BI-STATE PRIMARY CARE ASSOCIATION
SERVING VERMONT & NEW HAMPSHIRE
Improving Access to Primary Health Care Since 1986

March 16, 2021

Representative Weyler, Chairman
House Finance Committee
Legislative Office Building, Room 210-211
33 N. State Street
Concord, NH 03301

Submitted via email: HouseFinanceCommittee@leg.state.nh.us

RE: HB 1 making appropriations for the expenses of certain departments of the state for fiscal years ending June 30, 2022 and June 30, 2023 and HB 2 relative to state fees, funds, revenues, and expenditures

Dear Chairman Weyler and members of the House Finance Committee:

Thank you for the opportunity to speak to you regarding the State budget. Bi-State Primary Care Association signed in as "neutral;" however, we respectfully request your support of four key areas of the budget that affect the community health centers and their ability to serve the Granite State. To that end, we respectfully request: 1) the State Loan Repayment Program continue at its 2019 funding level; 2) an additional $1.2 million in general funds for the Family Planning Program; 3) continued support of the community health centers' primary care contracts; and 4) continued support of the Medicaid adult dental benefit.

Bi-State Primary Care Association is a non-profit organization that advocates for access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. Bi-State 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]

1. Continue the Investment in the State Loan Repayment Program (Division of Public Health: 7965 Rural Health and Primary Care)

On March 10, 2021 during a Division III hearing, the New Hampshire Department of Health and Human Services (DHHS) testified that a program in HB 2 is intended to replace the State Loan

[1] Statewide data from Kaiser Family Foundation: http://kff.org/other/state-indicator/total-population, BPHC 2019 UDS Summary Reports, and Self-Reported data in Bi-State Primary Care Association member surveys.

Repayment Program currently situated within the Division of Public Health. My understanding is that DHHS was speaking to the Workforce Development Debt Relief Program beginning on page 70. We respectfully request the State Loan Repayment Program continue and what remains of the 2019 appropriation be used to address the health care workforce shortage as the legislature intended.

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 for three years for full-time employees or two years for part-time employees. The term "medically underserved area" means that there is a shortage of health care professionals due in large part to the difficulty of recruiting clinicians to areas of the country with lower salaries and higher costs of living. This is an invaluable recruitment tool for community health centers, community mental health centers, critical access hospitals, and others. The continued availability of SLRP not only helps health care organizations recruit providers, but it also helps these businesses plan for future recruitment efforts.

As DHHS testified to last week, its staff is in the process of collecting current retention data. However, similar programs across the country demonstrate the success of loan repayment programs and the benefits to clinicians with significant debt. According to DHHS staff, the Delaware State Loan Repayment Program and the Nebraska Loan Repayment Program report that 90% of the participants remain in the programs at one year, more than two-thirds at five years, and more than half at 10 years. Many of the clinicians serving who left their service sites relocated to other practices that they report focused on the care for the underserved. State loan repayment programs such as New Hampshire's SLRP help states recruit and retain qualified clinicians.

There are currently 89 SLRP recipients, including: physician assistants, dentists, registered dental hygienists, advanced practice registered nurses, licensed marriage and family therapists, psychiatric nurse practitioners, medical doctors, psychologists, licensed clinical mental health counselors, master licensed alcohol and drug counselors, licensed independent clinical social workers, and licensed alcohol and drug counselors. The staff within the Division of Public Health at DHHS who manage SLRP are experts in their field: As provider shortages are identified and if funding permits, the SLRP expands the types of providers eligible to meet the needs of the Granite State.

After the legislature increased support to SLRP in 2019, DHHS worked with health care organizations to determine how to maximize the additional funding and address the health care needs of our residents. The priorities identified included private practice dentists (to meet the demand of the Medicaid adult dental benefit), behavioral health staff, school psychologists, and registered nurses. It is critical for the community health centers and other eligible organizations to know if they can advise their current staff and potential applicants to apply for this excellent program and whether the expansion of the eligible providers will happen. Community health centers are small businesses, and the uncertainty of SLRP affects their ability to ensure access to care in medically underserved areas of the state. This funding is more critical than ever to help health care organizations address the health care workforce shortage

facing our state and most importantly, so that they can ensure access to health care services during a pandemic.

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. It is our understanding that approximately $5.1 million of the $6.5 million appropriated in 2019 remains in that budget line. We respectfully request the State Loan Repayment Program continue and that DHHS issue contracts to fully utilize the 2019 appropriation as the legislature intended.

2. Family Planning Contracts and Title X (Division of Public Health: 5530 Family Planning Program)

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

During the last budget season, there were a number of changes at the federal level that necessitated the inclusion of additional general funds in order 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. New Hampshire's community health centers are ineligible to receive Title X funding because of those restrictions. It is our understanding that 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 the Finance Committee add $1,235,532 in general funds (approximately 9 months' worth of support) to the Family Planning Program to mitigate the restrictions at the federal level and guarantee these critical services remain available to Granite Staters.

3. Primary Care Contracts (Division of Public Health: 5190 Maternal and Child Health)

The primary care contracts within the Division of Public Health increase access to health care services and ensure quality outcomes. Health centers use 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. This funding also makes it possible for health centers to deliver an array of enabling patient-centered services like care coordination, translation, transportation, homeless outreach, mobile primary and dental care, health education, and other services that set community health centers aside from other provider practices. These dollars are an investment in their patients' engagement in their own self-care, improving their own clinical outcomes, and avoiding more costly and serious health issues in the future - the value of this investment is immeasurable.

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. Moreover, the payments health centers receive from commercial insurers, Medicaid, and Medicare are insufficient to negate the need for funding the primary care contracts. Primary care contracts require 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 their patients whose health and wellness are reliant on these services.

4. Medicaid Adult Dental Benefit

We respectfully request your continued support of the Medicaid adult dental benefit as DHHS develops the benefit and determines the funding necessary to support the benefit. Research shows that diseases including diabetes, leukemia, HIV/AIDS, many cancers, heart disease, and kidney disease have oral manifestations. Besides causing pain and difficulty eating, poor oral health can lead to problems with the heart and other organs. In pregnant women, poor oral health is linked to pre-term birth, low birth weight, and pre-eclampsia.[2] Poor oral health and lack of dental care has also been linked to the substance use and opioid crises across the nation and New Hampshire because of the difficulty for patients to manage the acute and chronic dental pain of untreated dental disease and the negative impact on employability related to both appearance and pain management issues. Ongoing chronic dental pain remains a gateway for substance use initiation, maintenance, and recovery relapse.[3]

Untreated dental diseases lead to emergency department visits

Currently, New Hampshire's Medicaid adult dental benefit is limited to treating infection and severe pain. The underlying oral health issues often go unaddressed because of the limited benefit. Instead, the only tools many dentists have are antibiotics, pain medication, and dental extraction. Low-income adults suffer a disproportionate share of dental disease and are 40% less likely to have had a dental visit in the past 12 months, compared to those with higher incomes. A recent study identified $2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period: 30% percent of these visits were by Medicaid enrolled adults, and over 40% were by individuals who were uninsured.[4]

Oral health awareness is expanding

Ten years ago, it was unique for federally qualified health centers (FQHCs)[5] to have a dental center. Now, 82% of FQHCs nationally provide dental services on-site,[6] and 70% of FQHCs in New Hampshire provide dental services either on-site, in mobile vans, through a referral agreement in place with local partners, or through school-based dental programs.[7] Integration of

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[2] "Why States Should Offer Extensive Oral Health Benefits to Adults Covered by Medicaid." *Families USA*, 15 Dec. 2017, familiesusa.org/product/why-states-should-offer-extensive-oral-health-benefits-adults-covered-medicaid.

[3] "The Role of Oral Health in Mental Health, Substance Use and Addiction Recovery." *New Hampshire Oral Health Coalition*, 2018, nhoralhealth.org/blog/wp-content/uploads/2018/09/SUDS-Recovery-Oral_Health_Convenings_Summary.pdf.

[4] *Medicaid Adult Dental Benefits: An Overview*. Center for Health Care Strategies, Inc., 2019, https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf

[5] FQHCs are Community Health Centers that receive federal funding.

[6] NACHC. *Community Health Center Chartbook*. January 2020, https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf. Section 5.12.

[7] Bi-State Primary Care Association. *New Hampshire Primary Care Sourcebook*. January 2021.

dental services with primary care has expanded over the years as hospital needs assessments continuously reveal that communities' dental health care needs across the country are not being met. The Surgeon General's Oral Health Report noted that poor oral health incurs costs and reduces productivity in "school, work, and home," and pointed to the enormous disparities that exist in dental health status and access to services.[8]

The health care needs of the state related to COVID-19 and primary care health care are at an all-time high, and primary care providers like community health centers rely on the programs and services discussed above to ensure access to Granite Staters. We respectfully request the SLRP continue as you envisioned in 2019, that the Family Planning Program remain whole, and for your continued support of the primary care contracts and the Medicaid adult dental benefit.

Please do not hesitate to contact me if you have any questions or would like more information.

Sincerely,

Kristine E. Stoddard, Esq.
Director of NH Public Policy
Office: 603-228-2830, ext. 113
Cell: 480-794-0523
kstoddard@bistatepca.org

[8] "Addressing Oral Health Needs: A How-To Guide." *Community Catalyst, Inc. and Health Care for All,* 2002, www.communitycatalyst.org/doc-store/publications/addressing_oral_health_needs_2002.pdf.