



January 16, 2018

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

RE: Support for HB 1811 relative to the New Hampshire Health Protection Program

Dear Representative Kotowski and members of the House Health, Human Services, and Elderly Affairs Committee:

Thank you for the opportunity to weigh in on HB 1811 relative to the New Hampshire Health Protection Program (NHHPP). Without a doubt, the New Hampshire Health Protection Program has been the single most important piece of legislation positively affecting access to health care and health insurance coverage in our state. Bi-State Primary Care Association and its members respectfully request you recommend HB 1811 “ought to pass” to ensure low income people continue to have access to health care coverage and the ability to better afford health care services, including substance use disorder treatment and behavioral health services.

Bi-State Primary Care Association is a nonprofit organization that advocates for access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. We also represent the 16 community health centers located throughout our state, which serve over 113,000 patients, most of whom live below 200% of the federal poverty level or \$24,120 for an individual.¹ New Hampshire’s CHCs are non-profit organizations that provide integrated oral, behavioral health, and primary care services to their communities. The annual data the federally qualified health centers (FQHCs), a subset of the CHCs, submit to the Health Resources and Services Administration (HRSA) clearly demonstrates the importance of the NHHPP to the patients and communities served by the CHCs.² Since the beginning of the NHHPP, the number of FQHC patients served in New Hampshire increased by nearly 3,000 patients. The percentage of uninsured patients decreased from 19.5% to 14.5%.³

After long having one of the lowest treatment capacities in the nation, New Hampshire leaders and communities have been working hard to expand Granite Staters’ access to substance use disorder treatment and behavioral health services. The NHHPP is one of our state’s greatest tools to combat the opioid epidemic because it increases access to behavioral health and substance use disorder treatment statewide. Every CHC offers behavioral health services and the number of patients who accessed mental health services has increased by almost 2,300 patients since the NHHPP’s inception.⁴ Seven of the FQHCs currently offer medication assisted treatment, which

¹ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016), federally qualified health centers are required to submit patient demographics, services offered and received, clinical data, and payer information to the Health Resources and Services Administration annually; BSPCA Survey of Membership (2016).

² The most current data is from 2016 and captures calendar year 2015.

³ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).

⁴ *Id.*

is used to treat substance use disorders, and the remaining three FQHCs are in the process of establishing programs.⁵ The number of health center patients who accessed substance use disorder treatment services increased by over 200 patients since the NHHPP's inception.⁶ As part of their integrated care model, in addition to receiving MAT services, patients receiving substance use disorder treatment at health centers also receive behavioral health services.

The percentage increase in patients' utilization of behavioral health services and medication assisted treatment since the start of the NHHPP varies by health center. For example, Manchester Community Health Center, which currently serves approximately 16,000 patients from cities including Hooksett, Londonderry, Auburn, and Candia, saw an increase in the number of patients utilizing behavioral health services of 13.4%.⁷ In addition, the percentage of uninsured patients seen at MCHC decreased by six percentage points.⁸ Manchester Health Care for the Homeless, an FQHC located within Catholic Medical Center, saw an increase of nearly 17% in the number of patients accessing substance use disorder treatment.⁹ The number of uninsured patients receiving services at MHCH declined from 63.2% to 23.4%.¹⁰ Coos County Family Health Services, which serves Berlin, Gorham, and the surrounding areas, did not see a substantial increase in the number of patients served since the establishment of the NHHPP.¹¹ However, the percentage of patients living below 100% of the federal poverty level, or \$12,060 for an individual, increased more than four percentage points, which is significant for a health center of its size.¹² The NHHPP has mitigated the effects of the increase in poverty in the North Country to the health center and its patients: the percentage of uninsured patients decreased simultaneously.

The NH Health Protection Program is crucial to our state for many reasons: it allows patients who live with chronic diseases to better manage their health, it helps our state address the opioid crisis, it mitigates the cost of uncompensated care for providers who treat predominantly low income, uninsured, and under-insured patients, and most importantly, it increases access to health care services statewide. The data presented above is only a glimpse of the positive impact the NHHPP has had on the patients and communities served by community health centers. However, the data is clear: the NHHPP is a necessary tool to address the opioid epidemic facing the Granite State. For these reasons and more, we respectfully request you recommend HB 1811 "ought to pass."

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

Sincerely,

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⁵ BSPCA Survey of Membership (2017).

⁶ *Id.*

⁷ Health Resources and Services Administration, Uniform Data System, MCHC (2016).

⁸ *Id.*

⁹ Health Resources and Services Administration, Uniform Data System, MHCH (2016).

¹⁰ *Id.*

¹¹ Health Resources and Services Administration, Uniform Data System, CCFHS (2016).

¹² *See id.*