Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 498-FN, relative to children's mental health services for persons 18 years of age and younger.

Hearing Date: February 11, 2026

Time Opened: 10:29 a.m. **Time Closed**: 12:29 p.m.

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

Members of the Committee Absent: None

Bill Analysis: This bill establishes the New Hampshire children's behavioral health association for the purpose of collecting assessments to fund payments to care management entities for the provision of childhood behavioral health services. The association is authorized to collect assessments from insurance carriers, stop loss carriers, and third-party administrators for fully insured and self-funded health plans. The assessment base would include covered lives in the state employee health plan, as well as pooled risk management programs under RSA 5-b. The funds provided for this purpose would be deposited in a dedicated fund administered by the insurance commissioner.

Sponsors:
Sen. Birdsell

Who supports the bill: 196 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who opposes the bill: 8 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who is neutral on the bill: 2 people signed in neutral on the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Summary of testimony presented:

Senator Regina Birdsell, Senate District 19

- This bill involves the FAST Forward program and establishes New Hampshire's Children's Behavioral Health Association for the purpose of collecting

assessments from insurance carriers, so that services currently covered by the state can be covered and paid for.

- Senator Birdsell's understanding is that the state is paying approximately $2 million every biennium for a portion of the FAST Forward program.
- There are a few children in this program who have commercial insurance coverage, but do not receive coverage for these services. This means the state must cover that portion.
- Senator Birdsell explained that the Insurance Department is working on an amendment between the carriers and Care Management Entities (CMEs). She asked for more time to work this out before the bill goes to the House.

Keith Nyhan and Jennifer Smith, New Hampshire Insurance Department

- Deputy Commissioner Nyhan read a statement on behalf of Commissioner Bettencourt.
- Commissioner Bettencourt supports the underlying objectives of this legislation. He described this as both sound public policy and a practical necessity.
- Early intervention and coordinated care models can improve outcomes, reduce system strain, and provide meaningful stability for families facing complex challenges.
- The Insurance Department remains committed to working with the legislature and Department of Health and Human Services (DHHS) to advance sustainable and durable solutions.
- The current structural and financing arrangements of this program's operations is placing strain on the DHHS Medicaid budget.
- Commissioner Bettencourt acknowledged that the assessment mechanism is not his preferred approach in addressing this issue. He has concerns about assessments because they ultimately flow the market and cause secondary implications for consumer premiums and cost transparency.
- This proposal does contain features that distinguish it from other assessment constructs. It includes a defined and controlled aggregate cost cap, therefore making the state's fiscal exposure contained and predictable.
- While the assessment mechanism is not favored by Commissioner Bettencourt, this concern is not a basis for the Department to oppose this legislation at this time.
- Commissioner Bettencourt noted that alternative approaches were explored, including proposals developed by the Department. These proposals remain viable from a regulatory and actuarial perspective.
- Stakeholder discussions are ongoing and it is Commissioner Bettencourt's impression that they are proceeding in good faith.
- Senator Birdsell asked for an update on what has transpired with the potential amendment.

- Ms. Smith explained that conversations have been underway since this past fall. The Department crafted an amendment that is still being fine-tuned that would move away from the assessment and move toward CMEs billing commercial insurance.
- The amendment is trying to unbundle the payment for these services, while keeping the bundled services intact.
- Most of the providers are not in-network with insurance carriers, so they would be reimbursed at the qualified payment amount, which is normally higher than the out-of-network reimbursement rate.
- By doing this, it will help bridge a gap in which there is no claims data to know the costs of these services. If there are parts of the bundled services that are normally not covered, the state can continue to fund that small set of services.
- The Department also thinks there may be an opportunity to utilize grant funding to assist CMEs with the process of billing.
- The number of children who have commercial coverage and utilize these services is a small enough amount for carriers to try to get in-network with providers. Work on the amendment has paused to allow CMEs and carriers to discuss if they could get in-network and address this issue.
- Senator Prentiss asked if carriers are supposed to have network adequacy for certain behavioral and mental health services.
- Deputy Commissioner Nyhan confirmed that all of the carriers meet network adequacy, but not all providers are in network with carriers.
- Senator Prentiss asked if this is throughout the state and what we would do if a provider is not in-network.
- Ms. Smith explained that the amendment is drafted to give CMEs an alternate route and receive something higher than the out-of-network rate. She emphasized that coming into network can be a nuanced process for CMEs and explained that while there is an adequate network, these providers are just not in it.
- Senator Prentiss asked if there are any points in which there are zero providers offering care within networks.
- Ms. Smith said she does not believe so for these particular services. The Department looks to clinical services in terms of network adequacy, but some other parts of the bundle are not necessarily thought of as reimbursable through traditional insurance. That is why the Department is trying to build an amendment in a way that they are not excluded.
- Senator Prentiss noted that there seems to be a level of optimism about this amendment and asked about what would happen when providers meet their coverage limits and if the state would be responsible.

- Ms. Smith confirmed that anything not covered would be going to the state. She explained that the stakeholders do not want to unbundle these services, so the amendment is seeking to only unbundle the payment to see what can be reimbursed by commercial insurance. She acknowledged that there will be a delta of services that are not traditionally covered by carriers. Once the billing starts, we will have a more accurate estimate on the need for state reimbursement. She noted that CMEs may get reimbursed at a higher rate than what they are getting from the state.
- Senator Prentiss asked if there are any other models similar to this, and Deputy Commissioner Nyhan said he is not aware of any.
- Senator Avard asked if moving away from the assessment model would have an impact on the fiscal note.
- Ms. Smith said she believes it would bring the fiscal note down and noted that the Department can complete a fiscal analysis on the amendment.
- Senator Avard inquired about the grant money.
- Ms. Smith explained that the Department was considering utilizing grant money to assist CMEs get set up to bill insurance to ensure that the costs are not coming out of their operating budgets.
- Senator Avard asked if this will affect any compliance issues.
- Deputy Commissioner Nyhan said there are none that he is aware of, but there has been a lot of collaborative work done to bridge gaps.
- Senator Birdsell asked how much has been recently done on this, noting that there was a lot of interaction in the end of last year.
- Ms. Smith said her understanding is that there is no stalemate. The Department has taken a step back to allow the CMEs and Anthem to work together on potentially coming in-network. Her understanding is that those conversations have been going forward. She noted that while this may seem slow, it has been accelerated from a contracting perspective.
- Senator Rochefort agreed that Anthem has been responsive in general.

Jenny O'Higgins, Morissa Henn, & Daryll Tenney, Department of Health and Human Services

- Deputy Commissioner Henn stated that the Department is not taking a position on the bill at this time.
- FAST Forward is New Hampshire's high fidelity wraparound program for children and youth with the most complex mental and behavioral health needs.
- These are children who are truly struggling. They often have significant trauma, home life issues, and have not been successful with traditional outpatient services. They are also at risk of being placed in costly institutional care.

- FAST Forward is not a collection of discrete services. It is a bundled, team and community based approach driven by the needs and preferences of the youth and family.
- Deputy Commissioner Henn emphasized that the bundle is what makes this so efficacious.
- FAST Forward is a game changer both in New Hampshire and nationally. Thanks to this program, the Department has been able to prevent institutional care for vulnerable children and families.
- This program strengthens families, saves state resources, and treats underlying issues.
- The Department reduced the number of children served at the Sununu Youth Services Center from 75 to 12 in 5 years utilizing this type of program.
- Deputy Commissioner Henn stated that the Department must use general funds to cover about 20% of children in the FAST Forward program. While the majority of kids are on Medicaid, there is still about $2 million in taxpayer money every year that the Department must use to cover children with commercial insurance in the program.
- CMEs offering these servings are being forced to cut back on services because of the lack of sustainable funding.
- The Department is fairly agnostic about how this gets done, but they would like to see carriers and CMEs come together and work this out. Deputy Commissioner Henn emphasized that this is an emergency.
- Senator Prentiss asked what the specific cost difference is between inpatient care and community-based services.
- Mr. Tenney explained that inpatient psychiatric hospitalization is usually around $1,500 per night, while FAST Forward can be anywhere between $45,000-$65,000 per year. The daily rate for the bundled service is around $77 per day for care coordination with the additions of family and youth peer support. He noted that the range of costs for FAST Forward is so wide because it is such an individualized program.
- Deputy Commissioner Henn explained that it is not uncommon for out-of-state residential treatment to cost around $500,000 per year or more.
- Senator Prentiss said she is hearing the real need is to fund FAST Forward because it is a more cost efficient, community based model and our current situation is costing the state more than it would cost to implement FAST Forward.
- Deputy Commissioner Henn said there are two ways to think about costs from a public standpoint. There is a real return on investment with FAST Forward because underlying needs are being addressed. Many children who go to residential or inpatient psychiatric treatment will cycle through many times.

There is also a value in avoiding high-intensity care, as we want families to be served in the context of their home and community.

- Senator Avard asked how many children are being sent out of state for treatment.
- Deputy Commissioner Henn stated that there are 6 youth currently being served out of New England. The Department is soon going to be announcing an initiative to reduce this number even further.
- Senator Avard asked if this will be affecting any compliance issues with the federal government.
- Mr. Tenney said his understanding is that there will be no impact on compliance.
- Senator Avard confirmed that 6 youth are currently being treated out of region for about $500,000 each, while this bill is looking to fund $2.5 million for FAST Forward.
- Ms. O'Higgins explained that the inpatient care is separate because it is what happens when we are unable to get children into FAST Forward and crises continue. Without having scalable and sustainable funding for this program, the ability for it to keep succeeding in reducing the need for inpatient care will decrease over time. If those needs increase because less children have access to a program like this, the cost to the state will continue to increase.
- The number in the fiscal note is specific to the number of children receiving FAST Forward services. Of all of the children receiving FAST Forward, approximately 20% have commercial insurance. Approximately 70% of that 20% qualify for Medicaid coverage through the Home Care for Children with Severe Disabilities (HCCSD) program. Approximately $2 million is being covered annually by state general funds for the group of children who have commercial insurance and do not qualify for Medicaid.
- Senator Avard asked how this would affect the 6 children in out of state care.
- Ms. O'Higgins explained that those children are being paid for to receive out of state care. If children had access to this program, earlier intervention would have had a better outcome for them. The Department is trying to reduce the number of children who reach that high level of care.
- Deputy Commissioner Henn explained that this is also how we can get children home from inpatient care. It is often that we don't have a way to get children home from these settings because of their home life. FAST Forward allows us to step kids down from these levels of treatment.
- Mr. Tenney explained that the number of children in out of state care has been significantly reduced over time because of programs like this.
- Deputy Commissioner Henn noted that there are also approximately 200 children who are also out of home receiving inpatient care in the region.

- Senator Birdsell asked if those 6 children would not be in out-of-state treatment if FAST Forward had more space.
- Mr. Tenney stated that the primary goal of FAST Forward is to prevent youth from needing those higher levels of care.
- Senator Prentiss asked for clarification on the percentages of children who have commercial insurance.
- Ms. O'Higgins explained that of the 20% of kids who have commercial insurance, about 70% of them qualify for the HCCSD Medicaid. But there is still the 30% of those who do not qualify and receive the general funds to pay for care.
- Deputy Commissioner Henn estimated that there about 60 kids per year who need FAST Forward, have commercial insurance, and cannot be covered by Medicaid.
- Ms. O'Higgins emphasized that all of the kids still have access to the program, but the budget constraints are a concern because the state is picking up kids with general funds, expanded Medicaid access, and regular Medicaid. If the children with commercial insurance had expanded coverage for these services, it would reduce the burden on the state.
- Senator Prentiss confirmed that the additional coverage is what the bill is trying to redirect and find a way to fund.
- Deputy Commissioner Henn confirmed and explained it comes out to about 50-60 kids per year.
- Senator Prentiss asked if there are any other clinical services like this that also have the same gap in which the state is picking up coverage.
- Deputy Commissioner Henn said there is not any that she is aware of.

Sam Hawkins, NAMI New Hampshire

- Mr. Hawkins stated that he is speaking in support of the bill.
- As a provider of family peer support services through this program, NAMI can attest to its positive impact.
- Commercially insured youth are currently not able to access coverage for these services through their private plans. While there may be similar sounding services offered through their plans, there is no true comparison to the quality and fidelity of services they would receive through FAST Forward.
- These youth and families are essentially left to wait until their condition declines for the state and taxpayers to pick up the tab. Mr. Hawkins emphasized that this is both a funding and access issue.
- Mr. Hawkins referenced the potential amendment and emphasized that these services need to be covered in the full bundled suite. Allowing plans to pick and choose which services they will cover is no different than the status quo.

- Senator Long asked if there are certain areas of the state in which more youth do not have access to FAST Forward.
- Mr. Hawkins explained that New Hampshire has two CMEs that work through the FAST Forward program covering different areas of the state, so there is coverage for these services throughout multiple regions. The issue is that commercially insured youth cannot pay for these services until their condition worsens and the state pays for it.
- Senator Birdsell referenced the amendment and asked Mr. Hawkins if he agrees that stakeholders are trying to keep the bundles together.
- Mr. Hawkins said he would have to see the amendment to know definitively. He emphasized that if the state were to continue paying for the services that commercial carriers refuse to, it would not be substantially different from the current situation.

Dennis Calcutt, Connected Families New Hampshire

- Mr. Calcutt stated that Connected Families New Hampshire is one of the two CMEs.
- New Hampshire children and families are suffering. The outcomes for children with serious mental health issues and the outcomes for children with cancer are similar if left untreated.
- Connected Families New Hampshire provides an intensive care coordination service that enables them to bring a team together and help families.
- There are children awaiting care in emergency departments and in residential treatment. Mr. Calcutt believes those children are there because we do not have enough in the continuum of care.
- The goal of this work is to keep youth in the community and connected to the supports around them.
- CMEs are contracted through the Bureau for Children's Behavioral Health in DHHS. Mr. Calcutt emphasized that this is an evidence-based approach, intersecting between research, what's in the literature, clinical expertise, and family values.
- Over the last 15 years, this process has been developed with initial funding from the Substance Abuse and Mental Health Services Administration. It is now a life changing service for families.

Luke Reynard, North American Family Institute North

- Dr. Reynard stated that North American Family Institute North (NFI North) is the other CME in New Hampshire.
- Dr. Reynard explained that the validity of the program seems to be accepted among stakeholders, but the issue is financing it.

- NFI North is a statewide program serving every county. Over the past couple of years, the percentage of families seeking this care without Medicaid coverage is increasing. Four years ago it was approximately 20% and this past year it was 31%.
- NFI North has a number of painful decisions to make as this proportion continues to grow disproportionately.
- NFI North has worked collaboratively with insurance companies, particularly Anthem. NFI North has 31 people with Anthem coverage who have come to them in the past six months. Dr. Reynard emphasized that there is a disconnect in committing to a bundle and in the contractual process of negotiating a rate. He noted that while there is still a lot of progress to be made, this is the farthest we have come so far.
- Senator Avard inquired about the specific social services not being covered.
- Dr. Reynard explained that in discussions with insurance companies, they look at clinical and medical services versus more social services. Peer support, which is billed in 15 minute increments, is something that could be considered a more social service. While there may not be a clinical background, the social benefit is big. There are also other components of the wraparound model that are not provided by licensed clinicians.

Katie Lyon Pingree
- Ms. Lyon Pingree stated that she is speaking in support of the bill.
- This bill would ensure that children and families with private insurance have access to wraparound supports that are designed to help and guide them in facilitating an environment for healing to take place.
- The reality is that this is not the current mental health system we have in place. We have a frustrating and confusing system that people struggle to navigate.
- Ms. Lyon Pingree told a personal story about her son who struggled with mental health until his death at age 18. Their family had to search for anything that might help him without knowing what their options were.
- If the FAST Forward program was available to them as a privately insured family, they would have had a case coordinator to help them navigate the system and additional family and peer supports. All of these services would have also been available to them at home, helping them avoid inpatient stays.
- Ms. Lyon Pingree's family paid almost $120,000 in out-of-pocket expenses in a two-year time span.

Andrea Brochu
- Ms. Brochu stated that she is speaking in support of this bill.
- She told a personal story about her child struggling with mental health.

- Before they had access to FAST Forward, their family was lost trying to navigate this system.
- Ms. Brochu is an educated professional who has spent years working in non-profits and social systems. Despite this, she was still lost and overwhelmed. Once the situation deteriorated, Ms. Brochu was forced to place her son in residential care in a different state and paid over $100,000 for this placement.
- Ms. Brochu emphasized that her son was failed by the medical system, school system, and local resources, but he was saved by FAST Forward.
- The only way for them to access these services was to apply for Medicaid. She emphasized that they should not have to use funds from another system to access this care, as they pay for private insurance.
- Ms. Brochu questioned why a program that serves families across income levels and communities is being funded exclusively by Medicaid.
- Senator Rochefort asked if Ms. Brochu's family would have been willing to pay more in premiums if they knew these services would be covered, and Ms. Brochu confirmed.

Kristen Sheppard

- Ms. Sheppard stated that she is speaking in support of this bill.
- Passing this bill will allow families with any type of insurance to be provided with the opportunity to work with this important service.
- Ms. Sheppard told a personal story about her son struggling with mental health issues. They were in a cycle of going to the emergency room and being released because there were not enough available mental health beds in the state until her son eventually went into out-of-state residential care.
- During this time, her family was able to get FAST Forward services because her son was on Medicaid from his adoption.
- Accessing FAST Forward was the first time Ms. Sheppard's family felt connected to something that could truly help.
- As a social worker, Ms. Sheppard knows this field well. Yet, when her son began struggling it was very difficult.
- Ms. Sheppard emphasized that FAST Forward saved both her son's life and her family.
- She emphasized that mental health services should not be defined by the type of insurance someone has.

Cheryl Guerin

- Ms. Guerin shared a personal story about her son's struggle with mental health.
- She spent four years navigating the mental health system, seeking support and services. During this time, her family faced emergency room boarding twice, a

two-week stay at Hampstead Hospital, among other processes. Meanwhile, her family was not receiving the support they needed.

- Ms. Guerin's family was eventually able to access the FAST Forward program. Participation in this program was the key turning point in her son's recovery.
- Even though Ms. Guerin had employer-sponsored health insurance, her family was only able to access these services once her son's condition worsened to the point of eligibility for state dollars. Ms. Guerin emphasized that it should not have taken years of struggle before things improved.
- Care coordination services and peer support are necessary, life saving services that should be available to all families before they are in crisis.

Paula Rogers, America's Health Insurance Plans

- Ms. Rogers stated that this program make sense.
- While the conversation has been productive in some ways, it has been unproductive in others.
- Ms. Rogers' understanding is that the FAST Forward program does not align with commercial coverage in its coverage extension.
- Ms. Rogers referenced a bulletin from the Insurance Department clarifying what is likely to be covered by insurance for providers.
- When Medicaid coverage is bumping up against commercial insurance, the commercial insurance carrier is the first payer before Medicaid. However, the CMEs do not seem to be presently billing.
- After last year's hearing, the carriers discussed the situation with DHHS, so we now have statistics and know what the problem is. Anthem is taking the lead on negotiations with CMEs, as they have the most members in CMEs. These negotiations are to see if they can come in network or provide an appropriate compensation for a portion of the bundle of services.

Sabrina Dunlap, Anthem Blue Cross Blue Shield

- Ms. Dunlap stated that she is speaking in opposition to this bill. Anthem does not think it is necessary and it raises policy concerns as drafted.
- FAST Forward is a DHHS program designed specifically for high-risk youth receiving publicly funded behavioral health services. Historically, commercial carriers have had no role or visibility into this program or with CMEs.
- Ms. Dunlap emphasized that the fact that commercial carriers have historically not been part of this program does not mean there is a gap in children's behavioral health coverage between Medicaid and commercial insurance.
- FAST Forward is one program among many in addressing the behavioral health needs of children in New Hampshire.

- Anthem wants their members to have the right care at the right place and at the right time. They provide coverage for a variety of services through providers in their network.
- Ms. Dunlap emphasized that the issue is that entities administering the FAST Forward program are out-of-network. This issue is currently being worked on outside of the legislative setting.
- When the issue of commercial insurance and CMEs first arose, the carriers asked for data on how many members were going to CMEs. Ms. Dunlap's data says there were 37 total members, and as Anthem is the largest carrier, they agreed to take the lead in discussions.
- Anthem is actively engaged with the CMEs on whether network participation makes sense. Contracting can take time, especially when an entity has no history of working with commercial standards. Ms. Dunlap emphasized that safeguards are in place for a reason and progress is being made.
- Senator Rochefort asked if there is an expected trajectory on coming to a resolution.
- Ms. Dunlap explained that it is hard to specify a firm date and emphasized that there is a large team at Anthem working as quickly as possible. These processes normally take 3-6 months with entities that are used to dealing with commercial insurance, which is not the case here. Ms. Dunlap believes they are in the middle of the process and noted that there are still questions about services and what they can cover. She emphasized that they are working in good faith and can figure out how to fund the services for this small amount of kids.
- Senator Avard asked if Ms. Dunlap was part of the amendment conversation, and she confirmed that she was in the conversation when they learned of the proposal from the Insurance Department. She noted that there are some operational challenges with the amendment, but Anthem is not opposed to working on an amendment.
- Senator Prentiss said she has a level of faith and optimism based on previous experience and asked if Ms. Dunlap feels the same way.
- Ms. Dunlap said she shares that level of optimism. Now that there is a better understanding of the issue, Ms. Dunlap does not think there is a need for legislation.
- Senator Prentiss referenced parity and noted that this seems to be a unique situation. She asked if the specific services not being covered have been identified and if carriers are looking to cover them to bring some parity.
- Ms. Dunlap explained that commercial insurance has moved closer to covering almost 100% of what Medicaid covers, although they are different programs. Health insurance has not historically covered things that are not clinical. She emphasized that it is not a judgement on the service, but rather a practical and

operational issue. Those things are being discussed, and carriers would like to see if they can be covered through existing codes.

Cam Lapine & Margaret Reynolds, Cigna

- Mr. Lapine noted that while Anthem has around 30 members connected to this program, Cigna has 4. He explained that it may not make sense to enter into a formal contract for such a small number of members and noted that individual case agreements may work better.
- Ms. Reynolds asked the Committee to consider having the assessments be limited to children based on their carrier for plans in New Hampshire.
- Ms. Reynolds asked that any hiring contracts this association might have in excess of $10,000 go before the Executive Council for approval. She emphasized that any excess assessment dollars should go back to the carriers that paid the assessment.
- Ms. Reynolds asked the Committee to consider changing the effective date to allow for more preparation time.
- Senator Prentiss asked what Cigna's perception of the amendment is at this point.
- Mr. Lapine explained that they looked at the framework of the amendment in early December aligning with what the Department has described. They have some operational concerns with what was presented, but they are happy to continue working on this.
- Ms. Reynolds emphasized that Cigna looks forward to working with CMEs to address this issue with a potentially non-legislative solution.
- Senator Rochefort clarified that Cigna has 4 kids that would be covered by this, and Mr. Lapine emphasized that the DHHS data presented to stakeholders in December identified 4 children connected with Cigna involved in the FAST Forward Program.
- Senator Rochefort asked why Cigna would not pay for only 4 kids.
- Mr. Lapine explained that Cigna cannot pay if the CMEs are not billing.

Peter Bragdon, Harvard-Pilgrim

- Mr. Bragdon noted that DHHS data shows 4 children connected to Harvard-Pilgrim utilizing FAST Forward services. He emphasized that payment for these kids comes down to the issue of network.
- A couple years ago, the Insurance Department directed carriers to reach out to CMEs about coming into network. Mr. Bragdon explained that one CME did not return phone calls or emails and the other was not interested.
- Mr. Bragdon said he believes the contract between the CMEs and DHHS requires them to send bills to insurance, but Harvard-Pilgrim has not received any.

- Now that stakeholders have come to together and there is a better sense of the issue, Mr. Bragdon is optimistic that an agreement can be reached. He emphasized that while the amendment seems to be better than the underlying bill, he believes a non-legislative solution is possible.
- Mr. Bragdon expressed concern about section 3 of the bill. Federal law currently requires reporting on mental health parity with the state, and this bill significantly expands that requirement. He emphasized that this would be a tremendous amount of work and that the Insurance Department has broad authority to determine what needs to be reported. He noted that dividing up data can also impact its meaning and usefulness.
- Senator Rochefort said his takeaway is that Harvard-Pilgrim is going to get the CMEs into network to pay for these 4 kids, and Mr. Bragdon said Harvard-Pilgrim will work with them to get them in-network.

Michele Merritt, New Futures

- Ms. Merritt stated that she is speaking in support of the bill.
- She has been working on this issue since February 2021, at which time 51 children were boarding in emergency rooms. There are currently only a handful of kids in this situation now, thanks to programs like FAST Forward.
- Ms. Merritt emphasized that progress on this issue has been painfully slow, with still no commitment from carriers to pay for these bundled services.
- No carriers are currently paying for FAST Forward or high fidelity wraparound in New Hampshire. CMEs cannot submit bills for these services because there are no contracts, and there is no claims data because these services are not being covered. Ms. Merritt emphasized that CMEs have been responsive and trying to address this issue.
- Ms. Merritt referenced the amendment and noted that it pertains to a qualified payment amount for these services. New Futures currently does not find that to be a reasonable solution to the issue because it would only apply to the fully insured market, while an assessment would equitably distribute responsibility among all carriers.
- Ms. Merritt emphasized that these services are already being paid for utilizing general fund taxpayer dollars. This means the question should not be if there should be a tax, but rather who should pay it.

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Date Hearing Report completed: February 17, 2026