

Chair Wayne MacDonald  
Vice-Chair Lisa Mazur  
New Hampshire House of Representatives  
Health, Human Services, and Elderly Affairs Committee

From: Andrew P. Loehrer, MD, MPH  
Date: February 5, 2025  
Regarding: **Testimony in Opposition to HB392**

Dear Chair MacDonald, Vice-Chair Mazur, and members of the Health, Human Services, and Elderly Affairs Committee.

My name is Dr. Andrew Loehrer, I am a resident of Lyme, New Hampshire, and a surgical oncologist and researcher at Dartmouth. I am speaking for myself, my patients, and the communities that I serve which includes all of the New Hampshire. In this capacity, **I strongly urge you to oppose HB392** which eliminates key HHS offices and functions that are central to the wellbeing not only of my patients, but also our communities and the state at large.

New Hampshire is home to some of the best doctors and health care providers in the country. We are dedicated to the wellbeing of our patients who, especially in the Granite State, are also our neighbors. However, we also realize that between 60-80% of health outcomes are related to factors outside of the clinical care that we provide in hospitals and clinics. These social and environmental drivers of health are why thousands of rural Granite Staters, working class adults, disabled residents, small business owners, and service workers are all prone to worse health outcomes. Health equity impacted my patient, a 54 year-old gentleman in Coos County who didn't have a local doctor or the transportation to see a doctor until his skin tumor was the size of a soft-ball. It's my 47 year-old patient who has worked 6-7 days a week for her entire life but couldn't afford health insurance. She waited until her tumor was 30 pounds and she couldn't walk to seek care. Her only question prior to surgery being, "When can I go back to work?"

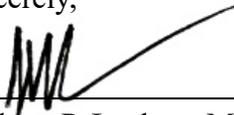
These health outcomes also have immediate impacts on the social and economic wellbeing of patients, their family, and our community. I vividly remember walking into to see a patient after he had received a life-saving transplant, only for he and his wife to explain their dismay in having to sell their farm which had been in family for 4 generations. Another patient and small business owner from Keene was forced to close his restaurant of 40-years due to complications from advanced cancer at the time of his diagnosis. It strikes me every time how at time of life-changing cancer treatments and decisions, many of my patients are thinking about their employees, their coworkers, their neighbors who are also being impacted by their health and health care.

Health equity is ensuring that these unnecessary differences in health and harm to communities are eliminated. It's demonstrating how New Hampshire policy over the last decade resulted in massive reductions in rural Granite Staters being diagnosed with late-stage lung cancer, eliminating measured disparities for rural patients. It's helping to ensure that the 20-40% of cancer patients with food insecurity have the nutrition they need to heal after our complex operations. It's making sure that the 1 in 8 Granite Staters with a disability receive the same standard of care for their cancer. Health equity is also ensuring the stability of our rural and critical access hospitals that are central to care of Granite Staters. It's demonstrating how policy, like Medicaid expansion, is associated with improved financial performance of both businesses and the overall state economy.

Finally, I have heard much conflating of health equity and diversity. But to be clear, diversity is also essential to what we do. My guess is that many of you have gone to see a doctor for yourself or a loved one. They seem locked into only one aspect of your history without fully listening (or grasping) everything that you're telling them. This is what happens with tunnel vision, uniformity of thought, and lack of competing perspectives. Having a workforce that is as diverse in background and experience as our communities is critical to fighting narrow vision and group think. Private businesses have long known that such diversity improves the performance of teams and success of companies. Furthermore, we have vast health workforce shortages in New Hampshire that are impacting everyone. With nearly 100% of our population growth coming through in-migration, we need every tool to attract and retain talented folks to this state.

In closing, the social and environmental drivers of health are responsible for the vast majority of our health outcomes. Health equity is the work to address these preventable causes of diseases, missed treatment, and worse outcomes. If folks in Concord or elsewhere have issues with the naming, processes, or priorities of health equity or diversity, then I like many of my colleagues would welcome this conversation. However, to eliminate this essential work of the Department of Health and Human Services, Department of Environmental Services, and the governor's council amounts to putting our head in the sand, accepting the status quo while our neighbors, communities, and state suffer. **I strongly urge you to oppose HB392.**

Sincerely,



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Andrew P. Loehrer, MD, MPH  
Lyme, NH

2/5/2025

Date