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April 25, 2023

Representative Carol McGuire, Chairwoman  
Executive Departments and Administration  
Legislative Office Building Room 306  
33 N. State Street  
Concord, NH 03301

RE: SB 105 relative to information collected by the division of vital records administration as part of the live birth worksheet

Dear Chairwoman McGuire and Members of the Executive Departments and Administration Committee:

On behalf of Bi-State Primary Care Association and our members, I write to you in opposition to SB 105 as passed the Senate. We believe there are unintended consequences to eliminating information required by the live birth worksheet statute, including: 1) a reduction in federal funds available to community health centers through their primary care contracts; and 2) making New Hampshire less competitive for federal workforce investments through the Health Resources and Services Administration. We respectfully request the Committee amend SB 105 to eliminate section 2 or vote it inexpedient to legislate.

Bi-State is a nonpartisan, nonprofit 501(c)(3) charitable organization that advances access to comprehensive primary care and preventive services for all, with special emphasis on those most in need in New Hampshire and Vermont. Bi-State's membership includes community health centers, federally qualified health centers (FQHCs), New Hampshire Area Health Education Center programs, networks, and consortia. Bi-State represents 26 member organizations that provide comprehensive primary care services to over 312,000 patients at 162 locations.

Section 2 of SB 105 amends the statutory requirements for live birth worksheets. States, including New Hampshire, use this information for many reasons, including to address health-related issues such as health disparities, preterm births, low-birth weights, access to health care services, and health care workforce shortages. My testimony will focus on two areas this bill will impact: access to primary care services and federal shortage designations.

### **Primary Care Contracts**

First, the New Hampshire Division of Public Health contracts with 10 health care organizations, including 8 FQHCs, to increase access to integrated primary care and preventive health services by providing care coordination, translation services, eligibility assistance, transportation services, and health education for uninsured patients from birth to 21 years old. This funding helps New Hampshire address health priorities identified in the State's Maternal and Child Health Statewide Needs Assessment completed in 2020.

Approximately 10%, or \$815,852, of these contracts is funded through the federal Maternal and Child Health Title V block grant. The data collected pursuant to RSA 5-C:19 (the live birth worksheet statute) is used by the State of New Hampshire in its application for Title V funding, and the State would not receive Title V without the complete birth worksheet data, including the address of the birth mother. The budget as passed by the House does not include enough general funds to cover the loss of these federal funds. If

Section 2 became law, the health centers would experience a reduction in funding and could not provide the services at the level required by the State contracts.

### **HRSA and Shortage Designations**

The second example of how section 2 of SB 105 will negatively affect the health centers and the health care workforce is by lowering New Hampshire's federal shortage designation scores. The Health Resources & Services Administration (HRSA) relies on State Primary Care Offices (in New Hampshire this sits within the Division of Public Health) to submit Infant Health Index data in order for HRSA to determine [shortage designations](#).<sup>1</sup> A shortage designation means that there is an area, population, or facility experiencing a shortage of health care services for a variety of reasons. Shortage designation scores affect whether a state can have FQHCs, FQHC look-alikes, and Rural Health Clinics; where they will be located; and whether clinicians within the state can access federal workforce funding.

There are several types of shortage designations, including Health Professional Shortage Areas (HPSAs), Maternity Care Target Areas (MCTAs), Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), and more. FQHCs and FQHC look-alikes only exist within MUAs and/or MUPs, meaning they can only be located where there is an identified shortage of health care services through the shortage designation program. There are several types of HPSAs, including geographic HPSAs, population HPSAs, and facility HPSAs (including correctional facilities). The federal government determines how much funding each state will receive to address shortages based on the state's score and how it compares to the need/score in other states. The higher the score, the more likely a state will receive funding for that specific shortage designation.

Shortage designations are also used to calculate how much health care workforce funding is available to each state, including workforce programs like the National Health Services Corps. While the State of New Hampshire has a State Loan Repayment Program (SLRP) for clinicians, the State requires that clinicians who qualify for the National Health Service Corps apply for it before applying for SLRP funding in order to maximize SLRP dollars. The lower our shortage designation scores, the less likely New Hampshire will be competitive for the Corps funding, and the more likely clinicians will have to rely on SLRP.

Currently, the Infant Health Index data comprises 20% of the score. It can be difficult to project the implications of lowering our scores because the impact depends on what programs HRSA chooses to fund, how much funding the agency allocates, and how New Hampshire's needs compare to the needs of other states. It is our understanding that HRSA plans to target maternal and child health disparities through its MCTAs. Because we have so few births as compared to other states, our birth scores are low. Not being able to submit the data that comprises 20% of the score will make New Hampshire even less competitive when compared with states with higher birth rates.

For these reasons, we respectfully request section 2 of SB 105 be eliminated or the Committee recommend SB 105 inexpedient to legislate.

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

Thank you,

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<sup>1</sup> "What Is Shortage Designation? | Bureau of Health Workforce." *Bhw.hrsa.gov*, [bhw.hrsa.gov/workforce-shortage-areas/shortage-designation](http://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation).