Health and Human Services Oversight Committee
Regular Meeting
Friday, January 23, 2026 at 9:30 a.m.
Granite Place Room 158

Present: Sen. Gray, Sen. Rochefort, Sen. Rosenwald, Rep. Pearson, Rep. Mooney, Rep. Seaworth, Rep. Woods, Rep. Weber

Minutes: The minutes from the December 19, 2025 regular meeting were reviewed. Rep. Woods noted that he was in attendance at the meeting, but had been left off the list of attendees. With that correction, the minutes were duly moved, seconded and unanimously approved.

DHHS Commissioner's Update – Chris Santanello and Ann Landry.

Project Compass Overview: Chris Santanello and Ann Landry, Associate Commissioners, presented Project Compass, which is an internal workgroup focused on ensuring continuous Medicaid coverage for eligible individuals and families during the implementation of the upcoming Medicaid changes. The last time the Department tried to implement work requirements, many tools were tried, and employees went door-to-door to contact recipients. $4 million was spent with a low contact rate. This year they are implementing the lessons learned and are leveraging what they know from other programs, so if a recipient is meeting the requirements under SNAP, they don't have to start over again. They are working with other contacts with recipients such as community partners and the VA. For veterans, there have been changes to the qualifications but they are working with the VA to see if those losing coverage can be moved over to other exemptions. Sen. Rosenwald asked about New Heights. CMS dollars may be used first to deal with changes to New Heights. Sen Rochefort asked about the error rates. They have received about a million dollars from SNAP to implement some system changes which will help alleviate the error rate. Rep. Woods asked if this will help with providing answers to questions for recipients in a timely manner. They are working on a making eligibility easier initiative. They are working with their portal, with NH EASY and with the community partners who work directly with the recipients to make communication easier.

Commissioner Weaver arrived from her other commitment. She added to the answer to the SNAP error question. They are watching that narrowly, and it is clear that the error rate is trending down over time, so they are looking at what they are doing that can be brought down further by the automation. Issues are staff, which they are low on, training and trainers, consistency, and automation. Resources are scarce and they are trying to use federal dollars but must be creative. As error rate goes down, so do penalties and vice versa. We are not down to the 6.6%, but we are well below the national average, which is 10%. Sen. Rochefort acknowledged that the SNAP formula is more complicated than assumed. Rep. Weber asked about the implications of legislative proposals to put bans on candy and soda in the SNAP program. It would add complexity to an already complex program. The Department wants people to eat

healthy and unprocessed foods, but there is a limit as to what the department can control. Restricting sugar is more complicated than restricting tobacco and alcohol, which can be categorically banned.

Back of the budget cuts: The Department has begun the process of making the reductions, starting with contract reductions in November. They have not cut services but have found reductions such as the dental benefit where there were savings due to underutilization, so those could be used as part of the reduction. They have pulled back on hoped-for expenditures and will share their 2027 cuts in the spring. Personnel will not be cut, but there was already a $30 million gap for personnel in the budget so there is no room there. The vacancy rate has gone from 12% to 22% in twelve months. Nathan White, CFO, explained that the guiding principle has been to reduce harm and minimize legal risks. 2027 will be more difficult because they have already written down $`15 million in encumbrances in 2026. They removed overages in contracts like the youth dental benefit. With respect to the Medicaid dental benefit, the limiting factor is providers, and they have upped the incentives for new providers. The Rural Health Transformation Grants offer an opportunity to work on dental access. Sen. Rosenwald asked if the next budget will be built from the authorized budget, Or the authorized budget minus the $51 Million lapse? It will depend on the Governor, but would like to start with the authorized budget and prioritized needs. Sen. Gray spoke about the difference between the back of the budget cuts and the lapse. He is concerned with both. The Commissioner responded that the challenge for her was not having enough money to do the things they are already charged with doing. It is a tall task. Rep. Mooney congratulated the department for navigating the difficulties because she has not had any complaints from constituents about loss of services. For the Commissioner, the biggest problem is the lack of staff, especially for forward-facing positions, as many staffers are doing the work of more than one full-time position.

Opioid Overdose Fatality Report: Dr. Jonathan Ballard, Chief Medical Officer, presented the report from the Office of the Medical Examiner and walked the committee through it. Fentanyl led to a rise in deaths in 2014, with a peak in 2017. Then there was a decline until 2022 gave another rise to 487 deaths, followed by a sudden decline by half the deaths in 2024. Deaths are only one facet of the opioid epidemic. Compared to the national statistics, NH experienced the peaks before the other states, and our decline came earlier than nationally. NH investments in prevention, treatment and recovery supports as well as policy changes have affected the numbers. First is NH's early access to naloxone and the deployment of "nalox boxes" across the state. NH has received an average $29.5 million grant annually since 2018 from the federal State Opioid fund. Second is the expansion of treatment with buprenorphine, which blocks overdose and does not cause withdrawal symptoms. Third is the creation of the Doorways system which is an organized system providing access to screening, treatment and recovery support. Fourth, the Opioid Abatement Fund has provided $100 million since 2024. Fifth, the Overdose Fatality Review Commission meets monthly to revies several fatality cases from both urban and rural settings to make data-driven changes to programs. Dr. Ballard reviewed the handout detailing the efforts of NH and three other states to study why rates in our four states declined when other states did

not. They concluded that the common elements were comprehensive state policy; strategic planning; local engagement, using, accessing, and disseminating data; targeted training; treatment infrastructure; and prevention measures.

The Maternal Mortality Review Committee reviews every maternal perinatal death and makes recommendations. In the past few years half of maternal deaths were related to overdoses, and a significant additional number to mental health issues leading to suicide. The very preliminary finding for 2025 is that there were zero maternal deaths due to overdose—a significant decline.

NH has led the country in recovery supports. NH's policy of supporting and training recovery friendly workplaces allow the maintenance of gainful employment and contribution to family support. This program has received national acclaim. The Rural Health Transformation grant will further efforts at expanding co-located treatment where mental health, physical health and substance use disorders are treated together, especially in rural health centers. We need to expand this whole-person approach. There is always a need to grow our workforce.

Questions were asked about the opioid abatement fund. The size of the fund is a moving target as more money will be coming in in about six months. As to the scope of uses for the fund, there is a specific website for the fund which sets out permitted uses. Representative Dr. Nagel, who is on the Commission that deals with this fund added two comments. First, we distributed almost all of the money we have been given so far. They looked through the settlement documents to determine what the money could be used for and came up with a list of priorities. They put a lot of money into primary and secondary prevention, which had not been happening. Second, we created a process by which small grants could be processed very quickly. This process is unique in the country.

Dr. Ballard said that we are thinking about how to incorporate all care into Medicaid covered funds. Preventive care is not easy under Medicaid, but opioid impairment is. Sen. Rosenwald noted that the Department of Justice must certify annually that the opioid settlement funds are being used for the authorized purposes, so there are a lot of eyes on the fund. Sen. Rosenwald asked what effect the loss of Medicaid coverage might have on the effectiveness we have been seeing. The law that created the work requirements exempted medical frailty and opioid addiction treatment is one of those exemptions. Project Compass is looking at claims data to automatically exempt those who qualify.

Medicaid Enhancement for Children and Pregnant Women Quarterly Report – Henry D. Lipman, FACHE, Medicaid Director, Division of Medicaid Services, and Olivia May, Director of Medicaid Enterprise Development. Ms. May is working on the dental program, among other things. The report on the new Medicaid program to add 12 months of coverage post-delivery for new mothers was reviewed. This benefit makes sense from a long-term budgetary standpoint, for example in prevention and primary care. The data is from the first year plus a couple of months of the program.

They are comparing with the data they see in the private insurance market and are now seeing that people with Medicaid coverage are doing as well as those with private coverage. The reduction in pre-term births has a related cost reduction in terms of the Medicaid program. There is also a reduction in opioid related deaths. Glad to hear from Dr. Ballard that number was zero in 2O25. The numbers of cases are low, but the percentage reduction in both death and severe long-term health consequences is large, along with long-term cost reductions to Medicaid. There is also an increase in mental health treatment utilization. The policy has provided better outcomes and better cost savings. Rep. Pearson would like to have hard numbers showing the cost saving that go along with the program. Mr. Lipman said that the increase in the capitation rate for the MCO contract renewal was nine-tenths of one percent (0.9%) in NH; a neighboring state had a 15% increase and when you look at the private insurance market increases our policies have controlled the rate of growth of cost much better. The difficulty of running the program is having the staff available to implement necessary changes quickly. Sen. Rosenwald asked if we have been taking advantage to the extent possible of using the Medicaid advantage program for those who qualify rather than the maternal benefit and they are, which takes advantage of the 90/10 federal share. Rep. Woods asked about data about long-term effects when the first year in the life of the child is critical. The effects on the child may be even greater. This has been a push for years for the Medical Society. In January of 2024, a policy change allowed a full year of coverage for children up to 323% of poverty. More kids are given 12 months of continuous coverage, and in the last contract procurement there was more focus on preventive care, because of the return shown. Data collection in this area is still difficult.

Ms. May said we are over 220 providers in the adult dental program—56 were new last year. The program has also been using a mobile dental partner for over 100 events so far. They provide Saturday and Sunday appointments for a variety of services, not just cleanings. They have recruited Dr. Chan to replace Dr. Sarah Finney, who has retired. Rep. Pearson would like anecdotes (anonymous) about individuals who did not receive timely dental care and the costs of the resulting complications so that we can show in the next budget cycle the cost savings in conventional Medicaid attributable to this program. The department is required to make a report on that. In the next biennium we will need an appropriation to continue the dental program, so documentation of cost savings is critical.

RSA 126-A:88 State Health Assessment and State Health Improvement Plan (SHA/SHIP) Annual Report – Representative David Nagel, Chair, and Whitney Hammond, Deputy Director, Division of Public Health, New Hampshire Department of Health and Human Services.

Ms. Hammond gave an overview of the development of the SHA/SHIP Council from its establishment in 2019. The Council engages 40 different organizations and entities. NH is ahead of other states in that it includes a broader membership, including housing and the Attorney General's office so they have lots of people to answer questions. The charge was to do an initial state health assessment. The bulk of that work was done in 2020, and there were concerns about the impact of the pandemic. Then the Council

turned to the formulation of the State Health Improvement Plan (SHIP.) Again, there was a broader focus than just health care aspects, including access to opportunity—food, affordable housing, and social connectedness, including civic engagement. This last domain is unique among the states. The four domains assessed were 1) access to opportunity, 2) community, which includes access to recreation, safe water, clean environment and the like, 3) health status and outcomes, which are the traditional markers of health, and 4) social connectedness, already discussed. The SHIP was officially finalized with outreach to many additional partners in the planning process. In 2024, when the plan was launched, the Council also revisited the 2020 State Health Assessment to see if data had changed. A new report was generated, without much change in data. It suggested the need for more local engagement to understand and map things that engage with SHIP. Rep. Nagel noted that 95% of health care happens outside of a doctor's office, and we need to examine social determinants of health. The vision is to provide a map of all available resources. If your family structure is disrupted, if you do not have access to healthy foods, these will have an impact on overall health. How do we provide best knowledge about all resources available in communities? There are an infinite number of possible issues, the challenge is to decide what to focus on. We will identify things on a policy level to help implement plan. The Council was also instrumental in helping develop the Rural Health Transformation Grant proposal. They will continue to look at the impact of this program. The state got a lot of accolades for our plan presentation. A quorum change lowered the number of people required to be physical present, allowing remote participation which has greatly improved participation as people are not required to take the time to travel to Concord. It also allows disabled or elderly people with lived experience to participate and includes more voices. Rep Woods noted that recommendations for health care planning go back to Governor Gregg's era. It is good to see them finally coming to fruition.

Meeting adjourned at 11:11 am. Next meeting will be on Feb. 20th at 9:30 am.

Respectfully submitted,

Lucy Weber, Clerk