getting worse," he said. "I told them when I asked to pull them all that the rest of teeth would continue to get worse. I can't really eat again. For Thanksgiving dinner, I ate cranberry sauce, stuffing and a roll, soft stuff."

"Besides the pain, it would change my life to get this fixed," he said. "People look at you differently when you have bad teeth. Plus, it would be great to be able to sleep again, to eat what I want, to be free of pain."

Cole was going to Goodwin at a specified time when dental work was offered on a first-come, first-served basis for uninsured patients. That practice is no longer available. He said he is trying to reach them and has contacted another dentist to see if they can help.

Why Cole was cut off dental services

Margie Wachtel, a spokesperson for Greater Seacoast Community Health, explained.

"Until recently, the dental centers at <u>Families First in Portsmouth</u> and Goodwin Community Health in Somersworth provided services on a standby basis to members of the public who were experiencing dental emergencies, including many referred from hospital emergency departments," she said. "Now, because of the staffing shortage that is affecting health care and other industries nationwide, the centers are providing emergency dental care only to their established primary-care, prenatal and dental patients."

Greater Seacoast Community Health leaders hope that will change.

"We plan to resume emergency services for the public when staffing levels allow," said Whitney Goode, DMD, chief dental officer at the two centers. "We know there is a big need and few local resources to meet it. Meanwhile, people can gain access to dental care by becoming a primary-care patient at one of the health centers (Goodwin or Families First)."

Information on how to become a primary-care patient can be found at <u>getcommunityhealth.org/patient-info</u>. The organization also provides mobile dental services two mornings each month at the St. Vincent de Paul Society in Exeter. Find details at <u>familiesfirstseacoast.org/dental-care/mobile-dental-services</u>.



Curtis Cole gives a thumbs up after having three teeth removed, signaling a first step toward a goal to end his pain.

DEB CRAM/FOSTERS.COM AND SEACOASTONLINE

The dangers of letting dental care get out of hand

Ward, the dentist at Core services for Exeter Hospital, said there are many health problems associated with poor dental care.

"Tooth decay, periodontal disease and oral cancer are the most common mouth related issues," she said. "People think decay is caused by sugar but that's too simple an answer. There is a high rate of decay associated with diet. Sports drinks and juices are a big culprit. Crackers, sugary coffees, gummies and raisins are as bad as sugary candy. Decay

is a breakdown of tooth enamel by acids that are introduced through food and drink and are taken up by bacteria."

Ward said untreated decay will lead to infection. Periodontal disease comes from infection of the gums and bone around the teeth.

"Chronic conditions like diabetes are more likely to have bad outcomes with infected teeth, because it makes it harder to control blood sugars," Ward said. "People with weakened immune systems will be impacted. Heart conditions are harder to control. Infections from teeth can travel through the blood system."

Ward said the danger of oral cancer is higher for people who smoke or who use alcohol excessively.

Since good dental care contributes to overall health, Ward said it should be covered by insurance. Unfortunately, it is not.



Ed Ferrick from North Hampton is 61 and has had dentures for 15 years put in by Tufts Dental School. He needed them to be filed down due to an unbearable irritation. DMD Brian Cicero gives thumbs up to Ed after he says it feels like a good adjustment to him. Dentists and hygenists come to the van parked at St. Vincent De Paul food pantry in Exeter.

DEB CRAM/FOSTERS.COM AND SEACOASTONLINE

"It is completely unlike any other type of medical emergency," Ward said. 'Insurance dictates care and while that is not how it should be, that's how it is."

Legislative effort to add adult dental benefits to Medicaid

New Hampshire state Sen. Cindy Rosenwald, D-Nashua, has been working for years to add dental care for adults to Medicaid coverage. Bills failed to move forward twice and she is currently working on a new bill, one she says she has managed to get numerous members of the state legislature to sign on to as sponsors, and she hopes to introduce it again in 2022.

Rosenwald's bill would establish an adult dental benefit under the state Medicaid program. She is the prime sponsor and said she already has the support of a bipartisan group making up the majority of the 24-member state Senate.

Rosenwald said she also has bipartisan supporters in the House.

"Two years ago, we passed this (House Bill 250), but Governor Sununu vetoed it," Rosenwald said. "My bill was (Senate Bill 754), tabled in favor of the House bill. Last year, it passed the Senate health and finance committees, but didn't get taken up by the House. They refused to put it in the budget conference list."



44

We need to find a way to make the reimbursement rate high enough to make it worthwhile, to make dentists see the value. I believe they want to do good. They simply cannot afford it at the current rates.

Cindy Rosenwald, New Hampshire state senator, D-Nashua



Sununu stated in his July 2020 veto message he supported the adult dental benefit "in concept" but he could not support an \$11 million expense from the state's general fund. He called for funding the benefit in a "cost-effective" manner. Ben Vihstadt, spokesperson for Sununu, said his position remains the same.

Rosenwald said Medicaid includes a dental rider for children, but not for adults, which she said makes no sense.

"There is an emergency clause only," she said. "There is nothing for cleaning, X-rays or general care. There is a small piece for prosthetics, but only if it is deemed medically necessary. Do you know the percentage of New Hampshire dentists who participate in charitable care? Fourteen percent only."

The reason participation in charitable work is so low, Rosenwald, said, is reimbursement is extremely low. She said dentists are mostly in private practices, unlike doctors who work in hospitals and are paid salaries. She said <u>dentists do not all have the luxury to take the financial</u> hit and she understands that problem.

"There's a lot of interest in helping, but it's not free for anyone," she said. "We need to find a way to make the reimbursement rate high enough to make it worthwhile, to make dentists see the value. I believe they want to do good. They simply cannot afford it at the current rates."

How much does it cost: <u>Dentists could raise fees</u>, <u>exit family practices as pandemic keeps patients away</u>

Rosenwald said she and other supporters of the legislation think adding dental care to Medicaid would improve peoples' overall health, and even their employability.

"I personally believe that if you are not missing a mouthful of teeth, you can get a better job," she said. "If you do, you can eventually leave Medicaid for employee insurance. So, there is a definite cost savings to the Medicaid program possible there."

How to find dental resources

New Hampshire Dental Society: nhds.org/for-the-public/low-cost-dental-care

Greater Seacoast Community Health:

 $\frac{healthgrades.com/group-directory/nh-new-hampshire/somersworth/greater-seacoast-community-health-oy57 jxr}{ommunity-health-oy57 jxr}$

U.S. Dental Services: usdentalservice.com

rom:

sonja martineau <smartin0104@gmail.com>

Sent:

Tuesday, February 1, 2022 8:49 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

Please support SB422

Good morning,

I am the parent of a 40-year-old man with disabilities who, though he maintains a job, does not earn a high enough salary to afford him the luxury of paying for dental care. Even annual cleanings and exams are a stretch to (and at times, beyond) his budget.

Including dental care in our health coverage under Medicaid is something that should have been done from the start. Our dental health (or lack thereof) plays an integral role in our overall health and should never have been a separate issue in terms of medical care.

To pay for preventative care, will, in the long run, reduce the burden of costly conditions that will arise later due to poor dental health. It makes good fiscal sense to support this bill and I urge you to think more broadly about the benefits, which affect not only our vulnerable individuals, but our communities, and the state's bottom line as well.

Thank you for your time, your efforts, and (hopefully) your support in protecting this vulnerable population.

Sincerely,

Gonja

Sonja Martineau Keene, NH 03431

/rom:

Mary Anne Broshek <mabandsadie@gmail.com>

Sent:

Tuesday, February 1, 2022 9:25 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

hb422

To: Senate Health and Human Services Committee

I was on the team at DHHS that developed the Welfare Reform programs in 1996/97. Our goal was to develop sensible programs that would enable able bodied individuals to find work.

As part of my job, I met with clients to learn about what we could do to remove obstacles to employment. One woman threw her 27 extracted teeth onto the table- not only did it cost way more to extract those teeth than it would have cost for preventive care but it resulted in years of being turned down for jobs and years of pain.

One of the main obstacles to any kind of work that involved public contact was teeth. People could not get hired because they had no teeth or teeth in terrible condition. We added dentures as an essential tool for employment. It helped many folks to get placed in jobs.

A much better and cost effective way is to provide dental care as an allowable service under Medicaid. One of my main lessons working at DHHS for 30 years is that preventive care is much more cost effective than dealing with the after the fact consequences.

I hope you will support SB422.

Mary Anne Broshek Andover, NH

from:

Kimberly Rhault < krhault@opportunitynetworks.org>

Sent: Tuesday, February 1, 2022 10:31 AM

To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject: What would you do if you had to endure extreme tooth pain with no way of

communicating?

Greetings Committee Members,

I hope you are all well. It is not a common practice of mine to reach out to senators regarding bills, but it has come to my attention that a bill regarding dental care for medicaid recipients now has another chance to pass.

I work with adults with developmental disabilities, and the desperate need for preventative dental care has been staring me in the face for the span of my career. 50 years from now, people will look back on this time and think it barbaric that New Hampshire would not support dental care for its most vulnerable population. We must be on the right side of history! I have personally witnessed hundreds of instances where basic preventative dental care could have saved a person from much pain and anguish.

Dental issues have been directly responsible for behavioral issues including aggression, self-abuse, and self-isolating. Many adults living with disabilities are not able to communicate verbally, and so they express themselves through their behavior. No one knows why they are behaving strangely, so then their medications are increased, or they are put on a "behavior plan" which follows them for the rest of their lives.

My colleagues would tell you that anytime an individual has unexplained behavioral changes, my first response is to say, "Check the dental!" But we can't check the dental, can we? We have to wait until there is some proof of a dental emergency before action can be taken; fever from an abscessed tooth or a blackened molar that finally falls out. If you have ever experienced an abscessed tooth, you may understand why the behavioral response can be extreme in the case of people who can't alert us to their agony in any other way.

I don't have the power to change this. My power rests in your hands. New Hampshire needs to support SB422, and you could be the deciding factor. This is a real issue with real consequences for real people.

Please, be on the right side of history and support NH SB422.

Sincerely,

Kimberly Rhault Resident of Nashua

Kimberly Rhault Director of Operations Opportunity Networks Inc. (603) 883-4402 x21

Providing innovation, choice and employment for people living with disabilities. Serving Souhegan Valley and Greater Nashua families for over 25 years.

Amherst Office (Day Program/ Supported Employment/Administrative) (603) 883-4402, fax 883-4468 Nashua Office (Day Program, Supported Employment/ Voc Rehab) (603) 889-0796

This email may contain confidential information and should only be read by the intended recipient. Please delete the contents and reply or call Kim at 603-883-4402 if you should receive this message in error.

om:

Cameron Lapine

Sent:

Tuesday, February 1, 2022 10:39 AM

To:

~Senate Health and Human Services Committee; jebebrad@metrocast.net; Kevin Avard

Cc:

Ava Hawkes; Shannon Girard; Tricia Melillo; Jennifer Horgan; Jessica Bourque; Lucas

Nering

Subject:

Phone Call to Committee RE SB 422

Good Morning,

Bethany Chase-Reynolds from Pembroke called my office to leave a message for the Committee. She encouraged the Committee to support SB 422. She said that her son has Medicaid and, at 18, had difficulty finding a pediatric dentist to accept his Medicaid and perform a root canal. She said that it is barbaric that the only option for an adult on Medicaid is extraction. She said that this poses a barrier to employment which leads to other problems in life.

Ms. Chase-Reynolds' phone number is 603-848-2414.

Best, Cameron M. Lapine Senate Legislative Aide

Senator David Watters (District 4)

Penator Rebecca Perkins Kwoka (District 21)

enate Health and Human Services Committee

<u>Cameron.lapine@leg.state.nh.us</u> 603-271-2104

rom:

Ed Watts <ewatts@opportunitynetworks.org>

Sent:

Tuesday, February 1, 2022 10:48 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

Medicaid Dental Coverage

To the NH State Senate:

I am writing to support funding for the Medicaid adult dental benefit. I have spent over 40 years of my adult life working in special education and adult services for disabled individuals. I am writing on behalf of those who have limited ability to advocate for themselves. This includes the adult clients with whom I currently work, as well as my disabled adult son, who has Medicaid coverage through MEAD.

In recent years, the link between overall health and dental health has been well established. I could provide numerous recountings from my own experience detailing physical suffering and limited life options caused by lack of dental care for disabled adults. I assume you are aware of similar reports. So instead, I ask you to consider the following. As part of my employment I provide training to staff regarding facilitating community participation for disabled adults. Part of that discussion is the evolution of thinking and practice in programming and settings. During this training we discuss such things as the history and closing of Laconia State School and the subsequent elimination of sheltered workshops. I caution staff to be careful of their judgements as to how things were done in the past as we have evolved and continue to evolve as a society. We learn from experience and better understand how to move forward. In the training I also encourage them to look to the future as well. How will we be viewed? I am asking you to think about how those in the future will see an ongoing lack of dental care for disabled adults. We have progressed as a society, but there is more to do. Medicaid dental coverage is an overdue and important step in the right direction.

Edward Watts Opportunity Networks (603) 883-4402 (603) 889-0796

This email may contain confidential information and should only be read by the intended recipient. Please delete the content and reply or call Ed at (603) 883-4402 or (603) 889-0796 if you should receive this message in error.

∛rom:

Julie Machakos <phmx19@gmail.com>

Sent:

Tuesday, February 1, 2022 10:50 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

support SB422

The current NH Medicaid Dental Benefit does not adequately meet the needs of those with disabilities, in need of dental care. Individuals

need the regular preventative care of dental cleanings in order to decrease the need for "emergency visits". As a sister/legal guardian of

an adult with disabilities in NH, the cost of dental care has been substantial. There are many who are not able to get the dental care

they so desperately need. It is a proven fact that oral health is linked to many other issues: diabetes, heart problems and dementia - and several

other debilitating illnesses. Please make the disabled a priority and support this bill.

Julie Machakos, M.Ed

sister/legal guardian for NH disabled adult

Phmx19@gmail.com

Senate Health and Human Services Committee

SB 422

Chair and Committee Members,

I am in SUPPORT of this bill!

It is well documented that good dental health promotes better general health!

Many more serious and costly health conditions can be avoided when people have good, regular dental cleanings and care. So many of our fellow citizens have no dental coverage and cannot afford this kind of care.

By the time extractions become necessary there are already serious dental problems! To include more than simply emergency extractions will not only prevent better general wellness, the recipient of such care likely will have increased esteem and productivity than someone who feels ill!

Please support SB 422.

Respectfully submitted, Gail Laker-Phelps Chichester

Testimony to NH Senate Insurance Committee

February 2, 2022 Regarding Dental Coverage for Medicaid Recipients

My name is Mark Thornton. I was born in NH and am a life long resident. I am here to testify in support of Senate Bill 422.

Over the years I have seen this State needlessly spend millions of dollars to correct dental conditions that could have been addressed with proper prevention. An ounce of prevention is worth a pound of cure.

I currently have the honor to serve as the Chairman of the Board to Gateways Community Services. This is also known as the Region 6 Area Agency.

We are charged with providing services to over 3,000 individuals in our catchment area who have disabilities.

Gateways used to provide a wide range of dental services until 2012 when we needed to reduce our spending because funding failed to keep up with the cost of services. We continue to provide limited dental care aimed to reduce pain and prevent infections, but only after all other resources have been exhausted. This is paid for entirely through external grants and donations. We generate a completely inadequate amount to address the needs of our community.

It is my fervent desire to see NH remain an example of fiscal responsibility, but even more importantly, to see it care for their most vulnerable citizens, and provide an equitable opportunity to achieve inclusive health outcomes.

Thank you for this opportunity to speak with you today, and your support of this legislation.

Mark M Thornton 20 Glen Drive Nashua, NH 03062 Cell: 603-320-4848

irom:

Gloria Fulmer <gfulmer@gatewayscs.org>

Sent:

Tuesday, February 1, 2022 2:59 PM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

Support of Bill SB422

I am the parent of an adult son who has autism and intellectual impairment, and is a Medicaid recipient. It is imperative that our adults on Medicaid have dental benefits, so that they can access the routine preventative and restorative oral health so necessary for overall health. The need for accessing dental care does not end when individuals become adults. As you know, an individual's oral health affects their overall health, not just their teeth and gums. My son has been able to continue to receive routine dental care, because I am alive and able to provide it. As a result, he is a healthy adult who has only had one cavity in his life. If he had not had access to dental services, his status would be very different. As a widowed, older parent, I worry about the future and his possible inability to access dental care, when I am no longer alive or unable to supplement my social security through working.

I know that there is a substantial cost to providing dental services, however the cost for providing all of the medical care that results in not getting proper dental care is even greater, not to mention the pain and suffering of the patient. Dental care should be considered a part of an individual's access to health benefits, not an exclusion. Please vote in favor of Bill SB422 and five our adults the dental health they deserve.



Partners in Health Family Support Coordinator Gateways Community Services 144 Canal Street Nashua, NH 03064 afulmer@gatewayscs.org











COVID-19 ATTENTION: Visit the NH.GOV website for the latest COVID-19 information, resources, and guidance. Click here https://www.nh.gov/covid19/ for tips and resources.

Direct Support Professionals (DSPs): We are currently seeking reliable DSPs to provide necessary care and companionship to individuals we serve. If you or someone you know is interested, please forward your resume to Tiffany Brooks at tbrooks@gatewayscs.org.



Statement of Confidentiality: The information contained in this electronic message and any attachments to this message are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, please notify Gateways Community Services at 603-882-6333 or reply to privacyofficer@gatewayscs.org and destroy all copies of this message and any attachments.

irom: Krystalynne Morris < Krystalynne.Morris@unh.edu>

Sent: Tuesday, February 1, 2022 3:00 PM

To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject: Dental coverage

Please consider including preventative dental care as part of Medicaid coverage. Maintaining and preventing dental emergencies should be considered as part of health care just like medical and eye care. Many people such as my son do not have the resources to access regular dental care, and assessing what is and is not an emergency with someone who is mostly non-verbal is a challenge. If this population had access to regular dental care and evaluation, it could prevent costly emergencies and save a lot of hassle and paperwork for getting procedures approved and covered. Furthermore, for much of this population, there is a need for some routine care to be performed under anesthesia, and this option and dentists that provide this service should also part of the network that provide this care. People with developmental disabilities struggle with following instructions (even for things as simple as x-rays) and undergoing some routine procedures like cleanings or fillings are challenging when the person receiving the care does not understand the process or the instructions to turn their heads a certain way, swallow, etc. It is a traumatic experience for some members of this population, and for care givers the trauma is increased by the lack of coverage in addition to trying to do our best to maintain the health and well being for those we are responsible for.

rom: Angela Ford <angelajeanneford@gmail.com>

Sent: Tuesday, February 1, 2022 3:12 PM

To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject: Support of SB422

Please consider supporting this bill for an adult dental benefit. I work with many adults on Medicaid that struggle significantly due to a lack of dental coverage. Dental hygiene and care has a huge impact on people's health and wellbeing. The economy could benefit from more workers in the workforce that would otherwise be limited due to poor oral appearance, etc. In addition, oral health has a significant impact on a person's overall health and should not be dismissed as unnecessary.

Please consider supporting this bill!

Angela Ford

₹rom:

Corinne Dodge <corinnedodge@hotmail.com>

sent:

Tuesday, February 1, 2022 4:00 PM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

SB422

My name is Corinne Dodge, and I live in Derry.I am a retired Special Ed. Teacher and legal guardian of one of my former students. Oral health is an integral part of overall health. I am asking you to support adults with developmental delays in NH by supporting SB422.

Thank you

Sent from Mail for Windows• Oral health is part of overall health. Over 140 diseases and conditions have been associated with poor oral health and dental disease. This increases the cost of chronic care for those with diabetes, heart disease, lung disease, arthritis, dementia, alcohol and drug treatment, and more. Infection alone can lead to costly inpatient hospitalization. When it comes to dental disease and related healthcare costs, it is all connected!

From: Laurie McIntosh <lauriemcntsh@gmail.com>

Sent: Tuesday, February 1, 2022 5:44 PM

To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject: In support of SB 422

I am in support of SB 422. I have two adult sons with cerebral palsy and developmental disabilities. I am grateful for the Medicaid services that allow them to see doctors and stay as healthy as possible. However, there are times when their dental health is an issue. People with cerebral palsy often have difficulty with eating and swallowing safely. Good dental health is important for safety as well as for speech. When dental health is poor, it can lead to more hospitalization and expensive interventions. My youngest son has residual reflexes that cause uncontrolled movement of his jaw when a dentist is working on him. For larger procedures such as a root canal, he has to have anesthesia which is very expensive. If he had good ongoing and preventive dental care to keep his teeth cleaned and healthy, he would not require larger procedures such as root canals. Please support SB 422 to make sure that Medicaid recipients receive good preventive dental care along with more extensive treatments when needed. Thank you.

Laurie McIntosh 73 Bellamy Road Dover, NH 03820 603-617-6900

irom:

PETER ELDREDGE <phixr@comcast.net>

Sent:

Tuesday, February 1, 2022 8:00 PM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

SB 422

I am in total favor of this bill passing. As we all know, good oral health equates to good overall health. Please help your fellow NH citizens to have the good health they so desperately need. Thank you, TSgt. Peter J. Eldredge, USAF Ret 27 Davis Street Somersworth, NH 03878 phixr@yaoo.com

Pete Eldredge

27 Davis St.

Somersworth, NH 03878

rom:

Deb Tufts <de_tufts@yahoo.com>

Sent:

Tuesday, February 1, 2022 9:19 PM

To:

Cameron Lapine

Subject:

Bill

Hello,

I am in favor of the bill for dental care for persons on Medicaid. As the mother of adult children with disabilities who can not afford dental care especially preventive care it is heartbreaking to watch them suffer. They have to wait till the tooth is so rotten it has to be pulled, when it could have repaired and saved. Not only is the pain horrible but all the other things in the body that are affected. The bacteria that causes the decay can be passed onto others by sharing drinks and food, kissing etc. whole families are involved in a cycle of decay. The fact that it can get in your blood and affect the heart and lungs should be enough to have preventive dental care for all on Medicaid.

Please consider all these factors and pass this bill.

Thank you, Debra Connors

Sent from Yahoo Mail for iPad

Cameron Lapi<u>ne</u>

rom:

Maura Chappelle <maurachappelle@gmail.com>

Sent:

Tuesday, February 1, 2022 10:25 PM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

pro SB 422 Medicaid Dental

Good evening Senators, I am thrilled you have a hearing considering having medicaid pay for dental care for adults, I only wish it was a few years sooner

I am very fiscally conservative and my brethren would read in horror that I support what many would consider a handout, but my story bears out that preventive dental care for the indigent saves money over time

I'll make my tale as short as possible and will ballpark timeframes and costs plus use layman's terms (as that is all I know!)

Several years ago I clenched my jaw and cracked an upper tooth damaging an existing filling, the dentist at a local sliding scale clinic patched it he said that was the lowest the tooth could ever be drilled, if I damage it again I'd need a root canal

He said if it were him he'd go ahead with root canal then but I explained I didn't have the money for it. He said not to worry, I was good for now, but if it gets painful maybe find someone to borrow money from and get it done

¹ never had any pain so never went back

I did however develop migraines that got worse and worse as time went on causing me to lose work, slide deeper into poverty, and lack quality of life

After several local doctors and tests I was sent to a neurologist, had two CT scans, and several medications (all on Medicaid's dime) who confirmed Migraines with Aura because it was affecting my eyes by then

Several trips to the eye doctor and new to the market high priced eye drops (again on Medicaid's dime) did no good

Sinus problems have plagued me since I broke my nose twice, but were always within normal limits, however they worsened exponentially bringing about more doctors appointments, a CT scan, and specialist (all on Medicaid's dime) who was going to perform surgery to fix my septum assuming that was the problem

But the CT of my sinuses run prior to surgery showed the real problem — the cracked tooth from a few years before had an abcess so large it had gone up through my sinus toward the eye

The thinking is the infection took hold between the cracking and the patching

Had Medicaid covered dental I'd have had routine checkups that would have caught the abcess on an x-ray sooner and the tooth would have been saved at a fraction of the cost of all the medical treatment I had

Days after being told it was the tooth I, thankfully, started having dental insurance through work which was a Godsend, but Medicaid still picked up the medical portions such as the extraction, medications etc. (I was on HIPP program)

After years of misery and lost wages from constant head pain (contributing to my staying on Medicaid so long) I I had three rounds of oral surgery, physical agony from the procedures, and now have a gap where a tooth should be

All for want of the \$2,000 root canal (roughly the same cost as just one of those CT scans)

I'm not a math person, but if someone were to tally up the cost of all my doctor's visits and imaging they'd see the two grand was a steal -- and dental care IS health care

Maura Annette Chappelle Jefferson New Hampshire

rom:

Bethany Chase-Reynolds <chase24@comcast.net>

Sent:

Wednesday, February 2, 2022 12:06 AM

To:

Jeb Bradley, James Gray, Tom Sherman, Becky Whitley, Kevin Avard, Cameron Lapine

Subject:

SB422

Dear Senators,

I am the parent of a disabled young adult, who has been fortunate to have access to children's Medicaid, in less than a year he will no longer have that dental benefit. Instead his options are only having teeth removed. NH SB422 is incredibly important, the current Medicaid dental benefit is barbaric! How are people over 21 different than children who get full Medicaid dental benefits? Adults are just as important, and face various barriers by only having this bare minimum barbaric "benefit".

Having appropriate dental coverage will not only benefit the individual, but also the state. Continuing dental benefits from children's Medicaid to adult Medicaid is taking a proactive approach. Being able to access a comprehensive dental benefit will help reduce emergency room visits, dependency on state assistance, and have a positive impact on the economy.

Finding providers is another barrier, dentists need to get fair reimbursement. This will also pay off in the end by people needing less care because their oral health has been maintained. Oral health is part of overall health!

I beg of you to please, please, put an end to this barbaric "benefit" and offer an extensive dental benefit that mirrors that of the children's Medicaid dental benefits.

hank you for your time and attention to this matter. Support SB422!!!

Bethany Chase-Reynolds 154 Buck St Pembroke NH 603-848-2414

rom:

Ava Hawkes

sent:

Wednesday, February 2, 2022 8:08 AM

To:

Cameron Lapine

Subject:

Fwd: NH SB422 NH Medicaid Adult Dental

Get Outlook for iOS

From: Cindy Rosenwald < cindy.rosenwald@gmail.com>

Sent: Tuesday, February 1, 2022 10:10 PM

To: Ava Hawkes

Subject: Fwd: NH SB422 NH Medicaid Adult Dental

Could you please give this to HHS members? Thanks.

----- Forwarded message -----

From: Donna BRAND < dbrand3@comcast.net>

Date: Tue, Feb 1, 2022 at 9:49 PM

Subject: NH SB422 NH Medicaid Adult Dental

To: Cindy.Rosenwald@leg.state.nh.us < Cindy.Rosenwald@leg.state.nh.us >

Hello Cindy.

My name is Donna Brand and I live in Nashua. I am the parent of a young adult whom experiences developmental and physical disabilities. He just recently turned 22 and his dental care through Medicaid no longer exists due to him aging out. While he has reached the age where Medicaid no longer covers his dental, he still is in need of routine health care twice a year just as you and I and everyone else in the community are.

The current NH Medicaid Dental Benefit is for emergency only. They are happy to remove my sons teeth, or give him antibiotics if he's in pain or has an infection, but their not there to assist with routine visits which would help prevent these issues. My son is non verbal and has difficulty communicating with me if he's in pain and where that pain may be on his body. Oral health is part of overall health and prevention saves NH money. Poor oral health can lead to dental decay and gum infections and lead to costly inpatient hospitalizations. I have been taking him to the dentist since he was 3 years old, just as I have always done for my other two children. My other children will grow up and receive dental insurance through their employers, just as I do and possibly yourself. My son will not have a full time job to receive dental benefits through an employer at any point in this life.

This bill matters to me and my son. I am asking you to support bill SB422 so that my son and others with disabilities have access to routine dental care. Just because they turn 21 and are at adult age, doesn't change the fact that they still are in need of dental care for the rest of their adult life.

Thank you for your time and support.

Please feel free to reach out with any questions.

Jonna Brand

rom:

Carole Poulin <capoulin1@comcast.net>

Sent:

Wednesday, February 2, 2022 8:40 AM

To:

Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject:

Support of SB422

Carole Poulin 4 Hopkins Street Nashua, NH 03064

February 1, 2022

Subject: support of SB422

To whom it may concern,

I am writing to you in support of SB422. I am the parent of an adult who experiences Autism. Brandon is 32 years-old and is currently on our family Dental plan. Brandon has sensory issues and is not always thorough when it comes to oral health care. Unfortunately, Brandon has experienced a great deal of dental issues in his youth. He had 9 teeth pulled due to overcrowding at the age 11. He had every device imaginable in his mouth. Then came the braces for 5 years! Then the wisdom teeth had to be removed. Now he has mouth guard to prevent grinding.

drandon has 4 dental cleanings per year. Two visits as part of our private insurance, two visits we pay out of pocket. My husband and I are approaching retirement age and we will no longer have the luxury of keeping Brandon on our Dental plan. We are very concerned about Brandon's oral care as he ages. I know that I don't need to tell you how poor oral care can impact your overall health.

I apologize that I was not able to attend the hearing in person, however given Covid we thought it best to not attend. If you would like to speak with me directly, I can be reached at the number listed below.

In closing, I support SB422, as it is long overdue. You don't stop caring for your teeth at age 21!

Regards, Carole Poulin 603-305-5708



45 South Main Street | Concord, NH 03301 1-866-542-8168 (toll free) | Fax:1-603-224-6211 aarp.org/nh | nh@aarp.org | twitter: @aarpnh facebook.com/nh

February 2, 2022

Senate Health and Human Services Committee New Hampshire Senate State House Concord, New Hampshire 03301

RE: AARP New Hampshire Testimony in Support of SB 422

Dear Chairman Bradley and Health and Human Services Committee Members:

We would like to extend our sincerest appreciation for your dedication to the health and safety of New Hampshire residents. As you know, AARP is a membership organization that advocates for issues most important to individuals 50+, with nearly 215,000 members across the Granite State. AARP priorities include long term care; access to affordable, and quality health care - including dental care which is a critical part of overall health.

AARP supports SB422, which requires the Commissioner of the New Hampshire Department of Health and Human Services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. Adults who are disabled, homebound, or institutionalized have an even greater risk of dental diseases. Many of them would be Medicaid recipients. Broadening the dental benefit to the adult Medicaid enrollee will greatly improve their overall health and reduce the risk for costly medical care and emergency room visits.

A recent NHPR report stated "according to the American Dental Association, New Hampshire is one of 10 states that provides only emergency dental benefits for adults. That means the state will cover a tooth extraction for the approximately 85,000 adults on traditional and expanded Medicaid in New Hampshire but none of the preventative care to avoid that extraction."

Cost concerns and lack of dental coverage contribute to many older adults foregoing routine and other dental procedures. Inadequate dental care can exacerbate chronic medical conditions such as diabetes and heart conditions, and lead to preventable complications that sometimes result in costly emergency room visits.

A recent Center for Health Care Strategies, Inc. study identified \$2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period. The study further states that low-income adults suffer a disproportionate share of dental disease.

Thank you for the opportunity to share AARP's views on the importance and cost effectiveness of providing dental benefits to adults under Medicaid managed care, and we urge you vote favorably on SB422 before the Senate Health and Human Services Committee.

AARP New Hampshire

By: S. By: S. Jennifer A. Delaney
State Director Associate State Director - Advocacy

tfahey@aarp.org (603) 738-9260 (c) (603) 230-4109 (o)

Respectfully submitted,

AARP New Hampshire

By: S. Jennifer A. Delaney
Associate State Director - Advocacy iddelaney@aarp.org (603) 937-4230(c) (603) 230-4106 (o)

https://www.nhpr.org/nh-news/2021-11-10/nh-adult-dental-benefit-medicaid-program

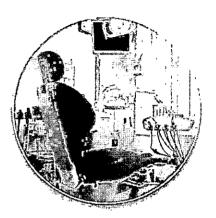
https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf



Medicaid Adult Dental Benefits: An Overview

ow-income adults suffer a disproportionate share of dental disease, and are nearly 40 percent less likely to have a dental visit in the past 12 months, compared to those with higher-incomes. Forty-four percent of low-income adults ages 20 to 64 have untreated tooth decay, and five percent of adults have lost all of their teeth. Adults who are disabled, homebound, or institutionalized have an even greater risk of dental disease.

Poor oral health can elevate risks for chronic conditions such as diabetes and heart disease, as well as for lost workdays and reduced employability. It can also lead to the preventable use of costly acute care. A recent study identified \$2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period. Thirty percent of these visits were by Medicaid-enrolled adults, and over 40 percent were by uninsured individuals.



Challenges to Oral Health Care Access and Utilization for Low-Income Adults

Inadequate Dental Coverage: While comprehensive dental coverage is mandatory for children enrolled in Medicaid, dental benefits for Medicaid-eligible adults are optional. States have considerable flexibility in determining the scope of dental services covered. As a result, Medicaid adult dental coverage varies tremendously across states, and is limited in some cases to emergency services such as tooth extractions, or to specific populations such as pregnant women. In response to fiscal challenges in the early 2000s, many states reduced or eliminated Medicaid dental coverage over the course of a decade, with a concurrent 10 percent decline in oral health care utilization among low-income adults. A small increase in utilization rates has since been observed among adults with public insurance and may be due in part to Medicaid expansion under the Affordable Care Act.

Insufficient Provider Availability: Medicaid enrollees often have difficulty finding Medicaid-contracted dental providers. Only 39 percent of dentists nationwide accept Medicaid and/or the Children's Health Insurance Plance (CHIP), citing burdensome administrative requirements, missed appointments, lengthy payment wait times, and low reimbursement rates as barriers to participation. ^{10, 11}

Individual Barriers: Disparities in dental access and utilization for low-income adults are often exacerbated by challenges in making work or child care arrangements and/or obtaining transportation to appointments as well as covering the cost of required copayments. Additional issues that may pose barriers include: (1) a lack of awareness of dental benefits; (2) gaps in oral health literacy; (3) the perception that oral health is secondary to general health; and (4) primary care providers who may not encourage oral health care. 12, 13

Medicaid Coverage of Adult Dental Benefits: Medicaid Base and Expansion Populations

The ACA provided new opportunities for states to leverage federal dollars and extend dental access to low-income adults through Medicaid expansion. A state can offer a dental benefits package to its expansion population that is either the same or different than what is provided to its base Medicaid population. ¹⁴ Dental benefits covered by state Medicaid programs typically fall into three general categories: ¹⁵

- Emergency Only: Relief of pain under defined emergency situations.
- Limited: Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure for care is \$1,000 or less.
- Extensive: A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA; per-person annual expenditure cap is at least \$1,000.

Nearly all states (47) and D.C. offer some dental benefit to their base adult Medicaid population (see Exhibit 1, next page). Thirty-six (including D.C.) cover services beyond defined emergency situations (e.g., uncontrolled bleeding, traumatic injury), and among those, 19 (including D.C.) cover extensive services. All but one of the states currently expanding Medicaid — North Dakota — offer the same dental benefits package to both their base and expansion populations.

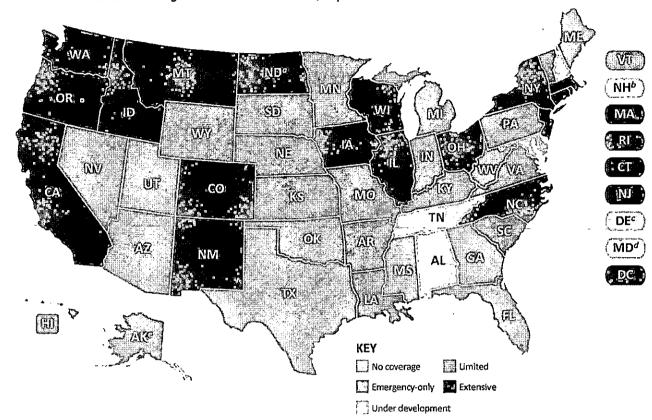


EXHIBIT 1. State Medicaid Coverage of Adult Dental Benefits, September 2019

State Strategies to Increase Dental Coverage and Access for Adults

States are engaging in a variety of strategies to promote adult coverage and access to oral health care. These include tailoring oral health literacy campaigns to educate eligible adults about coverage options; developing coalitions of likeminded partners to build political support; and expanding the dental workforce to include mid-level providers such as dental therapists, who can be trained and licensed to perform preventive care and routine restorative procedures. States are additionally targeting coverage for vulnerable adult populations within Medicaid, including pregnant women, individuals with diabetes, and adults with disabilities.

^b Under New Hapshire's bill the Department of Health and Human Services is directed to develop a "comprehensive plan to ensure that Medicaid recipients can safeguard their smiles and their overall health."

^c Under Delaware's bill the state will offer preventive and restorative dental coverage to adult Medicaid beneficiaries.

^d Maryland offers treatment for symptoms in emergency situations but does not cover emergency surgery.

^{*} Alaska's state budget was passed keeping adult dental coverage intact; however, the Governor's line item vetoes in the budget will result in cuts to the state's Medicaid program, including adult dental, unless the legislature moves to rescind them.

¹ Centers for Disease Control and Prevention. "Oral and Dental Health: Table 78." May 2017. Available at: https://www.cdc.gov/nchs/fastats/dental.htm.

² <u>National</u> Institute of Dental and Craniofacial Research. "Dental Caries (Tooth Decay) in Adults (Age 20 to 64)." July 2018. Available at: https://www.nidcr.nih.gov/research/data-statistics/dental-caries/adults.

³ The Institute of Medicine. "Improving Access to Oral Health Care for Vulnerable and Underserved Populations." 2011. Available at: http://www.hrsa.gov/publichealth/clinical/oralhealth/improvingaccess.pdf.

⁴ National Academy for State Health Policy. "Medicaid Coverage of Adult Dental Services." October 2008. Available at https://nashp.org/wo-content/uploads/sites/default/files/Adult%20Dental%20Monitor.pdf.

⁵ V. Allareddy, S. Rampa, M. Lee, V. Allareddy, and R. Nalliah. "Hospital-based Emergency Department Visits Involving Dental Conditions: Profile and Predictors of Poor Outcomes and Resource Utilization. *Journal of the American Dental Association*, 145, no.4 (2014): 331-337.

- ⁶ C. Yarbrough, M. Vujicic, and K. Nasseh. *More than 8 Million Adults Could Gain Dental Benefits through Medicaid Expansion*. Health Policy Institute, American Dental Association, February 2014. Available at http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPI/Brief 0214 1.ashx.
- ⁷ National Conference of State Legislatures. "Health Cost Containment and Efficiencies: NCSL Briefs for State Legislatures." 2014. Available at: http://www.ncsl.org/documents/health/introandBriefsCC-16.pdf.
- ⁸ Note: This decline was from 2002-2010. M. Vujicic. *Dental Care Utilization Declined among Low-income Adults, Increased among Low-income Children in Most States from 2000 to 2010*. Health Policy Institute, American Dental Association, February 2013. Available at http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief 0213 3.ashx.
- ⁹ K. Nasseh and M. Vujicic. *Dental Care Utilization Steady Among Working-Age Adults and Children, Up Slightly Among the Elderly*. Health Policy Institute, American Dental Association, October 2016. Available at: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief 1016 1.pdf.
- ¹⁰ Subcommittee on Primary Health and Aging. "Dental Crisis in America: The Need to Expand Access." U.S. Senate Committee on Health, Education Labor and Pensions, February 2012. Available at: http://www.sanders.senate.gov/imo/media/doc/DENTALCRISIS.REPORT.pdf.
- ¹¹ Health Policy Institute and American Dental Association. "Dentist Profile Snapshot by State 2016." January 2018. Available at: https://www.ada.org/en/science-research/health-policy-institute/data-center/supply-and-profile-of-dentists.
- $^{\rm 12}$ The Kaiser Commission on Medicaid and the Uninsured, op cit.
- 13 Ibid.
- ¹⁴ S. Chazin, V. Guerra, and S. McMahon. *Strategies to Improve Dental Benefits for the Medicald Expansion Population*. Center for Health Care Strategies, February 2014. Available at http://www.chcs.org/media/CHCS-Revised-Adult-Dental-Benefits-Brief 021214.pdf.
- 15 Ibid.
- 16 Ibid.
- ¹⁷ C. Le and M. Burroughs. *Oral Health Coverage in the 2019 State Legislatures: Victories, Budget Cuts, and Opportunities for Future Progress.* Families USA, July 2019. Available at: https://familiesusa.org/sites/default/files/product_documents/OH_2019-Legislative%20WrapUp_Anaylsis.pdf.

/bm: VaxChoiceNH <vaxchoicenh@gmail.com>

Sent: Wednesday, February 2, 2022 9:31 AM

To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

Subject: SB422 Medicaid Dental - OPPOSE the Covid Shot Mandate

Attachments: SOTUS Ruling on CMS Covid Vaccine Mandate.1.13.2022.pdf

Dear Senators:

<u>Please vote to OPPOSE SB422</u> for expansion of Medicaid, a government program, one that is likely to be costly, ineffective, and result in less available dental services. Passage of <u>this bill is effectively a Covid vaccine mandate</u> on all employees of a dental practice as <u>CMS seeks to expand the number and type of medical practices on which it imposes a Covid vaccine mandate</u>. Yes, this is a Covid vaccine mandate bill.

With the rulings by the Supreme Court this past month, the Court issued a stay on the injunction against the CMS Covid vaccine mandate, effectively allowing the Covid vaccine mandate to be imposed and allowing the battle to continue in lower courts. This allows a wide variety of medical practices and facilities to impose Covide vaccine mandates on their employees, not to prevent infection or spread of Covid because the shots don't do that, but to receive maximum CMS Medicaid reimbursements. Putting money and profits ahead of the health and safety of employees is a norrible, immoral, and unethical agenda.

Some of you may have seen in the news some of the misinformation held and spoken by members of the Court, including Justice Elana Kagan who stated, "All the secretary is doing here is to say to providers, 'You know what? The one thing you can't do is kill your patients. You have to get vaccinated so that you are not transmitting the disease that can kill elderly Medicare patients, that can kill sick Medicaid patients," Kagan said. "That seems like a pretty basic infection prevention measure." Sadly, as all of us who follow the science know, that is a false statement. These Covid vaccines have never been represented by the manufacturers, the FDA, or in presentations before ACIP to "prevent infection or prevent transmission". At best, these shots may or may not reduce symptoms of illness in those who are injected...that is all they are designed to do. Any claims beyond this science are misinformation, false marketing, propaganda, wishful thinking, and flat out lies.

Medical employers who receive income in the form of Medicaid reimbursements from CMS, may impose and enforce Covid vaccine mandates on their employees by firing those who don't submit to vaccination so as to receive the maximum Medicaid reimbursement without financial penalty. This isn't about medical facilities deciding policies on disease prevention, this is medical businesses focused on checking the right boxes with the federal government to receive the maximum reimbursement. Staffing suffers as a result of these vaccine mandates.

Dental practices are medical practices. The vaccine industry and policy makers have long been working to sweep dental practices into the vaccine program, calling for dentists to administer vaccines and report their patients to the Vaccination Registry. One should expect that with the expansion of Medicaid reimbursement to dental services, that the Covid vaccine mandate will follow. This will result in the same staffing shortage that we are seeing at other medical

<u>facilities.</u> Those who understand and follow the science do not want to work where their health and life will be risked with a vaccine mandate.

Then there is the issue that this expanded government program would be costly and ineffective in achieving the goals of improving dental health of the poor and reducing medical costs. Simply funding dental services by tax-payer funded government programs, does not change human behavior. Those who neglect their dental health with poor home hygiene and bad dietary habits, chowing down on chips and soda, will not change those habits simply because there is a government-funded program for them to obtain dental services. Every honest dentist will tell you that home health care is what truly determines dental health...not dental services. Not only is there no evidence that these people will suddenly change their personal health habits or diet, there is not evidence that they will start booking dental visits.

<u>Please vote to OPPOSE SB422 to head off this huge expansion of government for an ineffective and costly program and a Covid vaccine mandate for those who work in dental practices.</u>

Sincerely,
Laura Condon
NH Director of Advocacy for NVIC
www.nvic.org
vaxchoicenh@gmail.com
603.471.0787

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # 5B 4)] - FN Hearing date: 1-1-) Executive Session date: 1-1-11 Motion of: Amendmn+ 0206s Committee Member Present Made by Second Yes Sen. Bradley, Chair Sen. Gray, Vice Chair Sen. Avard Sen. Sherman Sen. Whitley Motion of: Committee Member Present Made by Second Yes Sen. Bradley, Chair Sen. Grav. Vice Chair Sen. Avard Sen. Sherman Sen. Whitley Motion of: Vote: Committee Member Present Made by Second Sen. Bradley, Chair Sen. Gray, Vice Chair Sen. Avard Sen. Sherman Sen. Whitley Reported out by: Sen. Bradley Notes:

Senate Finance Committee

EXECUTIVE SESSION

01/2	Bill # 5B 422-FN			
Hearing date: $\frac{\sqrt{//7}}{10000000000000000000000000000000000$				
Executive session date: $\frac{\partial \mathcal{A}}{\partial \mathcal{A}} = \frac{\partial \mathcal{A}}{\partial \mathcal{A}} = $				
Motion of: OTT/A	VOTE: 6-0			
Made by Daniels Seconded Daniels	Reported Daniels			
Senator: Reagan by Senator: Reagan	<u>by Senato</u> r: Reagan			
Giuda 🗜 🧵 Giuda 🔲	Giuda 🗆 🦯			
Rosenwald 🗌 Rosenwald 🔲	Rosenwald			
D'Allesandro 🗆 D'Allesandro 🗆	D'Allesandro 🗌			
Morse Morse	Morse □			
Hennessey 🗆 Hennessey 🗗	Hennessey \square			
Motion of: Comm. Andn4	VOTE: 6-0			
Made by Daniels	Reported Daniels			
Senator: Reagan by Senator: Reagan	<u>by Senato</u> r: Reagan □			
Giuda 🗆 Giuda 🗆	Giuda 🗌			
Rosenwald Rosenwald	Rosenwald 🗌			
D'Allesandro D'Allesandro 🗆	D'Allesandro 🗌			
Morse Morse	Morse \square			
Hennessey \square Hennessey \square	Hennessey \square			
Committee Member Present Yes	No Reported out by			
Senator Daniels , Chairman Senator Reagan, Vice-Chair				
Senator Giuda				
Senator Hennessey				
Senator Rosenwald				
Senator Morse				
Senator D'Allesandro	<u> </u>			
Amendments:				
Notes:				

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Wednesday, February 2, 2022

THE COMMITTEE ON Health and Human Services

to which was referred SB 422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF:

5-0

AMENDMENT # 0468s

Senator Jeb Bradley For the Committee

Cameron Lapine 271-2104

HEALTH AND HUMAN SERVICES

SB 422-FN, establishing an adult dental benefit under the state Medicaid program. Ought to Pass with Amendment, Vote 5-0. Senator Jeb Bradley for the committee.

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Tuesday, February 22, 2022

THE COMMITTEE ON Finance

to which was referred SB 422-FN

AN ACT

establishing an adult dental benefit under the state Medicaid program.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 6-0

AMENDMENT # 0804s

Senator Cindy Rosenwald For the Committee

Deb Martone 271-4980

General Court of New Hampshire - Bill Status System

Docket of SB422

Docket Abbreviations

Bill Title: establishing an adult dental benefit under the state Medicaid program.

Official Docket of SB422.:

Date	Body	Description
12/30/2021	S	To Be Introduced 01/05/2022 and Referred to Health and Human Services; SJ 1
1/19/2022	S	Hearing: 02/02/2022, Room 101, LOB, 09:00 am; SC 4
2/2/2022	S	Committee Report: Ought to Pass with Amendment #2022-0468s , 02/16/2022; SC 7
2/16/2022	S	Committee Amendment #2022-0468s, AA, VV; 02/16/2022; SJ 3
2/16/2022	S	Ought to Pass with Amendment 2022-0468s, RC 24Y-0N, MA; Refer to Finance Rule 4-5; 02/16/2022; SJ 3
2/22/2022	S	Committee Report: Ought to Pass with Amendment #2022-0804s, 02/24/2022; SC 8A
2/24/2022	S	Committee Amendment #2022-0804s, AA, VV; 02/24/2022; SJ 4
2/24/2022	S	Ought to Pass with Amendment 2022-0804s, RC 23Y-0N, MA; OT3rdg; 02/24/2022; SJ 4
3/23/2022	Н	Introduced 03/17/2022 and referred to Finance
3/30/2022	Н	Public Hearing: 04/05/2022 01:30 pm LOB 210-211
3/30/2022	н	Division Work Session: 04/05/2022 02:00 pm LOB 210-211
4/14/2022	Н	Division III Work Session: 04/18/2022 10:00 am LOB 212
4/19/2022	Н	Executive Session: 04/26/2022 09:00 am LOB 210-211
4/26/2022	Н	Majority Committee Report: Ought to Pass with Amendment #2022-1331h (Vote 16-3; RC)
4/26/2022	Н	Minority Committee Report: Inexpedient to Legislate
5/4/2022	Н	Amendment # 1331h: AA VV 05/04/2022 HJ 11
5/4/2022	Н	Ought to Pass with Amendment 1331h: MA DV 205-109 05/04/2022 HJ 11
5/12/2022	S	Sen. Bradley Moved to Concur with the House Amendment, MA, VV; 05/12/2022; SJ 12
6/9/2022	Н	Enrolled (in recess of) 05/26/2022
6/9/2022	S	Enrolled Adopted, VV, (In recess 05/26/2022); SJ 13
7/7/2022	S	Signed by the Governor on 07/01/2022; Chapter 0319
7/7/2022	S	I. Section 3 Effective 06/30/2022
7/7/2022	S	II. Remainder Effective 07/01/2022

•	
NH House	NH Senate

Other Referrals

Senate Inventory Checklist for Archives Bill Number: 5B 422 - FW Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside Final docket found on Bill Status Bill Hearing Documents: {Legislative Aides} Bill version as it came to the committee All Calendar Notices Hearing Sign-up sheet(s) Prepared testimony, presentations, & other submissions handed in at the public hearing **Hearing Report** Revised/Amended Fiscal Notes provided by the Senate Clerk's Office Committee Action Documents: {Legislative Aides} All amendments considered in committee (including those not adopted): X - amendment # 08045 ____ - amendment #_____ ____ - amendment # _____ - amendment # _____ Executive Session Sheet Committee Report Floor Action Documents: {Clerk's Office} All floor amendments considered by the body during session (only if they are offered to the senate): ____ - amendment # _____ - amendment # _____ ____ - amendment# _____ ____ - amendment#_____ Post Floor Action: (if applicable) (Clerk's Office) Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference): Enrolled Bill Amendment(s) Governor's Veto Message All available versions of the bill: {Clerk's Office} as amended by the senate as amended by the house final version Completed Committee Report File Delivered to the Senate Clerk's Office By:

Senate Clerk's Office

Senate Inventory Checklist for Archives

Bill Number: 58 44-TN	Senate Committee:
Please include all documents in the order listed beloincluded with an "X" beside	
Final docket found on Bill Status	
Bill Hearing Documents: (Legislative Aides)	
Bill version as it came to the committee	
All Calendar Notices	
All Calendar Notices Hearing Sign-up sheet(s)	
Prepared testimony, presentations, & other	submissions handed in at the public hearing
Hearing Report	
Revised/Amended Fiscal Notes provided by	he Senate Clerk's Office
Committee Action Documents: [Legislative Aid	les)
All amendments considered in committee (including	
V 1)4/2	endment #
	endment#
Executive Session Sheet	
Committee Report	
Floor Action Documents: (Clerk's Office)	
All floor amendments considered by the body during	session (only if they are offered to the senate):
amendment # ame	
amendment # ame	
Post Floor Action: (if applicable) (Clerk's Offic	<u>el</u>
Committee of Conference Report (if signed o by the committee of conference):	ff by all members. Include any new language proposed
Enrolled Bill Amendment(s)	
Governor's Veto Message	
All available versions of the bill: (Clerk's Office	a)
as amended by the senate	as amended by the house
final version	
Completed Committee Report File Delivered to	o the Senate Clerk's Office By:
Camerum M. Janine	7-18-42
Committee Aide	Date
48.37	
Senate Clerk's Office	