



April 10, 2019

Representative Lucy Weber, Chairwoman  
House Health, Human Services, and Elderly Affairs Committee  
Legislative Office Building, Room 205  
33 N. State Street  
Concord, NH 03301

RE: SB 290 relative to the New Hampshire Granite Advantage Health Care Program

Dear Chairwoman Weber and members of the Health, Human Services, and Elderly Affairs Committee:

Thank you for the opportunity to speak to you regarding SB 290. Bi-State Primary Care Association appreciates the sponsors' efforts to improve the community engagement requirement, which is a requirement for continued coverage under the Granite Advantage Health Care Program. We respectfully request the committee recommend SB 290 ought to pass.

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 15 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 over 115,000 patients, including 1 in 6 of Granite Staters enrolled in the Medicaid program.<sup>1</sup> Due in some part to the expansion of Medicaid, community health centers experienced a 6% increase in the number of patients and a 12% increase in the number of patient visits over the last five years.

New Hampshire's Medicaid expansion program, now known as the Granite Advantage Health Care Program, is key to keeping our friends and neighbors healthy. To date, over 130,000 residents have accessed health insurance coverage through this program and on average, 52,000 are enrolled each year. Ultimately, Bi-State and our members fundamentally disagree that a work and community engagement requirement furthers the purpose of the Medicaid program, which is to provide health care services. As Bi-State has testified to in the past, Bi-State does not believe

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<sup>1</sup> Statewide data from Kaiser Family Foundation: <http://kff.org/other/state-indicator/total-population>, BPHC 2017 UDS Summary Reports, and Self-Reported data in Bi-State Primary Care Association member surveys.

that requiring individuals to engage in “at least 100 hours per month” of work or other community engagement activities increases or strengthens insurance coverage.<sup>2</sup>

Bi-State and our members are committed to addressing any barriers to care, including the components of the community engagement requirement as amended by SB 290. We are thankful that SB 290 clarifies that self-employment is included as a qualifying activity. New Hampshire’s small businesses drive our economy, and it important to recognize this work as just that: work. Senate Bill 290 also clarifies that caregiving activities are exempted from the work requirement, which is key to maintaining access to care in the community rather than a more expensive setting.

Bi-State is concerned that New Hampshire residents may lose their Medicaid coverage due to administrative barriers to fulfilling the reporting requirements included in the community engagement requirement, as we have seen happen in Arkansas. For example, since June 2018, approximately 18,000 Medicaid enrollees in Arkansas lost coverage after the implementation of a work requirement. Bi-State and our members fully support the other provisions included in SB 290 that are key to reducing barriers to health insurance coverage and barriers to care, including but not limited to: adding an exemption for homeless beneficiaries; increasing the age of the child caretaker exemption to 16 years of age; adding an exemption for grandparents who are caretakers of grandchildren; allowing qualifying hours to carry over into the following month; and adding an exemption for full-time students. Given the number of Medicaid enrollees who have lost coverage in other states as a result of similar community engagement requirements, we also fully support the provision that would eliminate the community engagement requirement if certain criteria are met, including more than 500 people losing coverage due to noncompliance.

Bi-State and our members support the Granite Advantage Health Care Program, and we want to see the Program succeed. The provisions in SB 290 will help ensure access to health insurance coverage and care by making necessary changes to the community engagement requirement.

Please do not hesitate to contact me if you have any questions.

Sincerely,

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

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<sup>2</sup> See NH Senate Bill 313 (2018); *See also* Draft Section 1115 Demonstration Amendment, Granite Advantage Health Care Program #11-W-00298/1, 8 (May 30, 2018. *See* Center on Budget and Policy Priorities, “Policy Basics: An introduction to TANF,” (June 15, 2015).