

525 Clinton Street  
Bow, NH 03304  
Voice: 603-228-2830  
Fax: 603-228-2464



61 Elm Street  
Montpelier, VT 05602  
Voice: 802-229-0002  
Fax: 802-223-2336

January 25, 2022

Representative Mark Pearson, Chairman  
House Health, Human Services, and Elderly Affairs Committee  
Legislative Office Building, Room 205  
33 N. State Street  
Concord, NH 03301

RE: HB 1578-FN relative to including certain children and pregnant people in Medicaid and the children's health insurance program

Dear Chairman Pearson and Members of the HHSEA Committee:

Bi-State Primary Care Association and our members respectfully request the House Health, Human Services, and Elderly Affairs Committee recommend HB 1578-FN ought to pass. Bi-State staff and our members will not attend legislative hearings due to the risk of COVID-19 and we thank you for the opportunity to submit written testimony to your committee electronically. Bi-State and our members write to you in strong support of HB 1578-FN.

Bi-State Primary Care Association (Bi-State) is a 501(c)(3) nonprofit organization, formed by two health and social service leaders in 1986 to advance access to comprehensive primary care and preventive services for all, with special emphasis on those most in need in New Hampshire and Vermont. Today, Bi-State represents 28 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 146 locations. Our members include community health centers, federally qualified health centers, area health education center programs, and Planned Parenthood of Northern New England. New Hampshire's 13 health centers serve approximately 112,000 patients at locations across the state, including in those districts represented by members of this esteemed committee.

Eleven of New Hampshire's community health centers are federally qualified health centers (FQHCs). These FQHCs are part of a national network of health centers established in federal law and regulated by the Health Services and Resources Administration (HRSA). Our FQHCs serve more than 88,000 Granite Staters who made approximately 387,000 patient visits in 2020, including over 100,000 telehealth visits. Federal statute establishes the comprehensive array of services FQHCs must provide, including basic primary care services, voluntary family planning services, immunizations against vaccine-preventable diseases, appropriate cancer screenings, pharmaceutical services, mental health services, substance use disorder treatment, translation services, and transportation services.<sup>1</sup> These health centers are required to serve patients

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<sup>1</sup> 42 USC §254b last accessed on January 16, 2022.

regardless of ability to pay or insurance status. Approximately 13% of New Hampshire's FQHC patients are uninsured, 33% are insured by Medicaid, 19% of their patients are insured by Medicare, 35% of their patients are commercially insured. One in five of the state's uninsured receive care at an FQHC. All FQHCs are required to provide what is known as a sliding fee discount to ensure that the cost for health services is discounted based on the patient's ability to pay (for patients who live at or below 200% of the federal poverty level (FPL)). The ability to pay is determined by the patient's annual income and household size. As a point of reference, 200% of the FPL is equal to \$55,500 for a family of four. In 2020, New Hampshire's FQHCs provided more than \$13 million in sliding fee discounts and wrote off more than \$2.5 million in bad debt.

I provide you this background information on FQHCs to demonstrate the positive impact access to Medicaid coverage will have on the health centers' patients because the requirement that FQHCs provide care on a sliding fee discount only applies to the services that FQHCs provide – not to all the health care services that their patients need to thrive. The specialty services that Granite Staters access outside of the four walls of a health center can be just as crucial to the health and wellbeing of FQHC patients.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included an option for states to provide Medicaid coverage to children and pregnant women who are lawfully residing in the United States. Prior to CHIPRA becoming law, federal law required people lawfully residing in the US wait for five years before accessing Medicaid coverage unless a state chose to insure this population using its own funds.<sup>2</sup> According to CHIPRA, children lawfully residing in the United States may be covered up to the age of 21. *Lawfully residing* includes "lawful permanent residents or green card-holders; children fleeing persecution with pending applications for asylum and special immigrant juvenile status; and children with certain temporary immigration statuses."<sup>3</sup> It does not include undocumented children and "Dreamers" or Deferred Action for Childhood Arrivals.<sup>4</sup> The CHIPRA also allows states to receive an enhanced federal match for children that only applies during the first five years the children are in the country.<sup>5</sup> This means that once the children hit the 5-year mark at which time they will become citizens, the traditional federal match applies, including for Medicaid expansion beneficiaries.

New Hampshire is the only state in New England that does not provide some level of Medicaid insurance to pregnant people and children lawfully residing in the United States. As of January 2021, there are 34 states and the District of Columbia that provide Medicaid coverage to immigrant children lawfully residing in the US who have not yet reached the five-year mark. There are 25 states that provide Medicaid coverage to pregnant women lawfully residing in the US.<sup>6</sup>

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<sup>2</sup> Centers for Medicare and Medicaid Services, Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant Women (July 9, 2021), <https://www.medicare.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women>

<sup>3</sup> Georgetown Univ. Health Policy Inst., Health Coverage for Lawfully Residing Children (May 11, 2018), [https://ccf.georgetown.edu/wp-content/uploads/2018/05/ichia\\_fact\\_sheet.pdf](https://ccf.georgetown.edu/wp-content/uploads/2018/05/ichia_fact_sheet.pdf)

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> Kaiser Family Foundation, Medicaid/CHIP Coverage of Lawfully Residing Immigrant Children and Pregnant Women (January 1, 2021), <https://www.kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

If enacted, HB 1578-FN will bring New Hampshire in line with other states by directing the New Hampshire Department of Health and Human Services (DHHS) to submit a state plan amendment(s) under Medicaid and the Children's Health Insurance Program to expand coverage to otherwise eligible pregnant people and children who are lawfully residing in the United States. Again, while health centers, including PPNNE, see all patients regardless of their ability to pay or insurance status, not all health care providers offer discounted care based on a patient's ability to pay. The unfortunate result is that patients go without care they need. Having health insurance will expand access to critical health care services for patients who need to access specialty services outside of a health center. These services can be crucial to the health and wellbeing of our patients.

Lastly, increased access to insurance coverage also reduces the amount of uncompensated care provided by New Hampshire's health care system. This is especially important now because it relieves the downward pressure on health care organizations struggling with reduced patient volume due to the pandemic. As I mentioned above, the FQHCs alone provided more than \$13 million in sliding fee discounts and wrote off more than \$2.5 million in bad debt. Amoskeag Health, one of the 11 FQHCs, serving Manchester and its surrounding towns, estimates that if HB 1578 were the law today, 266 of its more than 14,000 patients could access health insurance. Below is the just one of Amoskeag's many touching stories on how life-changing access to Medicaid coverage can be:

Charles is a 12-year-old who was born in the Sudan to a college educated mother who worked in the hotel industry. Charles and his twin brother were born prematurely, and unfortunately, Charles developed encephalitis post-delivery. As a result, Charles is wheelchair bound, profoundly deaf, non-verbal, and vision and cognitively impaired. Initially settling in Massachusetts for several months, Charles and his brother were covered through Medicaid. Their family moved New Hampshire where they had relatives, and lost the boys' Medicaid coverage. The family has now been in New Hampshire for four and a half years and are primary care patients at Amoskeag Health. They receive specialty care through Amoskeag Health's Special Medical Programs, and a nurse coordinator. The family obtained low-cost insurance through the Affordable Care Act, which covered some, but not all of Charles' care. Thankfully Charles and his family can access Amoskeag's sliding fee discount for their primary care and Charles' care through its Special Medical Programs. A grant from the Health Well Foundation paid for several necessary, but non-covered medical expenses. Their commercial insurance "is not so good at the hospital," nor does it cover home health care services. Charles' mother states she struggles to make ends meet by herself and appreciates the guidance from her nurse coordinator, both for connecting to specialty health care and financing. While she is fortunate to be employed by people who value and respect her (accommodating the need to change her work schedule when necessary to meet Charles' needs), she knows that home health care would be a "god send." Charles' mother is always worried about the bills, and both she and Charles have been waiting a long time for a new wheelchair and a walker because he is growing, and he needs dental care. It is very difficult for un- and underinsured patients with special needs to access dental care in New Hampshire. Charles is now about to reach the 5-year milestone for immigrants; an application to Medicaid has been submitted, and coverage should start in March 2022. Charles and his family will then have access to health insurance coverage for the home health care services he desperately needs.

According to the fiscal note, the State's estimated cost to insure Granite Staters lawfully residing in New Hampshire is between \$220,000 to \$236,000 because of the federal match. I ask that you when you consider this bill, you remember Charles and the other 265 patients at Amoskeag. Again, while FQHCs provide discounted care to their patients, not all health care providers do. Insurance coverage helps people access the care they need at a much lower cost than an emergency room visit, keeps people healthy and out of the hospital, and allows family caregivers respite and the ability to care for themselves as well. This not only benefits individuals and their families, but it also benefits our health care system and the Granite State.

Members of our community need and deserve better access to health care services that having health insurance offers. For these reasons and more, we respectfully request the Committee recommend HB 1578-FN ought to pass. We appreciate your time and thoughtful consideration of this important bill as we know it will have a profound impact on pregnant people and children who are lawfully residing in the beautiful Granite State.

Please feel free to contact me if you have any questions.

Sincerely,

Kristine E. Stoddard, Esq.  
Senior Director of NH Public Policy  
[kstoddard@bistatepca.org](mailto:kstoddard@bistatepca.org)  
(603) 228-2830 ext. 113