

JOINT LEGISLATIVE FISCAL COMMITTEE

One Granite Place, Room 230

Concord, NH

Friday, September 18, 2026

MEMBERS PRESENT:

Representative Kenneth Weyler, Chair

Representative Keith Erf

Representative Maureen Mooney

Representative Mary Jane Wallner

Representative Peter Leishman

Representative Gerald Griffin (Alt.)

Representative Gary Daniels (Alt.)

Senator James Gray

Senate President Sharon Carson

Senator Cindy Rosenwald

Senator David Watters

Senator David Rochefort

(1) Acceptance of Minutes of August 21, 2026 meeting

KENNETH WEYLER, State Representative, Rockingham

County, District #14: Good morning. We'll call the Fiscal Committee meeting to order for September 18th, and first item on the agenda is acceptance of the minutes of August 21st.

** JAMES GRAY, State Senator, Senate District #06:

So moved.

SHARON CARSON, State Senator and Senate

President, Senate District #14: Second.

CHAIRMAN WEYLER: Motion and -- by Senator Gray, second by Senator Carson to accept the meeting minutes from August 21st. Any further additions or corrections? Seeing

none, all in favor say aye?

(Chorus of ayes.)

CHAIRMAN WEYLER: Opposed no.

(No response.)

DAVID ROCHEFORT, State Senator, Senate District

#01: I abstain.

CHAIRMAN WEYLER: And one abstention because he -- he wasn't there.

*** {MOTION ADOPTED}

(2) Old Business:

CHAIRMAN WEYLER: All right. There's no Old Business.

CONSENT CALENDAR

(3) RSA 9:16-c, Transfer of Federal Grant Funds:

(4) RSA 14:30-a, VI Fiscal Committee Approval Required for Acceptance and Expenditure of Funds Over \$100,000 from Any Non-State Source:

CHAIRMAN WEYLER: Under Tab 3. We have transfer of -- we have a Consent Calendar for Tabs 3 and 4. At the present time, I have removed from that Consent Calendar items number 163 and number 165, but the remainder are still -- I'll entertain a motion to adopt the remainder of the Consent Calendar.

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SEN. PRESIDENT CARSON: So move.

SEN. GRAY: Second.

CHAIRMAN WEYLER: Senator Carson moves to adopt the rest of the Consent Calendar, Senator Gray seconds. Is there any further discussion or any further changes to that proposal? Seeing none, all in favor say aye?

(Chorus of ayes.)

CHAIRMAN WEYLER: Opposed no.

(No response.)

CHAIRMAN WEYLER: The rest of the Consent Calendar is adopted.

*** **{MOTION ADOPTED}**

CHAIRMAN WEYLER: And so we'll move on to item 26-163 under Tab 4. And I believe that -- Senator, yeah. I believe that -- um -- Representative Leishman has questions on item 26-163. Good morning. Senator Leishman. I think I'll let them introduce themselves.

PETER LEISHMAN, State Representative, Hillsborough County, District #33: Thanks for the promotion, Mr. Chairman.

CHAIRMAN WEYLER: Representative Leishman.

LUCY LANGE, Commissioner, Department of Business and Economic Affairs: Lucy Lane, Commissioner of Business and Economic Affairs.

KATHLEEN FREDERICKSEN, Director of Finance,
Department of Business and Economic Affairs: Kathy
Fredericksen, Director of Finance, BEA.

REP. LEISHMAN: Uh -- thanks for taking my question. So, obviously these are, as you noted, federal funds and generally they sail right through; but we've had so many studies already on broadband, and I notice here like another \$800,000 for a study and then the summit of 75,000. I'm just curious if that money could be spent more for future upgrades or is this just another study? Um -- so your thoughts.

MS. LANGE: So the -- these are funds that were actually from '22 that are still trying to be used and the event we're trying to plan is a economic summit in the first part of the year that will celebrate this in conjunction with a business gathering to talk about driving economy based on the broadband that has been deployed. And as far as the -- uh -- study goes, I understand that there are a lot of contracts on that. This is us trying to make sure that we are hitting all of the homes. Kathy, do you what want to add any color to that?

MS. FREDERICKSEN: Yes, thank you very much. Please also understand that these are NBRC specific funding that's been given to us, and we have the exact directive from

this that these have to be administrative in nature. They're not allowed to be programmatic, which would be implementation funding. So that's one of the reasons why we've had to hold off on accepting and spending this funding because they're separate from the IIJA money that we've already received.

So we weren't allowed to use this for actual deployment. You know, the runs of the fiber and all of that stuff. This had to be specific to administrative type costs, and we're actually -- this particular study is for potential future deployment. We're going to study an area that hasn't been explored yet in the broadband arena. We're looking to in this plan that has been presented to NBRC and approved for this, we're looking to study the state-wide cellular impact and -- and doing -- um -- broadband over cellular. So it's another area in this program. And if we can use that as additional deployment, because we have certain areas, some remote areas and that -- that couldn't be covered. We have like a thousand addresses that we're still trying to -- um -- which will get us because we're at like 99.9% complete once all of this money is spent. So we're trying -- we have a small area that we're trying to address now and this will help with that.

REP. LEISHMAN: Just one follow-up, Mr. Chairman, if I could?

CHAIRMAN WEYLER: Further questions.

REP. LEISHMAN: So I noticed on the grant agreement itself, the phone numbers were blackened out, and we only received two pages out of the 13 pages of the document. Maybe it's something that just didn't get printed or sent to the LBA. I was just curious why we only got the first two pages and not the 13. And, again, the phone numbers were blackened out, which I thought was odd.

MS. FREDERICKSEN: Oh, because they were -- they were mobile numbers. They were cell phone numbers that were on there. And, honestly, I -- we redacted them because we weren't sure if they were personal cell phone numbers or public numbers on the State Directory. We can certainly make those available.

REP. LEISHMAN: Okay. Thanks. Thanks, Mr. Chairman.

CHAIRMAN WEYLER: Do you have a deadline on spending this money?

MS. FREDERICKSEN: Yeah, I believe -- I believe --

MS. LANGE: June 30th, '27.

MS. FREDERICKSEN: Yeah.

CHAIRMAN WEYLER: '27?

MS. LANGE: Correct.

CHAIRMAN WEYLER: Thank you. Entertain a motion to adopt this item.

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REP. LEISHMAN: Move the item.

CHAIRMAN WEYLER: Motion by Representative Leishman. Is there a second?

MAUREEN MOONEY, State Representative, Hillsborough County, District #12: Second.

CHAIRMAN WEYLER: Second by Representative Mooney to adopt item 26-163. Any further discussions? Seeing none, all in favor say aye?

(Chorus of ayes.)

CHAIRMAN WEYLER: Opposed no?

(No response.)

CHAIRMAN WEYLER: The item is adopted. Thank you.

MS. LANGE: Thank you.

*** {MOTION ADOPTED}

CHAIRMAN WEYLER: Next we move on to number 165. Well, I guess 164 is also involved. And I think it was -- was that Senator? Both Senators, Watters, and who wishes to go first? Senator Rosenwald. Oh, Senator Watters.

DAVID WATTERS, State Senator, Senate District #04: Tweedle Dee and (Laughter.) Good morning. How are you?

NATHAN WHITE, Chief Financial Officer,
Department of Health and Human Services: Good morning. Nathan White, Chief Financial Officer with the Department of Health and Human Services. And I'm joined here today.

DAVID CHORNEY, Director, Division of Financial Sustainability and Policy, Office of Go-North: David Chorney. I'm the Director of Financial Sustainability and Policy for the Office of Go-North. Yes. And I brought along a presentation that gives a -- an overview of where the Budget Period Two funds will be going, the priority investments. Um -- so I'll hand it out now.

SEN. WATTERS: Why don't we do that now if you wouldn't mind, Mr. Chair.

CHAIRMAN WEYLER: Yes, let's do that. I guess everyone's ready.

MR. CHORNEY: Great. So on the first slide just represents the launch of the Office of Go-North. So you can see -- um -- in July of -- July 4th, 2025, this is when HR1 passed. It passed which included the Rural Health Transformation Grant. It's a \$50 billion grant opportunity for states nationwide. It's a competitive grant in that each state submitted a plan and CMS scored that plan, and then issued awards to each state based off of the quality of those plans.

Um -- New Hampshire received 204 million for the first year. It was the most out of New England. And just for context, Florida received 208 million. So very similar to much larger states. I only reference that because I think the per capita impact we can have with that is pretty massive for the State of New Hampshire.

The time period that plan was able to be put together. So CMS issued the ability to apply on September 15th, almost exactly a year ago. And the State had about 55 days to apply for that. So issued -- uh -- sent in the plan November 5th, 2026.

Soon after that, the Governor, Governor Ayotte, issued an Executive Order establishing the Office of Go-North, which is a unit within her office -- um -- to execute on the administration and issuance of the award. Um -- at the end of December of last year, that's when New Hampshire received its official notice of award of the two hundred four -- four million. And then in early February Go-North leadership was hired. So we have our Director DonnaLee Lozeau, who apologizes for not being able to be here, but she's at the office today. Myself, the Director of Financial Sustainability and Policy, and our Director of Transformation, Whitney Hammond.

CMS approved our award early February, February

3rd, 2026, which was really the approval of the budget which allowed the State to then be able to draw down the funds and invest them. And then we received Fiscal and Governor and Council approval to accept the award in March 4th of 2026.

The following slide is just a little bit about what Rural Health Transformation is and what it is not. The dollar size is very similar to ARPA. It's about a billion dollars over a five-year grant. But what's unique about Rural Health Transformation is it's a cooperative grant with CMS where the State committed to certain outcomes around increasing access in rural areas, reducing avoidable ED visits, streamlining licensure processes for healthcare professionals. And it's unlike the ARPA grant, which was a very acute investment at a very unique period of time where there was a global pandemic. And our award structure can change from year to year based off of how the State is progressing through its Rural Health Transformation Plan. Um -- is it spending all the dollars it was awarded? And then CMS will review that and each budget period could potentially change the amount the State gets.

Uh -- the fourth slide is just a breakdown of each budget period. So the first budget period started December 29, 2025. Those funds must be fully invested with --

by September 30th, 2027. So about a year from today. Um -- we're here today for Budget Period Two. That award -- um -- CMS will issue on what we're told is October 31st, 2026, and those funds have about a 23-month time period to be fully invested. So September 30th, 2028. And then that follows with Budget Period Three, Budget Period Four, and Budget Period Five.

And as I had mentioned, if states don't fully spend down their awards or invest the dollars, it will get recalibrated by CMS in future budget periods. So there's a chance here for New Hampshire to gain even more money in Budget Periods Three, Four, and Five.

The next slide on Slide 5 -- um -- you'll notice a common theme. There's a lot of fives here. It's a five-year grant. New Hampshire committed to five initiatives. We have five -- we partnered with five hubs for impact, and there's five criterias of investment success, which is the same five criteria CMS is scoring states on.

So our five initiatives are population health, access, workforce, innovative technology, and financial sustainability. And we've partnered with the Community Behavioral Health Association, which is a -- really an investment in the long-term sustainability of the State's

Community Mental Health System. The Community Development Finance Authority, which is within the grant, we have the opportunity to do minor renovations at healthcare facilities to improve access.

One of the pieces we got approval for was to imbed child care facilities at healthcare organizations as a Workforce Recruitment Retention Project. And then renovations at county nursing homes to maintain and expand bed capacity to help relieve some hospital discharge barriers and support the financial sustainability of rural hospitals.

We've also partnered with the Community College System of New Hampshire and University System of New Hampshire, and that's a workforce and recruitment intention initiative. And the idea there really is to what we're calling to build pipelines from high school to hire. So partnering starting in the high school area with CTEs in the community college, and then higher education, and then the foundation for healthy communities.

And all of the funding opportunities will be -- um -- scored based off of what we're calling the Investments for Success, which is how transformational are they? So, what's the -- the impact they'll have on rural communities? How strong is the project plan? Will they -- are they likely

to achieve meaningful outcomes? The long-term impact and the sustainability, which is the same criteria CMS will be scoring the State on. So we want to make sure that we're receiving applications or proposals for projects that align with how CMS is going to score us so that we're meaningfully moving through our transformational plan, achieving our outcomes, and hopefully gaining additional dollars in future years.

The next slide is just a summary of those five initiatives and some of the priority investments areas. So the first one is in population health. It's investments in local public health infrastructure, expanding development, developing prevention, healthy lifestyle programming, care coordination, community health workers.

At G&C this past Wednesday, we actually had our Population Health Contract approved, and it's with the Endowment for Public Health, and they're really focused on the first two bullets of that. And then Go-North will be issuing an RFP around care coordination in the coming months.

Access: And our big partners here are the Foundation for Healthy Communities and the Community Behavioral Health Association is investments in specialty care, access to specialty care in rural areas through tele-health, mobile integrated health, and EMS services supporting interfacility

transports between hospitals and other rural providers, Perinatal quality collaboratives, and CMS put a big weight on -- around the adoption of innovative care models. So supporting true team-based care at a local level. So there will be funding opportunities right now with the -- the Foundation around primary care to support integrated primary and behavioral health care, and access to home and community-based services.

Workforce is our third initiative. And as I mentioned this is really about developing the pipelines from high school to hire. Within that through the University System we have the Governor's STAR Program, which stands for Scholars Transforming Access in Rural Communities. And it's an award program for students that are engaging in high-need degrees, whether it's at the University System, the Community College System, or another education institution in New Hampshire, to offset the cost of tuition or other cost barriers a student may encounter to complete that degree. It does come with a five-year commitment to then serve in rural areas. So that would be, you know, being employed at a critical access hospital, a federally-qualified health center, rural primary care, community mental health center.

We're also partnering with the University System

to create a state-wide clinical simulation network and to support clinical simulation education and training. And one of the things we found is that there is a barrier for clinical preceptorship and clinical education opportunities and simulation can help support that. Um -- so really building out that network in partnership with both the provider communities and education institutions.

There's also funds for rural healthcare providers to be able to invest in their own recruitment and retention strategies. And then as I had mentioned capital improvement fundings through the Community Development Finance Authority to support the creation of childcare facilities within rural healthcare organizations.

Our fourth initiative, which is technology, is really focused on technology that will --

SEN. WATTERS: Can I ask a question, Mr. Chairman?

MR. CHORNEY: Yep.

SEN. WATTERS: On the CDFA, how is that money going to be handled and what amount are you talking about?

MR. CHORNEY: So the amount of money we can invest in minor -- what CMS calls minor renovations is capped at 20% of the State's total award amount. So for this first

budget period it's about \$40 million, but it will change budget period to budget period based off of what the State's award amount is.

SEN. WATTERS: If I may? So how is that going through CDFA?

MR. CHORNEY: So we've contracted with CDFA and they've opened up a competitive funding opportunity for eligible organizations to apply, which are your federally-qualified health centers, EMS -- um -- the -- the rural healthcare providers. And they -- those -- those -- um -- applicants can propose a project that is aligned with the State's five initiatives, where they need minor renovations to support that. So it could be embedding childcare facilities. It could be renovating existing space to establish a new clinic to expand access. The one thing we can't do is dig holes in the ground and build new stuff. It has to be renovating existing facilities.

SEN. WATTERS: Thank you.

MR. CHORNEY: No problem.

SEN. WATTERS: Thank you, Mr. Chairman.

CHAIRMAN WEYLER: Question. Representative Erf.

KEITH ERF, State Representative, Hillsborough County, District #28: Thank you, Mr. Chairman. Thank you for

taking my question. Another workforce related question. Regarding CCSNH, what you're doing there, is that related to the dual and concurrent programs that they run?

MR. CHORNEY: In partnership with, like, adult education and the career technical education centers.

REP. ERF: I was talking -- I'm speaking specifically to high schools.

MR. CHORNEY: Yes. Yep. So within the scope of services with the Community College they're -- they're partnering with high schools to both expand and support the education at the high school level, so that someone can gain credits at the high school level and then move to the Community College for an associate's degree or another education institution.

REP. ERF: Can you get us the budget for that? You can do that follow-up. You don't have to do it right now.

MR. CHORNEY: I think in the first budget period year we had included I think it's approximately \$2 million in the Community College specifically for the CTEs. And we have a meeting coming up in early October, I think it's October 2nd or October 3rd, with the CTE Program Directors, the Community College to discuss those investments, and the Community College is currently working on the awards program to disperse those

funds to the CTEs.

REP. ERF: Can you also send a PDF of this to the LBA?

MR. CHORNEY: Yep.

REP. ERF: Thank you.

SEN. WATTERS: Mr. Chairman, I was going to ask, if we're going to pause now, I was going to ask about the CTE and the Community College, but I can wait or depending what you wanted to finish or not.

CHAIRMAN WEYLER: Whenever you're ready.

SEN. WATTERS: All right. Well, I'll go because I wanted to follow-up on what was being asked. So -- um -- I'm wondering, you know, I don't know whether I'll be able to get to that meeting with the DOE. Uh -- we're -- we're working in particular on the Capital Budget for CTEs, and what kind of renovations might be needed to help support this program. And so you have that meeting. Um -- but I -- I wondered if there might be an opportunity for a little more longer -- longer-term look at what you're going to do over the five years and particularly in this area. I think that, you know, two million won't go very far. I think that for the Community College System, and particularly for the CTEs, it really is an opportunity for many of the CTEs that have health care programs

already to expand. But they need another -- they need another room or they need some equipment. And -- um -- so I hope that after you come out of that meeting that maybe we could talk about something longer term. And I'll talk with the Community College folks as well. And I have a particular question on the CDFA funding.

MR. CHORNEY: Yep.

SEN. WATTERS: Would CTEs or Community College System be able to apply for some of that funding for renovation?

MR. CHORNEY: Yes, as long as it's for healthcare programming.

SEN. WATTERS: Okay.

MR. CHORNEY: Yeah.

SEN. WATTERS: Would -- if I may? Would you please go over that thoroughly with the -- is it Chrissy Vanderhook you're going to meet with over there or?

MR. CHORNEY: Yeah, Chris -- Chrissy Vanderhook, and then the program directors at the CTEs at the high school level, and BEA as well.

SEN. WATTERS: So bring up the CDFA --

MR. CHORNEY: Yep.

SEN. WATTERS: -- part with them particularly as

well, because I really see it as an opportunity for, you know, we passed some legislation last year which lets CTE designate Community College Campus facilities as CTE facilities so that students can be trained there. I'm trying to kind of, you know, really unify the CTEs and the CCSNH. So I think it's an opportunity if the facilities are renovated at the Community College or at the CTE, students can flow in both directions. But I do think there's larger needs here and if we could scope out over the five years.

MR. CHORNEY: Yep.

SEN. WATTERS: So, thank you.

MR. CHORNEY: Yeah, we've been working a lot with -- well, now Former Chancellor Mark Rubenstein on this, too, as well.

SEN. WATTERS: Thank you.

CHAIRMAN WEYLER: Senator Rosenwald, did you have a question?

CINDY ROSENWALD, State Senator, Senate District #13: I did. Thank you. Um -- in looking at your priority investment areas, I'm focused a lot on access, because I think that's what we hear is the biggest problem in the rural parts of the state. So -- um -- I guess my question is in buying furniture -- um -- for exam rooms or replacing nursing home

beds, are you expanding access or maintaining access? Like, how fast are we going to be able to expand the clinical workforce to take advantage of another exam room at an FQHC? I mean, you can't put in more nursing home beds because of the moratorium. So I'm just kind of confused as to how what you're requesting is necessarily meeting your initiatives.

MR. CHORNEY: Well, we have five initiatives. I see them as really all interconnected. And I think you're right. We can't achieve a lot of the access goals without building a strong workforce.

Um -- I also think technology in and of itself is not the savior; but technology paired with highly skilled, trained, clinical staff can help with -- um -- clinical efficiency. Um -- and so I -- I can speak to the Community Behavioral Health Association, which is adopting an open access model of care under this -- this new CCBHC model of care. That's part of the Rural Health Transformation Plan.

There's really three components that they're working on that new model; but then the workforce necessary to be able to serve that model. And so building up that workforce so that when the model goes live, they're able to -- to have the open access. And so they're working in partnership with University System, the Community College System, and then other

education partners, like, New England College, St. Anselm. Um -- and then using technology to adopt a common instance of the same electronic health record system so that they're all -- uh -- their clinical workflows are streamlined and consistent across the whole system to support where it makes sense to do shared staffing. Um -- and then also to help support the -- the streamlining of the ways in which they request reimbursement through billing and coding for revenue cycle management and financial management.

So it's sort of taking all of the initiatives together to -- to create a project, not necessarily using each initiative solely siloed in and of itself. And so workforce is really -- is a major component of achieving the goals within access.

SEN. ROSENWALD: Follow-up. So where you're replacing equipment, how is that expanding access? Because maintaining access is not one of your goals. Expanding access is.

MR. CHORNEY: Uh -- we want to make sure the existing capacity within the system is maintained while there are the other changes within the healthcare system that -- that are impacting this through the coverage, through the exchange and -- um -- Medicaid; but we also want to expand access. And

so for the nursing homes, part of it is maintaining the nursing home beds; but also bringing beds that are currently offline due to renovation needs or equipment needs back online so that they can accept patients.

SEN. ROSENWALD: Follow-up.

CHAIRMAN WEYLER: Follow-up.

SEN. ROSENWALD: So if you bring those beds back online, will there be the nursing staff in nursing homes to staff those beds?

MR. CHORNEY: Yes. That's part of the plan is to also support it with the workforce. So the -- the -- it's packaged as a project with the renovation needs, the workforce needs.

SEN. ROSENWALD: Final follow-up, if I could? Um -- I understand -- um -- your goal of expanding the behavioral health workforce. Given that we've seen a decline in medical specialists in New Hampshire, is any of this work going to go to increase, somehow increase access to them, which has declined even in the non-rural parts of the state?

MR. CHORNEY: Yep. The workforce recruitment intention funds can be used for any high-need healthcare career, whether it be a cardiologist in the North Country or a neurologist. And, also, investments in partnerships to

facilitate access to that care through tele-health where it makes sense.

We, also, the Foundation is working on a project currently. It's a shared staffing model arrangement between a rural healthcare provider and a non-rural healthcare provider to share time, clinician time. Because sometimes I think what we see in rural areas is that there's a volume issue. So, potentially, for that specialist to dedicate a full FTE, the cost of that is high and the volume doesn't necessarily, you know, you don't capture all those costs back through revenue, but through shared staffing models it's a possibility.

And then one other project we heard of when we were putting the grant together that's included in the plan, and this is just like an example that we could use in other specialties. But for oral surgery, we know there's a lack of oral surgeons, and that there are dentists and practitioners that are interested in becoming -- having the ability to do oral surgery. So using the -- the STAR Program and Workforce Recruitment Retention Funds to support that provider to get the credentials and education and experience to be able to provide that service. And then they can come back to the rural -- and then serve in the rural community to provide their oral surgery and working with potentially a critical access hospital that

has the O.R. capacity for that surgeon to be able to perform the service.

So it supports the access of the individual. There's financial sustainability piece for the critical access hospital potentially that has capacity to provide the service or the space to provide the service, and then the individual upskilling to be able to deliver that service.

SEN. ROSENWALD: Thank you.

CHAIRMAN WEYLER: Representative Wallner for a question.

MARY JANE WALLNER, State Representative,
Merrimack County, District #19: Yes. Thank you. So this is all really exciting and there's going to be a lot of really interesting things happening over the next five years. And I'm wondering can Go-North come here to Fiscal maybe quarterly and give us a report of progress and what's -- what kind of projects are going forward? You could arrange it with Mr. Kane.

MR. CHORNEY: Yep. And I -- I think we'll be back -- um -- probably more often than you expect because the accept and expend right now is our best estimate of what the year two award is. We don't know exactly what it will be. So we may need to come back to adjust it. Say -- uh -- CMS gives

us more money, we'll have to -- we'll need approval to accept that. And then -- um -- I think where I was talking with Nathan for the end of the State Fiscal Year we'll be back.

REP. WALLNER: Great. Thank you. And I think we'll look really forward to hearing about the projects that -- um -- are going forward. Thank you.

MR. CHORNEY: No problem.

CHAIRMAN WEYLER: Further questions from the Committee?

SEN. GRAY: I don't know that he finished his presentation yet. I think we got two more sections there real quick.

MR. CHORNEY: Yep. Yeah, there are. So the final two initiatives is technology and financial sustainability. The technology piece, we're really looking at investing in technology that will have a return on investment for providers. Um -- so the provider can or organization identifies a need, whether it's -- um -- technology to support better financial management or revenue cycle management. So moving from an accounting system that's not purely based on Excel to something else or cyber security enhancements so that they can have enhancements, the electronic health record system that makes clinical providers more efficient and so being using

RHT funding as the upfront capital or catalytic funding, and then the organization would be able to maintain the cost of it ongoing due to the -- the increased efficiency and cost savings.

And then the second component of it really is around what we've called digital health infrastructure, and it's trying to support the streamlining of prior authorizations, which can often lead to a lag in reimbursement for providers, and also a pretty significant delay in some cases for patients into accessing services. And right now a lot of that is those prior authorizations are faxed and sometimes you need pathology reports or imaging reports that go with it, and fax is never the best way to read those -- those -- those slides.

Um -- and then the final one is financial sustainability, which is a major area for CMS and for the State to making sure that these investments are durable beyond the term of the grant. And so partnering with Medicaid around what -- what payment models we can look at to support the investments in hospitals and primary care and -- and Community Mental Health Centers. Um -- and I think there's an opportunity to try to have some multi-payer alignment around that with working with our commercial partners. Um --

supporting the providers to off of a fee-for-service or volume-based system into value based care. Capital improvements that can help organizations be more long-term financially sustainable by lowering the operating cost for them. Looking at interfacility transports and how people move through the system where they, say, they're at a critical access hospital and need higher level care. That transport that could go from the critical access hospital to an urban hospital, but then also the ability to bring the patient back to a -- whether it be a swing bed or lower level place of care in the community.

And then just aligning the -- our capital improvement projects through CDFA. So where we have supported expanded access, making sure we've done so in a way that when they open that new clinic space that they're able to sustain it by tying it back to workforce pieces and the long-term operating cost of that. Um -- and then just the -- the last slide is just our web site and contact information.

CHAIRMAN WEYLER: Thank you. Senator Rosenwald.

SEN. ROSENWALD: Thank you. Does the technology section, does any of it include expanding the closed loop referral system? And, if so, will it follow the privacy requirements that we -- um -- worked on in statute several years ago?

MR. CHORNEY: Yes, although the privacy requirements around closed loop referral must be followed. We've even made sure to include those in all the contracts with the hub organizations. And -- and the way we're looking at closed loop referral is not necessarily using RHT funds for a state-wide adoption of it. But if a local provider wants to enhance their care coordination, whatever that may be, there are funds to help support that need. If they identify it as a need, and they put forth a plan and a proposed project, there's potential funding for that.

SEN. ROSENWALD: Thank you.

CHAIRMAN WEYLER: Senator Gray, then Senator Watters.

SEN. GRAY: My question when we look at Medicaid and the changes that have happened federally, the question comes are any of these funds -- do we have the possibility of reducing some other costs to make up for some of that shifting in the federal priorities?

MR. CHORNEY: I would -- yes. A lot of these funds are investments in healthcare organizations to transform how they operate to maintain, expand access, and to transform in what is the -- the -- the coming climate. Um -- what is not in the plan would be like pure uncompensated care payments to

providers. There needs to be some type of transformational change and sustainability of the operations.

SEN. GRAY: I think that I will need a further brief on that at some point to see how that impacts the budget and moving forward. Thank you.

CHAIRMAN WEYLER: Senator Watters.

SEN. WATTERS: Thank you, Mr. Chairman. On the technology side I've had some conversations with the folks at ABLE New Hampshire about the disability community and the difficulties that they're having with the increased paperwork, and particularly on this now the every six-month recertification on the work requirements and other things. And so the question that they put to me was whether or not there would be a way through these -- actually through these grants to make it more possible for people with disabilities to do some of these things on -- online. And, also, if some of the navigators could be trained. Because right now they really don't know, you know, the particularities of how to help folks with disabilities with all the paperwork which is increasing. So, I don't if that fits in this bailiwick; but I wanted to mention it because I think it, for a relatively low investment, it can make a lot of difference for some of these -- these folks.

MR. CHORNEY: Yeah. I think in our coming population healthcare coordination RFP where community health workers, and I say that in the broader sense. It could be navigators or tele-health assisters. Their support for that workforce there, and then also the training that individuals would be able to need to be able to provide either the support that the individual needs in that case or identifying other resources within the communities to help support that care coordination and access to other providers.

SEN. WATTERS: Well, thank you. May -- may I suggest that you follow-up with ABLE New Hampshire, and if there is a way to help with this particular need, because I think they're really worried about what's going to happen with the increased paperwork in the six months and -- - and, you know, a lot of these folks just can't get themselves to Concord. So if you could, you know, talk with them and let me know if there's something we can do.

MR. CHORNEY: Okay.

SEN. WATTERS: Thank you.

CHAIRMAN WEYLER: Any further questions from Committee Members? Senator Rochefort.

DAVID ROCHEFORT, State Senator, Senate District #01: Thank you, Mr. Chairman. I think Senator Gray hit on

this a little bit. But in the financial sustainability, your first two bullets, I envision those as being linked together, those two bullets. Um -- new Medicaid Hospital and Primary Care Payment Models and then supporting provider transition to the value-based care models. I think that those go hand-in-hand. And I'm not going to make you commit to anything today, but clearly you put it on our sheet, and I just -- if you could give us a little preview or at least a thought process on where you think that might go or where you're -- we're headed with that?

MR. CHORNEY: Yeah. So, one of the pieces that went into the Rural Health Transformation Plan was to look at how Medicaid reimburses hospitals and moving away from a pure more utilization-based system to one that is more based on value and not value in that the more savings you produce, the less reimbursement you get. But a model that recognizes that there are certain fixed costs that are necessary for us, particularly rural hospitals, to be able to maintain those services, and then pairing it with the appropriate value and quality metrics as an incentive. And so really trying to shift, at least for the Medicaid population, into a more value-based system. And then also knowing that the providers will need support and expertise to be able to transition that

system, making sure that there's funding available for the providers, the hospital themselves, and the primary care providers to be able to change, whether it's adopting technology so they have a better understanding of the population of their -- their panel or bringing in the technical expertise or subject matter expertise to help support the creation of new clinical workflows that support that transition.

So we're looking at it not just from the State Medicaid side, but also whether the providers need to be able to then be successful within that system and trying to -- to build a model that could be leveraged by other payers so that it's not Medicaid's paying one way, Medicare's paying one way, commercial's paying another way. So trying to find some partnership in the payer space to align those.

CHAIRMAN WEYLER: President Carson.

SEN. PRESIDENT CARSON: Thank you, Mr. Chairman. Good morning. My question deals with the technology aspect, and I'm glad that you're looking at electronic health record systems for Community Mental Health Center; but I'm wondering if that can be expanded. Because what I'm hearing from my constituents and, you know, we are an aging state, we know that, is that there can be a very long delay in getting health

records. Um -- probably -- and it is because if you are 70 or above, there's a good chance that, you know, you might have lived in another state, and you're going to have difficulty getting those health records, so your doctor here in New Hampshire can take a look at them and make judgments moving forward.

Um -- a lot of those records were not digitalized. They're still all paper, and it really does lead to a delay in treatment. And if we want to treat people where they are, we need to get access to those in a timely fashion. So I hope that this is something that -- um -- you might consider.

Also, the North Country geographically is the largest part of our state and the population is the most dispersed. And so it really could mean a huge delay in treatment. So I'm hoping that you folks can look at something like that. Thank you.

MR. CHORNEY: Certainly.

CHAIRMAN WEYLER: Further from Committee Members? Director White, any comments?

MR. WHITE: No, not at this time.

CHAIRMAN WEYLER: I'll entertain a motion to adopt item 26-165.

** SEN. GRAY: So moved.

SEN. PRESIDENT CARSON: Second.

CHAIRMAN WEYLER: Motion by Senator Gray to
adopt, second by President Carson. Any further discussion?
Seeing none, all in favor say aye?

 (Chorus of ayes.)

CHAIRMAN WEYLER: Opposed no?

SEN. ROSENWALD: No.

CHAIRMAN WEYLER: One opposed. You wish to be
recorded?

SEN. ROSENWALD: Sure.

CHAIRMAN WEYLER: Okay. Item is adopted. Thank
you.

*** {MOTION ADOPTED}

REGULAR CALENDAR

(5) RSA 21-M:11-a, II, New Hampshire Youth Development Center Claims Administration and Settlement Fund

CHAIRMAN WEYLER: Okay. We'll move on to the
Regular Calendar. Under Tab 5, Youth Development Center. And
we have Director Barry here.

SEN. GRAY: Boyle.

CHAIRMAN WEYLER: Boyle. Director Boyle. I'm
sorry.

HON. GERARD A. BOYLE, Administrator, Youth
Development Center Claims Administration and Settlement Fund:

Good morning.

CHAIRMAN WEYLER: Good morning.

MR. BOYLE: Gerard Boyle, the Administrator of YDC Claims and Settlement Administration. And I wanted to come before you today to request funds for the appointment of the deputy administrator. But before I do that, I would like to give you a brief update as to what's been going on.

Thus far, I have made 30 decisions, had 29 hearings and have {Inaudible}. Those claims -- uh -- totalled \$45½ million. Of that, I awarded \$10½ million. So my awards thus far have been 23 percent of what claimants and their counsel have been asking for. My average award thus far has been 351,000, almost \$352,000. Twenty-five of those 30 claims that I've decided received an award. Five of them received nothing.

Thus far, we've been holding six hearings a week. We started having the hearings in August, and we have six hearings a week scheduled between now and the first of the year. After the first of the year when the new Deputy Administrator is on board, we'll be doing eight hearings a week.

Starting in December, we're going to start a mediation program where we will bring together the attorney for the state, the attorney for the claimants with a skilled mediator to see if we can't mediate some of these claims. That will preclude them from having to go to a half-day long hearing.

By December, claimants' counsel and the State will have an idea of where my awards are coming from, and what I expect, and what I think is appropriate in the awards. And that will give them some incentive to see if they can't do this through mediation to resolve their cases a lot quicker.

If all of these hearings, and we have just under 1700 hearings left, if all of those go to hearings, theoretically it would take about six years to complete the program. My goal is to complete this in three years. May take four, but my goal is three years. I think we can do that with eight hearings a week and with a mediation process.

In the hearings that we've had thus far, and in my awards, I've encouraged the attorneys to accept a 25% fee, not the 33 percent that is authorized in the statute, and not the 40% fee that many of them have with their clients on a contingency basis. Uh -- I don't know how that's going to go. Each award that we send out, we send out with my strong

recommendation for a 25% fee, and we have it broken down in the award this is what the attorney gets, this is what the claimant gets if it's 25%. This is what the attorney gets, and this is what the claimant gets if it's 33 percent. And both the attorney and the client have to sign that. So that necessitates a discussion between the attorney and the client concerning what the fee is going to be.

I do want to commend the Concord firm of Douglas, Leonard, and Garvey. They have upfront said 25%. And I hope that they are the head of the pack in leading that effort. Because I sincerely believe that 25 percent is a much more reasonable fee in these cases than 33 percent for the amount of time and effort that is being put into these by claimants' counsel.

Next month I will be back before you after we have a better handle on what the State's finances are looking for the \$35 million that I did not get when I was here in June. In June, I came and asked for a total of 55 million and received the 20 million and said come back later on. We see how the finances are. I will be back next month looking for that 35, and I believe if we get that 35 that will take us through the end of this fiscal year with the hearings that we have, with the mediation, and with the money that is being

expended.

Any award that I am giving for 500,000 or more is being paid out over a ten-year period of time, both the attorney's fees and the award to the claimant. Less than 500,000 there's a scale that I've developed for less than ten years. I'm trying to encourage, frankly, awards less than 500,000 by making it a shorter payout period of time. And the history of the fund thus far has been the average award since the change in the statute in 2024 has been 601,000. So my average award so far is 351,000.

All of that is a little bit of history. The reason I'm here today is because I'm asking for approval to bring on Attorney Jim Steiner from Concord to be the Deputy Administrator, and he will be doing -- he'll be working three days a week; one day of hearing prep, and two days of hearings. It takes about a whole day to prep for the four hearings over the next two days.

Jim is a very experienced attorney, highly respected trial attorney in New Hampshire. Uh -- and I -- I can tell you as a trial judge, the trial judges in New Hampshire we're thrilled when Jim Steiner would appear before them because he was always on time, he was always prepared, and he always had a written order in hand to give to the judge to

guide the judge along in his decisions. He has the highest integrity, and I have every reason to believe that he will do a good job. I have known him for about three decades. You have his resume before you.

So that's why I'm here today. But I'm eager to answer any of your questions today and any time. Please give me a call if you have any questions about the process, about where we are, about monies that have been expended or anything else. We're eager to keep you informed. Thank you.

CHAIRMAN WEYLER: Thank you. Representative Rosenwald, then Representative -- Senator Rosenwald, then Senator Watters.

SEN. ROSENWALD: I've heard great things about Attorney Steiner; but my question is of the 25 cases where you've made an award decision, have they all been accepted by the claimants?

MR. BOYLE: That is a great question and the answer is no because they are just going out now. The process takes about almost four months from the time of the hearing until the time the State has to write a check, because we have the hearing. Then we have a week long period where the parties, either the State or the claimant, can provide additional information if they choose to do so. If they don't,

after that hearing then I issue a formal decision. Then the parties have a period of time, a week or two, to evaluate that decision, decide whether or not they want to accept it. Either party can accept it or say nope, we don't want to do that. And if that's the case, if they do that, then -- uh -- in almost all of the claims they have a right to then go to the Superior Court for a jury trial sometime five or ten years down the road. Um -- but I -- I suspect that most of the people and most of the hearings will be accepted. Most of the decisions will be accepted. Um -- and we'll be able to start cutting checks for people at about four months out from the hearing.

SEN. ROSENWALD: Thank you.

CHAIRMAN WEYLER: Senator Watters for a question.

SEN. WATTERS: Thank you, Mr. Chairman, and really thank you for your good work and all the -- the progress that's been made so far. Um -- I had a question similar to Senator Rosenwald. It's about, you know, when we're going to have some sense of whether or not people are going to go to court. Um -- but more broadly, do you think that by October -- um -- you know, given the number of cases that you're looking at over these years and have a better sense of the pace of settlement and the amounts of settlement as that continues, and

your mediation start, do you think it be possible to give us some kind of projection over if it's three years or four years what you think the liability is going to be that we will be needing to factor into the budget?

MR. BOYLE: I -- I will. And I will have a good number for you next month when I come before you. But I can tell you that from what I see so far, I believe that when this is all done the liability is going to be close to one billion dollars that the State is going to pay out. Now, a lot of that is over the next ten years; but I think it's going to be close to one billion dollars.

SEN. WATTERS: If I may, Mr. Chairman? You know, we've -- we've seen that figure and, you know, you can do the math and you can, you know, you can reduce the amount of settlement. You can see where that comes from. I guess what I'm looking for is that, you know, yes, it's over ten years, but -- um -- you know, what amount per -- per budget cycle? I think that's what's most important for us so that we can know, you know, because we're going to be writing the budget this year, and then every two years just, you know, how -- how to plan forward a little bit if it's possible to have some sense of, you know, for each budget cycle --

MR. BOYLE: I agree.

SEN. WATTERS: -- where might we be? So that's all. So I know this is all very abstract, but I think the closer that you come into this that you may have some firmer sense of where -- what we're looking at.

MR. BOYLE: I won't really have a good handle on that specifically until probably next spring after we've had several months of mediation. I'm not sure how many of these cases are going to settle at mediation. I want to give claimants and their attorneys and the State an opportunity to try that.

Uh -- theoretically, we could resolve more cases, you know, quicker; but that depends upon whether or not they were ready to go to mediation. Uh -- historically, what has happened is there hasn't been a mediation program. But historically what has happened with the hearings, claimants' counsel all believe that they could do better by going for a hearing than working it out with the AG's Office. I want to change that mentality, and I think that we can do that.

SEN. WATTERS: Thank you. Thank you, Mr. Chair.

CHAIRMAN WEYLER: Further from the Committee? Representative Wallner.

REP. WALLNER: Thank you. And thank you for being here. So this is -- this is a very short-term question;

but how much of the 20 million that we allocated for you, I think a couple months ago, how much of that is actually encumbered or promised at this point?

MR. BOYLE: I'm going to turn that over to my operations manager, and she can give you a better idea on that. I could give you an answer, but I think she'd have a more specific.

REP. WALLNER: Great. Thank you.

MR. BOYLE: And this is Jaci Curran-Stuart who has been with this since the beginning. And while there was no administrator over a period of a year, she ran the whole operation and is absolutely phenomenal.

JACI CURRAN-STUART, YDC Investigative Paralegal, Youth Development Center Claims Administration and Settlement Fund: Good afternoon. Thank you for having me. I think we will have a better idea of more specifics, you know, in the coming as I -- Administrator Boyle said. Right now we have a lot of those decisions that are going out and haven't been accepted, and we have to see where that lands. I will say there's still \$17 million left in fiscal year payments for previous awards from the prior administrator. So that did when we came in with that request earlier this year, we had already started in a negative. We weren't going to have enough money

to cover.

So -- um -- while I can get you more specific numbers eventually, I just wanted to point out that a lot of that was covering already required funds. And we had, I think, around \$4 million left for awards, for additional awards to pay out this year. Um -- again, as we said, that's over ten years. So that that 4 million would be for what would come out this fiscal year, and -- but that's after, you know, we take into account administrative costs and such.

So let me try to get you some more numbers once we have a better sense of where these awards might land. But I just wanted to put that out there that there was already a lot that was to be paid with that money.

REP. WALLNER: Thank you.

CHAIRMAN WEYLER: Senator Gray.

SEN. GRAY: I want to bring us back to the real vote that we're going to be taking and that's the administrative assistant. And my calculations that the reductions that you've made in staff are -- exceed what the price of this would be. I just want to give you the opportunity to talk about that.

MR. BOYLE: Well, that -- that is correct. We no longer have a -- um -- my predecessor, Justice Broderick,

had a deputy as well. That was Judge Diane Nicolosi, senior status on the Superior Court. She was not able to continue on with that because she's still in senior status in the Superior Court. Um -- but we have eliminated several paralegal positions. We have eliminated the general counsel position. Uh -- we've done a lot of cutting staff-wise, and we're able to function on -- on what we have.

Uh -- I brought on an additional claims analyst. Bob Dumond will be starting next week. Uh -- that was approved by the Governor and Council last week or earlier this week. And Bob is one of the nation's leading experts on prison rape. We're just fortunate that he happens to live here in New Hampshire. And he ran my -- helped me set up and ran my Merrimack County Mental Health Court for three years. Did a phenomenal job. It is the premier mental health court in the state. And he is a master's level clinician with extensive experience testifying before the United States Congress, providing work for 40 different states in the Federal Government in prison rape cases, and we're very fortunate to have him.

So he will be on board as one of our interviewers starting next week. And with him on board, and Jim Steiner on board, that will enable us to move on to eight

hearings a week as opposed to the six.

** SEN. GRAY: And, with that, I would move the item.

CHAIRMAN WEYLER: Okay. Is there a second?

SEN. PRESIDENT CARSON: Second.

CHAIRMAN WEYLER: Okay. Motion by Senator Gray and second by President Carson to approve the hiring of R. James Steiner as a part-time assistant administrator. Any further discussion? Seeing none. All in favor say aye?

(Chorus of ayes.)

CHAIRMAN WEYLER: Opposed no?

(No response.)

CHAIRMAN WEYLER: That motion is adopted. Thank you very much.

*** {MOTION ADOPTED}

MR. BOYLE: Thank you all very much.

CHAIRMAN WEYLER: I'm hoping that -- I think -- I see you're making some changes and, obviously, you've turned down some of these people. A lot of us have the suspicion that false accusations are being coached by lawyers to become more believable, and I'm hoping you see through that. Thank you.

MR. BOYLE: All right. Thank you.

(6) Miscellaneous:

(7) Informational Materials:

CHAIRMAN WEYLER: All right. Anything else on the information items?

REP. ERF: 71.

CHAIRMAN WEYLER: 171. Representative Erf has questions.

REP. ERF: Mr. Chair, I have a number of questions. So if others would prefer to lead, that'd be fine.

CHAIRMAN WEYLER: What?

REP. ERF: I have a number of questions. So if others would prefer to start, I'd be fine waiting.

CHAIRMAN WEYLER: Oh, okay. Anybody else going to have questions on this item?

REP. LEISHMAN: I do, Mr. Chairman.

CHAIRMAN WEYLER: Representative Leishman has questions. He suggests you go first.

REP. LEISHMAN: Thank you. Thank you, Mr. Chairman. And so on Page 4 there's a breakdown on payments to providers for selected key services. Just wondering if you could give us a better breakdown, not obviously today, but on what is going to the critical access hospitals of the state. Because I noted it says data may be duplicated between categories. So I was just kind of curious at some point in the

next couple weeks that we could get a breakdown of what's going to the critical access hospitals. Thank you.

HENRY LIPMAN, Medicaid Director, Division of Medicaid Policy, Department of Health and Human Services:

Thank you for the question. Henry Lipman for the record, State Medicaid Director. Yes, we can do that.

CHAIRMAN WEYLER: Representative Erf.

REP. ERF: Thank you, Mr. Chair. So my first question relates a lot of this is the -- relates to page -- uh -- it's the last page here. Five, I guess. First question relates to the program payment changes and the rate acuity changes. I'm just curious as to what those are. And, specifically, is it rate acuity changes as opposed to acuity changes? What's the difference?

MR. LIPMAN: Um -- thank you for the question. I think if I could give you, I think, three levels of -- of answer to your question. Um -- in terms of one of the things in the chart is providing the remainder amount calculation. The remainder amount calculation was sort of statutorily defined quite a -- quite a while ago. Um -- if you look further in RSA 126-A:3, I, there's a list of things that can be accepted, some of which are in the remainder amount calculation, and some aren't.

So if you may recall, probably the largest one is as we moved in the MET/DSH agreement to use more directed payments, directed payments would come from the MET tax ultimately, right. DSH payments came from the MET tax. Within the RSA we're allowed to use the MET that otherwise would have been paid out as DSH for the directed payments. And the reason that we do that is because we were able to get an enhanced federal match to fund the program using less general funds. So that's also --

REP. ERF: So that's just -- may I interrupt you there? Could you all, since you brought up directed payments, could you tell me what that means as opposed to?

MR. LIPMAN: Sure. It's part of the agreement for the -- that the hospitals have with the State in exchange for paying the tax in total. The agreement speaks to getting either payments in the form of disproportionate share payments or directed payments.

Um -- part of the last negotiation and the ability to -- um -- meet in the -- meet and reach an agreement is that we were able to by moving to directed payments, which are associated to be paid for services that are Medicaid versus DSH payments which can be used for both Medicaid and uncompensated -- some people don't have insurance. We're able

to get a stronger federal match and that -- that helped bridge and make that agreement possible. So that's one component.

There's also funds that come back to the -- to the program that -- that are originally Granite Advantage. For example, drugs that are used to treat those patients, if we get a rebate, that rebate amount comes back to the program. We also do medical loss ratio audits. If there's funding that the MCOs have to repay back that are associated with Granite Advantage patients, that comes back in. Several of these different line items make up how we fill from what is -- you see in the chart there as the remainder amount and the -- how we fund the difference for that bottom line sum.

And -- uh -- I think that a while, quite a while back we talked about changing how it is prepared. And I can't recall the entire history, but we were -- said report the remainder amount as it's statutorily laid out, and then you can explain the rest. Um -- but I think, you know, if there's a willingness, we can certainly, you know, show how we close the full gap and not using general funds either.

REP. ERF: May I continue? So let me kind of -- thank you for that. Let me go in a slightly different direction so you understand what I was trying get at.

MR. LIPMAN: Sure.

REP. ERF: One of the things I notice in the -- and your verbiage calls this out as well -- is the dramatic change in total program costs from '23 to '26. And over that period of time the enrollment dropped by half. Now, I understand you, as you point out, we also increased the rates; but in here you make a comment that the acuity impact of that. Now, I understand how acuity would impact that. But my question really is so I'm assuming -- well, no, I'm not assuming. I'm asking is there a difference in the numbers of patients with higher acuity in 2023 versus the number in 2026, as opposed to just the ratio changing?

MR. LIPMAN: I think it's -- it's not just the ratio changing. It's the people who remained eligible were the individuals that were among the sickest. And -- um -- you know, if you'd like we -- when we presented to Governor and Council, I had an exhibit I could share with you showing kind of an example of how that effect comes into play to help explain to them the rate change when we did the latest MCO contract.

REP. ERF: Well, here's where I'm going with that. If the numbers of acuity, high acuity people stay the same, then that's not really accounting for the difference between the two time periods, which means -- which only leaves,

at least with what I read here, the difference being the rate change. And I'm just wondering that's the case, if the rate change accounted for most of that substantial increase?

MR. LIPMAN: Well, I think a good portion is before the DSH payments weren't here. They were -- came from another spot. And now that they're in -- built into the capitation rate that's -- they're showing up here. So I think that's the largest component of the change that we're seeing here.

REP. ERF: It sounded like you were talking about revenues or funding as opposed to costs.

MR. LIPMAN: Well, it shows up in the cost because the cost of what we pay to the MCOs includes the directed payment. They then pay the directed payment out to the -- to the providers at a certain point in time, typically in May.

REP. ERF: Okay. All right. Maybe I can follow-up with you later on that one. Um -- one other question before I get to the final one is what -- what is the MCO risk settlement mechanism?

MR. LIPMAN: Um -- so there's been a lot of uncertainty with -- um -- over past number of years. And so when we -- um -- do rate setting -- um -- we use a mechanism to

basically create a corridor of which if the payments don't reach a certain percentage of the medical loss ratio, they have to pay funds back to us. And in the letter we talk about the funds that we received, I think, over several years. It's also -- there's also the other side which is if they pay out more than expected within that corridor that we might have to pay some back to them.

REP. ERF: Okay.

MR. LIPMAN: And that allows us to set our rates, I think, more conservatively, which is I think keeps the money with the State longer.

REP. ERF: Okay. And then this just a request before I get to the final thing there. If you can just get, you know, send us some information regarding what these amendments refer to. There's like number four, number two, number eleven, number nine, and how that ties in.

MR. LIPMAN: Sure. Um -- those are, I think, speaking to the contracts that they're approved Governor and Council each time we -- each rate year we have to set the new rate. And so from the base year as we add each year on, sometimes we have to do more than one -- um -- based on legislative changes or regulatory changes. So it's just reflecting the rate setting for that particular period. And

those are all online. I'd be happy to point you to that.

REP. ERF: Great. Thank you. Is a composite rate an average? What -- what does that mean?

MR. LIPMAN: The composite rate is an average for a category. For example, if you're thinking Granite Advantage, someone who's between 19 and 24 who's a male versus someone who's, you know, in their fifties, that the -- the rate for that individual is going to be different. Um -- I think that what we call different rate cells. If we look at a rate filing, you would see all of the different rate cells.

REP. ERF: Okay. And the last thing is could you provide, not right now, but could you send out a more in-depth table than the statute calculation of the finances that you have here that really breaks it all the way down to, you know, like what we expect to -- to see?

MR. LIPMAN: I will get {Inaudible}.

REP. ERF: Thank you very much. Thank you, Mr. Chair.

CHAIRMAN WEYLER: Thank you. Further questions on the item? Senator Rosenwald.

SEN. ROSENWALD: Thank you. Um -- could you please remind me if the One Big Beautiful Bill makes changes to Medicaid directed payments that are going to affect us in the

future?

MR. LIPMAN: It does. Um -- we -- we did -- um -- qualify for grandfathering. So in Fiscal Year 28 there'll be no reduction. Um -- for our State Fiscal Year beginning July 1 of '28, we'll start to see some of that impact but really beyond the next biennium is when the largest component will be. I think earlier you heard in the Rural Healthcare Transformation part of what is planned there is to help us study how do we with now the sort of the parameters are set in with that law and otherwise, how do we maintain our -- or our level of funding to the best that we can, and that's part of what we hope to accomplish there, too.

CHAIRMAN WEYLER: Thank you. Other questions from Committee Members? This is an informational item. We don't need a motion to adopt. Is there anything further in any of the information items that any Committee Member wishes to discuss? Yes.

MR. LIPMAN: Sorry. Just if I could maybe help with a question that came out earlier about ABLE New Hampshire individuals. If you're not in Granite Advantage, you're not subject to that twice a year redetermination. And then I'll put together -- um -- a look at that -- um -- to get a sense of how many people would -- um -- sure.

CHAIRMAN WEYLER: Okay. Anything further from Committee Members? Got a couple Commissioners here. They wish to have any questions to us? Didn't you to come here for nothing.

(8) Date of Next Meeting and Adjournment:

CHAIRMAN WEYLER: But anyway, proposal for the next meeting. Um -- we're looking at maybe the 23rd because there might be more of the -- more admissions coming into the -- the proposed budget than -- than normal. So if we move it out to the 23rd, it might have a better chance for the LBA to get to them all. That -- is that acceptable to most people? Is this -- is this a good time?

REP. MOONEY: Yes.

CHAIRMAN WEYLER: Works for everybody?

SEN. GRAY: Just so you know, I do have a USNH Board of Trustees meeting that day. So --

CHAIRMAN WEYLER: Ah, we seem to be hitting --

SEN. GRAY: -- I'll have to -- yeah, you seem to be hitting them because I'm missing part of today's meeting.

CHAIRMAN WEYLER: Ah.

SEN. GRAY: And I'll still plan on being here on the 23rd; but the later you can make it, the --

CHAIRMAN WEYLER: All right. Would you like us

to make it later in the day?

SEN. GRAY: {Inaudible}.

CHAIRMAN WEYLER: You can't do later.

SEN. GRAY: So we'll keep it at 11.

CHAIRMAN WEYLER: Okay.

SEN. GRAY: Maybe I'll put an earbud in and listen to both at the same time.

CHAIRMAN WEYLER: Work for everybody else?

SEN. PRESIDENT CARSON: Yes. Yep.

CHAIRMAN WEYLER: All right. We'll set it for February -- I mean, October 23rd, and I'll entertain a motion to adjourn.

**

SEN. GRAY: So move.

SEN. PRESIDENT CARSON: Second.

CHAIRMAN WEYLER: Motion and a second to adjourn. All in favor say aye?

(Chorus of ayes.)

CHAIRMAN WEYLER: We are adjourned. Thank you all for your attendance.

{Meeting concluded.}

C E R T I F I C A T E

I, Cecelia A. Trask, a Licensed Court Reporter in the State of New Hampshire, do hereby certify that the foregoing transcript is a true and accurate record of the official audio recording on said date, September 18, 2026. I was not physically present and have transcribed said audio to the best of my ability, skill, knowledge and belief.



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