

Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 128-FN, relative to children's mental health services for persons 18 years of age and younger.

Hearing Date: February 10, 2025

Time Opened: 12:03 p.m.

Time Closed: 12:59 p.m.

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

Members of the Committee Absent: Senator Prentiss

Bill Analysis: This bill establishes the New Hampshire children's behavioral health association.

Sponsors:

Sen. Birdsell

Rep. Gregg

Rep. Raymond

Rep. Nelson

Who supports the bill: 179 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: 6 people signed in opposed 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: 3 people signed in neutral to 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

- Senator Birdsell stated that this is a rare piece of legislation that both increases access to behavioral health services and saves our state money.
- For several years, the New Hampshire legislature has attempted to address the disparity in insurance coverage for Families and Systems Together, otherwise known as FAST Forward.
- FAST Forward provides youth and family-driven wraparound services focused on keeping the youth in their home community.

- SB 411 created a study committee to identify gaps in coverage for children's behavioral health services and provided recommendations to address those gaps. This bill is a direct result of those recommendations.
- FAST Forward is currently covered by New Hampshire Medicaid, but not by private insurance carriers. However, every child in New Hampshire who needs it has access to FAST Forward regardless of insurance provider.
- This means that taxpayer general fund dollars are being used to cover the cost of the program for children with private insurance.
- Fast forward is an important piece of our children's system of care and is an evidence-based practice.
- It is essential that families who are experiencing behavioral health challenges have access to this program, regardless of their insurance carrier.
- This bill creates a public-private partnership to fund this critical program.
- Under this model, federal, state, and private funding will be braided to create a system that both prioritizes the health of children and saves insurers money on services otherwise covered for their members.
- This bill creates an association to assess carriers proportionately for children who could access Fast Forward on their respective plans. This assessment ensures that the cost to private insurers is equitable, as opposed to a mandate.
- This also updates parity review requirements to include specific analysis of services available or missing for the 0-8 years old population, and more specifically the 0-5 years old population. It is necessary to determine whether these populations have access to the services they need or if there are barriers due to insurance coverage that can be alleviated.
- Implementing a public-private partnership stops the State from having to subsidize private carriers to ensure that all children in need have access to this service.
- Treating children in their communities results in long-term savings for the State and insurers.
- When children receive earlier and less intensive interventions, they have a better long-term outcome and avoid more costly interventions.
- Senator Birdsell informed the committee that she has learned the insurance providers have received the Department of Insurance's fiscal note worksheet before the completion of the fiscal note. She asked that the committee wait on voting, so the fiscal note may be completed.

Andrew Hosmer, Harvard-Pilgrim

- Mr. Hosmer stated that he is speaking in opposition to this bill.
- He is concerned that it would place a potentially large assessment on commercial carriers for behavioral health services for children and adolescents.

- Some of these services are covered already, including in-home services, residential treatment, and structured outpatient programs.
- Mr. Hosmer explained that the Insurance Department previously convened a stakeholder group and issued a Bulletin in March 2024, requiring carriers to produce guidance for providers on how to bill for these services.
- Harvard-Pilgrim updated their payment policy and published a note to providers.
- Harvard-Pilgrim does not currently cover functional support services because they are not clinical.
- Mr. Hosmer noted that Section 3 of the bill amends State law relating to mental health parity filings by commercial insurers. This would be an enormous administrative burden.
- He stated that this is inconsistent with the requirements under the Mental Health Parity and Addiction Equity Act (MHPAEA).
- This goes beyond federal rules by attempting to create new benefit classifications that are not provided for under the MHPAEA.
- Mr. Hosmer stated that Harvard-Pilgrim is certainly willing to continue working with Senator Birdsell and other stakeholders on this bill.

Commissioner D.J. Bettencourt & Michelle Heaton, New Hampshire Insurance Department

- Commissioner Bettencourt stated that he thinks that the dialogue on this longstanding effort has shifted in a better direction.
- This has also helped them to better understand the types of services being discussed.
- Commissioner Bettencourt's understanding is that FAST Forward is provided by two providers, and the services are bundled.
- These bundles are difficult to separate into individual components because while some of the services are clinical and covered by commercial insurance, others are outside that scope.
- Commissioner Bettencourt stated that he is not a fan of assessments. However, his understanding is that the assessment would be contained in the range of approximately \$2 million. He stressed the need for cost containing guard rails.
- He emphasized that he is willing to work on the language with Senator Birdsell.
- He stressed the importance of being vigilant about potential precedent being set. These assessments are rare and the Insurance Department uses them in very rare circumstances.
- He noted that there is a component of this that impacts DHHS's Medicaid budget, but the Department can be helpful in alleviating that problem.
- Senator Avard asked how critical functional supports is to this bill. Commissioner Bettencourt explained that the wraparound model of bundled

services includes both traditional clinical services and functional supports. While still valuable, many functional support services fall outside the traditional clinical definition.

- Ms. Heaton pointed out that the bill is lacking specificity by referring to program costs generally. Putting some more parameters around that would make it helpful.
- The Insurance Department did complete a fiscal note, but because they do not know what the program costs are, it is just a calculation. Because there are only two providers, it should be relatively easy to obtain more information and update the fiscal note.

Sabrina Dunlap, Anthem

- As part of SB 411, there was a stakeholder group that met to complete a side-by-side comparison of the mandated services in the bill compared to what commercial insurance covers. The group did not identify large gaps in coverage.
- Ms. Dunlap said commercial carriers generally cover what are considered wraparound services.
- She explained that she is somewhat confused by the notion that commercial carriers are a drain on this program, as FAST Forward is a DHHS program administered by DHHS through two care management entities.
- To her knowledge, neither of these care management entities are in network with any commercial carriers. Thus, commercial carriers are not engaged with these services.
- Ms. Dunlap had a conversation with both of the care management entities and learned that part of the reason they are not in network is because they do not have a large enough volume of commercially insured patients.
- She believes that it is an incomplete picture at best to say that commercial carriers are a drain on the program.
- She noted that they do cover most of the services found in FAST Forward.
- It would be a helpful exercise to identify if there are remaining gaps that they could potentially try to cover.
- Ms. Dunlap would be happy to continue the conversations with the other stakeholders.

Jenny O'Higgins, Department of Health and Human Services

- Ms. O'Higgins stated that she would be speaking on behalf of Patricia Tilley.
- FAST Forward provides a youth and family-driven wraparound service with a focus on keeping children and youth in their home communities and establishes some individualized care plans for their mental health challenges.
- The Department has completed a fiscal analysis on the bill.
- About 20% of families that are currently served by the two care management

- entities in the program have private insurance.
- The care management entities are successfully connecting 75%-85% of those families to Medicaid through the Home Care for Children with Severe Disabilities (HC-CSD) waiver. However, there is a cost accrued either in the interim or for the families who are not eligible for the Medicaid benefit.
 - It is upwards of a \$2 million cost annually to cover children that are getting FAST Forward services who are commercially insured.
 - In the fiscal note worksheet, DHHS determined a range between \$2 million and \$3 million.
 - This includes the costs of the 20% of kids in both care management entities getting services while commercially insured. They used the range of \$1.1 million to \$1.9 million over the last four years as a baseline.
 - They added additional costs for exceeding the contract threshold with the care management entities of approximately \$500,000.
 - There are also a couple of bill components that need additional funding.
 - Senator Avarad noted that previous testimony said FAST Forward is covered and inquired about the 75%-85% that Ms. O'Higgins mentioned.
 - Ms. O'Higgins clarified that the program is covered by Medicaid and the State pays for FAST Forward for all youth. Of the 20% who are in this program and commercially insured, 75%-85% were able to be placed in the HC-CSD waiver program. This program exists for families that are over-income for traditional Medicaid, but their needs are complex and the youth are at enough risk for residential treatment to qualify.
 - Senator Avarad asked what the reserves were, and Ms. O'Higgins explained that it is set up in the bill language for the fund. It is not an associated cost that already exists today.
 - Senator Birdsell asked if the State gets any reimbursement for the 20% who do have commercial insurance, and Ms. O'Higgins replied that there is no reimbursement.

Holly Stevens, NAMI NH

- Ms. Stevens stated that the most visible symptom of New Hampshire's youth mental health crisis is the boarding of youth in emergency room departments while waiting for inpatient care.
- In order to address this crisis, it is imperative that there is an investment in community-based services that prevents the need to utilize higher levels of care.
- FAST Forward is an intensive, family-focused service that can prevent the necessity of hospitalization for youth that are experiencing serious emotional and behavioral concerns.

- Currently, private insurance carriers do not cover any of the services under FAST Forward. These services are covered at the expense of New Hampshire taxpayers, with funding through New Hampshire's Children's Behavioral Health Bureau.
- Rather than waiting for a child to be sick enough to be hospitalized, if commercial insurance paid for the services that their members are receiving, the family could receive services earlier. This would potentially alleviate the need for hospitalization.
- Additionally, the burden of the cost of these services would no longer rest on the Children's Behavioral Health Bureau. Those funds could be reallocated to support the children's system of care in other areas.
- This bill aims to ensure that the needs of the most vulnerable population in New Hampshire have the services that they need and are covered by their insurance plans.

Emma Sevigny, New Futures

- New Futures supports this bill because it creates a reliable funding structure for wraparound services.
- Ms. Sevigny addressed Senator Avard's earlier question about functional supports and explained that the program utilizes a bundled system to cover both clinical and non-clinical services. This program is so successful because families are wrapped around and connected to whatever they need, whether it be a traditional clinical service or not.
- Ms. Sevigny emphasized that these services are not a new thing for carriers to cover. They cover such services in the cancer and substance use disorder spaces. Not covering this for children in this program yet covering it in other spaces implicates parity issues.
- She addressed SB 411 and acknowledged that there were some issues with defrayal costs and only looping in some carriers.
- The idea behind the assessment is that it equitably covers all carriers.
- Ms. Sevigny noted that not all carriers are contracted with the providers of FAST Forward. This means they cannot bill carriers for these services, even if there are codes available.

Kristen Sheppard

- Ms. Sheppard stated that she is speaking in support of this bill.
- She shared a personal story about her son's mental health journey. She explained that they were only able to obtain FAST Forward services because her son had Medicare. FAST Forward was the first time her family felt connected to something that could truly help them.

- As a social worker of 30 years, she is abundantly familiar with the mental health system in New Hampshire and Massachusetts. It was difficult for her to utilize this experience in navigating her own son's mental health crisis.
- While in the hospital, their family had access to a FAST Forward social worker and a peer support person from NAMI. These individuals provided them with support, help, and guidance.
- Ms. Sheppard emphasized any family in a mental health crisis deserves to have all resources available to them. FAST Forward can provide help to more families than just those on Medicaid.
- She addressed previous testimony about functional supports not being clinical services, and explained that when her son is not functioning, it is an emergency. As a social worker, when her clients are not functioning well, she uses her clinical skills to help them.

Katie Lyon-Pingree

- Ms. Lyon-Pingree stated that she is speaking in support of this bill.
- This is an important bill that would ensure that children and families with private insurance have access to critical mental health services that prevent traumatic higher-level treatment.
- Ms. Lyon-Pingree shared a personal story about her son's struggle with mental health after receiving a concussion.
- She said she wishes her family had access to a program like FAST Forward during their journey.
- As parents who desperately wanted to help their child, having an entire system working against them and not with them was maddening and painful.
- They could not find a long-term treatment option that worked for them in New Hampshire. Her family felt powerless in finding a solution.
- Despite the time and financial resources available to them, it remained very difficult to navigate the behavioral health system of New Hampshire.
- Now learning about the various programs that would have been available to her family, like FAST Forward, amplifies her grief knowing that their outcome didn't have to be like this. These services could have been available at home, with providers focused on their family strengths. Instead, they lost their son to his mental illness at 18.

Dennis Calcutt, Connected Families

- Mr. Calcutt emphasized that this is solved through collaboration.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) funded this work and it's been happening across the country for over 25 years.
- Connected families is a sub-government entity governed by Cheshire County. NFI is the other care management entity.

- Mr. Calcutt explained that the dollars coming from the federal level to support the starting of this system may speak to why the care management entities are not in network with insurance companies. He emphasized that this is still a relatively new program.
- He explained that this program is focused on building a team around the family with functional supports. He understands why insurance companies may have difficulty categorizing these services for coverage, but emphasized that a solution needs to be found.
- He noted that children with cancer and children with mental health issues have the same life expectancy when looking at outcomes.
- Mr. Calcutt emphasized that the greatest investment the State can make is in children because if these problems can be stopped now, the State will be saving money and providing people a healthier life. He said it is very admirable that the State is providing them with care.
- He explained that when we run into barriers like this, everyone needs to come together to solve the problem. If they don't, the program will splinter.
- The proposed structure would provide both a fund and oversight. It is not just asking for funds, but rather a collaborative solution.
- Mr. Calcutt explained that Connected Families had \$420,000 in losses last year.
- He said he appreciates the committee for being interested in this.

Luke Reynard, NFI North

- Mr. Reynard stated that NFI North is the other care management entity alongside Connected Families.
- He stated that he thinks this bill is about equity.
- NFI North received 602 referrals for FAST Forward in fiscal year 2024.
- 167 of those were non-Medicaid, meaning they are not getting paid for 28% of the referrals they are serving. In essence, they are getting paid 72% to do 100% of their job.
- Mr. Reynard acknowledged that they lost money last year on this program and anticipate losing money this year on it. They are fortunate to have the support of their Board of Directors who see the success of this program that translates in the community.
- He acknowledged the work groups from last year and noted that there were some issues with coding around functional support services.
- He emphasized that this is an evidence-based model with required components; it does not work without all of them. This has been an issue with some carriers.
- Mr. Reynard emphasized the importance of the equity piece of the bill. He said they are glad to do the work because they see the outcomes, but they are asking for a fair approach to coverage.

Paula Rogers, AHIP

- Ms. Rogers distributed a printed copy of the RSA outlining care management entities to the committee.
- She referenced Page 2 of the bill defining childhood behavioral health services, and urged the committee to familiarize themselves with the difference between functional supports and clinical care.
- She emphasized the gap in understanding why carriers do not cover functional supports has narrowed, but it is still there.
- She explained that the funding mechanism in this bill largely mirrors the vaccine fund assessment mechanism. She noted that once the mechanism is in place, it is going to be somewhat immovable.
- Ms. Rogers stated that she believes there is an obligation on the plans and providers to see if there is an alternative to an assessment that would address this gap.
- She reiterated that this is an important discussion that needs to be continued, and AHIP wants to be at the table.

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Date Hearing Report completed: February 18, 2025