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Opinion

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Bi-State Primary Care Association Responds to Alternative Plan for Medicaid Expansion

The Medicaid Commission recently heard a presentation about another alternative to Medicaid expansion, presented by Avik Roy, adding to the information, research, and testimony already under consideration. However, I believe, New Hampshire's uninsured, low-income families cannot afford this alternative plan and neither can the state.

The Commission, comprised of bipartisan legislators and public policy experts, has heard from local and national experts on the opportunities to move forward with Medicaid expansion. It is expected the Commission will measure each option against critical principles such as affordability, quality of services, scope of coverage to include primary and preventive care, specialty and hospital care; ways to maximize federal funds, leverage existing infrastructure and systems, and cost sharing options.

This alternative plan presented falls short on several key principles: it is unaffordable for low-income families; it would only cover 11,150 out of 46,200 uninsured residents at 100 percent federal poverty level; it recommends a "concierge" type of primary care that is not empirically tested; it recommends only catastrophic insurance coverage; it forgoes a significant federal investment; and it does not build on the investments our state and the federal government have already made to help lower income families gain access to health care.

Under this newly proposed plan, designed to serve individuals with annual incomes of less than \$12,000, the catastrophic insurance plan would have an annual deductible of over \$6,000. If we allow 30 percent of this income for housing (\$4,000) that would leave \$2,000 to pay for food, utilities, gas to get to work, and clothing. It is unrealistic to believe that a person could live on \$2,000 a year.

Beyond catastrophic insurance, this plan requires an individual to pay \$100 per month to access primary care. Any alternative plan must be broader in scope and like Medicaid coverage, allow for primary and preventive care, specialist care, hospital emergency and in-patient care, hospice services, home health, nursing facilities, and prescription drugs to name a few.

For our current Medicaid population, the Legislature made the decision to invest in Medicaid Care Management, selecting three health plans with a proven record nationwide. Medicaid Care Management incorporates the patient-centered medical home model of care, an accredited and evidence-based model which uses a team-approach of providing care for each patient that results in high-quality, comprehensive primary and preventive care. Nearly all primary care providers in the state with expertise in caring for low and moderate income families use this well-tested model. However, this alternative plan proposes the use of primary care practices that typically see only a quarter of the patients other practices do, thus limiting access to providers for this

population overall. New Hampshire should continue its wise investment in Medicaid Care Management and the patient-centered medical home model of care.

Finally, this alternative plan leaves \$2.5 billion in federal funding on the table and will cost New Hampshire \$320 million in state funds over seven years.

If the state chooses to expand Medicaid, nearly 60,000 (at 138 percent of federal poverty level) uninsured residents will receive crucial health care coverage through the Medicaid Care Management program. Many health care providers and organizations have publicly supported Medicaid expansion and have stated that New Hampshire providers have the capacity to treat current and newly eligible Medicaid patients. Bi-State Primary Care Association supports the continued expansion of Medicaid Care Management for low-income people without health insurance in New Hampshire.

We look forward to the Commission's report to evaluate which public policy options, from the patient and provider community perspective, make sense as we work toward a path to provide access to affordable, quality health care for uninsured, low-income residents.

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About Bi-State Primary Care Association

Established in 1986, Bi-State Primary Care Association, serving Vermont and New Hampshire, a nonprofit 501 (C) (3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.

With offices in Vermont and New Hampshire, Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.