Health and Human Services Oversight Committee Regular Meeting

Friday, February 20, 2026 at 9:30 a.m.

Granite Place Room 158

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

A quorum not being present, the minutes were passed over. (Rep. MacDonald arrived during the Commissioner's Update.)

Commissioner's Update—Commissioner Loi A. Weaver and David Wieters, Chief Operating Officer: The Brown Building had a significant flood several weeks ago, 400 employees were displaced, and this has had a significant effect on operations. A recovery plan is being successfully implemented, but the effort has been challenging.

New Hampshire Care Connections--David Wieters: The NH Care Connections handout was discussed. This is a privacy first, closed loop system, so referrals can be made from providers to other providers to provide continuity of service and eliminate duplicative efforts. Existing privacy legislation must be complied with. The implementation is regional in nature. The first partnership is with Dartmouth Heath to understand governance and accountability of consent management. One goal is to avoid adding more work to providers. Work flows are being tested, to comply with all laws and provide the best service possible. This ties in with the Rural Health Transformation Grant effort o link systems statewide.

They are looking at a regional model fist and then implementing it statewide for all patients and all partners, and developing clear metrics of success.

Rep. Pearson asked how this benefits PCPs. A: If patients are receiving other services such as nutrition or domestic violence or other referrals, the PCP will know there is actual follow-up. It enhances network of referrals by connecting providers directly. Rep. Weber asked about the large hospital systems in state, and how to get the different systems meshing with each other. Does this system mesh to the medical records of other hospital systems? A: If the sharing is within a provider's network, then medical records are shared, but there is no plan to share medical records between networks, just to share that connection with a provider was made and treatment was given. More information than that would require new consent from the client. Rep. Woods asked about the EPIC platform and whether that system could be integrated. A: The current Upper Valley implementation is with EPIC, but it must also be integrated with other systems so data entry need not be made twice. Rep. Woods recognized the effort being made to recover from the Brown Building Flood, as his daughter works there. Rep. Woods also stated that at the Concord City Council meeting, he got the impression they were not aware of the Rural Transformation Grant—has there been communication

with municipalities? A: Comm'r Weaver said she was somewhat shocked that they have not heard, as there were requests for information and town halls throughout the state to get the word out about the grant, and asking for input. She noted that the money is for rurality, which covers all on NH, but the focus is on more rural areas. Concord is making a plan for monitoring legislation for the next session.

Minutes: A quorum now being present, Sen. Gray moved that the minutes of the January meeting be accepted. The motion was duly seconded and unanimously approved.

Advisory Council on Child Care Annual Report—Marianne Barber, Past Chair, New Hampshire Child Care Advisory Council and Jessica L. Carver, Bureau Chief, Division of Economic Stability, Bureau of Child Development and Head Start Collaboration. Ms. Barber gave the report as the current Chair is occupied teaching four year olds. The Advisory Council has worked with Child Care Licensing to go through the Child Care Licensing Book to streamline the Rules, and they have reduced the volume by about 30 per cent. It was a collaboration between the Child Care Licensing Bureau, the Child Care Advisory Council and a group of providers who have worked on this two-year effort, and the new Rules are now in effect. There is now an Independent Informal Dispute Resolution Group to resolve disputed findings to discuss why they think the violation was incorrect, without having to go directly to the Licensing agency. They are working on revising the quality ratings. They are working with DHHS about the auditing system for using state scholarships, to come up with an understandable guide to appropriate use of scholarship funds. They are closely monitoring closings--there were 3 closing this week. The monitoring is both for how the children will be served going forward, but also hoping to keep staff withing the child care system, as there are many vacancies. They are working on the Rural Transformation Grant on north country child care. A Keene day care received a Northern Border grant, and they are monitoring to see if this can be a model for the rest of the state.

Ms. Carver reaffirmed the commitment to this collaboration with the Advisory Commission. They are working at liaison with child care providers, and are working to make the auditing procedures more accessible.

Rep. Woods asked about the status of federal child care vaccination policies and who has precedence—state or federal-- with respect to vaccination requirements. A: The federal CFR covers vaccination, and we can get that information to them, but they have requested additional information from the federal partners about vaccination guidance. Rep. Woods read the CFR which requires the vaccination schedule of the state to be followed. However, there is a bill coming through the legislature which would remove the state guidelines entirely. In addition, the recommendations from the Department are not the same as the statutory requirements. A: Additional clarification will be sought.

Ms. Barber noted that there is room for individual child care businesses to make their own decisions in consultation with their chosen populations, but these decisions may disqualify them from the scholarships. Rep MacDonald asked about the waitlist. A: There is no current waitlist. What is the breakdown between private pay and scholarship? Just over 5000 children have been found eligible for the scholarship, but they do not have the exact breakdown. Washington made cuts last year for the Department--are there rumblings about more cuts along those lines? A: They have not heard anything yet. Ms. Barber clarified that there ARE waitlists at the individual child care providers level, so that although the state does not have a wait list for approval, there are children who are waiting for a place to become available at individual child care placements. Senator Gray commented that there is no way to get actual number because of child care being provided by families, etc., and noted staffing is an issue. The state wishes it had more money but we are where we are. Ms. Barber stated for the Council that going forward, it is important that funding be for workforce, not for more buildings that will then stand empty for lack of workforce.

Maternal Mortality Report—Carolyn Nyamasege, MPH, PhD, Maternal and Child Health Section Epidemiologist, and Allison M. Power, Maternal and Child Health Section Nurse, Perinatal Coordinator/Maternal Mortality Review Committee Coordinator/Co-Abstractor, and Dr. Julie Bosak, Director, NH Area Quality Collaborative: The presenters represent the Maternal Mortality Review Panel, referred to as MMRC (for Committee) which conducts reviews of de-identified maternal deaths and makes recommendations to prevent future deaths in NH. The information is from 2024, and the aggregated data is 2020-2024. The deaths included are up to one year after delivery. In 2024, there were 5 pregnancy related deaths, the lowest observed in the past five years. Only one of the deaths was due to substance use overdose, which is again a decrease. The numbers are small, so they aggregate 5 years of data. Dr Nyamasege reviewed the findings presented on pages 7-13 of the report. 68% of the deaths were pregnancy related. Substance misuse and suicide deaths were all Medicaid recipients, indicating the need for more support for this population. Major causes of death were substance overdose, cardiac embolism, and suicide. 76% of the deaths were considered preventable. The Medicaid expansion through one year post-partum explains the reduction in overdose deaths during the post-partum period.

The recommendations are on page 16. The top two are treatment around substance use disorder and mental health, and expansion and promotion of services available to moms. They also want to coordinate with child protection and social work, and to collaborate closely with suicide prevention experts already in the field. The NH Mom Hub is a new program providing one-stop shop for services and mental health access. They are also looking at more screening for post partum depression.

Recommendations and Actions: The NH Perinatal Collaborative is dissemination the recommendations of the MMRC through hospitals, outpatient practices, and quality improvement programs. The Alliance for Innovation in Maternal Health provides the AIMS patient safety bundles, a set of best practices based on research and practitioner advice. They include urgent warning signs including the most concerning conditions surrounding pregnancy.

Rep. Weber asked whether the jump from 67% to 76% in those who receive mental health services was just because of the small number of patients. A: These numbers are for all living patients, not just the ones who died. At last meeting we were told that the preliminary data shows no perinatal maternal deaths for 2025—is this still the case? A: Yes. So far they have not identified any deaths in 2025. Rep. Weber said this fills her heart up, this is a real achievement, and thanked the panel for their work. A: They really look forward to eradicating maternal mortality in NH, and being the first state to do that. Rep. Pearson asked for the analysis of the effects of going from one month to one year of postpartum care. A: As mentioned, can't say specifically that the reduction of deaths in that post-partum year is due to the change, but there is a logical assumption that access to a full year of access to post-partum services has made the difference in the 2025 statistic of zero substance abuse deaths. Medicaid analysed their data, and they have confirmed that the number of women who are receiving extended treatment has increased. Sen. Gray pointed out that they have established correlation, not causation.

DD and ABD Waitlist Quarterly Report—Melissa A. Hardy, Division Director, Division of Long Term Supports and Services (DLTSS) Bureau of Developmental Services and Jessica Gorton, Bureau Chief for the Bureau of Developmental Services: Handout reviewed for Quarter Two of FY 2026. All requests that came in were funded by the department. The question is the receipt of services. The IT system implementation has been a journey, but there is improvement.

DD waivers: 107 persons requested services, and funds were allocated or all of them. The A designations are people exiting school and transferring to the waiver; the B designations are those who are new to the system. Of the 107, 31 withdrew their requests for services. That could be a change in the date of service or individual and family choice, such as staying in school or a move out of state. Of the 76 individuals remaining, 62 were projected to start in Quarter Two. Of the 62, 45 started services and 17 did not. The reasons for not starting were 8 are waiting for a Medicaid eligibility determination, 4 who were trying to secure a provider agency, pointing up the ongoing workforce concerns, 4 requested a delay in the start of services, and 1 service agreement was not yet complete.

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In home support waivers: There were 23 new individuals: 5 individuals withdrew their requests for services, Of the 18 remaining, 16 started services in Quarter Two. The families of 2 individuals requested not to start in this quarter.

Acquired Brain Disorder waiver: 11 individuals requested funding. 3 withdrew, and 8 received and started services, fully or partially.

Reasons for delay in the start of services include waiting for long-term care Medicaid eligibility to be determined, and waiting for a provider agency to be secured. With respect to the determination, the Department has an initiative to make the determination easier on both the financial and medical sides. The report has a link about this initiative. They want to make sure individuals are getting services in a timely manner. Most want services in the community, and want preventative services rather than institutionalization, so timely authorization is key. They are also partnering with Bureau of Family Services and the Disability Determination Unit to transition from Childrens Medicaid to Adult Medicaid. The area agencies already collect a lot of information related to eligibility and the need is to share that information with the Disability Determination Unit to eliminate duplication of effort for the families. BDS meets weekly with service coordinators, agencies, sends out weekly information blasts, and holds bi-weekly meetings with provider agencies to work through any questions.

Rep. Pearson said he had concentrated on the DD area upon his arrival in the legislature, and looked at various agencies. How has supervision of the area agencies increased over time in terms of best practices, particularly in light of certain articles detailing some of the worst cases? A: The articles go back to 2017, and there has been a lot of system transformation since then. Since about 2021, some of those changes include structural changes within the Bureau and with communications with the agencies. Rules and requirements have been reviewed and updated. A review of sentinel events is conducted to understand the events and make suggestions for changes. The number of in-home visits has increased, from 2 to 4. There was a significant system update in 2023 that changed the structure of service provision. Providers now are directly enrolled with the Medicaid program. This strengthens oversight, and they continue to work on improvement on a systemic basis, to ensure family trust. Area agencies are met with monthly to review contract status, finances, delivery, and compliance issues. HEM 504 was adopted in 2023 which codified provider agencies and provider agency operations so it clarified expectations for all.

Rep. Woods asked about getting data from the providers. A: No difficulties that have been identified. There is learning curve as new data modules are added, but challenges are worked through, and the data is expanding. Now that the IT has been updated and data can be seen in real time, transparency has been enhanced, as they no longer have to send Excel spreadsheets back and forth.

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Next meeting will be Friday, March 27th at 9:30 am. The meeting was adjourned at 10:44 am.

Respectfully submitted,

Lucy Weber, Clerk.

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