

PAD Meeting 03/04/26

- I. **6:10 Welcome**
 - A. **Recognize** elected officials
 - a. Heather Baldwin, Charlie Chandler, Katie Hedberg, Janet Lucas, Dick Osborne, Deb Reynolds
 - B. **Recognize** town committee members
 - a. Charlie Chandler, Deb Cinnamon, Katie Hedberg, Viking Hedberg, Bill Nesheim, Stephanie Osborne, Meg Overbaugh, Jess Quinn, Gunnar, Betsy S., Cheryl S., Sherrill H., Dave, (most of the present members)
 - C. **Recognize new members.**
 - a. none
- II. **Minutes** (motion; discussion; all in favor; opposed)
 - A. passed
- III. **Treasurer's report**
 - A. Current balance: \$8,779.39
 - B. Donation envelopes on tables. Act Blue is great.
 - C. Few continuing expenses (\$75 for Senior Center, storage locker)
- IV. **Voting**
 - A. Nomination committee- Viking Hedberg
 - B. Nominations can be done from the floor with certain qualifications (ability, willingness)
 - C. Candidates then can make a brief speech about why they want to join.
 - a. Chair- Katie Hedberg (all approve)
 - b. Vice-Chair- Meg Overbaugh (all approve)
 - D. A farewell to Joyce- warm, heartfelt
- V. **Upcoming events**
 - A. Looking ahead: Candidates
 - a. We are making progress with picking up candidates.
 - B. **Next meeting**
 - a. Wednesday, April 8 (second Wednesday of the month)
- VI. **6:30 Main Program**
 - A. Lisa Beaudoin presenting "What Happened to Medicaid"
 - a. Current chair for the Concord Dems
 - b. Disability advocate and professional "Strategies for Disability Equity, LLC"
 - B. What is Medicaid
 - a. 1965- public, jointly funded healthcare program for low-income folks
 - b. Elective- all states elect to do so
 - c. State have mandated people and services they must cover
 - d. States can also choose "optional" people and services to cover
 - e. States must follow federal guidelines
 - f. **NH Standard Medicaid:** Low income babies and children 48%, children with disabilities receiving in-home supports 1%, Elderly and adults with disabilities 13%, Pregnant women, low-income Medicare

beneficiaries 6%, Expansion adults 32%= babies and children (55%-2025 numbers)

- g. NH- 1991 Laconia State School closed- first state to close its state institution
 - i. Institutionalizing people costs between \$150-\$300k each
- C. What happened to Medicaid in 2025
 - a. OBBBA \$990 billion from Medicaid over 10 years, begins in 2028
 - b. It discourages Medicaid enrollment & limits states resources to fund it
 - c. Reduces federal spending by discouraging enrollment in Medicaid expansion adults via
 - i. Work requirements
 - 1. Most people, 70%, already work
 - 2. Those who don't work are either full-time caregivers or are very ill or recovering from illness
 - ii. More frequent eligibility checks
 - 1. Paperwork trail= hours of work 2x/year
 - iii. Increased cost sharing
 - d. Limits state financing options and provider payments via
 - i. Limiting provider taxes- which helps fund the states' Medicaid program
 - ii. Limiting retroactive coverage payments to providers
 - 1. Currently 90 days to submit paperwork
 - 2. Moves to 30 days- many issues with lack of workforce
 - iii. Limiting state directed payments to providers
- D. Behind the scenes
 - a. Medicaid Enhancement Tax (MET)- 5.4% tax paid by NH 26 hospitals based on patient care revenue
 - b. MET generated about \$348 million in 2025 making it the fourth largest source of state tax revenue
 - c. MET funding supports about ¼ of NH Medicare program, including \$405 million in federal matching funds
 - d. Disproportionate Share Hospital (DSH) payments help hospitals cover the cost of caring for patients who cannot pay or whose Medicaid payments are too low
- E. What did NH do to the Medicaid program?
 - a. Ayotte announced work requirements
 - i. We already did it and it failed and wasted money
 - b. Ayotte announced taxing people on Medicaid
 - c. Interest and Dividends tax
 - i. 5% tax on the earnings of their portfolio, not the total
 - ii. That tax was started in 1924
 - iii. This was phased out during the Sununu administration (last year people paid was 2024)
- F. What does coverage loss mean for uncompensated care?
 - a. Everyone will pay more
- G. Who gets harmed?
 - a. Children

- i. CHIP is a Medicaid program
 - b. Low-income seniors
 - c. Adults with disabilities
 - d. Caregivers
 - e. Those with substance abuse disorder
 - f. Healthcare providers
 - g. Rural hospitals (really any hospital)
- H. Timeline of Medicaid and Health Insurance Changes in NH
 - a. See graphic at NHNeedsMedicaid.com/Medicaid-Changes
- I. Questions and comments
 - a. Lookback period also includes seniors in nursing homes (payments are about 1/3 of what it costs)
 - b. This will also increase your property taxes and increase pharmacy co-pays and increase the use of emergency room services which then gets passed down to private insurance
 - i. HB 1716- governor's policy to increase co-pay, vote advanced along party lines
 - ii. HB 1794- introduced to look at the consequences and impacts of the above policy- it will fail
 - c. From the floor- Universal Health Care
 - d. Question about what it means for Plymouth providers and Spaulding?
 - i. Mid-State gets lots of federal funding and grants
 - ii. Spaulding accepts Medicaid- the questions may be how long it can stay open?
 - iii. Too many moving parts at the moment- very complex, probably see some services close
 - iv. Smaller community centers will probably close