New Hampshire Hospital hopes raise for nurses helps draw new talent
by ELLA NILSEN Monitor staff

Officials at New Hampshire Hospital are hoping a recently approved raise for its nurses will help draw new talent and alleviate a staffing shortage. At its first meeting of the year, the Executive Council unanimously approved $465,127 for the remainder of the fiscal year and an additional $1.6 million for fiscal year 2017 to boost nurses’ wages at the state-operated, publicly funded facility. “We’re delighted and thankful for them to do that,” said New Hampshire Hospital CEO Bob MacLeod, who said the boost would go a long way for the hospital to be able to hire and keep qualified staff and put wages on par with other area hospitals.

The extra money means nurse wages at New Hampshire Hospital will go from an average of about $65,000 per year to $74,000 per year, an increase of about $9,000 annually. “It’s truly significant, but I think it speaks to the competitive nature of the profession,” MacLeod said. “That’s a foundation for trying to recruit. Today was a gateway to being able to say, ‘We have the compensation, and also, here are all the other good things we have for you in terms of a working environment.’”

New Hampshire Hospital offers psychiatric services for children and adults. Often, patients are admitted involuntarily because they’re experiencing serious behavioral health issues. “What this hospital represents is being able to take care of these unique behaviors,” MacLeod said. The hospital has also been dealing with a significant staff shortage. They have 35 positions open out of a total staff count of 117, MacLeod said. “We were hovering just around 30 percent in our vacancy rate,” he said, adding the shortage is an area of real concern for hospital officials. “We have a ways to go to staff back up.”

The shortage has also delayed the opening of a new 10-bed crisis unit at the hospital. The unit is already constructed, and is meant to be a place for people who are forced to wait in their local emergency room until a bed becomes available at the state hospital. Last month, former Department of Health and Human Services commissioner Nick Toumpas estimated more than 30 patients across the state are typically waiting for a vacant bed at the state hospital. “We realized that patients are waiting far too long in emergency rooms,” said MacLeod, adding hospital staff hope that getting patients into New Hampshire Hospital more quickly means they can discharge them faster as well.

The crisis unit will focus on getting people the therapies and medications they need to stabilize before getting them back home. While the unit is ready to go, the hospital still needs to recruit about 11 nurses. MacLeod said some crisis unit nurses will come from other units in the hospitals but others will need to be hired. He said the unit is targeted to open in the summer, but first, officials need to see what they get for recruitment. “All of these are simply targets at this point,” MacLeod said. “This is an extremely positive step forward today.”
Keene Sentinel – January 14, 2016
The Legislature should make extending health coverage a priority
Editorial

Now that the Legislature is back in session, the scramble is on to prioritize which bills, resolutions and amendments are deserving of attention first. Several pieces of legislation addressing the state’s opiate addiction epidemic and its consequences have been among the first to receive space on the docket, and deservedly so.

Lives unquestionably hang in the balance there; and so, too, do they in the case of access to health care. In 2014, in a bipartisan, brokered deal, the governor and Legislature agreed to expand the state’s commitment to helping those eligible for Medicaid, the state/federal partnership that offers medical coverage to the poor. The N.H. Health Protection Program has, since then, enrolled roughly 45,000 Granite Staters in private insurance plans backed by federal funding. But part of the deal was that coverage would only run through 2016, unless the Legislature renews its commitment. And under the Affordable Care Act, federal funding for the program will taper from 100 percent to 90 percent by 2020. So, the Legislature agreed to fund the program only as long as the feds pay the full freight.

The easy argument here is one we’ve made before: Extending access to affordable health care is the morally correct thing to do. No one should suffer declining health for want of the means to be treated. And that undeniably occurs when Americans are denied health care coverage. But our state Legislature’s moral compass too often follows the money, rather than pointing true north. So let’s look at the fiscal argument, which is just as compelling.

For 2016, as in 2015, the argument is a no-brainer. Under Obamacare, the federal government is paying all of the cost of the expanded coverage. So, with no cost to the state government, there’s no debate for lawmakers. Starting in 2017, however, the state will be on the hook for 5 percent of the cost. That’s estimated to cost taxpayers $12 million in the next biennial budget. By 2020, when the full 10 percent of the cost kicks in for the state, the total could be $36 million. That’s a lot, though not overwhelming, as it would be less than 0.4 percent of an 11-figure biennial state budget.

Last summer, legislative leaders fought a three-month war with the governor to reduce state business taxes. When fully in effect, that tax cut would save the state’s businesses between $78 million and $90 million, depending on whose numbers you use. On the other hand, expanding Medicaid access saved the state’s hospitals more than $142 million in 2015 alone, by reducing the cost of treating uninsured patients. That cost, which hospitals absorb or pass along by charging more to others, is expected to continue falling this year. And if you think hospitals, being nonprofit organizations, aren’t among the most important businesses in the state, consider Cheshire Medical Center/Dartmouth-Hitchcock Keene is this area’s largest employer.
The economic benefits to the state don’t stop there, though. The uncertainty surrounding whether the Legislature will continue the expanded coverage has been blamed for inflated health-insurance rates being charged to companies for their employees’ coverage. And there’s the productivity increase attributable to having workers actually working, rather than taking time off because they’re sick, having foregone medical treatment because they had no insurance.

Granite State businesses understand the benefits. The Business and Industry Association of New Hampshire has been on board from the start, and a new organization, Expand NH, has strong business support. Oh, and regarding that opioid epidemic: About 1,700 Granite Staters gained access to substance-abuse treatment through the expansion in 2015. In a state where more than 400 deaths were registered in 2015 stemming from opioid overdoses, that’s worth something, too.

Huffington Post – January 14, 2016
Congress Should Enact Obama’s Medicaid Proposal
Judith Solomon
Congress should quickly enact a proposal, which President Obama will include in his 2017 budget, to give all states three years of full federal funding when they expand Medicaid -- whether they've already expanded or will in the future. When policymakers enacted health reform in 2010, they assumed that all states would expand Medicaid in 2014. The federal government would cover the full cost of expansion for three years, and the federal match would phase down to a permanent 90 percent rate starting in 2017. But the Supreme Court’s 2012 decision making expansion a state option means that states that expanded after January 1, 2014 or that expand in the future get less than three years of full federal funding because the phase-down is still slated to begin in 2017. States that wait until next year to expand won’t get the full 100 percent match to help them get their programs up and running.

If enacted, the president’s proposal should put to rest the opponents’ claims that the federal government’s expansion won’t sustain an enhanced match. Rather than shrink the match, it would increase it for states that expanded after 2014 or expand in the future, treating these states the same as those that expanded from the outset. So far, seven states have expanded since the start of 2014 and would benefit from the President’s proposal: Michigan, New Hampshire, Pennsylvania, Indiana, Alaska, Montana, and Louisiana. Louisiana’s expansion, announced this week, won’t take effect until July, so it will get only six months of a full match without Obama’s proposed change.

Meanwhile, expansion states are enjoying the benefits of expanded coverage for their poor adults as well as budget savings. Poor adults in those states have more access to health care services and fewer problems paying their medical bills, and hospitals in those states are admitting fewer uninsured patients. Expansion states also have saved money partly because they can use federal Medicaid funds
to treat people with mental illness and substance use disorders. Giving all expansion states the full federal match for three years is the right thing to do.

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New PPACA Medicaid enrollees not costing Feds as much

New data suggests that those who have joined the Medicaid rolls as a result of the Patient Protection and Affordable Care Act are not costing the federal government as much as those who were previously enrolled. But it also suggests that the budgetary impacts of increased Medicaid differs dramatically between states. According to an analysis of federal figures by the Kaiser Family Foundation, new adult Medicaid enrollees only account for 10 percent of Medicaid spending across the country, even though the group makes up 13 percent of the total population covered by Medicaid. The more useful figure, however, may be the 16 percent share of spending that the new group accounted for in states that actually expanded Medicaid to individuals and families with incomes up to 138 percent of the federal poverty level.

Hospitals in Medicaid expansion states see huge uninsured care drop

Hospitals in states that expanded Medicaid enrollment are reporting a huge decrease in hospital stays by uninsured individuals. Twelve percent of that spending is going to cover those who are newly-eligible for Medicaid, while 4 percent is financing additional enrollees who were previously eligible under the old rules but whose state-financed coverage is now reimbursed at a higher rate by the federal government than before.

The average cost of each new enrollee in 2014 was $4,513, dramatically lower than the average of $7,150 that states spent on Medicaid recipients in all groups. But some states saw spending increase drastically with the additional Medicaid enrollment. Leading the pack was Washington state, where new enrollees accounted for 31 percent of the state’s Medicaid spending. In second and third places were Oregon and Kentucky, which spent 29 percent and 25 percent, respectively, of their Medicaid funds on new enrollees.

New Hampshire saw the smallest budgetary impact, with new enrollees only accounting for 3 percent of the Granite State’s Medicaid spending. At 7 percent, Illinois was the only other state where the new group made up less than a tenth of Medicaid dollars. The vast majority of the new spending is ultimately paid for by the federal government—94 percent, according to Kaiser. Although some of the costs will shift to the states in the coming years, PPACA committed the feds to picking up at least 90 percent of the tab of Medicaid expansion from 2020 on.