

# Senate Health and Human Services Committee

*Sophie Walsh 271-3469*

**SB 244-FN-A**, relative to expanding access to primary health care services, increasing the number of direct health care providers, increasing Medicaid reimbursement rates, and making an appropriation therefor.

**Hearing Date:** February 5, 2025

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

**Members of the Committee Absent:** None

**Bill Analysis:** This bill expands access to primary health care services by directing the department of health and human services to amend its contract with the Bi-State Primary Care Association's Recruitment Center in order to expand health care workforce recruitment and retention efforts, increases funding for such programs, and increases Medicaid reimbursement rates.

---

**Sponsors:**

Sen. Rosenwald

Sen. Watters

Sen. Reardon

Sen. Long

Sen. Perkins Kwoka

Sen. Fenton

Sen. Prentiss

Sen. Altschiller

Rep. Wallner

Rep. Telerski

Rep. Weber

---

**Who supports the bill:** 274 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:** 9 people signed in opposition of 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:** 4 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 Cindy Rosenwald, Senate District 13

- Senator Rosenwald introduced SB 244, the New Hampshire Needs Caregivers Act.

- This bill will make pipeline investments in the healthcare workforce.
- This is about building up a healthcare workforce for both the short and long term.
- Despite putting hundreds of millions of dollars into our healthcare workforce, it is still very difficult to access care.
- This lack of an adequate workforce has led to increased costs as providers have had to pay enormous temporary staffing costs.
- There are also indications that quality is at risk. The Kaiser Foundation reports that the number of hours nursing home residents receive actual care declined by 9% between 2015 and 2023, with nursing hours down 21%.
- In addition to keeping the workforce we have, we must make sure professionals can work at the top of their scope and interest more students in healthcare careers. Senator Rosenwald emphasized that SB 244 does these things.
- This year's version of the bill takes a lot of the onus off DHHS by requiring the Department to amend its contract with Bi-State Primary Care's recruitment center. The Bi-State Primary Care Association would be able to subcontract with other organizations.
- The bill also includes workforce building programs to engage students in the health profession, send health profession students to rural and underserved areas of the state, and mentor nurses to expand their capabilities.
- Senator Rosenwald noted that a particularly important aspect of the bill is adding to the student loan repayment program.
- This bill includes Medicaid rate increases of 3% in each of the next two years.
- Senator Rosenwald explained that the number she included for those rate increases is much smaller than the number given to her by the Department.
- She advised the committee to consider giving the commissioner the ability to target rate increases.
- Senator Rosenwald noted that while the fiscal note has not been completed, there are appropriations in the bill to cover this work.

Rob Berry, Department of Health and Human Services

- Mr. Berry stated that DHHS has completed a fiscal analysis on this bill.
- As currently written, there is an across-the-board 3% Medicaid rate increase in both fiscal years 2026 and 2027.
- Mr. Berry suggested that the itemized and targeted rate increases used in HB 2 from 2023 be implemented. The Department feels as though this would be a better option.
- Mr. Berry estimated an expenditure in general funds of \$32.4 million in 2026 and \$38.9 million in 2027 as a whole. That balance is the difference between the Medicaid rate increases and what was appropriated in the bill.

- There is an approximate total cost of \$100 million with \$40 million appropriated. Mr. Berry said he would double-check this.
- Mr. Berry noted that if it were to be targeted, we may be able to get more within the range of the \$20 million appropriated.

Whitney Hammond, Department of Health and Human Services

- Ms. Hammond acknowledged the importance of this bill and the critical role that the healthcare workforce plays in New Hampshire for people's health and wellness and the economy.
- She noted that the Department is doing work particularly in the Rural Health & Primary Care Unit in the Division of Public Health that is well aligned with what is being proposed in this legislation.
- The Department does have some pipeline programs. They run the current state loan repayment program, which is being proposed to be expanded in this bill.
- The legislation states that the Rural Health & Primary Care Unit would amend their existing contract with Bi-State Primary Care Association to be able to add a lot of the work into their contract.
- This is responsive to legislation proposed in 2024, for which the Department testified that there would be a considerable administrative burden to oversee that work.
- Ms. Hammond acknowledged that this calls for a significant investment in the Department's budget in this area during a fiscally challenging time.

David Chorney, Department of Health and Human Services

- Mr. Chorney referenced the Medicaid rate increases and explained that the only nuance is that the bill directs a 3% increase and also has a specific appropriation for opioid providers. This is included in the estimates given by Mr. Berry, but separate from the 3% increase; there is \$2.6 million in both fiscal years 2026 and 2027 that would be specific to opioid providers.
- Mr. Chorney said they may need some clarification on the definition of an opioid provider to target those rate increases to the appropriate providers. He emphasized this wouldn't necessarily be a 3% increase, as it would be just as much as the appropriation allows for.
- Senator Rochefort noted that there is a specific need for primary care services in rural areas and asked if it would be logical or legal to divide the rate increase geographically to target reimbursement increases where they are needed most.
- Mr. Chorney explained while they generally like to have parity between the rates that similar providers are receiving for providing similar services, they could look into it.
- Senator Rochefort noted that 3% in a rural area may look very different from 3% in a larger area, and Mr. Chorney noted that some of their rate methodologies

assess differing costs between areas. As an example, he explained that critical access hospitals have a different rate than other hospitals to account for the critical access they provide in their communities.

- Mr. Chorney emphasized that they could look into this to see if there is CMS approvable methodology that they may be able to utilize for rural primary care.
- He also noted that if amended, they could target the appropriation towards providers that have a critical need for rate increases instead of applying 3% across the board

Kristine Stoddard, Bi-State Primary Care Association & Jim Monahan, Dupont Group

- Ms. Stoddard explained that she is speaking on behalf of the New Hampshire Healthcare Workforce Coalition.
- Mr. Monahan explained that he is also speaking for the New Hampshire Healthcare Workforce coalition. The Dupont group works with different provider groups in the Medicaid and healthcare space.
- In 2018, it was clear from their members that New Hampshire is in crisis.
- The state is not producing enough clinicians and healthcare staff to meet the needs of Granite Staters.
- Community Health Centers must take patients regardless of their ability to pay.
- It can take very long to get into a provider's office. This is especially true in rural areas.
- Ms. Stoddard emphasized Ms. Hammond's point that this is in response to concerns raised last year about the potential burden being placed on the State and the workforce. This year's bill leverages both State and private dollars.
- She explained that Bi-State Primary Care Association operates a recruitment center. They are happy to manage contracts. They have existing relationships with all the organizations listed in the bill and have subject-matter expertise.
- Since 2018, legislative support has allowed for a number of Medicaid rate increases, helped create a certification for community health workers, and allowed them to collect adequate data on the healthcare workforce.
- Mr. Monahan explained that if set up properly, this will be a mechanism where private funds can come in to invest in the healthcare pipeline, so they are not always dependent on the State for funding this program.
- Mr. Monahan explained that he went back and forth with the Department to figure out what the fiscal note may look like for the Medicaid components. There's some difference between the \$20 million a year that Senator Rosenwald has included and the \$32 million. He emphasized that work can continue to be done in this space.
- He explained that the \$20 million was based on Governor Sununu's proposal for the 3% across-the-board rate increase enacted in 2023.

- Mr. Monahan said their emphasis is that it just be providers in developing the 3% across-the-board rate increase.
- He noted that there seems to be some confusion or disagreement with the Department on what was done in 2023. He said the legislature did pass a 3% across-the-board rate increase for all providers. After that, there was a schedule of additional targeted investments to providers that was developed based upon the work they did that said to come back with your needs over and above the 3%.
- Mr. Monahan urged the committee not to rush to the concept of giving the Department the ability to do targeted rates.
- For the last three budget cycles, their coalition has urged for an across-the-board rate increase because it is one big healthcare work force as a whole.
- Senator Long inquired about the data collection on the healthcare workforce, and Ms. Stoddard said she will send it to the committee.
- Senator Long asked about how this information is collected, and Ms. Stoddard explained that when they renew their licenses, they fill out a survey that informs the Department where they are practicing, how long they plan to practice, and things of that nature.
- She noted that many are licensed in New Hampshire, but they do not practice here. Thus, looking at the simple number of licenses is not an accurate reflection of the workforce in New Hampshire.
- Mr. Monahan explained that many individual organizations have done their own work. Mental health centers and developmental disability agencies keep a month-to-month vacancy schedule.
- Ms. Stoddard noted that federally qualified health centers (FQHCs) exist in medically underserved and rural areas of the state. Their rates are dependent on their location.
- There is a set of services required by law, so inherently baked into some Medicaid rates, they do acknowledge where in the state they are and which populations they predominantly serve.
- Senator Rochefort asked if this is just for FQHCs, and Ms. Stoddard noted that she cannot speak for anyone but them.
- She explained that state-loaner payment program benefits people in medically underserved and rural areas of the state. She acknowledged that they are not the only health care organizations in need, and they want to be sure that every healthcare provider type is being helped.
- Mr. Monahan explained that it makes better business sense for the State and providers to know that there will be modest 3% increase every couple of years, rather than waiting every 10 years to find enough funds to stabilize the system.

- Senator Rochefort asked if they believe expanding the scope of practice for a variety of healthcare providers trained at a higher level, such as optometrists, chiropractors, or pharmacists, would help alleviate some of the access we have to primary care. He noted these groups are an under-utilized asset.
- Ms. Stoddard explained that because there is such limited entry-level staff, clinicians can't practice to their full scope. She emphasized that we need the entire continuum of care to be able to operate to their full capacity.
- Senator Rochefort confirmed that manpower is the biggest pressure point, and Ms. Stoddard confirmed.

#### Stephanie Pagliuca, Bi-State Primary Care Association

- Ms. Pagliuca explained that the recruitment center's core function is the recruitment of primary care providers. They describe that broadly as family physicians, nurse practitioners, physician assistants, dentists, and mental health and substance use disorder treatment clinicians.
- They try to get in touch with individuals to see if they are interested in working in New Hampshire, especially rural and underserved areas.
- They also help employers in the state to fill critical vacancies and ensure they have a supply of clinicians to consider for openings. These individuals must be screened and go through a hiring process.
- Ms. Pagliuca explained that a public-private partnership with the State started the recruitment center in 1994.
- She said this bill is important, as it builds upon the work they have been doing with the Department since then.
- She noted that they have public-private partnerships with many of the organizations mentioned in the bill.
- Ms. Pagliuca explained the various initiatives and endeavors that the recruitment center has made to build up the healthcare workforce.

#### Dr. Bill Gessner & Sergio Zullic, Coos County Family Health

- Dr. Gessner stated that he is here to discuss the establishment of a primary care residency program in family medicine in Coos county.
- He discussed his personal history within the field and his experience in attracting and retaining a family physician workforce.
- Physicians are nationally increasingly difficult to attract, especially in rural areas. However, there is data reflecting the fact that graduating residents often settle within 30-40 miles of their residency program; this also applies to those who have completed rural residencies.
- Dr. Gessner said that salaries for residents need to be competitive with other family medicine residencies.

- He explained that we have fortunately established relationships with other residency programs in the Northeast. These may result in quality collaboration among entities.
- The Accreditation Council for Graduate Medical Education (ACGME) is the monitoring body for all residency programs. The Coos County residency program in family medicine has been approved.
- Senator Rochefort asked how many residents they anticipate having in the North Country under the program.
- Mr. Zullic explained that they are approved for a '444 program', which is 12 residents total once completely up and running, with 4 residents coming to Coos county a year.

Jodi Harper, Southern NH Area Health Education Center

- Ms. Harper stated that she is speaking on behalf of Paula Smith. She is the Associate Director of Southern New Hampshire Area Health Education Center, and Ms. Smith is the Director.
- Their mission is to support workforce development activities for current and future healthcare workers.
- She discussed the initiatives they taken and the impact they have created in serving their mission.
- They have taken some of the burden off the healthcare workforce by offering training in the community about chronic disease, chronic pain, and diabetes self-management.
- They support the healthcare sector partnership initiative, which convenes healthcare employers and academic partners to help address workforce needs.
- Two important programs have come out of this initiative: the New Hampshire Healthcare Heroes Awards and the New Hampshire Needs Caregivers program. Through this program, they have helped 796 individuals become LNAs in New Hampshire over the last four years. This has benefited hospitals, long-term care facilities, and home-care agencies.
- This bill provides funding through Southern New Hampshire Area Health Education Center to support a New Hampshire nursing workforce center. This would help ensure we have the capacity to better understand the needs of a sustainable nursing workforce and identify the existing gaps. AHEC is committed to working with the Nursing Association on this.
- Funding support from the State would allow them to focus on building the healthcare workforce pipeline in a more consistent manner across the state and meet the needs of Granite Staters.
- They have partnered with the Bi-State Primary Care Association since their establishment and look forward to continuing this work.

Peggy Gilmour, Greater Nashua Chamber of Commerce

- Ms. Gilmour stated that she is reiterating the support given by the business community in mitigating the healthcare workforce crisis.
- The Greater Nashua Chamber of Commerce represents over 400 businesses. Each of them is impacted by the lack of adequate access to a healthcare workforce.
- Ms. Gilmour explained that healthcare institutions and community health centers are directly impacted by this, but there is a ripple effect to every business and employer.

Pam Dinapoli, NH Nurses Association

- Ms. Dinapoli explained that she is a retired faculty member of the UNH Nursing Department, is a current school nurse in Manchester, and serves as a member of the NH Workforce Coalition.
- She referenced Page 2 Lines 13-19 and explained that this bill provides funding to develop a NH Nursing Workforce Center. By establishing this, they will have the capacity to better understand the needs of a sustainable nursing workforce and help identify existing gaps.
- New Hampshire is one of five states that do not have a nursing workforce center.
- Ms. Dinapoli explained that the New Hampshire Nurses Association request for funding is to conduct a specific scope of work to be completed within two years as a preliminary step to building the infrastructure for a nursing workforce center.
- The scope of this work will involve bringing stakeholders together to build a collective voice for nursing excellence in New Hampshire and determine what data collections are ongoing and what initiatives are needed. They will also hold listening sessions to determine the needs of the State and make recommendations for the infrastructure of the workforce center.
- Ms. Dinapoli encouraged the committee to support this bill to continue to provide essential quality healthcare to the citizens of New Hampshire with a robust nursing workforce.

Maggie Pritchard, NH Community Behavioral Health Association

- Ms. Pritchard stated that she is the CEO of Lakes Region Mental Health Center and President of the Community Behavioral Health Association in New Hampshire. She is speaking in support of this bill.
- She explained that they are facing a workforce shortage that they cannot fix themselves. There needs to be a systematic change; they cannot ask for large amounts of money to catch up.

- Ms. Pritchard asked that the committee give careful consideration to this. She acknowledged that it is a lot of money, but it is a needed investment.
- She emphasized that people will not get better if there is nobody to take care of them.

Amy Moore, Ascentria Care Alliance & Granite State Home Health & Hospice Association

- Ms. Moore stated that she is the Board President for the Granite State Home Health & Hospice Association and Vice President of in-home services at Ascentria Care Alliance.
- She explained that she was here two years ago for the system of care bill. At that time, they were going to have to close their doors, along with other providers, because the CFI program had been underfunded.
- She expressed gratitude for the legislative work done last session. The historic rate increase allowed them to continue serving their community.
- In the last 6-9 months, Ascentria's hours of care per month have been plateauing and dropping. Like any other business, they do not want to go into crisis again.
- Ms. Moore told a story about a man who passed in his home when trying to transfer himself from his bed to his wheelchair. This was a result of him not receiving care.
- She emphasized this needs to be a continuous investment to avoid recurring crisis.
- Hospitals cannot discharge patients if there is no home and community-based care workforce. This could result in people sitting in hospital hallways for days while awaiting action.

Adrienne Sass and Tiffany Dreher

- Ms. Sass stated that she is the Regional Director for Acadia Healthcare's comprehensive treatment centers.
- They are facing extreme staffing shortages, specifically with clinical and nursing staff.
- Ms. Sass emphasized that they offer a myriad of services outside of methadone, including individual counseling, group counseling, case management, nurse care management, and primary care coordination.
- Ms. Sass said that they need to offer competitive wages because they are dealing with an extremely medically fragile population. They need highly skilled healthcare professionals to work with these individuals, but the Medicaid rate prohibits them from being able to do that.

- Ms. Dreher stated that she is the Regional Director of New Seasons, which oversees eight outpatient centers in the Northeast region, five of which are in New Hampshire.
- Over 50% of their patients have Medicaid funding.
- They are always looking to recruit nurses and counseling service providers.
- Ms. Dreher said it would be great if they could get the Medicare rate in order to fully staff their centers and continue to serve patients on a daily basis.
- Senator Rochefort referenced Section 5 of the bill and asked what the defined term for opioid treatment program (OTP) is.
- Ms. Dreher explained that OTP has a specific definition. There is a formal designation through the federal government.
- Senator Avard noted that Medicaid rates are 45% less than Medicare rates and asked if this bill brings it up to parity.
- Ms. Dreher explained that while they can only speak on behalf of New Seasons, she thinks that continuous increases each year makes more sense than looking at it over a ten-year period.
- She explained that they continuously deal with staffing turnovers because the rate they are receiving is impeding their ability to adequately pay counselors. This situation can lead to burnout for their existing staff.
- Ms. Sass noted that \$2.6 million was earmarked for OTPs and they did see a small increase in 2024. However, this money has not been disseminated and isn't what they had hoped for. There have been creative initiatives around opioid abatement funding, but at its core, they need Medicaid rates to come up so they can offer basic treatment.
- Senator Avard asked for clarification about this money being disseminated, and Mr. Chorney explained that the Medicaid rate increases for OTP went into effect.
- Senator Avard asked for clarification as to whether they are getting this increase now. Ms. Dreher stated that they received an increase in funding at the beginning of the year.
- Senator Long asked how this affects their capacity in terms of the number of individuals they can serve.
- Ms. Sass explained that her sites are understaffed, meaning that they must request a specific waiver from the State Opioid Treatment Authority to serve more people than they have the staff for. The ratio is 1:65 for clinicians and patients, and 1:150 for nurses and patients.
- Senator Long inquired about the decrease in what types of services patients are offered.
- Ms. Dreher explained that the primary focus is on patients receiving counseling services, receiving medication, and seeing a prescriber on at least a quarterly

basis. They also look to get patients connected with peer support. If at any point they are understaffed, they will be lacking those services and patients will not be receiving the utmost treatment they deserve. They could be transferred between counselors, which is a frustrating and harmful experience for patients.

- Senator Long asked if they have patients coming from the North Country to seek these services, rather than staying in their community.
- Ms. Sass explained that they have patients traveling up to two hours per day to reach the clinic. They would like to reduce these barriers. The State is open to them having more facilities, but it is a large undertaking.
- They do currently try to support patients through Medicaid ride shares and offering gas cards, but it is difficult for them to take these extra steps.
- They also noted that nurse staffing shortages result in long lines, which ultimately puts pressure on emergency departments.

Holly Stevens, NAMI NH

- Ms. Stevens stated that she is speaking in support of this bill.
- More than half of people with mental health conditions in the US do not receive treatment. Last year, 70,000 adults in NH did not receive the care they needed – 41% did not due to not being able to afford care.
- Granite Staters are 3 times more likely to be forced out of network for mental health care than primary care, which contributes to increased out-of-pocket costs.
- Due to the workforce shortage, many mental health providers have opted not to engage with the commercial insurance industry and just take cash paying clients. Therefore, many individuals cannot afford care as they cannot find a provider who accepts their insurance.
- Ms. Stevens also noted ghost networks as an issue, which are networks in which no providers are taking patients.
- Due to low Medicaid reimbursement rates, there is a shortage of therapists who accept Medicaid. This includes community mental health centers who struggle to recruit and retain therapists because the salary is less than private organizations.
- Ms. Stevens emphasized the shortage of case managers. They are a critical treatment member for those with serious mental illness.

Teresa Rosenberger, NH Association of Naturopathic Doctors

- Ms. Rosenberger explained that while she is neutral on this bill, she is proposing what she believes could be a possible solution.
- Naturopathic doctors have been licensed in New Hampshire since 1995. Statute allows them to be trained and practice primary care medicine, as well as some specialty care.

- Naturopathic doctors have been accepting private insurance since 2013, and they are eligible to accept Medicaid. However, they are not credentialed in New Hampshire.
- Ms. Rosenberger has met with Mr. Lipman of DHHS. There are doctors available, and in other states they accept Medicaid.
- She learned from Mr. Lipman that this could be pursued either through legislation or amending the state plan to allow naturopathic doctors to be credentialed.
- Senator Rochefort explained that he has worked with this group and has no doubt that they would be excellent primary care providers. However, he thinks they should be careful what they wish for.
- Ms. Rosenberger explained that they have thought long and hard about this, and they are aware that Medicaid rates are low. The federal government allows them to be credentialed for Medicaid, but not Medicare.
- Senator Rochefort asked if credentialing would need to be done through statute or departmental action.
- Ms. Rosenberger said they would be happy to do whatever works best for the Department, and she will defer to them.

Rebecca Sky, NH State Commission on Aging

- Ms. Sky stated that she is speaking in support of this legislation.
- New Hampshire is facing a healthcare workforce shortage.
- The NH State Commission on Aging is focused on direct care workers, including personal aids, LNAs, community health workers, nurses, and other care partners because of the growing need for support for older adults.
- Ms. Sky referenced a graph from the New Hampshire Department of Employment Security in written testimony submitted to the committee. It shows an overall decrease of 12% in the long-term care workforce and 23% specifically within the skilled nursing workforce between 2015 and 2022.
- Ms. Sky explained that the NH Needs Caregivers Program is a proven program that has trained almost 800 individuals to become LNAs in the four years of it running. She emphasized the value of this program and its impacts.
- She explained that the 3% increase in Medicaid reimbursement is one of the most critical parts of the bill because there is a need to address regular increases in salary, which can only happen with regular increases to reimbursement.

Brendan Williams, NH Health Care Association

- Mr. Williams stated that he is speaking in support of this bill.

- Nationally since the beginning of the COVID-19 pandemic, nursing home wages are up 32%. Yet, the nursing home workforce in New Hampshire is down almost 8% since February 2020.
- He said we have seen facilities turn away and waitlist prospective residents. There are needs throughout the state.
- He noted that the predictability of the methodology used in this bill should be commended.
- The New Hampshire Health Care Association supports the NH Needs Caregivers Program and explained that it was very unfortunate when the funding for this program went away. He said this program is worth every dollar invested.
- Senator Rochefort discussed the 3% increase in nursing home rates from a few years ago and said he is hearing that nursing homes are not necessarily receiving a full net increase of 3%. He asked if they are going to receive this 3% and why they may not be so now.
- Mr. Williams explained that nursing home rates are adjusted twice a year. They are based on case mix. He noted there are instances where facilities might see a decrease due to the adjustment to the case mix index.
- He thinks it is better to put it as that you are increasing the amount of funding available to nursing homes by 3% each year under this approach. Whether that means a nursing home gets a 3% increase is dependent entirely on its case mix index.
- Senator Rochefort asked if this same scenario will play out if the bill proceeds as written.
- Mr. Williams stated that it may. However, previously there was a time when legislation specifically provided that there had to be a 3% rate increase.