

Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 137-FN, relative to hospital stays covered under the state Medicaid plan.

Hearing Date: February 5, 2025

Time Opened: 11:48 a.m.

Time Closed: 12:18 p.m.

Members of the Committee Present: Senators Rochefort, Avard, Birdsell, Prentiss and Long

Members of the Committee Absent: None

Bill Analysis: This bill directs the department of health and human services to establish an administrative day rate and swing bed rate under the state Medicaid plan for certain hospital stays for parents of newborns.

Sponsors:

Sen. Prentiss

Who supports the bill: Sen. Prentiss, Dr. Amy Lee, Hannah Marden, Polly Campion, Ellen Joyce, Elizabeth Howland, Kendra Coates, Caitlin Matteson, Haley Martell, Katherine Stokes, Linh Nguyen, Rep. Janet Lucas, Amy Lee, Holly Old, Elizabeth Rebecca Pschirrer, Rebecca Hollander, Kayla Stillman, Kelsey Kredentser, Donna Massucci, Brianna Hankel (New Futures), Brenda Martin, Alex-Ruben Quitongan, Cameron Brunt, Amy Paris, Ryan Lena, Jenna Binkhorst, and Cathy Stratton (NH Medical Society).

Who opposes the bill: Julie Smith.

Who is neutral on the bill: Rob Berry and David Chorney (DHHS).

Summary of testimony presented:

Senator Sue Prentiss, Senate District 5

- Senator Prentiss stated that she would be introducing this bill alongside Dr. Amy Lee of Dartmouth Hitchcock, who is behind the initiative of this bill.
- She explained that this is pertaining specifically to new moms with opioid use disorder whose babies are struggling with neonatal opioid withdrawal syndrome. This is a vulnerable population of patients.
- Senator Prentiss cited a 10-year study published by UNH in 2017 that assessed this issue from 2005-2015.
- It found a five-fold increase in infants born addicted to opioids.

- Some of the study's findings focused on Androscoggin Valley Hospital in Berlin, New Hampshire.
- Approximately 100 babies are born yearly at the hospital. In 2015, 8.5% of those babies were born with opioid withdrawals. This is dramatically higher than the state average of 2.4%.
- Senator Prentiss explained that during this 10-year window, the line of practice was that self-soothing was good for these babies. Thus, babies were kept in isolettes where they often cried and experienced muscle tremors or loss of appetite. They would also be given morphine to help ease pain.
- Since then, the treatment protocol has been changed to a more progressive and evidence-based approach called eat-console-sleep.
- This is best performed with the mother present. However, babies born with neonatal opioid withdrawal syndrome must have longer hospital stays to be monitored.
- This proposal creates availability and funding for hospital beds for up to 5 days, so that these mothers can be present to provide the eat-console-sleep treatment.
- According to Androscoggin Valley Hospital in 2018, once they began implementing eat-console-sleep, they did not need to administer morphine to treat a baby for withdrawal pain for more than 18 months.
- Senator Prentiss said she is appreciative of the healthcare professionals who have been working to treat this without stigmatizing the issue.
- If a mom is struggling with co-occurring mental health, trauma, homelessness, poverty, domestic violence, or more, they may be challenged to take part in eat-console-sleep unless they are co-located with their baby.
- Senator Prentiss explained that there is language in the bill regarding potential medications that a mother or baby may need to take.
- There are two requirements to qualify for this compassionate stay: an appropriate placement outside of the hospital is not available and the newborn remains on an inpatient claim for monitoring post-in utero exposure to substances that may lead to a physiologic dependence and continuous care by the postpartum parent is the appropriate first line of treatment.
- Senator Prentiss noted that she knows of a home that is meant to serve this purpose, as it is located in close proximity to a hospital and offers a place to stay. There is an effort to introduce this in the Upper Valley. However, this initiative is not happening everywhere around the state.
- Senator Prentiss emphasized her commitment to reducing maternal mortality and building strong foundations for babies.
- This bill also brings a reduction in costs to the overall healthcare system.

Dr. Amy Lee

- Dr. Lee explained that she is speaking in support of this bill as a provider for the patient population that would be impacted by this legislation.
- Postpartum overdose is the leading cause of maternal mortality in New Hampshire.
- This bill takes a critical step in addressing this crisis and supporting mothers with substance use in the vulnerable postpartum period.

- When an infant is born to a mother on substances such as fentanyl or on a medication for opioid use disorder, the newborn requires a 5-day minimum stay of monitoring for withdrawal symptoms.
- Eat-console-sleep has been shown to significantly reduce the newborn's length of stay in the hospital and admissions to the NICU.
- Dr. Lee cited a recent study that found the reduction in length of stay was almost halved from 15 days to 8 days.
- Current discharge policies create barriers to parents participating in eat-console-sleep.
- The lack of access to medications for opioid use disorder can impair the parent's ability to care for the infant and it can also destabilize recovery process leading to overdose and death.
- Dr. Lee recognized that New Hampshire is experiencing a hospital bed shortage, but explained that this may offer a solution by significantly reducing the length of stay, creating quicker turnover of pediatric beds, and reducing NICU admissions.
- Senator Birdsell asked how commercial insurance carriers handle this.
- Dr. Lee explained that most of their patients who need medication for opioid use disorder are on Medicaid. Commercially insured patients typically have access to more resources, such as transportation. However, if someone does not have access to those resources or lives in a rural area, they may need to leave the hospital for hours on end to receive treatment at a Methadone clinic.
- Senator Rochefort asked if there is data supporting the 5-day length of stay.
- Dr. Lee confirmed that the 5-day length of stay is recommended by the American Academy of Pediatrics to monitor for withdrawal symptoms.
- However, Medicaid only covers 2 or 3-day postpartum stays. This bill would allow for those two extra days. This would ultimately be cheaper for Medicaid because providers will not have to try to come up with medical reasons to keep the mom admitted in a more expensive postpartum stay.
- Senator Rochefort asked if there is data on the reduction of NICU stays from implementing eat-console-sleep, and Dr. Lee said she could look into that.
- Senator Rochefort inquired about a price-per-day comparison between what is being proposed and a NICU stay.
- Dr. Lee explained she does not know the specific number, but it would be significantly cheaper than the NICU. She emphasized that this presents an opportunity for savings in both the maternal and neonatal sides of care.

Rob Berry & David Chorney, Department of Health and Human Services

- Mr. Berry introduced himself as the General Counsel to the Division of Medicaid and Mr. Chorney introduced himself as the Deputy Medicaid Director.
- Mr. Berry explained that while they have recently completed the fiscal analysis for this bill, he believes they may have overestimated what the rate may be, so the fiscal note will need to be updated anyway.
- Their fiscal analysis was largely based on a global group of people, not just mothers. Their interpretation of the bill as written is that it applies to everyone, but Mr. Berry acknowledged that previous testimony seemed to focus on this specific group of mothers.

- They assumed there would be approximately 100 people per day based on data from the New Hampshire Hospital Association.
- Mr. Chorney clarified that the 100 people per day is for all inpatient stays, not just postpartum mothers of newborns with neonatal opioid withdrawal syndrome. If tailored to that group, the number would be smaller.
- Mr. Berry explained that with a \$180 per day swing bed rate, their estimate based on their initial interpretation of the bill is \$6.5 million in general funds. They do not believe there will be a federal match on this.
- Senator Rochefort asked what the average rate for a NICU stay is, and Mr. Chorney explained that there are two components for Medicaid payments of NICU stays. There is a facility component, which is Diagnostic Resource Group (DRG) based, and professional fees.
- Senator Birdsell asked if the \$6.5 million estimate was for the global estimate of 100 patients per day, and Mr. Chorney confirmed.
- Senator Avard inquired about the meaning of DRG, and Mr. Chorney explained that it is related to the patient's diagnosis. It looks at length of stay, acuity, and associated costs.
- Senator Prentiss asked if they think there will be a federal match available once they narrow the fiscal analysis to this specific population of postpartum parents.
- Mr. Chorney explained that he does not think there will be a federal match for the administrative rate because Centers for Medicare and Medicaid Services (CMS) has said in the past that they cannot draw a federal match unless the patient meets an inpatient level of care. He did note this is a unique circumstance.
- Mr. Chorney explained that Medicaid also pays a per diem rate for neonates when they go beyond average length of stay. There is potential for cost savings if the length of stay is reduced, and they no longer need to pay the per diem rate.
- Senator Birdsell asked if there is language to amend the bill because she wants to make sure no one else misreads the bill.
- Mr. Chorney explained changing the "or" to "and" on page 1 line 8 would work.
- Senator Prentiss said she agrees with Senator Birdsell that it needs clarity and emphasized that while some of the aforementioned homes near hospitals are available, this needs to be addressed at an inpatient level because not everyone has that option.