DRAFT – RSA 126:A:13

Health and Human Services Oversight Committee

August 28, 2020 at 10:00 a.m.

Remote Meeting (see Zoom information below)

The meeting was called to order at 10:00 AM.

1. Welcome and Right to Know. Rep. Weber welcomed members and read the notice of RSA 91-A requirements for remote meeting. Roll Call indicated those present as: Reps. Weber, Campion, McMahon, Nordgren; Senators Rosenwald and Fuller-Clark. Senator Bradley was absent.

2. Review of Minutes: With a quorum present the committee reviewed the minutes of February 21, 2020. Sen. Fuller-Clark moved and Sen. Rosenwald seconded the approval of the minutes. On a roll call vote, Reps. Weber, Campion, McMahon, Nordgren and Senators Rosenwald and Fuller-Clark approved the minutes.

3. Establishing an HHS Oversight Subcommittee on Foster Care – Representative Kimberly Rice indicated that this subcommittee was intended to be a reconstitution of a previously established subcommittee. As this has not occurred with the Covid-19 cessation of House activities, Rep. Rice recommends holding off until after November, given the short timeframe. Her recommendation was accepted.

4. COVID-19 Reliability of Laboratory Testing – Jonathan Ballard, MD, Chief Medical Officer, New Hampshire Department of Health and Human Services (Memo dated August 28, 2020 – Laboratory Testing)

Dr. Ballard described the evolution of testing for Covid-19 from mid-March through the present day. DHHS has facilitated an increase in the numbers of daily tests performed – to now 3,000 to 4,000/day. Contact tracing is enabled by testing and one of the main mitigation strategies used by DHHS.

Three testing methods are used and available: 1) Reverse transcriptase polymerase chain reaction – or PCR (gold standard – very specific and sensitive – 97% positive predictive value) – not available at the bedside, more complex equipment. Turnaround time (TAT) with Quest, DHMC, and public health lab is currently 1-2 days; 2) Antibody test – delayed reaction to exposure – not good for detecting acute/active infection; 3) Antigen test – detects a component of the virus – indicates active disease. Not as predictive or as specific as PCR test, but can be a point of care test. DHHS has

issued Health Alerts to network of providers re: recommendations for type of testing and equipment.

The patient experience of test differs by methodology: 1) NP – nasal pharyngeal – can be uncomfortable; 2) nasal swab; 3) saliva and sputum samples are used for newer methodologies Initially, the PCR tests were limited to hospitalized patients and those with severe symptoms. As more testing equipment and supplies became available, those with mild symptoms were able to be tested as well as those seeking care in ambulatory centers. The state Public Health Lab was the only in-state lab doing testing initially, followed by the addition of larger commercial labs. As availability increased, the demand for testing also increased leading to the need to implement new strategies.

Limited specimen collection sites (April, May) were inadequate. DHHS stood up nine sites across the state using a contract with Quest Diagnostics and using the Public Health Labs – and with help from the National Guard. 61,766 specimens were collected at those nine sites.

A natural improvement process has occurred – 20 hospitals are doing testing for communities in their catchment areas – as demand in local communities has increased.
The Department is also working to ensure access and affordability for all. For Medicaid, beneficiaries, they have a enabled short application for testing coverage. Financial assistance coordinators have worked to enable access to all. In addition, DHHS has worked with commercial carriers to ensure that all plans cover testing.

Dr. Chan described the Long Term Care Facility testing, which started with testing in facilities with outbreaks, and has transitioned to a surveillance program. The initial program relied on an out-of-state lab (Mako) and has transitioned to using DHMC for in-state testing. They are looking to expand testing to other congregate living settings (assisted living, prisons etc.)

To date in NH, nearly 300,000 COVID-19 PCR tests have been performed and roughly 200,000 individual persons have been tested. While the turnaround times have varied across laboratories and throughout the response, current turnaround times for testing are low and average around 2 days (1-3 days depending on laboratory). Assuring timely access to COVID-19 testing will continue to be an important strategy in rapidly identifying and containing COVID-19.

Sen. Rosenwald asked about turnaround times (TAT). Dr. Ballard indicated that each lab has its own process and its own TAT. Quest had had a 1-2 day TAT. Senator Rosenwald has heard that Convenient MD is taking up to two weeks, depending on which lab they send the specimens. All labs have improved, with locally couriered programs having the quickest TATs. Commissioner Shibinette responded to reports of long wait times for Convenient MD. She stated that colleges contract with one provider to perform their tests (e.g. Convenient MD) and with a separate lab to perform the test. This process can result in longer TAT times, depending on the lab used.

Sen. Rosenwald also asked about whether an early Executive Order waived cost sharing for testing. Dr. Ballard responded that the federal CARES Act requires that no co-insurance be charged by commercial payors. This requirement also applies to those who are asymptomatic at the time they

are tested as long as the test is medically necessary as determined by the patient's healthcare provider.

Sen. Fuller-Clark asked about antibody testing for those testing positive for Covid-19. What are we doing to promote antibody testing and donation of blood (convalescent plasma). Dr. Ballard stated that there is still a lot of science needed to determine how long antibodies persist – and associated immunity. Some studies indicate 3 months. 29,478 antibody tests have been done in NH. Covered by CARES Act.

Dr. Beth Daly stated that DHHS has not done any broad promotion of donating blood, but when asked will link individuals to where they can donate their plasma.

Rep. Campion asked about testing guidelines for K-12 Schools. Dr. Chan responded that for colleges/universities they recommend testing for students coming to campus- both before and when they arrive in order to detect infection early on. A similar strategy was used for summer camps. In order to prevent early introduction of infection. For K-12 schools, they are not recommending broad testing, but do recommend that any symptomatic student be tested. DHHS has held weekly calls with school administrators, teachers and others that have included an emphasis on public health measures.

They are beginning to deploy more rapid response testing equipment. Despite the most recent CDC recommendations, NH DHHS is still recommending that anyone with close contact with someone who has tested positive also be tested. Asymptomatic spread continues to occur.

5. COVID-19 General Status Update – Ann H. Landry, MBA, Associate Commissioner, Population Health, Beth Daly, Bureau Chief, and or Benjamin Chan, MD, Division of Public Health Services, New Hampshire Department of Health and Human Services. (Memo dated August 28, 2020)

Dr. Daly reviewed current status (see attached memo). The cornerstone of prevention is the consistent application of public health measures – social distancing, mask wearing, frequent hand hygiene, testing etc. NH has been successful to-date in flattening the curve through the use of these measures. The current PCR positivity rate is less than 1%. NH is at risk of seeing an insurgence in the positivity rate if interventions are relaxed. Re: vaccine distribution – they have been told that there may be a vaccine ready by the end of 2020.

Communication to members of the public has been extensive – calls, guidance documents, interactive dashboards.

Rep. Weber stated that there had been an uptick in cases in Cheshire County and asked what to do to remind people of the need to be more careful. Dr. Daly stated that there had been an uptick in case counts in July that have since come down (20-30/day). They look to see if clusters or exposures can be identified and have done notifications about specific events. They adjust public messaging as evaluation is done.

Dr. Chan stated that some towns can expect to see increases in case counts – especially those with colleges/universities – because of increased testing of students as they return. Also, K-12 students who will be excluded if they have symptoms- until they test negative.

Rep. Weber noted the percentage of deaths having occurred associated with LTC facilities and asked what might explain that rate (higher than other states). Commissioner Shibinette stated that we must look at several data points to understand, including:

1) percentage of LTC care deaths per # LTC beds. NH has a total of 13,741 licensed LTC beds. Death from Covid infection rates for surrounding states are: ME 0.9% beds; NH 2.5% beds; CT 8.3% beds; MA 9.7% beds. NH's rate is relatively low compared to other NE states.

2) # community deaths – do we have a high # of LTC deaths or a low # community-based deaths? Death/100,000 population: ME – 3.6/100K; NH 6/100K; CT – 33.5/100K; MA – 46.7/100K; NY 134.9/100K. In NH community-based deaths relatively low, which increases the percentage of deaths associated with LTC.

6. HB 4 (2019) Plan for Dental Care for Medicaid Recipients Status Update – Henry Lipman, FACHE, Medicaid Director, and Sarah Finne, DMD, MPH, Medicaid Dental Director, Division for Medicaid Services, New Hampshire Department of Health and Human Services. (Report dated August 28, 2020)

Dr. Finne and Mr. Lipman described the work of the working group and thanked them for the extensive work completed to date. The working group addressed dental benefits, streamlined administrative processes, outreach to beneficiaries, transportation support and care management. Stakeholders included dentists, advocates for oral health as well as payors.

The group looked at three levels of benefits – low, medium and high. They ultimately landed on $1500 level benefit (medium). Given pandemic strains they recognize the budgetary constraints and will need additional budgetary support to implement the policy.

Mr. Lipman stated that there has been a 10,000 person increase in the Medicaid expansion population since the start of the pandemic (from 50,000 to 60,000). Coverage for this increase will require an additional $1 million. A medium level benefit would be needed to really provide any benefit. The anticipated cost would be $6.2 million with $1.66 million from non-federal share of expansion funds.

Dr. Finne indicated that the group's considerations came down to specific decisions about what procedures will be covered. There are two adult groups with needs: 1) those with serious decay requiring repair; 2) those who have lost teeth that need replacement. The budget will need to address these identified needs.

Sen. Rosenwald asked about what changes to the FN associated with HB 250 and/or SB 754 might be needed to increase the likelihood of success. Mr. Lipman stated that they have been asked to identify the best value of what would be included in the dental benefit to meet the need.

The working group will complete the remaining tasks over the next weeks and months while budget is in development.

7. Update on Medicaid Program and Block Grant Funding - Henry D. Lipman, FACHE, Medicaid Director, New Hampshire Department of Health and Human Services. (Summary document)

At the end of January CMS published a block grant opportunity as an alternative payment model for the Medicaid expansion (Granite Advantage) population. Tennessee's proposal was not approved. Oklahoma was the first state to apply in January and has since withdrawn and voted as a state to adopt expansion.

The question for NH is to determine if a block grant makes sense for us given the way that Medicaid expansion is currently funded. Two studies indicated that NH would not end up on the positive side if a block grant method were to be used. Even if savings could be achieved, the conditions effecting how the savings might be used make block grant funding not a good fit for NH.

Mr. Lipman suggested that practically, it is unlikely that NH could benefit from a block grant.

The NH House had voted ITL on similar legislation in 2020 (HB 1513. It does not appear that anything has changed.

8. Temporary Assistance for Needy Families (TANF) Report – Christine Santaniello, Director, and Karyl Provost, Administrator, Division of Economic and Housing Stability, New Hampshire Department of Health and Human Services. (Report dated March 2020, Slides dated August 28, 2020).

Ms. Santaniello reported that they have kept the data from March in this report to keep the fidelity of reporting requirements and that the numbers have been consistent throughout the pandemic. Fluctuations in the number of clients receiving benefits is often due to seasonal work variations.

The Department is working on a Whole Families Approach to Working – to address the "cliff effect." The effort tarted before the pandemic when the unemployment rate very low – that has changed. Two efforts are underway: 1) Cliff effect working group; 2) Economic analysis - with DES and DHHS. They have extended the contract and the scope to include unemployment rate, as it is now a factor. They are also looking at availability of child care, in addition to affordability of childcare.

Sen. Fuller-Clark emphasized the need to evaluate and address the housing crisis in the state. Ms. Santaniello indicated that they have been working closely with GOFERR to establish a housing stabilization fund. More work needs to be done.

9. DD and ABD Waitlist Quarterly Report – Deborah Scheetz, Director, Long Term Care Support Services, and or Sandy Hunt, Administrator, Bureau of Developmental Services, New Hampshire Department of Health and Human Services. (Report dated June 30)

Ms. Scheetz reported that the Department had fully funded all those on the waitlist as of June 30. Area Agencies experienced slower starts in the third quarter due to COVID-19 stay at home order. Some families chose not to start services as they did not want others in their homes. Staffing issues exist in some area agencies.

Sen. Rosenwald asked if budgets are approved, but agencies still have staffing problems is DHHS expecting to allocate any of these funds to the back of the budget cuts. She believes that statutorily it cannot be done. Ms. Sheetz will refer the question to Ms. Rounds.

10. DHHS Commissioner's Update – Commissioner Lori A. Shibinette, RN, MBA, NHA.

Commissioner Shibinette indicated that the majority of her time is focused on Covid 19 response, standing up programs that didn't exist. The current focus is on opening of schools and how to respond to outbreaks.

She stated that DHHS has stabilized testing and indicated that Rep. Wallner had asked that they submit a request for Cepheid rapid testing machines as schools reopoen. GOFERR approved 25 machines for community testing sites (mostly hospitals).

There is uncertainty as we look to the budget. It is not certain about whether another relief package will be coming from the federal government. Ms. Shibinette stated that they have brought in expertise to look at the make-up of the Dept. to identify opportunities to integrate functions to gain better efficiencies and improve the quality of programs.

Alvarez and Marcell (?) to look at the impact of COVID on the Dept to make suggestions re: how to integrate functions/depts.

Sen. Rosenwald asked about transitional housing and those in emergency departments awaiting admission to the State Hospital. Ms. Shibinette stated that the Philbrook building is scheduled for occupancy on September 14. This project began on July 1. The wait list is high for both adults and children. Over the last six weeks there have been 10-12 new referrals every day. Demand has increased in part due to seasonal variation and people delaying care b/c Covid (both physical and mental health). Care needs are now urgent. The impact of social isolation is significant, especially for kids that have been without interaction with other kids, guidance counselors etc.

There is a greater demand for beds than the hospital's ability to discharge patients who no longer require hospital level care. Two weeks ago there were 66 people awaiting discharge with no place to which to be discharged. Providers have not been able to stand up new programs because of Covid 19. The Department has issued an RFP for additional transitional beds.

In March children in the State Hospital were moved to Hampstead Hospital. Thirty adult beds have since been added to State Hospital and they have the ability to add 16 more beds. They have just received approval to hire staff needed for those new beds.

Do we need more beds at NHH? If we create more beds, we will have an immediate relief valve, but will then run into challenges as we have in the past. We need more robust residential programs in the communities. A number of plans in place were halted b/c pandemic.

The meeting was adjourned at 12:15.

Respectfully submitted,

Rep. Polly K. Campion