Health and Human Services Oversight Committee

Draft Minutes, 21 Feb 2025, 1:00 pm.

Present: Sen. Rosenwald, Sen. Gray, Rep. Pearson, Rep. MacDonald, Rep. Woods, Rep. Weber.

Draft Minutes from 24 January, 2025 unanimously approved with corrected date.

Commissioners Report: Associate Commissioner Tricia Tilley described the Department dealing with both the state budget and the flood of information coming out of Washington. She expressed gratitude for DHHS staff and community partners, and members of the General Court. Henry Lipman is covering Division 3 Finance this afternoon.

Youth Development Center progress on new build: The project went to Governor and Council last fall. Work has started, temporary fences, tree clearing, installation of storm water and drainage, stump grinding, and perimeter grading work are all in progress. Target dates are June 30 2026 for completion, and August 30, 2026, to be operational.

Today's census is 5 females and 7 males at the Sununu Center. Flex design is needed to address changing numbers.

ALS registry: We need more information to determine how to think about an ALS registry. A HIPAA compliant system comes with a significant fiscal note. The registry is much needed, but these are austere times. The Department will look at currently available data sets, to see what information we already have. We have hospital discharge data and all payer claims data. Neither data set is perfect, resulting in unique challenges. Hospital data is incomplete because it excludes primary care information, and may not indicate the services. The All Payor Claims Base is useful to evaluate costs, but does not give the number or type of diagnoses. Conversations are ongoing about how to build the information without expenditure. There is no consensus on the Rare Disease Council that an ALS registry is a good idea. Dartmouth could do it, they have access to their own data. Rep. Woods asked if the cancer registry, a good system, already in place, could shared? Answer: The Department will dig deeper on that. National standards need to be considered. It would still be expensive for an extra module—the fiscal note on the recent bill was based on prior experience with HIPAA data base. The cancer registry is under contract with Dartmouth Medical. Rep. Weber said that Rep. James Murphy worked hard to come to an agreement with Dartmouth Medical last term, and couldn't make it work, adding that if he couldn't make it work, it probably won't happen.

Sen. Rosenwald noted Youth Development Center costs are currently $1M per kid per year, and they will be up a lot in the next two years—even with a declining census. A. C. Tilley noted the program was underfunded this year, and we need to get it up to actual costs. Hampstead will be smaller, but still has 12 kids a day, and contract staff is costly. Rep. Pearson asked about the

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expanded footprint to deal with distinct issues like gang separation needing flexibility. A. C. Tilley said we need more beds than youth to be able to move people around based on need, and have a sickroom etc. The budget is for 12 kids, with flexibility to 18, which is controversial.

Sen. Gray expressed a concern about Department compliance with state and federal requirements, and asked for a report from their audit group to see if they are functioning in accordance with laws. It was suggested that Sen. Gray talk with the audit team to see what they can work out, and have the subject added to a future agenda.

Rep. MacDonald returned to the subject of the ALS registry, and asked if this was complex and expensive because of the cost of tracking a new illness or because ALS itself was complicated. A.C. Tilley said that cancer is also complex, so we have the technical expertise, but it comes at cost. What we need is to find ALS when it is diagnosed, but the claims data don't attach to a diagnosis. There are a relatively small number of cases so it makes sense to treat it as a rare disease. It is complex, but not more so than cancer. Rep. Woods noted that cancer is easily identifiable because of the distinct cell type; ALS diagnosis is systems and system interaction, so it is not as clear cut.

Subcommittee on Alzheimer's Disease and Related Dementia: Jenny Horgan, Alzheimer's Association. Jenny Horgan, Senior Public Policy Manager, Alzheimer's Association, MA/NH Chapter, expressed gratitude for the extra time for report, and for Sen. Avard 's leadership of the subcommittee. The subcommittee has gathered a broad range of information to understand the current landscape of Alzheimer's Disease in NH. They will start working on a state plan in upcoming year, focusing on what is currently happening and what needs to happen going forward. Currently they are identifying gaps. More information will be provided at the March meeting. There will be a 2024 report presentation later.

Sen. Rosenwald asked about the Glencliff Home, which does a great job, but we have few gero-psych units. Do we have enough of those units? Answer: it is critical to note that there are 33 geriatricians in state for a growing population, so it is important as part of the state plan to look at where the numbers will end up so we can plan for future. Rep. Weber asked if we are at capacity. Answer: We need to study that more.

Medicaid Enhancement for Children and Pregnant Women Quarterly Report: Olivia May, Director of Medicaid Enterprise Development, reported on the implementation of the 12 month postpartum extended coverage. Eligibility was extended from 60 days to 1 year in the 2024-25 budget, approved Nov 2023. 48 states have implemented coverage. There is a 90 day lag for claims data, so we have a small cohort, from Aug 2023 through about Sept of 2024. They have examined claims data to show in their report in report the services received. Sen. Rosenwald asked about the eligibility limit, which is up to 201% of poverty, above the Medicaid

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Expansion limit of 138% of poverty. Are we ensuring the most advantageous match? Answer: We do look at the highest match based on eligibility groups. Rep. Woods asked about the return on investment on this type of program—do we have any data yet? Answer: It will be better as we have more data, and data for complete years. We will return to the claims data and look at avoided hospital visits or Emergency Department use. As with the dental benefit, the way it passed was pay less now or pay more later. Now we want to have real numbers. We want to document this in the dental and pregnancy cases, so we have data for the next program.

Therapeutic Cannabis Program, 2024 Annual Data Report. Michael Holt, Administrator, presented the Therapeutic Cannabis 2024 Annual Data Report on patients, providers and active caregivers. Looking at patient growth over years. The numbers are slowing now. 14,705 is the lowest number per capita in the country at about 1%--the numbers have plateaued. The question is, is the market saturated or is there more to do? The largest cohort in the program is in the 50s to 60s. There are 7 minors so there are good strong guardrails. 85% are certified for pain. 12% are PTSD, insomnia and cancer. There are approximately 450 new patients since October under the new categories of patient, with anxiety disorder or at provider discretion. This is an immediate impact based on legislative action. There are no new bills expanding conditions this year. Physician discretion may have taken care of this.

The number of designated caregivers has doubled since 2020. There is better access for patients, the fee was eliminated altogether, and the state and fed background check with registered fingerprints increases willingness to access the program. It is still a challenge to find certifying providers. Many providers choose not to certify patients for therapeutic cannabis use. The problem is particularly difficult for the 9% of patients who are veterans and must find community doctors for certification as the VA does not certify.

With respect to the Alternative Treatment Centers, the number of strains has increased and product costs have come down but cost is still the #1 concern for patients. Surrounding states have low prices, so there is lots of cross border purchasing. 24% of patients are not going to NH programs, with most going to Maine, because of the lack of regulation.

$1.1 million dollars of discounts have been given across all 3 operators. The age disparities between Coos and Hillsborough Age correlates with the ages in the counties. Sen. Gray asked if the lowest per capita use in the country was because programs are cheaper elsewhere. Answer: Yes. Also, the program here is very restrictive. In addition, some patients are self-medicating in other states where that is legal. Rep. MacDonald asked why more providers in Grafton then Merrimack, given their populations. Answer: Dartmouth Medical is in Grafton. Rep. Pearson asked about the breakdown by specialty? Answer: The physicians are listed on page 10 of the report, and physicians on p 10, and PAs don't have specialties. Over 1000

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providers are certifying 1-9 patients each, so PCP/patient interactions are appropriate, with a true bona fide relationship. At bottom, there are providers who advertise cannabis certification, but we have way fewer "pot doctors" than Massachusetts. The limited number and names in the public space, are those who accept referrals from providers who refuse to certify. Sen. Rosenwald noted that cost is a barrier. The good part is there is confidence in the quality of the product. Are there recommendations to lower cost barrier? The Department is not in a position of wanting to increase patient numbers; they just want to make access easier and with fewer barriers. More patients mean economies of scale and lower prices. Bills filed in this session could have a midterm impact on prices—outsourcing hemp derived cannabinoids (CBD) will result in much lower cost. The Alternative Treatment Centers' access to greenhouse cultivation would allow production costs to come down after the initial investment. For-profit status availability is also working its way through the legislature. The Department has never raised fees, but they have lowered them, going from $50 for one year to $50 for three years, all measures that lead to slow but steady growth.

Therapeutic Cannabis Advisory Board: Michael Holt also presented the report of the Medical Cannabis Advisory Board. Chair Jerry Knirk sent his regards to the Oversight Committee, but said it was a long drive for a 15 minute presentation. The Board met three times, reviewed proposed legislation, researched medical literature, and testified several times on bills. They focused on bills with clinical components, including qualifying conditions. For example, the Board did not support cannabis use for eating disorders, but did support use for clinical depression based on clinical information. They also looked at eliminating barriers, and supported home cultivation. They researched education materials about cannabis use in teenagers, research and messaging to population. The Department is converting their work to documents to make available to treatment centers for distribution.

Other Business: Sen .Gray suggested considering using this Committee to oversee the budget of DHHS. The lapse is $47 million dollars less than expected, and there needs to be a way to oversee that—is a big thing if they don't make the lapse. Rep. Weber suggested it was not useful for this body to take on the whole as budget as that is already examined by the House and Senate.

Rep. Woods asked what areas to examine: Senate Finance does not to stay up on the budget of each of these Departments. Sen. Gray does not believe the Finance Committees in the House and Senate are doing the job. The discussion may be resumed next month. Is there a report that will not take a lot of time. The concern is about the last five months when the lapse was millions of dollars short. Rep. Pearson asked if we should include the Finance Chairs? The Chair and Ranking Member of Senate Finance are on this Committee. Sen. Rosenwald said she does not disagree with Sen. Gray that we need to be more on top of appropriations. The

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Executive Branch is not always cooperative, and if asked how the lapse is looking, they do not always give answers that are helpful. Ask the Executive Branch to participate in that discussion as to what happening behind the curtains. Rep. Pearson said the committee should be involved to some degree in looking at the lapse issue, not taking it over. We should do more. More discussion will happen at end of meeting next month. Rep. Edwards is Chair of House Finance Division III, and they do go into detail, but more communication is possible. Keeping track is important, whether this is the appropriate place or not.

We need to know who is looking in to implementation as opposed to setting the budget. Rep. Woods, said we could gear up for attention to the next budget cycle. Sen. Gray is not opposed to having a meeting outside of this monthly meeting. Sen. Gray wanted to know if there was anyone here who could tell him how much of the $47 million dollar lapse shortfall is attributable to the Department of Health and Human Services, and asked that the record reflect that no one could answer him. There is the possibility of appointing a budget oversight subcommittee. The issue will be added to the agenda for next time.

The next meeting will be held on Friday, March 28.

The meeting adjourned at 2:39 pm.

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