

# Senate Health and Human Services Committee

*Sophie Walsh 271-3469*

**SB 18**, permitting the commissioner of health and human services to authorize additional beds for a pediatric intermediate care facility under certain circumstances.

**Hearing Date:** January 15, 2025

**Time Opened:** 9:00 a.m.

**Time Closed:** 9:16 a.m.

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

**Members of the Committee Absent :** None

**Bill Analysis:** This bill allows the commissioner of health and human services to increase the bed capacity of a pediatric intermediate care facility with the approval of the joint fiscal committee.

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**Sponsors:**

Sen. Rosenwald

Sen. Long

Sen. Fenton

Sen. Rochefort

Sen. Birdsell

Sen. Prentiss

Rep. Weber

Rep. Nagel

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**Who supports the bill:** Sen. Rosenwald, Brendan Williams (NH Health Care Association), Jay Hayston (Cedarcrest Center for Children with Disabilities), Kelly Keefe (DHHS), Sen. Rochefort, Sen. Fenton, Teresa Rosenberger (NH Brain Injury Association), and Sen. Prentiss.

**Who opposes the bill:** No one.

**Who is neutral on the bill:** No one.

**Summary of testimony presented:**

Senator Cindy Rosenwald, Senate District 13

- Senator Rosenwald introduced SB 18, which will enable the commissioner of the Department of Health and Human Services (DHHS) to evaluate whether if and how many beds New Hampshire's only pediatric intermediate care facility may need.
- She said it is important to note that this bill does not break apart the long-term care bed moratorium, which has been in place since 1995.

- Senator Rosenwald explained that we have prided ourselves on the fact that we partner with families to provide an array of services that allow many children to stay at home with their families, even if they have complex needs.
- Over the past two years, first one and then two additional beds were temporarily authorized at Cedarcrest, allowing some New Hampshire children to come back to the state to be closer to their families.
- As of last year, it was thought that there are four or five additional New Hampshire children who would qualify for care at Cedarcrest but are currently being served out-of-state.
- Senator Rosenwald emphasized that this bill will allow the commissioner to assess the need for serving New Hampshire children with complex developmental and medical needs and gives the Fiscal Committee the authority to approve any recommendations for additional beds.
- Senator Long expressed concern about the criteria for establishing this and asked what must be looked at to increase the number of beds.
- Senator Rosenwald explained that Cedarcrest does a couple different things, including taking in children with complex developmental and medical needs and providing respite care for families. She noted that there is a workforce problem, with a lack of personal care service providers in the area.
- Senator Rosenwald said she thinks it would be a mistake to take apart the moratorium, as it has helped rebalance the long-term care system and allowed an emphasis to be placed on community-based care.
- Senator Prentiss confirmed that this would give the commissioner the authority to continuously monitor the census of developmentally and medically complex patients who need a space in New Hampshire and request that space with approval of the Fiscal Committee. She noted this seems to be more responsive and timely.
- Senator Rosenwald agreed and noted that this does not require the commissioner to undertake this effort, but rather gives them the opportunity.

Dr. Jay Hayston, Cedarcrest Center for Children with Disabilities

- Dr. Hayston stated that he is the president and CEO of Cedarcrest Center for Children with Disabilities.
- Cedarcrest provides complex care and education to New Hampshire's most medically and developmentally complex children.
- Cedarcrest is the only licensed intermediate care facility in the state.
- As of today, they serve from the ages of infancy to twenty-two years old. 40% of the children they serve are on ventilators for all or part of the day, and 100% rely on NG tubes or G-tubes for feeding.
- Cedarcrest is a post-acute setting, often serving children during the transition home after hospital stays. They also provide special education and respite care.

- Dr. Hayston explained that a core goal is to get as many children home as possible.
- Last year, Cedarcrest had seven long-term admissions, four discharges, and sixty-two different respite stays.
- The demand for Cedarcrest's level of support has increased by 30% over the past three years. They are currently receiving more inquiries per month than they can support.
- Dr. Hayston noted that demand can be seasonal, since many of the children have respiratory needs.
- Cedarcrest currently has the resources to support some more capacity, but not the necessary permission.
- Dr. Hayston said children and families need these services, and hospitals and care teams want to discharge patients to Cedarcrest when appropriate.
- Dr. Hayston explained that this would be prudent for taxpayers because the daily rate at Cedarcrest is between two to six times less than hospital rates. Furthermore, almost all the children served by Cedarcrest today would be in a hospital if Cedarcrest wasn't an option.
- Dr. Hayston said he is grateful for their capacity being temporarily expanded last year, as they utilized it multiple times. He also expressed gratitude to Senator Rosenwald for identifying more durable pathways to respond to this need without requiring legislative consideration or amendment.

Senator Cindy Rosenwald, Senate District 13

- Senator Rosenwald said she has worked hard with Cedarcrest, their lobbyists, and the New Hampshire Health Care Association over the past couple of years on this bill.
- She emphasized that this is a common-sense solution that avoids going through the legislative process and allows for a more streamlined process between the commissioner and Fiscal Committee.