

Date

Chairman Kotowski
Heath, Human Services and Elderly Affairs Committee
Legislative Office Building
33 N. State Street, Room 205
Concord, NH 03301

HB 1816: Relative to Medicaid managed care

Dear Chairman Kotowski and members of the Health, Human Services and Elderly Affairs Committee,

Begin with a sentence introducing yourself, family, and where you live. If testifying in person and you know a member on the committee or one is your personal representative state that here. State the bill number and name of the bill and whether you support or oppose the bill. (My name is ... I live in with I am here to ask you to support HB 1816, relative to Medicaid managed care, specifically the part of the bill that stops the implementation of step 2 of the Medicaid managed care program.)

Tell your brief story here: how this bill will or has affected you and/or your family, the concerns you have had with the medical side of managed care (step 1) and what the reality would be if we included more of the community based services into managed care (step 2.) Any additional information or facts you have regarding this bill. (Share your experiences of what step one of Medicaid managed care has meant to your family. If you have had struggles with accessing specific doctors, receiving medication, incontinence supplies, therapies, etc. state that here. Express your concerns of what it would mean to add more services into a system that you may be struggling with already.)

Thank Chairman Kotowski and the committee members for their time and reiterate what it is you are asking them to do. Offer them to contact you if they have any questions or would like to have a more in depth conversation. (Please support HB1816).

Sincerely,
(Don't forget to sign when printed!)

Your name
Address
Telephone number
Email address

Picture of your child or
family

(Print enough copies for all members or email testimony to someone who can! 22 members total)