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Improving Access to Primary Health Care Since 1986

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May 4, 2021

Senator Gary Daniels, Chairman
Senate Finance Committee
State House Rm Senate Chamber
107 N. Main Street
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RE: HB 1 and HB 2

Dear Chairman Daniels and Members of the Senate Finance Committee:

Thank you for your continued support of community health centers and their patients. Bi-State Primary Care Association and our members respectfully request the Senate Finance Committee overcome critical gaps in the House budget proposal by providing the necessary investments in the NH State Loan Repayment Program, Family Planning Program, Primary Care Contracts, and Medicaid Adult Dental Benefit, and addressing harmful language related to the propagation of divisive concepts.

Bi-State Primary Care Association is a non-profit organization that works to expand access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. Bi-State also represents 14 New Hampshire community health centers, which are located in areas of the state with limited access to health care services. New Hampshire's community health centers are non-profit organizations that provide integrated substance use disorder treatment, behavioral health, primary care, and oral health services to nearly 120,000 patients, including 1 in 5 of *all* Granite Staters enrolled in the Medicaid program.

1. **Investment in the State Loan Repayment Program (7965 Rural Health and Primary Care)**

The State Loan Repayment Program (SLRP) provides partial payment towards educational loans of health care professionals in exchange for a commitment to serve in a medically underserved area. The Program is an invaluable recruitment tool for community health centers, community mental health centers, critical access hospitals, and other community-based health care providers. In 2019, the legislature and Governor overwhelmingly supported a non-lapsing $6.5 million

appropriation to the State Loan Repayment Program because of the health care workforce shortage, which has only grown because of the pandemic. The funds were not available for DHHS to encumber until November 2019 because the budget did not become law until late September 2019. In April 2020, $4 million was removed from the State Loan Repayment Program to pay for the State's COVID response. Additionally, the Division of Public Health could not send any SLRP contracts through the Governor and Council process because of the focus on the pandemic.

After the legislature increased support to the SLRP, DHHS worked with health care organizations to determine how to maximize the additional funding and address the health care needs of Granite State residents. The priorities identified included expanding the program to private practice dentists, behavioral health staff, and registered nurses. This funding is more critical than ever to help health care organizations address the health care workforce shortage facing our state. It is our current understanding that DHHS can only encumber the amount listed in 7965 Rural Health and Primary Care, line 103, which is approximately $766,783 in SFY 2022 and SFY 2022. There should be approximately $5.1 million left from the 2019 appropriation in that budget line and we ask the Senate to ensure that funding is available in order to expand access to SLRP as you intended.

2. Family Planning Contracts and Title X (5530 Family Planning Program)

The New Hampshire Department of Health and Human Services contracts with 10 health care organizations for the provision of family planning services, including community health centers. This program uses a combination of TANF, Title X, and state general funds to pay for reproductive health care services. These contracts provide patients access to STD and HIV counseling and testing, health education materials, and sterilization services to low-income women, men, and adolescents in need of family planning and reproductive health services.

During the last budget season, there were several changes at the federal level that necessitated the inclusion of additional general funds to prevent a disruption of family planning services. Those restrictions remain in effect, and DHHS testified on March 10th that it may take up to a year to restore the Title X funding at the federal level. Community health centers are ineligible to receive Title X funding because of those restrictions. It is difficult for community health centers to provide services without compensation, but it is especially difficult during the pandemic because their patient revenue is substantially lower than their pre-pandemic revenue. As DHHS testified to in the House and before your committee, the general funds currently included in HB 2 are insufficient to cover the contractors who cannot participate in the federal Title X program. We ask that $1.2 million be added to this program to ensure access to care for the 17,000 Granite Staters who need these services and the providers that serve them.

Additionally, the House amended HB 2 to include Section 34 Reproductive Health Facilities on page 13 of the bill. This language mirrors parts of the problematic language included at the federal level, including requiring the physical separation of health care services, making the provision of these services by New Hampshire's family planning providers impossible. Lines 21 and 22 also prohibit a family planning grantee from entering into a contract with a reproductive health facility. Twelve of New Hampshire's community health centers are federally qualified health centers. All federally qualified health centers, including those currently participating in the State's Family Planning Program, have an obligation to contract with health care providers in

their area for services that FQHC cannot provide, which is contrary to the language in section 34. As a result, section 34 of HB 2 would limit the providers able to participate in the State's family planning program. According to the DHHS website, as of May 3rd, only seven organizations replied to the State's new Family Planning RFP, which is down from 10 participants. The State cannot afford to limit the eligible providers any further.

3. Primary Care Contracts (5190 Maternal and Child Health)

The primary care contracts within the Division of Public Health help health centers increase access to health care services and ensure quality outcomes in the communities they serve. Community health centers utilize these funds to deliver primary and preventative care to low-income and underinsured pregnant women, newborns, adolescents, and elderly individuals and to treat acute and chronic health conditions like depression, diabetes, coronary artery disease, asthma, and chronic oral health infections. These dollars are an investment for patients to improve their own clinical outcomes and avoid more costly and serious health issues in the future.

Patients who benefit from the primary care contracts often experience barriers to accessing health care. The services and work funded by the primary care contracts are not paid for by Medicaid, nor are they redundant to any state funding or payments the health centers receive from commercial insurance or other grants. The primary care contracts require the health centers to meet quality measures to ensure that these services are saving the state money and represent a good investment. A reduction to primary care contract funds would increase barriers to care for patients whose health and wellness are reliant on these services, and therefore, we ask that these contracts be level funded.

4. Medicaid Adult Dental Benefit

Lack of access to oral health care is devastating to a person's overall health, leading to a host of problems with the heart and other organs; negatively impacting a patient's health and employability related to appearance and pain management issues, and - as more published evidence is showing us – exacerbating the substance use and opioid crises across the nation.[1] What is most tragic, and where the solution lies, is that these irreversible and painful oral health complications could have been avoided with regular prophylaxis and restorative care.

Currently, New Hampshire's Medicaid adult dental benefit is limited to treating infection and severe pain, leaving the underlying oral health problems to go unaddressed and gradually worsen. Expanding the adult Medicaid dental benefit to include preventive services will allow these patients to get their oral health needs on track, which plays a big role in their mental health and overall quality of life. A growing body of research demonstrates that providing Medicaid dental health coverage to parents has a positive impact on children on Medicaid and CHIP receiving recommended dental care. The "spillover effects" of Medicaid adult dental service expansions are shown to benefit the entire family.[2] As discussed in the workgroup on the adult

[1] "Opioid Crisis." Www.ada.org, www.ada.org/en/advocacy/advocacy-issues/opioid-crisis.
[2] "Research Update: A Spotlight on Children's Oral Health." Center for Children and Families, 10 May 2019, ccf.georgetown.edu/2019/05/10/research-update-a-spotlight-on-childrens-oral-health/. Accessed 16 Oct. 2019.

Medicaid dental benefit, it is critical to establish appropriate capitated rates that incentivize dentists throughout the state to open their doors for Medicaid patients. Community health centers cannot do it alone. We are heartened to see that New Hampshire is moving in the right direction, with surging engagement and collaboration among health providers, government agencies, and the larger community to "put the mouth back in the body."

5. Harmful language related to the propagation of divisive concepts

Bi-State and our members ask that Section 330 of HB 2 be removed from the bill. As you know, this section will ban dissemination of certain "divisive concepts," like unconscious bias related to sex and race that are critical to addressing public health disparities across New Hampshire. This language, if put into statute, could prohibit community health centers from providing training on race, equity, and sexual harassment, which starkly conflicts with their federal obligations to provide these trainings. Community health centers have dozens of contracts with the State of New Hampshire and in some cases, are the only providers of health care services in the area to offer the services required by the state contracts, particularly in the North Country. If passed, section 330 will place health centers in the position of choosing between complying with federal regulations or contracting with the State of New Hampshire for services needed by Granite Staters.

The pandemic demonstrated that equitable access to care does not exist in our country and New Hampshire is not immune to the issue. Community health center patients of color were and continue to be disproportionately affected by the pandemic. Section 330 will eliminate the progress we made in cultivating an environment where health center patients and staff feel safe to come into the office and encouraged to thrive. We respectfully request this language be removed from HB 2.

We are grateful for all of your hard work this session and for the opportunity to participate in the Senate hearings remotely. We look forward to working together to strengthen our health care system as we look ahead to life after the pandemic. Please do not hesitate to contact me if you have any questions.

Sincerely,

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