



Lori A. Weaver
Commissioner

Ellen M. Lapointe
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

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March 6, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, notwithstanding Manual of Procedures 150, to make unencumbered payments to a limited number of providers for costs associated with medical services and equipment required to meet patient needs, not to exceed \$400,000, effective July 1, 2026, or upon the date of Governor and Council approval, whichever is later, through June 30, 2028. 31% General Funds, 69% Other Funds (provider fees and intra-department transfers).

Funds are available in the following account for State Fiscal Year 2027 and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-94-940010-8750 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

Fiscal Year	Class/Object	Class Title	Activity	Amount
2027	102-500731	Contracts For Program Services	94057300*	\$200,000
2028	102-500731	Contracts For Program Services	94057300*	\$200,000
Total				\$400,000

* Activity numbers may vary depending on the unit the client resides in and the nature of the service.

EXPLANATION

The purpose of this request is to ensure the timely provision of services from a variety of medical/professional personnel and durable medical equipment providers necessary for the care of patients at New Hampshire Hospital (NHH). The Department is requesting authority to pay for critical services generally provided by local medical offices based on the needs presented by the clients at NHH. The Hospital has developed specific procedures to ensure that the patient services are documented and required for appropriate patient care.

The Department has attached *Exhibit A: Common Services and Average Cost*, that demonstrates average rates paid for services and qualified professional providers that often serve NHH clients' needs. The rates included are general ranges and each Client's individual needs will ultimately drive what level of care is

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appropriate and the professional provider to provide the necessary treatment. NHH verifies the licensure and credentials annually.

In addition to the professional services, NH Hospital secures services for the short-term lease of durable medical equipment to meet patient needs. RSA 21-I:11, I (f) define equipment leasing as a service. As a result, two vendors currently provide specialty durable medical equipment to meet patients' short-term needs for Continuous Positive Airway Pressure (CPAP) devices, accessories, bariatric medical beds, wheelchairs, and related items.

Should the Governor and Council not authorize this request, patient recovery will suffer as the Hospital will not be able to secure the necessary services in a timely and efficient manner to treat the patients' medical needs.

Area served: New Hampshire Hospital.

Source of Funds: 69% Other Funds from provider fees and intra-department transfers and 31% General Funds.

Respectfully Submitted,

 for:

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Exhibit A: Common Services and Average Cost

Service Type	Common Services	Average Cost per Service type
Anesthesia	Electro-Therapy Services	\$35 per Unit
Dermatology	Evaluations and Office Vists	\$8-\$195
	Mole Surgery	\$170-\$390
	Skin Biopsy	\$21-\$61
Dental	Professional Consulant Services	\$100-\$660
	Tooth Extraction	\$50-660
	Imaging/X-rays/Other Common Services	\$50-\$440
Durable Medical Equipment Leases	CPAP	\$53.00 per month
	Bariatric Wheel Chair	\$25 per month
	Miscellaneous Equipment	\$3.28- \$5,500 per month
Imaging	Office Visit	\$19-\$175
	X-rays	\$7-\$125
	Other Common Services	\$7-\$325
Neurology Services	Evaluation	\$2-\$25
	Testing	\$17-125
	Interpretation Services	\$189
Obstetrics & Gynecology Services	Office Visit	\$8-\$3,000
	Common Services	\$11-\$3,000
Optometry/Ophthalmologist	Eye Exams	\$20-\$125
	Other Common Services	\$20-\$250
Orthopedic	Office Visit	\$18-\$175
	X-rays	\$7-\$175
	Other Common Services	\$7-\$400
Podiatry/ Footcare	Office Visits	\$64-\$150
	Other Common Services	\$25-\$400
Urology	Surgical Procedures	\$55-\$3,500
	Office Visit	\$64-\$150
X-Ray	X-Rays	\$1-\$100
	CT	\$6-\$350
	MRI	\$13-\$250

*** Note prices and services may vary depending on patient's medical needs***
Rates comply with RSA 126-3, III